Discourses of Adult-Adolescent Communication in Therapy

A thesis submitted to the University of Manchester for the degree of Professional Doctorate in Counselling Psychology (DCounPsych) in the Faculty of Humanities

2015

Keren Jane Nowak

School of Environment, Education and Development
2. The ‘production’ of knowledge ................................................................. 43
   2.1 Epistemological approach ................................................................. 43
   2.2 Social constructionism ...................................................................... 44
   2.3 Ontological viewpoint ....................................................................... 45
   2.4 Ethnomethodology ........................................................................... 46
3. Discourse analysis in psychological research ........................................ 47
   3.1 Discursive psychology ...................................................................... 47
   3.2 Foucauldian discourse analysis ......................................................... 49
   3.3 Case study research .......................................................................... 51
4. Research design .................................................................................... 52
   4.1 Access to a client/participant ............................................................ 53
   4.2 The College ..................................................................................... 54
   4.3 Introduction to the College ............................................................... 54
   4.4 Role as volunteer counsellor ............................................................. 55
   4.5 Recruitment of a participant ............................................................. 55
   4.6 Contact with Client .......................................................................... 56
   4.7 Research participants ...................................................................... 57
5. Data collection ....................................................................................... 57
   5.1 Use of electronic devices .................................................................. 58
   5.2 Transcription ................................................................................... 58
6. Process of data analysis ........................................................................ 58
   6.1 Discourse analytical approach .......................................................... 59
   6.2 Recommended stages of analysis ...................................................... 61
   6.3 Stages of analysis in action ............................................................... 63
     6.3.1 Stage 1: Reading ...................................................................... 63
     6.3.2 Stage 2: Coding ....................................................................... 64
     6.3.3 Stage 3: Analysis .................................................................... 65
     6.3.4 Stage 4: Writing ..................................................................... 66
7. Personal impact on research ................................................................. 67
   7.1 Personal positioning .......................................................................... 68
   7.2 Professional positioning ................................................................... 69
   7.3 Institutional positioning .................................................................... 70
8. Rigour, credibility and trustworthiness .................................................. 70
9. Ethical considerations .......................................................................... 73
1.6 Impact on personal practice ................................................................. 131

2. Questions on affinity ............................................................................... 132
  2.1 Selection of a case study ...................................................................... 132
  2.2 The notion of subject positions in therapy .......................................... 133
  2.3 Discourse analysis in practice ............................................................. 134
  2.4 Discourse analysis in theory ............................................................... 135
  2.5 Participant characteristics ................................................................. 137
  2.6 Dual roles .......................................................................................... 139
  2.7 Understanding research in context .................................................... 140
  2.8 Research and professional development ........................................... 141

3. Chapter Summary .................................................................................. 142

CHAPTER 6: DISCUSSION ............................................................................ 143
  1. Overview of the discussion ................................................................ 143
  2. Jen’s world .......................................................................................... 143
    2.1 Internal world of adolescence .......................................................... 143
    2.2 Together and separate ..................................................................... 145
    2.3 Approach to personal distress ......................................................... 148
    2.4 Child, adolescent or adult? ............................................................... 149
    2.5 ‘Part of the family’ .......................................................................... 151
    2.6 Experience in context ...................................................................... 154
    2.7 Contextualising therapy ................................................................. 157

3. Therapeutic practice ............................................................................... 158
  3.1 Challenge .......................................................................................... 159
  3.2 Checking in ....................................................................................... 161
  3.3 Reflection and immediacy ................................................................. 162
  3.4 ‘Just human’ .................................................................................... 163
  3.5 The profession and me ..................................................................... 165
  3.6 ‘The psychologist’ ............................................................................ 166
  3.7 ‘Tools’ of communication ................................................................ 167

4. Chapter summary .................................................................................. 169

CHAPTER 7: CONCLUSION ........................................................................... 172
  1. Overview of the conclusion ................................................................ 172
  2. Contribution to Knowledge ................................................................ 172
    2.1 Adolescence .................................................................................... 173
2.2 Therapeutic change ........................................................................................ 176
2.3 Professional practice ....................................................................................... 178
2.4 Cross contexts ................................................................................................. 181
3. Suggestions for future research .............................................................................. 184
4. Final summary ........................................................................................................ 185
REFERENCES ..................................................................................................................... 186
APPENDICES ..................................................................................................................... 233
Appendix I: Worked Examples of The Analysis .............................................................. 233
Appendix II: Account of Transference ........................................................................ 246
Appendix III: Additional Extracts .............................................................................. 248
Appendix IV: Participant Information Sheet ............................................................... 404
Appendix V: Participant Consent Form ....................................................................... 408
Appendix VI: Audio-Recording Consent Form ............................................................ 409
Appendix VII: Jen’s Diagrams ...................................................................................... 410

Word Count: 50,754
LIST OF FIGURES

Figure 1: Examples of discursive resources from the transcript........................................60
Figure 2: Summary of applied stages of analysis. ...............................................................67
Figure 3: Jen’s construction of transition. .................................................................144
Figure 4: Togetherness and separation in adolescence. .............................................146
Figure 5: Ongoing transitions between ‘parts’. ..............................................................150
Figure 6: ‘Parts’ in transition across the lifespan.......................................................150
Figure 7: The emerging adult in relation to existing meanings of adult role models. ....151
Figure 8: Transactional model adapted from Sameroff, 1991.................................154
Figure 9: The interaction of child and environmental variables.................................155
Figure 10: The impact of environments. .................................................................156
Figure 11: ‘The Johari Window’ (Sanders, 2002, p. 40)............................................160
Figure 12: Adult-adolescent communication in therapy...........................................171
Figure 13: Interacting environments of adolescence experience.............................175
Figure 14: Historical trends in support of pluralism in psychology.........................182
Discourses of Adult-Adolescent Communication in Therapy

Keren Jane Nowak

September 2015

The University of Manchester

Professional Doctorate in Counselling Psychology

ABSTRACT

Background and aims: Existing literature indicates how the organisation and comprehension of early life is often discourse-based due to the attribution of meaning to people, objects and contexts through verbal communication. In this way our perceptions of the world and relationships are highly contextualised and contingent. The complexity of human experience suggests a dilemma for studies that seek to explain it through quantification, distinction and difference. This is even more poignant for research on adolescent counselling which addresses contexts in which there are numerous levels of personal change. For this reason it was the aim of this research to explore how discourses construct adult-adolescent communication in therapy to gain a deeper knowledge of interactive processes in action. The focus was on personal, social and therapeutic aspects of communication as well as how the therapeutic relationship may be influenced by social understandings of adolescence and adulthood.

Methodology and analysis: As the primary means of communication, language is the predominant medium through which meanings and understandings are negotiated and shared. A discourse analysis was thus selected to explore how discourses function and perform in therapy. The research transcript comprised a case study of seven, sixty-minute counselling sessions between a 49-year old female trainee counselling psychologist and a 17-year old female adolescent client. The analysis identified five main interpretative repertoires: ‘Adolescence’; ‘Making sense of adults’; ‘Coping with Parents’; ‘Adult-adolescent communication during therapy’ and ‘Professional communication during therapy’. These repertoires situate therapy in the personal and social contexts of experience that give it relevance, purpose and meaning. They also focus on how communication manifests therapeutically with regard to interactions, interventions and thus the relationship itself.

Discussion and conclusion: This research offers renewed awareness of what it means to experience adolescence. The discourses construct many experiences of difference and conflict as well as similarity and togetherness in ways that are not specific to particular age groups or based on socially constructed understandings. The repertoires indicate that each person possesses a child, adolescent and adult throughout life and that the interchange between these positions is highly fluid and dynamic. Through its flexibility and responsiveness, pluralistic counselling psychology appears well adapted to adolescent clients due to its capacity to embrace, hold and support different levels of change (personal, adolescent and therapeutic). Through acceptance, empathy and trust the therapeutic relationship appears to create an experience of stability and consistency that many adolescents require to safely explore and communicate their personal difficulties.
DECLARATION

No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other University or other Institute of learning.
COPYRIGHT STATEMENT

i. The author of this thesis (including any appendices and/or schedules to this thesis) owns certain copyright or related rights in it (the "Copyright") and she has given The University of Manchester certain rights to use such Copyright, including for administrative purposes.

ii. Copies of this thesis, either in full or in extracts and whether in hard or electronic copy, may be made only in accordance with the Copyright, Designs and Patents Act 1988 (as amended) and regulations issued under it or, where appropriate, in accordance with licensing agreements which the University has from time to time. This page must form part of any such copies made.

iii. The ownership of certain Copyright, patents, designs, trademarks and other intellectual property (the "Intellectual Property") and any reproductions of copyright works in the thesis, for example graphs and tables ("Reproductions"), which may be described in this thesis, may not be owned by the author and may be owned by third parties. Such Intellectual Property and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Intellectual Property and/or Reproductions.

iv. Further information on the conditions under which disclosure, publication and commercialisation of this thesis, the Copyright and any Intellectual Property and/or Reproductions described in it may take place is available in the University IP Policy (see http://www.campus.manchester.ac.uk/edialibrary/policies/intellectualproperty.Pdf), in any relevant thesis restriction declarations deposited in the University Library, The University Library's regulations (see http://www.manchester.ac.uk/library/aboutus/regulations) and in the University's policy on presentation of theses.
ACKNOWLEDGEMENTS

This thesis is dedicated to my wonderful husband who has been ‘the wind under my wings’ for many years now. I do not know of anyone who is more loving, supportive, patient and tolerant than you. In times of despair you have encouraged me to follow my heart, to trust in myself and have faith. You are truly an inspiration and the reason why this thesis was ever begun and most certainly why it has been completed! I love you and thank you!

To my wonderful boys who have always kept me grounded by showing me every day the value of family and unconditional love. You and your dad give meaning to me and everything I do. In many ways we have been through this journey together as we have studied, looked to the future and shared the hard work and frustration on many occasions. I am proud to be your mum and incredibly inspired by you all. You are amazing people, truly blessed with the gift of love and I treasure you and your support deeply.

To dear ‘Jen’ (you know who you are!), a beautiful and inspiring young lady who touched me, and will hopefully touch others by her incredible warmth, honesty and courage. I am in awe of your strength, resilience and positivity and truly hold you in the highest regard. Through you this research has been able to give me a voice and fulfil my passion to give a voice to others. Shine Jen, shine!

To dear Dad who sadly passed away after the first year of this Doctorate. Dear Dad, you couldn’t be there for the whole journey but I made it! I still see your smile and warm glow and know, as always, that you are proud of me. Thank you Mum for your patience and understanding during times which have been difficult for both of us. I wish I could have done more.

To dear cohort 2012! It’s been a privilege to know you, depend on you and share one of my greatest achievements with you. I thank you, will miss you but the memories will never fade.

Heartfelt thanks to my research supervisors Professor Erica Burman and Dr Terry Hanley for their wisdom and guidance.
CHAPTER 1: INTRODUCTION

The aim of this introduction is to situate this research in the contexts which led to its conception in this particular form. Its objective is to provide the reader with a general frame of reference through which s/he can make sense of, reflect on and explore what is to follow. It is hoped that this will facilitate an understanding of the motivation and intentions which led to the development of this research and thus how adult-adolescent communication in therapy has been constructed throughout this thesis. The research aims and questions are both introduced here as well as a summary of the research structure.

1. **An overview of research development**

This chapter begins with a brief description of my therapeutic approach in terms of its philosophy and practice as well as a general description of the profession of counselling psychology. These summaries aim to contextualise this research through knowledge and understanding of my professional practice. A short summary is given of my personal interest in selecting this research subject and particular age range. Due to the proliferation of ways in which *adolescence* and *communication* can be understood, a working definition for both concepts is offered. I finally provide clarification of the use of particular terms in this thesis.

1.1. **Professional context**

This research has evolved through the perspectives of a trainee counselling psychologist whose training on a Professional Doctorate programme at The University of Manchester follows a pluralistic framework (Cooper & McLeod, 2011). In summary, this is a framework based on fundamental humanistic principles which underpins my particular therapeutic approach and thereby many of the meanings and understandings attributed to this research. For this reason it seems poignant at this point to offer a brief description of the philosophy of humanistic psychology, its relationship to pluralism and how they inform my practice as a counselling psychologist.
1.1.1. Humanistic psychology

Humanistic psychology derives from a belief in the principles of humanism. It is a collective term referring to several orientations including person-centred, existential-phenomenology, transactional analysis and Gestalt psychotherapy (Bohart, 1995; Warner, 2000). Through its origins in ancient philosophy, religion and existentialism, humanism has evolved over centuries into a synthesis of knowledge about people and their environments (du Ploc, 2010). From a humanistic perspective, people are viewed as subjective, experiential beings that interact with their surroundings (people and objects) in uniquely creative, intentional and dynamic ways (Bugental, 1963). People are understood as inherently ‘good’ and optimistic with the potential and innate ability to grow and self-actualise throughout life (Maslow, 1954; Merry & Tudor, 2006; Sanders, 2002; Rogers, 1951).

According to humanistic principles therapeutic change derives from actively listening to and trusting in the client’s frame of reference (Bond, Alred & Hughes, 2006; Sanders, 2002). This upholds the belief that every client has the capacity to determine the nature and pace of his/her own process of development and growth (Bimrose, 2006; O’Leary & Barry, 2006; van Deurzen-Smith, 1988). In my practice I therefore aim to acknowledge and remain responsive to the subjective experiences, personal meanings and perceived reality of every individual client (Buber, 1958; Mearns & Thorne 2007; O’Leary & Barry, 2006; Sanders, 2002). In this way I support the view of Heppner and Krauskopf (1987) that ‘counselling is not a unitary process, nor is it applied to a unitary client problem’ (p. 374).

In accordance with Rogers (1961), I believe that three core conditions of the therapeutic relationship encourage personal growth: empathy; congruence and unconditional positive regard (UPR). Empathy enables clients to feel heard and understood, congruence fosters and facilitates trust and UPR encourages self-acceptance. This requires awareness (and sometimes suspension) of my own
judgements and assumptions so that I can convey feelings of acceptance and warmth through congruency, transparency and authenticity (Heidegger, 1927; Spinelli, 1990). Rogers (1961) argued that a person will flourish in environments in which his/her needs and desires are naturally met without judgement or evaluation. This is in contrast to conditions of worth through which people seek validation from winning approval and avoiding disapproval (e.g. ‘you are good, if you are/do...’).

Rogers (1961) considered a person to be ‘fully functioning’ when he/she evaluates him/herself through a source of personal wisdom located deep within self. He argued that people surrounded by criticism and judgement will not have enough self-worth to trust their inner wisdom and thus search for meaning through the perspectives of others (Keable, 1989; Merry, 1995; Sanders, 2002). In this way detached, displaced trust in self denies and distorts our experiences. Personal and professional experiences have taught me that this lack of self-trust often creates anxiety and uncertainty, reduces self-confidence and affects a person’s capacity to be transparent, genuine and congruent (Mearns & Thorne, 2007; Merry & Tudor, 2006).

Humanistic psychology underpins the philosophy and framework of a pluralistic approach to counselling. The following summary of pluralism offers further contextual knowledge for understanding my practice as a counselling psychologist.

1.1.2. Pluralism: the philosophy and framework

Pluralism embodies the fundamental humanistic ethic of: ‘we behold, accept and confirm the Other as a unique, unclassifiable and unanalysable totality: a freely-choosing flux of human experiencing’ (Cooper & McLeod, 2011, p.17). In this way it acknowledges the high complexity and multiplicity of human lives through its attention to all potential factors of influence and control (personal, political, cultural, linguistic and social factors) (McAteer, 2010). Levinas (1969; 2003) argues that people are indefinable, elusive and thus not reducible to finite laws, characteristics and features e.g. ‘a schizophrenic’ or ‘depressed’ (Cooper & McLeod,
Historically no single approach has been able to offer comprehensive explanations and understandings of human complexity (Teo, 2010). This supports my personal belief in a ‘both/and’ philosophy towards human experience. Rescher (1993) summarises this succinctly as: ‘any substantial question admits of a variety of plausible but mutually conflicting responses’ (p.79).

The pluralistic framework is research-informed but privileges no particular set of practices or competences, nor encourages allegiance to a particular therapeutic approach. Roth & Fonagy (2005) found that in reality counsellors do not show strict allegiance to one model of counselling but often assimilate methods and techniques from several approaches to meet the needs of their clients. This reflects my own integration of professional skills, competences and knowledge to mirror the particular presenting problems, needs and preferences of clients (Cooper & McLeod, 2011; James & Bellamy, 2010; Sinacore-Guinn, 1995a). By grounding the therapeutic process in the client and our relationship, I am not bound to a prescribed structure or schedule of therapeutic steps (Cooper, 2008; Norcross & Wampold, 2011; Wampold, 2009). From my perspective, each client is viewed as a ‘complex system’ comprising meaning, defences, thoughts and feelings, any of which may require a particular response at a given moment in therapy (James, 2011).

In summary, pluralism in my personal practice is applied through grounding therapeutic interventions in humanistic psychology to consolidate and deepen the therapeutic bond through empathy, congruence and UPR. The aim is to encourage an environment of safety and trust to encourage levels of openness and transparency in the client which can facilitate exploration and increased personal awareness. In this process pluralism is understood as the use of psychological tools, theories and counselling skills that strive to meet the needs, desires and predilections of the client. I seek to direct, focus and empower the client in ways that are offered transparently and not imposed by the ‘expert’ therapist. This may include features of counselling approaches that are not classified as humanistic such as cognitive behavioural therapy and emotion freedom therapy.
I conclude this introduction to professional practice with a brief description of the wider field of counselling psychology. This aims to provide knowledge of how this research relates more generally to the roles and functions of a counselling psychologist.

1.1.3. The profession of counselling psychology

The diversity and far-reaching influences of the profession of counselling psychology are summarised by Fouad, Gerstein, Roysircar, Toporek and Israel (2006) as follows: ‘developmental, growth-orientated, strength-based, multicultural models of human, organisational and environmental behaviour to address a host of concerns and issues reported by individuals, families, groups, organisations and institutions’ (p. 2). With respect to this research I view my role and function as a counselling psychologist as therapeutic and educative rather than directed by medical models of diagnosis and psychopathology (Jordaan, Myers, Layton & Morgen, 1968; Sinacore-Guinn, 1995b). Although professional competencies also include assessment, consultation, intervention and prevention, in this research I acknowledge a stronger focus on awareness of diversity, individuality and possibilities for change (dcop.bps.org.uk).

Using conceptual as well as skill-based knowledge, I aim to highlight opportunities for action and change and thus act as an advocate of individual autonomy and social justice (Carter, 2003; Clarkson, 1998; Strawbridge & Woolfe, 2010). In the role of scientist-practitioner, I hope to assume the position of ‘psycho-educator’ by using methods of investigative science to transform and improve helping and practitioner roles (Gelso & Fretz, 1992; Hiebert, Simpson & Uhlemann, 1992; Vespia, Sauer & Lyddon, 2006).

Whilst my professional role has undoubtedly impacted on my choice of research subject, it has also been influenced by important factors of my personal life. My
interest in adult-adolescent communication and how it relates to therapy is briefly
described below.

1.2.  Personal interest

My interest in diversity and difference derives from my exposure to numerous
cultures, the study of foreign languages and residency abroad for several years.
Knowledge of foreign languages (spoken and written), as well as qualification as a
translator, has demonstrated to me how much the meaning of language is
influenced by context. I have often questioned why the human capacity for
diversity and enhancement appears to foster assumptions, misunderstandings and
conflict when there are so many opportunities for tolerance and acceptance.

My life-long affinity for working with children and young people was highlighted in
particular by a case study in which I explored how previous life experiences impact
on my professional practice (Nowak, 2013a). This case study also revealed the
existence of many social narratives and understandings of ‘us’ and ‘them’ in relation
to adults and young people as well as communication between these groups. Such
suggestions of dissonance and failed understanding seemed highly poignant to
practice in the field of counselling psychology. For example, is there a generational
divide and if so, what are the implications for processes of attunement and
collaboration during therapy with adolescents? The intention was not to generalise
from one counselling context to another but to establish a reference point for what
constitutes therapy with adolescents and how communication manifests. This
research is thus steeped in the desire to give a therapeutic voice to common
notions of inter-generational difference and explore if and how they present.

This same desire is also embedded in a broader interest in social justice and
inferences of age for understandings of equality, autonomy and agency. Interest
extends beyond the field of counselling psychology to broader understandings
about the nature of parent-child relationships and relevance to my own family
circumstances. It is hoped that the analysis will constitute a way of reaching out to
young people by capturing experience in a tangible form. Personally I struggle with aspects of today’s political and social climate that appear to focus on individual empowerment, autonomy and opportunity. This seems to neglect (even disregard) our roots as social beings in relationship with others. While narratives of diversity and difference pay tribute to individuality and honour human rights, they seem to increasingly render discourses of togetherness and connection invisible.

1.3. Choice of age group

This thesis is restricted to ‘adolescence’ based on the considered affinity of this age group to the aims of this research. This is understood in terms of cognitive and emotional development but also ethical and safeguarding considerations. The meaning of adolescence can be understood from within the field of counselling psychology through reference to theory and knowledge from both the realms of psychology and counselling. From a psychological perspective adolescence is explored extensively in theories on child development.\(^1\) For example, Piaget’s ‘formal operations stage’ in intellectual development is used here as a benchmark for understanding the age at which children have the ability to use abstract reason in their reflections (Piaget, 1936/1955). From the age of 12, most children have developed enough cognitive capacity and accumulated enough life experience to enable conscious awareness of what they say, how they say it and why. In this way they have the ability to understand the intentionality behind what they do in therapy (Bond, 2010).

In general, adolescence is deemed a stage of development and transition that is pervaded by inter- and intrapersonal conflict. It is viewed as a period in which children seek to develop an individualised sense of identity and start to manage independent ways of living (Bishop, 1990; Ding & Littleton 2005). The fluidity and inconsistency of life that is experienced through change may deny teenagers the stability and coherency of a secure sense of self to interact reliably and knowledgeably with the world around them (Amirkhan & Greaves, 2003). In

\(^1\) See Chapter 2: Literature review.
addition, this transition does not occur in isolation but is influenced by social interaction, relationships, life contexts and environments. Adolescence thus has the potential to present additional challenges to counselling psychologists in their aim to facilitate therapeutic change.

1.4. Definitions and terms

The meaning of adolescence is socially and historically embedded. Different societies appear to attribute stricter or broader meanings to adolescence depending on their cultural outlook. For this reason it is important to note that adolescence is not constituted in this research just in terms of puberty (i.e. physical maturation) but additionally as a time of psychological, social and moral change (britannica.com/science/adolescence). For the purpose of this research ‘adolescence’ is defined as the ‘transitional phase of growth and development between childhood and adulthood’. The World Health Organization defines an adolescent as any person between 10 and 19 years. It situates adolescence within its definition of young people who fall in the age range of 10 to 24 years.

As indicated by the analysis of this research, communication is a highly complex, abstract concept which can infer any form of human interaction. The Penguin Dictionary of Psychology defines it as ‘the transmission of something from one location to another. The ‘thing’ that is transmitted may be a message, a signal, a meaning, etc. In order to have communication, both the transmitter and the receiver must share a common code, so that the meaning or information contained in the message may be interpreted without error’ (Reber, 1995, p. 141). Although this describes communication in its broadest and simplest sense, from a discourse analytical perspective communication is neither purely referential nor transmissive. The functional and performative elements of meaning suggest that communication is not universal or static but highly situated, dynamic and flexible.²

² See Chapter 3, Section 3.
Counselling psychologists share knowledge and environments with many healthcare professionals, services and authorities. Whilst acknowledging differences between professions, ‘therapists’, ‘counsellors’ and ‘counselling psychologists’ nevertheless uphold many of the same principles, codes of conduct and aims. For the purpose of this thesis the terms ‘therapy’, ‘counselling’ (and grammatical variations) are used interchangeably. Personal practice will inevitably be explored within contexts of counselling psychology but otherwise terms are considered indicative of wider fields of counselling and psychotherapy (Cooper, 2008).

In Section 1.5 (below) the particular aims of this research project are presented as well as the questions it intended to explore.

1.5. Research aims

This research aimed to explore the dynamics of adult-adolescent communication in therapy through an analysis of actual counselling sessions between myself and an adolescent client. It focused specifically on the ways in which discourses perform and function to construct personal and social meanings. It was hoped that the analysis would enable counselling psychologists to understand the broader contexts in which adult-adolescent communication is situated and how they may impact on the therapeutic relationship. The depth and richness of the discourses have enabled processes of communication to be understood at a number of levels: individual and social, interpersonal and intrapersonal. Discourses not only reveal linguistic resources and practices but also access pre-existing, taken-for-granted social understandings and expectations. They were thus able to explore individual and social aspects of a developing therapeutic relationship and render visible psychological phenomena that remain beyond everyday conscious awareness.

The following questions were explored:

- How is the therapeutic relationship between an adult counselling psychologist and adolescent client influenced by socially constructed, taken-for-granted understandings about adolescence and adulthood?
- How is communication constructed personally, socially and therapeutically through discourse?

The following research structure provides the reader with an understanding of how these research aims and questions were explored theoretically and practically.

2. Research structure

A brief introduction to each subsequent chapter is offered below to provide an understanding of the structure of the research and the ways in which it is presented in this thesis.

Chapter 2 presents the reader with a review of existing literature in fields of related interest to ‘discourses of adult-adolescent communication in therapy’. It begins with a focus on language acquisition and development in children to provide a frame of reference for exploring contexts of human interaction and how language is learnt and communicated. More specifically adult-adolescent communication is explored with relation to social understandings of adolescence, theories on generational difference and conflict as well as proposed links between parenting styles and adolescents’ ability to communicate. An overview of current trends and ideas in adolescent counselling presents a summary of existing literature on the therapeutic relationship, what factors are believed to influence it and offers an account of contemporary outcome research.

The methodology described in Chapter 3 begins with a description of the philosophical and theoretical rationale that underpin the design and analysis of this research. This provides a conceptual framework for understanding how discourse analysis (DA) relates to and is practised in psychological research. The chapter continues to describe the structure and process of this particular design in terms of the participants, data collection and steps of the analysis. The design is positioned according to my personal circumstances, professional role and relationship to the setting. The chapter concludes with a focus on the trustworthiness of the design
and hence the validity of its analysis. This includes specific reference to considerations of professional ethics and codes of conduct in therapeutic practice and human psychological research.

The discourse analysis is presented in Chapter 4 through accounts of its interpretative repertoires and their particular subject positions. Five main interpretative repertoires were identified: ‘Adolescence’; ‘Making sense of adults’; ‘Coping with parents’; ‘Adult-adolescent communication during therapy’ and ‘Professional communication during therapy’. The first three focus on the ‘lived’ experience of adolescence as seen through the eyes of an adolescent client whereas the latter two repertoires focus more on my perception of therapeutic practice. Together they offer an understanding of how communication manifests during therapy (personally, socially and therapeutically) as well as attending to the therapeutic relationship itself.

Chapter 5 offers an in-depth exploration of how my person may have impacted on the construction of the design and analysis of this research. This is explored in terms of personal reflections, the therapeutic relationship, my engagement with the analysis and impact of this research on my personal practice. Such reflections include wider considerations of the effectiveness and suitability of this methodology (design, participants and analysis) for the aims of this research. The chapter concludes with reflections on the environmental setting and the role research can play in professional development.

Chapter 6 provides a detailed discussion of how the discourse analysis relates to the research questions through exploring the ways in which it constructs a therapeutic relationship between an adolescent client and adult counselling psychologist. The discussion reflects on the experience of adolescence, the significance of particular relationships and the implications they have for understanding how communication manifests during therapy. Therapeutic aspects of communication are discussed in relation to pervasive forms of therapeutic interaction as well as particular interventions. They are further explored through consideration of the identity and
skills of a trainee counselling psychologist and the profession of counselling psychology.

*Chapter 7* concludes this thesis by situating psychotherapeutic practice in the *reality* of adolescent experience. It offers suggestions for our understanding of how therapists relate to and communicate with adolescents in therapy. The conclusion presents therapeutic change as a synergy of flexibility and structure which together facilitate a more integrated, coherent self. This process is explored with regard to a pluralistic approach to counselling psychology and its particular significance for working with young clients. The implications of flexible and responsive practice are addressed in relation to other forms of interpersonal communication and professions that also rely on building a successful helping relationship. The chapter concludes by offering suggestions for future research.

3. **Chapter summary**

The introduction situates this research in relevant contexts of professional and personal interest to provide a frame of reference to help the reader achieve a better understanding of its aims and structure. Positioning this research extends to clarification of key concepts that underpin its construction in this particular form. A more detailed exploration of how this research project relates to broader contexts of existing research and literature is now offered in *Chapter 2.*
CHAPTER 2: LITERATURE REVIEW

This literature review aims to introduce the reader to pertinent ideas, theories and areas of interest that are related to this research project. This begins with a general overview of relevant literature which progressively provides a more focussed argument in support of the selected aims and questions of this research project. It is hoped that this will facilitate a more informed reading of the thesis by positioning its content in relation to broader contexts of knowledge and understanding. The review is structured in part around identified literature from a literature search based on key words from the research title (adult, adolescent, communication and therapy). The intention was thereby to ensure a widespread account of existing research in related fields of knowledge. I would like to acknowledge that this review has undoubtedly been structured to complement and support the adopted epistemological and methodological approach to this research. In this regard it offers theories and themes that are consistent with social constructionist perspectives. The focus is thus on socio-cultural contexts of human experience, development and learning rather than considerations of biological determinism and innate mechanisms of maturation.

1. Overview of the literature review

The literature begins with a brief summary of theoretical literature related to language development and acquisition in children. This has relevance for understanding the ways in which verbal communication manifests from a developmental psychological perspective. Theories and ideas on adult-adolescent communication are presented in relation to social understandings of adolescence, questions of generational difference and conflict as well as parenting styles and their potential impact on adolescent communication. The review ends with an overview of current ideas and trends in research on adolescent counselling. This includes exploration of ideas on adolescent engagement in therapy and makes reference to contemporary outcome research.

See Chapters 3 and 6.
2. Theories on language development and acquisition

2.1 Language development 'in context'

Theories on language development suggest that our biological capacity for speech is dependent on surrounding environments. Evidence in support of how the brain responds to environmental influences has existed for centuries, e.g. Darwin’s theory of evolution and more recent evidence on neural activity in young infants and brain plasticity (Cartwright, 2000; Darwin, 1859; Johnson, 1993; Katz & Shatz, 1996; Neville, 1991; Whatson, 2004). Empirical evidence supports the epigenetic (and constructivist) viewpoint that cognitive development is characterised by progressive development of language-orientated brain function rather than a pre-determined, defined, modular brain structure (Chomsky, 1965; Fodor, 1983; Kamiloff-Smith, 1992). Epigenesis thus constructs knowledge of brain development in terms of how a child’s genes interact with his/her external environment (Elman, Bates, Johnson, Kamiloff-Smith, Parisi & Plunkett, 1996; Johnson 1997; Mareschal, Johnson & Grayson, 2004).

Theories on the relevance of environmental processes extend beyond the internal biology of individuals to take account of external environments. Bruner (1973; 1993) argued that young children encounter language in highly ritualised ways. This derives from their exposure to forms of social talk that are limited by the knowledge and experience of the people around them. Such exposure occurs, for example, in highly characterised, interpersonal activities between the infant and caregiver (Harris, 2004). In this way discourses become shaped and formed by the particular social and cultural contexts we encounter whilst growing up (Harris, Jones & Grant, 1983). Language acquisition is believed to firstly occur as a social process between people, progress to egocentric speech (children talking to themselves) and finally culminate in internalised ‘inner speech’. The latter is considered the foundation of all thought processes (Flynn, 2004; Oates & Grayson, 2004).
Vygotsky (1962) proposed that children are not just passive recipients of social culture. He described them as active and creative agents who make sense of language through embedding it in the social routines and sets of understanding that are meaningful to their particular language community. Just as there are tools of ‘doing’ (e.g. writing, number systems, language, social rules and traditions), there exist tools for ‘thinking’, i.e. thoughts are taken in during the course of development through social interactions and not by children on their own. From this perspective, discourses do not just reflect children’s thinking but constitute the means through which it is developed (Mercer, 1995, Schwarz, Neuman, Gil & Ilya, 2003). This demonstrates the circularity of social interaction i.e. we develop and acquire language through social communication which in turn influences how we view and think about our world.

2.2 ‘You and me’

As language and discourse pre-exist individuals this presupposes that people are already immersed in language when they start to engage in experience and action (Hollway, 2007c). Mead’s (1934) theories on ‘symbolic interactionism’ postulate that repeated, shared social activity and experience are the means by which objects and actions are attributed meaning (‘symbolic significance’). Engagement with immediate experience teaches self-reflection which in turn leads to the formation of concepts of self, ‘significant others’ and ‘the generalised other’. According to Piaget language emerges when mental operations acquire the capacity for abstract thinking. This enables children to progress beyond the constraints of their own perceptions and the concrete objects around them (Nunes & Bryant, 2004; Piaget, 1955; 1959; 1973). For example, James (1890) proposed that it is through language that the person internalises the role of ‘the other’ through differentiating an understanding of ‘I’ (subject) and ‘me’ (object). Goffman (1959) and Garfinkel (1967) extended the significance of this grammatical approach to development to acknowledge how the infant’s perceptions of relationships will inform and influence how this distinction is made. Both language and social interaction thus have implications for how well people can relate to the perspectives, thoughts and
feelings of others (‘Theory of mind’) (Flynn, 2004). From this perspective, experiences of social interaction underpin the meanings young children attribute to self and others as well as how processes of differentiation manifest.

The relational contexts of communication have implications for the ways in which a person can or cannot engage in particular discourses (Labov, 1972). During conversation people appear to adhere to implicit understandings about relationships and social rules, i.e. enter into a ‘social contract’ of engagement in which responses are structured according to accepted norms and beliefs (Carugati & Selleri, 1996; Rommetveit, 1992). Social talk thus constitutes a huge collective activity through which meanings are circulated, debated and modified according to prevailing meanings and values of that society (Potter & Wetherell, 1987; Sanford, 2005). As a shared cultural resource, language shapes and regulates subjectivities, experiences and practices. From this perspective discourses construct rather than reflect the social world in which they are located (Bordo, 1988; Foucault, 1972).

2.3 Language and cognition

Even though the exact nature of the relationship is not known, existing evidence suggests that the formation of early category representations and concepts is linked to language acquisition (Gopnik & Meltzoff, 1987). Edwards (2004) proposed that many cognitive processes are only possible if we share a common language to ‘jointly’ construct the meaning of social relations and identities. Braisby (2005) extends this argument beyond language to ‘categorisation behaviour’ i.e. how people adapt category words (knowingly or unknowingly) according to social influences and contexts. This indicates a degree of intentionality which precludes an objective and ‘neutral’ application of categories (Edwards & Potter, 1992; Potter & Wetherell, 1987; Reicher & Hopkins, 2001). Thus cognitions do not appear to capture reality but in fact constitute ways of creating and negotiating our position in the world (McLeod, 2011b; Willig, 2008).
Category formation is considered one of the earliest cognitive, meaning-making activities of young infants, which, although flexible and adaptive at first, increases in abstraction and structure over time (Keil, 1989; Quinn & Oates, 2004). Categorisation is often regarded as a higher order reasoning process for quick, efficient processing and organisation of information. However, this creates in us a propensity to establish associations and relationships between psychological phenomena (Fiske and Taylor, 1991). Whilst cognitively efficient, categorisation thus perpetuates us to order and structure experience through processes of generalisation and particularisation (e.g. stereotyping, formation of social attitudes and attribution of causality) (Potter, 2003). Any form of cognition based on groupings of similarity and difference creates the potential for bias and prejudice in our perceptions, understandings and meanings (Billig, 1985; Braisby, 2005).

McGuire (1985) argues that attitudes are often conceptualised as *enduring objects of thought* that result from, and are considered validated by processes of judgement and evaluation. As discourses contain complexities of description, explanation and evaluation, Potter and Wetherell (1987) maintain that they cannot be inherently neutral nor form direct linear relationships between words and objects of thought. From this perspective it is questionable whether linguistic ‘products’ can be treated as transparent, consistent, coherent indicators of underlying objects or dispositions. In reality they appear to manifest as fluid and changing as the contexts in which they present (Edwards, 1999; Potter & Wetherell, 1987). It can thus be argued that when people generalise and particularise according to the demands of a particular social context, categorisation becomes a form of linguistic activity not just cognition (Billig, 1985; Edwards, 1991).

This review of research on language development and acquisition aims to provide a frame of reference through which current literature on adult-adolescent communication can be viewed. The ways in which verbal communication is perceived individually and socially has implications for understanding how adults and adolescents communicate with each other. Existing ideas and theories on adult-adolescent communication are explored below.
3. **Adult-adolescent communication**

3.1 **Socially constructed ‘adolescence’?**

Based on fluctuations in meaning across different contexts, the meaning of ‘adolescence’, and even its timing, can be considered socially defined (Dornbusch, 1989). This notion of socially constructed perception is summarised by Reuter (1937) as: ‘the assumption creates the reality’ (p.413). This exemplifies how the dissemination of particular forms of knowledge becomes so widespread that it creates a circularity of focussed attention, selected evidence and substantiated claims that then upholds certain norms, practices and ideas as universally accepted ‘truths’. Although social opinion can change, this tends to manifest over a long period of time. For example, it has taken decades for Freud’s (1958) notion of ‘storm and stress’ between parent and child to progress to contemporary perceptions of adolescence as a more identity-based, contextualised process of exploration and negotiation (Garrod et al. 1999; Tatar, 2001).

Common narratives about adolescence in Western society often construct the ‘typical teenager’ as someone who is arrogant, rude, moody and rebellious (Bishop, 1990). Such commonsense meanings have become so integrated into people’s perceptions of adolescents that the saying ‘Oh, he/she’s just going through adolescence’ has resonated widely amongst adult populations for generations. Deeply embedded social concepts such as ‘generation gap’ continue to attribute and maintain perceptions of difference and distance between young people and adults (Montemayor, 1983). The validity and significance of such distinctions has been questioned over centuries across many different fields (Bengston, 1970; Buss, 1974; Giancola, 2006). Divisive hierarchies in adult-adolescent relationships, social roles and conceptions of power become highly pervasive and influential when maintained by dichotomies of meaning such as adult-child, teacher-student and young-old (Gibson & Cartwright, 2013). Existing research suggests that adolescents...

---

4 The term ‘parent’ reflects its usage in the literature but may be viewed as synonymous with a child’s primary caregiver(s).
view adult-child relationships in hierarchical terms whereas peer relationships are associated with greater autonomy and equality (Allen, McElhaney, Kuperminc & Jodl, 2004; Montemayor, 1983; Noller & Callan, 1991).

Research indicates that adolescents experience conflict between pervasive, social narratives about free will and social opportunity and actual experiences of being silenced and having their attempts at autonomy ‘closed down’ (Bruner, 1990; Gibson & Cartwright, 2013; Sharland, 2006; Turner, 1970). Burman (2008) argues that positioning adolescents psychologically and developmentally with the need for autonomy and separation is likely to influence them to personally invest in such aspirations and goals. The lack of parental data for studies with young people has been attributed to teenagers’ hesitation to include adult perspectives in research on them (Draucker, 2005; Lloyd, 2004). In this way sociological structures influence patterns of communication between different age groups through perpetuating common beliefs about age-related characteristics, behaviours and psychological processes (Fingerman, Nussbaum & Birditt, 2004). Social narratives commonly infer the absence of both ability and opportunity for adults and adolescents to have open, mutual forms of communication (Acock & Bengtson, 1980; Berger & Luckman, 1961).

### 3.2 Difference and conflict

Studies on adult-adolescent communication extend across family, social and institutional settings to include specific mental-health and environmental problems (Bishop, 1990; Porteous & Fisher, 1980; Riesch, Jackson & Chanchong, 2003; Teyber, Messé & Stollak, 1977). A major focus of existing research rests, however, on parent-adolescent communication and questions of conflict. During adolescence, conflict is considered the result of a tenuous balance between connectedness and individuation (Allen, Weissberg & Hawkins, 1989; Grotevant & Cooper, 1986). Topics of parent-adolescent conflict have been identified as: social activities; safety; ‘acting up’ and education (Riesch et al., 2003). It is interesting to note that

---

5 Parent-adolescent communication may also be referred to more generally as ‘parent-child’.
adolescent ‘problems’ are grouped accordingly in the literature in terms of family, relationships, school and self (Seifert, Hoffnung & Hoffnung, 2000).

Empirical evidence from research over many decades has thrown into question, however, whether parent-adolescent conflict during adolescence is inevitable and can be interpreted as an indication of family detachment (Offer & Offer, 1975; Steinberg, 1991; Steinberg & Silverman, 1986). Early research indicates that parent-adolescent conflict manifests more in relation to everyday routines of living than fundamental differences in outlook or lifestyle (Montemayor 1983). According to Tolbize (2008) generational conflict is more likely to arise from errors of attribution and perception than actual differences. Attributions of meaning will influence whether conflict is regarded as adversary and harmful or a natural function of transformation and progress in line with biological and cognitive development (Cooper, Grotevant, Moore & Condon, 1982; Dixon, 2007). Acock and Bengtson (1980) found that parental attitudes themselves are not reliable predictors of children’s responses but what children think their parents believe. If understood as ‘differences in attitude’, Gottman (1979) argues that conflict is inherent to many other types of relationship in which people live in close proximity.

With personal and relational change comes ambiguity and instability irrespective of how securely attached adolescents may be to their primary caregiver (Allen et al. 2004; Marsh, McFarland, Allen, McElhaney & Land, 2003). Although the ability to cope with conflict (internal and external) is regarded as a necessary and vital part of development, Bishop (1990) argues that young people will have a different capacity for tolerating tension. For example, some adolescents demonstrate no resistance to parental values, some become lost through choice whereas others manage to effectively integrate the past and future (Marcia, 1980).

3.3 Parenting and communication

The ways in which parents and children communicate are considered highly influential on future personal and professional relationships (Riesch et al., 2003;
Vangelisti, 1993). Research positively correlates open communication with the ability to resolve difficulties, express opinions and ideas, cope with stress as well as higher school performance, moral maturity and self-esteem (Ogden, 2006). In contrast, closed, adversary, one-sided communication is linked with a multiplicity of health and social risk factors including delinquency, substance misuse, self-harm, depression and suicidal ideation (Chen, Langer, Raphaelson & Matthews, 2004; Johnston et al. 2002; Riesch et al., 2003).

Research on how parenting styles impact on child development advocates the ‘authoritative’ style as the most conducive to psychological well-being (Baumrind, 1991; Slicker & Thornberry, 2002). ‘Authoritative’ parents value self-assertion, wilfulness and independence, and foster these goals through reasoned action, encouragement of critical thinking and explorations of choice (Diem 2000; Riesch, Anderson, Pridham, Lutz & Becker, 2010). These parents are believed to have the social competencies to collaboratively facilitate growth and change. This manifests through warmth and sensitivity as well as realistic demands and moderate levels of tension (Baumrind, 1967; 1973; 1975; Putnick et al. 2008; Kazemi, Eftekhar & Solokian, 2010). In general, reciprocal exchange, mutual respect and trust are linked with successful patterns of negotiation between parents and adolescents (Riesch et al., 2010).

Such qualities and characteristics contrast with ‘authoritarian’ parenting through which children receive reprimands and few opportunities for discussion (Dornbusch, 1989; Ruffman, Perner, Naito, Parkin & Clements, 1998; Ruffman, Perner & Parkin, 1999). Research indicates that when parents use reactionary, intimidating, non-disclosing forms of communication, this results in negativity, confrontation and/or avoidance in self and their children. Such parent-child relationships have been associated with blocked communication, lowered self-esteem and a lack of reflection and approachability in young people. Studies also suggest that low levels of trust and communication as well as high levels of alienation are generally accompanied by raised levels of anxiety, depression and unwillingness to accept help from other people (especially adults) (Riesch et al., 2003; Sims & Sims, 1973).
This type of parenting style has been linked to children with an insecure attachment style and positively related to psychopathology (Muris, Meesters, van Melick & Zwambag, 2001).

These descriptions of parenting styles and their potential impact on communication and psychological well-being appear highly poignant for understanding how adolescent clients may interact with an adult counsellor during therapy. They indicate how a client’s propensity for open or closed communication may derive in part from existing (or past) family relationships (Zack, Castonguay, Boswell, McAleavey, Adelman, Kraus & Pate, 2015).

4. Adolescent Counselling

4.1 The therapeutic relationship

Just as people’s relationships are considered important to understanding their everyday interactions, research attributes successful therapeutic outcomes to the quality of the therapeutic relationship (Bordin, 1979; Green, 2010). Quality is often described in terms of the strength of the bond and how well clients feel heard and understood (Cooper, 2008, Sanders, 2002). Although most of the literature is not age-specific, it is nevertheless acknowledged that different age groups value aspects of this relationship in different ways (Hanley, Humphrey & Lennie, 2013; Le Surf & Lynch, 1999, Norcross, 2011).

Current studies suggest that young people are difficult to engage in therapy, exhibit high drop-out rates and that these rates are often attributable to perceived problems with the therapeutic relationship (Block & Greeno, 2011; Garcia & Weisz, 2002). Independent of the therapeutic approach, it has been found that an adolescent’s level of engagement in the therapeutic process is highly dependent on their initial experience of counselling (Karver, Shirk, Handelsman & Fields, 2008). When investigating which factors in adult-child interactions affect levels of engagement, McWilliam, Scarborough and Kim (2003) found that responsiveness
without direction facilitated high engagement but direction without responsiveness elicited no engagement. Even if ‘sent’ for counselling young clients have been found to better engage with therapists when they feel informed (i.e. understand the meaning of counselling), perceive personal choice and thus believe their autonomy and independence to be respected (Bastien & Adelman, 1984; Everall & Paulson, 2002; Fitzpatrick & Irannejad, 2008; Sauter, Heyne & Westernberg, 2009).

It can be difficult, however, for therapists to respond to signs of disengagement when these manifest in covert, passive ways. For example, clients may fall silent or feel unable to address concerns due to apprehensions about questioning or disagreeing with ‘adults’. They may also fear negative judgment from their counsellor or seek positive evaluation from him/her through agreement and acquiescence (Gibson & Cartwright, 2013; Killips et al., 2012; Rennie, 1994; Stringer et al. 2010). Empowerment of clients may be influenced, even hindered, through their attempts to comply with therapists’ ‘expert’ knowledge of how to problem solve (Telford & Farrington, 1996; Tompkins, 2003). Proctor (2008) suggests that clients often assume the need to adopt the particular knowledge, strategies and skills of the therapist in order to achieve therapeutic success.

Adolescents’ perceptions of their role as ‘client’ are believed to be influenced by pervasive social ideas about freedom of choice and individual accountability (Prior, 2012a). Existing research suggests that adolescents construct themselves as highly active agents with the agency to select or reject particular counsellors or therapy itself (Gibson & Cartwright, 2013; Nowak, 2014). In general, young clients are believed to have clear notions of what they want/expect from therapy and be willing to direct the counsellor to offer interventions and set goals accordingly (Fitzpatrick & Irannejad, 2008; Rennie, 2000; Rupani, Haughey & Cooper, 2012). It is, however, also acknowledged that a counsellor’s capacity to facilitate agency depends on young clients’ awareness, knowledge and ability to articulate what they do/do not want from counselling (Fitzpatrick & Irannejad, 2008; Williams & Levitt, 2007). Although young people believe that their agency is real, this is often constructed from a contrasting adult perspective as an illusory sense of power.
‘Illusory’ is understood as a false notion of being in control when in fact young clients present as highly vulnerable. Counsellors tend to perceive ‘vulnerability’ as a lack of personal awareness about fluctuations in mood, motivation and desire which in turn can prevent adolescent clients from receiving the type of help they need (Nowak, 2014).

Existing knowledge on the therapeutic relationship with young clients appears to combine research from varied environments, presenting problems and measurements as well as variations in how it is conceptualised (McLeod, 2011a). Nevertheless research consistently demonstrates the importance of physical and emotional safety to young clients, e.g. their belief in a secure setting and assurances of confidentiality (Daniels & Jenkins, 2010; Geldard & Geldard, 2008; Lynass, Pykhtina & Cooper, 2012; Quinn & Chan, 2009). Studies indicate that young people consider spontaneity (personal and professional) in counsellors important as this suggests a capacity to be flexible and creative and thus offer a more ‘active’ style of counselling (Geldard & Geldard, 2009; Hanley, Humphrey & Lennie, 2013; Westergaard, 2013).

The therapeutic relationship (with young people) has also been explored with specific reference to how particular factors may impact on the strength of its bond. Such factors appear to manifest as quantifiable or classifiable variables (e.g. age, gender) and/or assessment of subjective values, judgements or opinions (e.g. motivation, honesty). These are explored in greater depth below.

4.2 Questions of influence

Findings from meta-analyses and reviews of studies suggest that a variation of mediating factors influence the success of both the therapeutic relationship and therapy with young clients (Jackson, Pybis, Cooper, Hill, Cromarty & Rogers, 2014). Although limited knowledge exists, evidence indicates the importance of client variables as well as therapist behaviours (Castonguay, Constantino & Holtforth, 2006; Clarkin & Levy, 2004; Creed & Kendall, 2005; Shirk and Karver, 2011). In
addition to personality attributes, the following factors are believed to impact on an adolescent’s willingness to seek counselling: age; gender; socio-economic and cultural background; self-image; motivation for achievement and level of psychological stress (Eiser, Havermans & Eiser, 1995; Offer, Howard, Schonert & Ostrov 1991; McKenzie, Murray, Prior & Stark, 2011; Schonert-Reichl & Muller, 1996; Tatar, 2001). Although research names a wide range of possible influences on therapeutic change, the ways in which different clusters of variables interact remain currently unspecified.

In addition to client variables, existing research also indicates how particular counsellor variables may impact on the success of a therapeutic relationship. Studies suggest that adolescents’ willingness to engage in therapy is influenced by perceptions of: expertise (e.g. experience, knowledge, wisdom, skill); attractiveness (e.g. pleasantness, agreeability, compatibility) and authenticity (e.g. confidence, honesty, reliability) (Corrigan & Schmidt, 1983; La Crosse & Barak, 1976; Norton & McGauley, 1998; Tatar 2001). Findings indicate the presence of additional influential factors such as gender and ethnic matching; social likeness; academic degree (i.e. more positive characteristics related to academics); personal traits (e.g. dedicated, responsible and open-minded) and counselling style (i.e. empathic and directive styles preferred). When variables match in ways that are important to them, young clients are considered more open, less frightened and more likely to believe that the counsellor will understand them (Dancey, Dryden & Cook, 1992; Goldberg & Tidwell, 1990; Tinsley, Workman & Kass, 1980). Although the approachability of counsellors can be understood in terms of the above variables, a match between client and counsellor is nevertheless likely to be highly individualised and context-specific.

In addition, studies indicate that adolescents’ willingness to attend counselling is also dependent on the following situational factors: the availability of the service; economic limitations; living circumstances; available access to other social support networks and the type of setting (e.g. community or institutional setting) (Barker & Adelman, 1994; Low, 2009; McConaughy & Wadsworth, 2000; Pattison & Harris,
2006; Tinsley et al., 1980). For example, adolescents have been found to be reluctant to engage in school counselling due to the stigma of being labelled, their perception of counsellors as authority figures and expectations of improvements in their academic performance (Adelman & Taylor, 1986; Blair, 1999; Fox & Butler, 2007; Prior, 2012b). Existing research suggests that most adolescent referrals are based on evident external ‘symptoms’ that can be easily identified by parents, teachers or other significant adults (Offer et al., 1991; Tatar, 2001). In addition, studies suggest that involved third parties are more frequently concerned about the presenting problems than the individual and may refer without agreed consent (Kendall, 2002; Shirk & Saiz, 1992).

Research thus indicates a wide range of possible client and counsellor factors that may impact on a young person’s willingness to access and engage in therapy. This demonstrates the complexities with which outcome research needs to contend to identify and explore which factors may have a positive or negative influence on therapeutic change.

### 4.3 Outcome research

Outcome research appears to predominantly focus on how to maximise and support best practice as well as increase cost-effectiveness. Such objectives are often operationalised through methodological approaches that capture comparisons and quantify effectiveness in terms of defined variables and clinical thresholds (Baskin, Slaten, Crosby, Pufahl, Schneller, & Ladell, 2010; Cooper, 2009; Gamst, Dana, Der-Karabetian & Kramer, 2004; Killips et al., 2012; Lavoritano & Segal, 1992). Efficacy in adolescent counselling is mainly reported through controlled measurements of psychological functioning. These are considered reliable, trustworthy evidence for improvements or reductions in symptoms or psychological well-being (Cooper, Pybis, Hill, Jones & Cromarty, 2013). From this perspective, well-being is understood as something linear and measurable that can be accessed through selfreports, questionnaires and feedback from clients and
counsellors (Bastien & Adelman, 1984; Cooper, 2009; Hanley, Sefi & Lennie, 2011; Nowak, 2014).

Research studies appear to restrict their focus to a particular aspect and/or stage of therapy and are often subject to specific inclusion and exclusion criteria (Bickman, Vides de Andrade, Lambert, Doucette, Sapyta, Boyd, Rumberger, Moore-Kurnot, McDonough & Rauktis, 2004; Cooper, 2009; Hanley, Sefi & Lennie, 2011). Current areas of major interest include counselling provision among different racial and ethnic groups (Kodjo & Auinger, 2004); school-based counselling (Fox & Butler, 2007; Gilat & Rosenau, 2012; McKenzie et al., 2011; Rupani, Cooper, McArthur, Pybis, Cromarty, Hill, Levesley, Murdoch & Turner, 2014) and the effects of psychotherapy on academically related outcomes (Baskin, Slaten, Sorenson, Glover-Russell & Merson, 2010; Rupani, Haughey & Cooper, 2012). Research appears to demonstrate a consistent interest in how gender impacts on therapeutic outcomes. For example, females are described as more honest, self-critical and introspective whereas male clients are perceived as more defended, driven to impress and behaviourally motivated (Lavoritano & Segal, 1992; Nowak, 2014). It is important to note that no existing research seems to offer a discourse analysis of how adolescent clients and adult counsellors communicate throughout therapy. Researchers have already inquired into the nature of children’s talk in therapy but appear to have taken a more sociological perspective and not focussed specifically on adolescence (Hutchby, 2005; 2007).

Other areas of outcome research indicate attempts to posit universal theories and models. These aim to provide guidance for and assess good practice in establishing a successful therapeutic relationship with young clients. In this regard ‘The Child Alliance Process Theory’ is an example of a cross-theoretical template for generalised learning (Baylis, Collins & Coleman, 2011). The Youth Counselling Impact Scale (YCIS) offers a means of measuring young people’s impressions of the impact of individual counselling sessions. It identifies and monitors the strengths and weaknesses of particular therapeutic approaches through assessment of young
people’s thoughts, feelings and behaviours as well as personal insight and change (Kearns & Riemer, 2010).

When working with young people across a range of presenting problems, all counselling approaches are believed to provide useful and effective support (Cooper 2008). As counselling interventions possess differing levels of abstract, subjective qualities, researchers are challenged to acquire high quality research evidence for therapeutic outcomes across the full range of therapeutic approaches (McLeod, 2011b; Willig, 2008). Without a comprehensive body of knowledge, comparisons of effectiveness remain incomplete. It thus seems that current conclusions from empirical evidence are limited by the scope of measures chosen to explore them (Becker, Chorpita & Daleiden, 2011; Cooper, 2009). Reese, Prout, Zirkelback and Anderson (2010) refer to ‘the trend’ of adopting cognitive-behavioural interventions with children and adolescents. They also reflect on the greater number of studies on group interventions when most evidence indicates that individual counselling is the more frequent and preferred modality (Beesley, 2004; Gilat & Rosenau, 2012). This suggests that questions about the greater effectiveness of particular approaches (e.g. CBT) remain unanswered (McArthur, Cooper & Berdondini, 2013; Pattison & Harris, 2006).

A systematic review of how outcomes are constructed in research on adolescent counselling indicated that ‘real-world’ research is considered highly complex and dynamic. The complexity of researching young people is understood in two ways: what people say may not be what they know and what is real depends on knowledge and awareness (see above) (Lavoritano & Segal, 1992; Killips et al. 2012; Nowak, 2014). Therapeutic complexity is constructed as ‘fluctuations’ in: life circumstances; presenting problems (during a single and across several counselling sessions); differing therapeutic styles in counsellors and diverse referral systems (Hanley, Sefi & Lennie, 2011; Killips et al. 2012). Dynamism is constituted as a changing interplay between: individual, social, and universal elements; ethical, practical and philosophical challenges as well as theoretical and political issues (Robson, 2002; Nowak, 2014). In the face of such multi-faceted relationships it
seems legitimate to question how therapy with adolescents can be comprehensively understood unless studied in its entirety without selection, focus or assumptions of what may be found.

5. Chapter summary

Whilst offering a summary of research in related fields of knowledge, the literature review indicates the absence of a study that explores the combined complexities of them all in action (i.e. adult-adolescent communication in therapy). The profession of counselling psychology is underpinned by a respect for diversity and difference in human experience. It therefore aims to ground therapy in the needs and desires of clients to facilitate change that has meaning and relevance to them as individuals and their life circumstances. Paradoxically the current research community appears to approach therapeutic outcomes based on the predilections and preferences of particular social, economic and political contexts. This does not detract from the value and importance of existing findings but suggests a need to broaden the scope of research to reflect the same diversity in human experiences that counselling psychologists encounter in therapy (Brown, 2002; Good, 2000).

A dilemma exists for research that attempts to construct complex human experience in discourses of objectification and parsimony e.g. the construction of multi-faceted human phenomena as single variables. By putting ‘theory into practice’ this research aims to provide a different set of discourses with which to explore the field of adolescent counselling. It is one in which discourses of ‘hypothesis’, ‘proof’ and ‘universal truths’ are not available and thus detaches itself from the study of causal questions (the influence of X on Y) to exploration of human interaction (‘how’ and ‘in what ways’) (Potter, 2003). As Rogers and Escudero (2004) succinctly state ‘we do not relate and then talk, but we relate in talk’ (p.3). There is no intention to replace or negatively evaluate evidence-based, quantitative research on counselling and psychotherapy but to supplement it with potentially new and different perspectives to prevent a circularity of approach that
perpetuates knowledge of the same outcomes (Manstead & Wetherell, 2005; McLeod, 2000; Reicher & Taylor, 2005).

The role of discourses in how people approach and perceive experience not only relates to individual constructions of meaning and understanding but also impacts on the production of knowledge itself. Chapter 3 offers a detailed account of the methodology of this research and how it generates a particular reading of the research transcript.
CHAPTER 3: METHODOLOGY

The literature review presented the theoretical rationale for this research through exploring existing literature and research related to ‘discourses of adult-adolescent communication in therapy’. Chapter 3 now turns to research methodology and aims to situate this design in the contexts of philosophy, knowledge and practice that give it credibility and meaning as well as relevancy and purpose. Its objective is to describe the people and institutions that constituted the research transcript and provide an understanding of the perspectives and processes that impacted on the ways in which its content has been analysed and constructed (Reber, 1995). It is hoped that this knowledge and understanding will facilitate deeper engagement and a more considered reading of the discourse analysis in Chapter 4.

1. **Overview of the methodology**

The methodology begins with reference to my epistemological approach to this research and how it is informed by social constructionism, my particular ontological viewpoint and regarded as a form of ethnomethodology. These accounts provide a conceptual framework for understanding how discourse analysis (DA) relates to and is practised in psychological research. The structure and process of this particular design are described in terms of the participants, data collection and steps of the analysis. The methodology also addresses how the research content may have been affected by the positions I hold personally, professionally and institutionally. This includes a wider discussion of the relationship between subjectivity and evaluations of rigour, credibility and trustworthiness in qualitative research. The chapter concludes by extending such considerations to professional ethics and codes of conduct in therapeutic practice and human psychological research.
2. The ‘production’ of knowledge

2.1 Epistemological approach

Despite common beliefs about the objectivity and universality of knowledge, there are strong arguments for its contextualisation, selectivity and subjectivity (Polkinghorne, 1992; Rijsman & Stroebe, 1989). For each society and culture the salience and relevance of particular ideas and interests will derive from its traditions, historical beliefs, politics and economic status (Teo, 2010, Valsiner & Rosa, 2007). It is thus important to recognise how disciplines of knowledge form within their own languages of description and exploration (Danziger, 1985; Morrow, 2007). Still today, the sciences establish standards of ‘normality’ which people often unknowingly accept as ‘legitimate’ forms of knowledge. In this way certain ways of thinking can become marginalised and others created as ‘truths’ as we subscribe to particular systems of knowledge (Finlay & Langdridge, 2007; Foucault, 1972; Gergen, 1999).

The epistemological approach to this research can be summarised in the words of Hollway (2007a): ‘Today’s knowledge, like yesterday’s, is situated and provisional’ (p.200). This statement recognises the contingent processes through which systems of knowledge and practice take form (Georgaca, 2001; 2013). By addressing the impact of culture and society on human experience, this research adopts in part a critical-realist stance. This stance acknowledges the social structures, norms and practices which frame our subjectivity and understanding of the world around us (Willig, 2008). From this perspective it suggests that knowledge may be shaped by any factor that has the potential to influence its production.

Motivation to pursue particular pathways of enquiry will also reflect the theoretical and methodological perspectives which have the greatest meaning, interest and poignancy for the researcher(s) concerned (Brown & Smith, 2002; Watanabe, 2010). When knowledge is constructed by people it will inevitably reflect their own psychology i.e. individual differences, values and belief systems. Based on this
argument it is likely that there are as many ways of exploring and interpreting psychological phenomena as there are human identities and characteristics (Ding & Littleton, 2005; Hollway, 2007c; Phoenix, 2002; Potter & Wetherell, 1987). In this regard Potter (2003b) argues that methodology cannot be considered separate from theory as its choice implicitly reflects a particular sociological and philosophical stance (Billig et al., 1988; Gilbert & Mulkay, 1984).

When viewed from this perspective it seems inevitable that research will be selective and thus struggle to offer a comprehensive study of how psychological phenomena are expressed and understood (Bunge, 1983; Hansen, 2004). It therefore seems improbable that research can claim ‘one’ knowledge but instead offers a view of reality, pictures of knowledge of which no ‘one’ approach can tell the full story (Hollway, 2007a). From a relativist viewpoint if there are various possible versions of how we can ‘read’ the world, then no one reading can be ‘right’ or ‘valid’ (Bryman, 2008; Willig 2008). This research is thus positioned as authored and not ‘discovered’. It presents an offering of areas of potential interest without claiming to be representative of any of them. This epistemological approach upholds many of the principles of social constructionism, the philosophy of which is briefly summarised below.

### 2.2 Social constructionism

Social constructionism upholds that the ways in which we understand the world are not ‘natural’ but constructed through social interaction (Phoenix, 2002). The social world is viewed as orderly and intelligible because of our human propensity to actively engage with and organise experience rather than an inevitable result of causal effects (Spears, Hollway & Edwards, 2005). From this perspective knowledge is understood as a social process rather than reality. ‘Everything we know is constructed in and through social relations, including the language available to us, our interactions with other people and the ways in which our society treats particular groups of people’ (Phoenix, 2002, p.69). In this regard language is viewed as a set of contrasts and alternatives i.e. a social practice rather than just the
verbalisation of inner cognition (Edwards, 1993). Through language the world is ‘talked into being’ and hence research does not seek knowledge about the nature of phenomena but of the processes through which they are enacted (Burr, 1995; Parker, 1998). Research from within a social constructionist perspective therefore does not: offer phenomenological accounts; focus on first person accounts or view people as exclusive agents of their own discourses (Georgaca, 2013).

When related to psychotherapeutic research, this approach does not deny individual distress but attends closely to the historical, social and cultural contexts in which human experience is situated. This includes the ways in which meaning comes into being and evolves over time (Georgaca, 2014). From a constructionist perspective people are not passive recipients but actively create and participate in relationships, problems and solutions (McLeod, 2011b). When human experience is viewed from this ontological viewpoint, the significance of psychotherapeutic research will inevitably be interpreted and thus constructed in particular ways. For this reason a more detailed description of my ontological viewpoint is given below.

2.3 Ontological viewpoint

Ontology refers to ‘theory of the person’ i.e. our assumptions and understanding of what constitutes the ‘self’ (Reber, 1995). Distinct theoretical traditions conceptualise ‘the self’ differently and thereby the psychological paradigms and methodology upon which they implicitly or explicitly draw (Hollway, 2007c). As indicated above, this research adopts a relativist ontological approach by recognising the diversity of interpretations through which people make sense of their existence and experiences (Wetherell, 1998; 2003; Willig, 2008).

From this perspective the individual is viewed as socially constructed and embedded, ‘a complicated composite of different selves brought into being by multiple circumstances of life’ (Taylor, 2007b, p.71). Thus, like all organic systems, I believe that human beings interact with their environment and their responses are thus context-dependent and contingent. When viewed in this way the stability and
continuity of their presentations will inevitably fluctuate and change over time (Green & Gilhooly, 2005; Heppner & Krauskopf, 1987; Hmelo-Silver, Swobhi, Marathe & Liu, 2007; Jonassen, 2000). A relativist stance thus challenges theories of the person which pertain to an individual who is rational, stable and predictable in a world that is governed by cause-and-effect processes (Taylor, 2007b).

This interrelationship between ‘self’ and the environment (‘embeddedness’) is acknowledged in research practice through ideas related to ethnomethodology. This approach advocates the study of people ‘in action’ and thus offers support for the design of this research. Its relevance to this thesis is briefly summarised below.

2.4 Ethnomethodology

Ethnomethodology is an approach that advocates exploring reality in action. By doing so it argues against the existence of an objective reality of social facts (Bryman, 2008; Garfinkel, 1967; Heritage, 1984). American Sociologists in the 1950s and 1960s purported that the way to understand social life was to analyse the micro-strategies that people use in order to manage interpersonal and group encounters (Goffman, 1956; McLeod, 2011b). They thus advocated becoming part of research through immersion into all aspects of the experience from which the ‘data’ derives (Miell, Phoenix & Thomas, 2002). With regard to this research, my role as scientist-practitioner as well as the study of actual counselling sessions immerses it in the ‘reality’ of the discourses it seeks to explore (Bryman, 2008; Potter, 2003; Sacks, Schegloff & Jefferson, 1974).

When human research is approached through the lens of social constructionism, my ontological viewpoint and a belief in ethnomethodology, it will be regarded as contingent, multi-faceted, interactive and dynamic. Through these accounts I hope to have offered the knowledge and understanding required to appreciate a discursive approach to human psychological research. In the following sections a detailed description of the theory and practice of discourse analysis (DA) will be
offered. This begins with a general account of its history and an overview of the variation of DA that has been adopted for this research.

3. **Discourse analysis in psychological research**

As indicated in Chapter 2, theories on language acquisition, cognition and social interaction suggest that the world exists because it is talked about (Willig, 2008). The ‘linguistic turn’ in European social science in the 1970s inspired the introduction of discourse analysis (DA) into social psychology. This was in response to heightened recognition of how existing knowledge and perceptions of the social world are influenced by discourses and culture (Hollway, 2007a; 2007d). Over time many different variations of DA have emerged and been combined in different ways.

For this research a synthesis of discursive psychology (DP) and Foucauldian discourse analysis (FDA) has been adopted. DP attends more to discourse practices i.e. momentary interactions and the production of meaning (micro-analysis). FDA focuses more on discourse resources i.e. socio-historical contexts (macro-analysis) (Hollway, 2007d). This combination is documented in the literature and considered conducive to exploring a range of possible psychological phenomena in written and spoken discourses (Willig, 2008). It thus complements the aims of this research which are not only to explore personal and social meanings of adolescence and adulthood but how those understandings translate into particular forms of therapeutic talk and action (Potter, 2003). In the interest of clarity, a description of DP is followed by a separate summary of FDA. In reality, they do not form distinct processes but constitute a synergistic approach to discourse analysis.

**3.1 Discursive psychology**

Discursive psychology (DP) is not just a novel approach to communication but a new conceptualisation of what psychology is (Potter, 2003). It developed out of discourse analysis in the early 1990s following the publication of ‘Discourse and
social psychology: Beyond attitudes and behaviour’ (Potter & Wetherell, 1987). DP focuses on social interaction (i.e. the reciprocity of society and the individual); semiotics (spoken and/or written signs and symbols) (Chandler, 2007; Eco, 1976); the sociology of scientific knowledge (Hollway, 2007b; Hewstone & Manstead, 1995) and language philosophy (Searle, 1998). It relates discursive actions to psychological phenomena such as memory, identity and attribution as well as social and political change (Potter, 2003; Willig, 2008).

Discursive psychologists do not conceptualise experience as a fixed, internal, stable construct but as ‘ways of being’ that are deployed as and when required (Willig, 2008). The speaker is regarded as an active agent who manages his/her stake in social interactions and thus seeks to ‘accomplish’ things by employing strategies (knowingly or unknowingly) to create different kinds of effect (Bryman, 2008). The practice of language is considered to be situated sequentially (set up by what comes before and sets up what comes next), rhetorically (resists and persuades) and institutionally (according to norms, conventions) (Potter, 2003). In this way discourses have a function and perform i.e. achieve particular objectives which vary across personal and social contexts (Willig, 2008). They thereby constitute a form of politics and action i.e. can attribute blame, create a certain representation, produce a specific argument and/or be adapted to suit a particular audience (Augoustinos & Walker, 1998; Parkinson, 2007; Reicher, 2004). Whatever the intention (implicit or explicit), the inclusion or justification of certain positions will inevitably exclude or disregard counterclaims and alternatives (Billig, 1991; Blumer, 1958; Gill, 1996; Law, 1999; Potter, 2003).

The rhetoric of language can be exemplified by the different ways in which people interpret the meaning and significance of emotion (Russell, 2003). For example, ‘jealousy’ is generally understood as less socially acceptable than ‘anger’ thus stigmatising those who are described in such ways (Cooper & Kaye, 2002; Edwards, 1992; Stenner & Stainton Rogers, 1998). The fact that emotion research has struggled to differentiate emotions according to their features and characteristics suggests that classifications, definitions and categorisations of psychological
phenomena are purposeful i.e. human constructions of meaning (Hollway, 2007b; Schachter & Singer, 1962).

DP thus offers an approach to DA which aims to make sense of the purpose of language and how it performs to construct experience in particular ways. When related to this research, DP facilitates an in-depth understanding of how communication manifests in every therapeutic interaction through an analysis of the function and purpose of each response. This engagement with the performance of discourses is complemented by attention to broader contexts of meaning through Foucauldian discourse analysis. This discursive approach is summarised below.

### 3.2 Foucauldian discourse analysis

Foucauldian discourse analysis (FDA) describes and critiques the social and historical contexts in which discourses are embedded (Wetherell, 1998; Edley & Wetherell 1997). Foucault (1982) regarded discourses as being inextricably linked to the ways in which social life is organised, regulated and administered. In this way available resources have the potential to maintain and reinforce existing social and cultural practices through their perpetuation of social narratives which validate and serve contemporary life (Henriques, Hollway, Urwin, Venn & Walkerdine, 1984). Willig (2008) argues that over time dominant discourses become so entrenched in ‘commonsense’, taken-for-granted ways of living that they are rendered invisible and thus unchallengeable.

From this perspective the discourses of a particular ideology construct a ‘cultural slot’ in which identity possibilities are only available in particular forms and combinations (Reynolds & Wetherell, 2003). Such subject positions have implications for human subjectivity, intersubjectivity and experience through their constitution of how we are able to exist in and perceive the world (Edwards, 1993; Gill, 2000; Parker, 1994; 2002). Whilst facilitating social interaction, names and labels simultaneously contain and regulate the ways in which we position ourselves
Methodology

(Bordo, 1997; Parker 1999). As Willig (2008) states: ‘discourses facilitate and limit, enable and constrain what can be said by whom, where and when’ (p.112).

Subject positions can be context-specific, e.g. associated with particular practices, settings and institutions, or more generally related to particular societies, cultures and historical periods (Georgaca, 2014). For example, people’s judgements of ‘health’ are implicitly informed by the values attributed to particular terms e.g. ‘anorexia’ and ‘patient’. FDA supports the notion that when people adopt and attribute identities they create different subject positions with differing levels of social acceptance and power. In this way the adoption and attribution of different positions constructs (and re-constructs) social inequalities (Georgaca, 2014; Reynolds & Taylor, 2004). For example, the construction of marriage as ‘desirable’ simultaneously devalues people who remain ‘single’ (Adams, 1976).

Exploration of who uses language how, when and where facilitates knowledge of how personal and social power is mediated through relations of privileged and marginalised discourses (McLeod, 2011b; Tajfel, 1970; van Dijk, 1997). FDA aims to promote change and transformation through awareness of the dominancy and availability of particular positions in contrast to others (Keenay, Oswick & Grant, 1997; Willig, 2008). It is argued that different perspectives (individual and social) can only emerge through de-privileging the ‘dominant’ voice (Georgaca, 2013). FDA can thus be viewed as ‘inductive’, an arena of creativity in which language can be deconstructed, new links formed and internalised patterns of understanding reformed in new ways (Georgaca, 2013; 2014).

With relation to this research FDA provides opportunities for renewed knowledge of how contemporary social narratives construct adolescence and adulthood. When hidden from consciousness, the impact of taken-for-granted understandings and meanings on human experience often remains uncontested and unexplored. By rendering common narratives visible again FDA can thus encourage new discussion and promote necessary change. Identification of how subject positions manifest
and interact thus presents opportunities for exploring how an adolescent client and adult counselling psychologist relate to each other in therapy.

Before attending more specifically to the design of this research, I offer a brief summary of case study research below. Similar to the above descriptions of DP and FDA, it aims to provide the reader with appropriate knowledge and understanding to fully contextualise and appreciate the design selected for this research. As with DP and FDA, case study research does not constitute a method in itself but informs and frames the ways in which research is constructed.

### 3.3 Case study research

The selection of a single-subject case study for this research grounds the analysis in the experience it seeks to explore (i.e. individual counselling) (Willig, 2008). Campbell (1975) claims that it is unrealistic to assume that social science research can be objective, unbiased and context-independent. By putting ‘theory into practice’ this case study embraces context-dependency in its entirety with the intention to learn from it rather than evidence it. It approaches knowledge by situating it in the real-life experiences which give it meaning and context (Bruner, 1986; 1990). It thus purposefully accesses discourses in ways that are truthful to the setting in which they manifest (Bromley, 1986; Smith, Harré & van Langenhove, 1995; Stake, 1994).

The ‘all-inclusive’ character of this study creates a forum for critical reflection which presents a more detailed, richer interpretation of phenomena than is usually possible from studies that build upon what has come before (Cooper, 2008; Geertz, 1995; Stiles, 2007). In this way it has the potential to both facilitate theory generation and provide support for other literature and research (Dreyfus & Dreyfus, 1986; Eckstein, 1975; Hamel, 1993). Its format is underpinned by the philosophy of pragmatism which upholds that ‘it is not satisfactory to regard knowledge as consisting of a set of abstract ideas; instead, knowledge is more
appropriately understood as a capacity to take effective action within a specific context’ (Fishman, 1999; McLeod, 2010, p. 94).

The richness of the ‘data’ from this case study enables it to harness human concepts, as well as processes, in ways that mirror stability and change in intrapersonal and interpersonal experiences (Flyvbjerg, 2006; Yin, 1994; 2009). It is thereby capable of capturing the ‘backstage’, ‘little things’ and ‘concrete’ aspects of social phenomena whilst maintaining consistency in other areas (e.g. demographic profile, therapeutic approach and style) (Goffman, 1963; Nietzsche, 1969; Rorty, 1985). Its synthesis of flexibility and structure thus creates opportunities for it to respond to both individual and social manifestations of human experience. The ‘individual’ facilitates exploration of specific, client-centred processes whilst the ‘social’ attends to common narratives and social understandings about adolescence, adulthood and communication (Georgaca, 2013). In this way this case study facilitates insight into therapy that more targeted studies may struggle to capture (McLeod, 2010). It not only offers multiple examples of how a phenomenon presents (e.g. through additional extracts in Appendix III) but enables specific interactions to be differentiated from pervasive themes (Farber, Brink & Raskin, 1996).

The above accounts of DP, FDA and case study research aim to provide the reader with an understanding of the contexts that have informed and influenced the selection of this research design. The methodology now attends to the actual design in greater detail by focusing on its practical implementation with regard to the setting, participants, transcript and analysis.

4. Research design

The aim of this qualitative design is to describe and offer accounts of events and experiences but not to be ‘representative’ of their contexts or provide the reader with predictions (McLeod, 2011b). It intends to be inductive and discovery-orientated by focusing on what emerges and how rather than specifically seeking to
explain why it should be so (Cooper, 2008; Creswell, 1998). In this way it seems well adapted for exploring phenomena which cannot be easily identified or have not yet been revealed (Morrow, 2007). As McLeod (2000) suggests, qualitative research reflects many of the processes of therapy: ‘making new meaning, gaining insight and understanding, learning how personal meanings have been constructed’ (p. 16). For these reasons a qualitative design was selected to explore ‘discourses on adult-adolescent communication in therapy’.

This introduction of the design begins by providing the reader with an understanding of how an adolescent client was accessed and recruited as well as a description of the setting in which counselling took place.

4.1 Access to a client/participant

Although not directly related to the analysis of this research, I consider it important to highlight the difficulties I encountered in gaining access to a participant under the age of 18 years. For safeguarding reasons an adolescent client was sought in the setting of an educational institution. Based on the correspondence and contact I had with different schools and organisations, a major concern on their part was their ability to safeguard the vulnerability of pupils in their care. This obviously necessitates strict adherence to highly stringent controls and measures that were not always considered compatible with research.

The search for a client took twelve months from the first inquiry through to the start of therapy. Current placement providers were approached and schools in the local community with which there were current personal connections or had been former contact. Difficulties ranged from lack of response to outright rejections as well as my need to rely on other people from a different profession (without a detailed understanding of counselling or my design) to present my research to relevant decision-makers. Success was finally achieved at a College at which I had been a former student when a personal recommendation was made from an internal employee. This endorsement facilitated access to the student services
management team and an opportunity for me to present my research in person. The College and my role as volunteer counsellor are described in greater detail below.

### 4.2 The College

My research participant was recruited from the sixth form of a College of Further Education. The College offers courses to 16-18 year olds and adults which range from general certificates of education (advanced level), apprenticeships and business training to higher education. It works in partnership with the high school which is located on the same site.

All members of the College have access to a counselling service on site. Referrals are made by members of staff or adults, or young people can contact the service directly. As the youngest age of students attending the College is 16 years, parental consent from the counselling service is not routinely sought. Clients are usually offered six sessions with the option to extend this number according to their personal needs. One counsellor is employed for three days a week with occasional placements for volunteer counsellors in training.

### 4.3 Introduction to the College

A personal acquaintance offered to enquire at the College (her place of employment) about the possibility to conduct research. Her personal recommendation and endorsement led to an opportunity for me to approach the Head of Student Services and Support at the College. Receipt of my research proposal via email led to an invitation to attend an initial interview with the Head of Student Services and a representative from Human Resources. The interview led to my appointment as ‘Volunteer Counsellor’ for research purposes only. No stipulations were made regarding the type of therapeutic approach I should use.

Telephone contact with the College counsellor was arranged during which a brief summary of my research project was given. The counsellor was happy to approach new clients of either gender in the age range of 16-17 years regarding their interest
and willingness to take part in a research project. This opportunity was offered with no involvement on my part during their initial assessment with her at the College.

4.4 Role as volunteer counsellor

To work with a client at the College I needed to be registered as a volunteer/part-time employee. This required two references, clearance from the Disclosure and Barring Service (for work with adults and children) and attendance at an induction evening for new starters at the College. The induction involved familiarisation with policies and procedures for working with students (including Health & Safety and Safeguarding).

Whilst at the College I was required to wear a visitor’s badge and to formally sign in and out in the visitors’ book. As a temporary volunteer I was not able to book rooms to see a client. Each week a room would be organised by the College Counsellor as well as access to the room arranged.

Counselling took place in a standard classroom with whiteboard, desks and chairs. All rooms had external windows, were pleasantly lit and had a visible clock on the wall. Despite slim glass panels in the door, areas of the room could not be viewed from outside. Access to classrooms is gained electronically and thus only possible by members of staff.

4.5 Recruitment of a participant

The Head of Student Services and Support presented the College counsellor with the following request: ‘to find a client who would agree to engage in counselling with a person involved in a research thesis who would want to audio-record sessions’. The counsellor approached a young person within the desired age range who had been referred for counselling by her learning mentor. The counselling referral was made based on information that the student had disclosed during sessions to help her catch up with course work. The mentor had suggested to the student that she might benefit from counselling and the referral readily accepted by
the client. Following an assessment with the client (here called ‘Jen’), the counsellor introduced her to the possibility of participating in a research project. The counsellor reported that Jen seemed ‘happy’ to engage. At this point Jen consented to be referred to me and gave permission for me to contact her on her mobile telephone. Jen was thus recruited solely on the basis that she was 17 years old and the first client to indicate an interest in being a research participant.

Regardless of whether Jen had withdrawn from the research or not, once therapy had started she would have continued to receive a minimum of six counselling sessions from me. If during our first meeting Jen had elected NOT to become a research participant, she would have been referred back to the College counselling service for therapy with someone else.\(^6\) To maintain confidentiality and anonymity, no information was given to me about clients who had declined to take part.

### 4.6 Contact with Client

I made initial contact with Jen via text message to agree a time and date for our first telephone conversation. This took place as arranged during which a brief summary of the process and content of the research project was given. We discussed Jen’s and my availability during the week and arranged a time and date for our first meeting at the College. As school holidays were due to begin within one week we decided to meet when term resumed. First introductions were made by the College counsellor who showed us to an allocated room. Jen confirmed that she was not concerned about being seen by her friends at College as they already knew that she was having counselling. She chose the back left corner of the room where the tables were arranged at a 90° angle so that she could ‘relax and lean on the table’. Following Jen’s consent to be audio-recorded and thus participate in this research, this first meeting progressed into our first counselling session.\(^7\)

---

\(^6\) This is consistent with my role as volunteer counsellor ‘for research purposes only’.

\(^7\) The use of an information sheet and consent forms are addressed in Section 9 of this chapter.
4.7 Research participants

In keeping with the philosophical and theoretical underpinnings of this methodology, only information poignant to an understanding of this research project will be offered for the research client and trainee counselling psychologist (also researcher). Information is provided in recognition that demographic details can ‘construct’ identities when provided without rationale and context (Willig, 2008).

‘Jen’ occupies the role of both counselling client and research participant. She is of White-British origin, female, heterosexual and aged 17 years. She is currently studying for three AS levels (advanced subsidiary level of education) at a College of Further Education. She lives alone with her mother and has three half-siblings (sisters aged 28, 34 and 38 years) who do not live locally.

I (Keren) occupy the role of trainee counselling psychologist and researcher. I am of White-British origin, female, heterosexual and aged 49 years. I am currently a trainee in my second year (second semester) of a three-year programme for a Professional Doctorate in Counselling Psychology. I am married and have three male children aged 14, 16 and 18 years.

5. Data collection

The data for this research constitutes seven, 60-minute sessions which were conducted with the same client over 9 weeks between 22nd April and 17th June 2014. During that time there were 2 cancellations and 1 unattended session (DNA). Sessions were not routinely held on the same day each week. This was due to College term dates and holidays (e.g. half term) as well as fluctuations in Jen’s availability due to study leave and exams.
5.1 Use of electronic devices

The sessions were recorded using an Olympus digital voice recorder (VN-711 PC). After each session data from the voice recorder was downloaded onto my personal laptop and password-protected to prevent unauthorised access. The audio-recording was then deleted from the device. All counselling sessions were transcribed using Microsoft Word 2007.

5.2 Transcription

The transcript constitutes a true and direct representation of the speech content of seven counselling sessions (Plunkett & Wood, 2004). In the interest of readability it does not attempt to capture all features and nuances of verbal communication such as stress, pronunciation and timing as the analysis focuses solely on the function and practice of discourses (Potter & Wetherell, 1987).

Throughout the transcript all names of people and towns have been changed to prevent identification of ‘Jen’ (not my client’s real name). During transcription there was a natural inclination to acknowledge moments of laughter and reflection (verbal pauses). The latter are indicated by ‘….’ following the spoken word and laughter noted by the word in brackets. Both features are included as they appear to influence or possibly change the meaning of the discourses. Where sections of the transcript have been omitted in extracts, this is indicated by (...). Very often this relates to brief interjections such as ‘yeah’, ‘right’ etc. (Nikander, 2008).

6. Process of data analysis

Many different ways of using discourse analysis have been used since its introduction as an approach to qualitative research. As it does not constitute a prescribed, standardised method of analysing data, the particular process adopted for this research is described below. This begins with a brief account of how the analysis is structured, the stages of analysis recommended by Potter and Wetherell
Methodology

(1987) and how these stages were practically applied to the discourse analysis of this research.

6.1 Discourse analytical approach

The ways in which adult-adolescent communication manifests during therapy were analysed using discourse analysis (DA). DA is not reductionist or parsimonious but aims to be reflective of the complexity of the contexts in which discourses occur (Taylor, 2007a). Complex, varied meanings indicate how people actively construct versions of social and psychological realities according to different personal and social perspectives. Such variations are often apparent in terminology, grammar, metaphor and figures of speech (Willig, 2008). The purpose of this analysis was therefore to identify the functions and actions of discourses in how they implicitly and explicitly shape, permeate and perpetuate meanings and understandings (Georgaca, 2014; Robinson & Giles, 2001).

Discourse resources will be analysed using interpretative repertoires, subject positions and ideological dilemmas. The concept ‘interpretative repertoire’ originated from Gilbert and Mulkay (1984) but was adapted by Potter and Wetherell (1987) for empirical research. ‘Interpretative repertoire’ represents the notion that all beliefs and actions are interpreted within existing templates of knowledge and meaning that inevitably guide and influence both writer and speaker (Potter & Wetherell, 1987). It constitutes a dynamic, multifaceted lexicon of terms, metaphors, clichés and characteristics which construct people, events and situations in ways that are ideologically informed by historical, cultural and social contexts (Lucey, 2007). Each discursive context (repertoire) is constructed by all members of that particular social interaction and their social and/or personal aims and objectives (Willig, 2008).

The ‘subject positions’ within an interpretative repertoire constitute social identities that are dynamic, contingent and sometimes contradictory (Hollway, 2007d). The individual can attribute certain positions to others and similarly be attributed
positions by them (e.g. identity, role, perspective). In the same way each person will adopt their own particular ways of being. Through such social action subject positions enable people to maintain, resist and transform available positions according to the needs and demands of their social environment (Lucey, 2007; McLeod, 2011b; Reynolds & Wetherell, 2003). Although these actions may be deliberate and purposeful at times, some processes of social interaction also occur outside conscious awareness.

Ideological dilemmas arise when the discourses of available repertoires cannot be re-negotiated to adequately describe or evaluate current social reality (Billig, Condor, Edwards, Gane, Middleton & Radley, 1988). This usually occurs when conflict, contradiction or competition manifest between positions in the same interpretative repertoire used by the same person or a particular social group (Georgaca, 2014). They are thus often indicative of the need for social change and action (Edley & Wetherell, 2001). Figure 1 (below) uses discourses from the transcript to exemplify how this approach relates to the discourse analysis in Chapter 4.

**Figure 1:** Examples of discursive resources from the transcript.
Positions within interpretative repertoires are often revealed by the rhetoric of discursive practices. For example, extreme case formulations polarise discourses to strengthen their impact (‘everyone talks to everyone. It’s such a small town’ L444). This can either make the evaluation seem ridiculous or absurd (‘You don’t often drink a whole of wine to stop shaking’ L6388-89) or appear simple and reasonable (‘I just asked her, like a simple question’ (L6306-7). Disclaimers attempt to avert the possibility of negative criticism or judgement (e.g. ‘She’s not an alcoholic but I think she abuses alcohol’ L257). The use of contrast structures emphasises the importance of a particular argument by making a favourable or unfavourable comparison with something else (‘Because when she was married, she was really wealthy’ L6898). Indirect speech often intensifies the response by transporting the listener/reader back to the moment of interaction (“If someone ever tries to give you my number, don’t... Have her delete it” L2936-7). Discourses of imagery constitute a powerful mediator of indescribable or implicit understandings (‘So your life was the crystal and it completely shattered’ L5637-8).

Set within this exploration of discursive resources and practices, particular stages are recommended to guide the researcher through a process of analysis. A brief description of these stages is offered below followed by a more detailed account of the steps used in this particular discourse analysis.

6.2 **Recommended stages of analysis**

Through its capacity to capture authentic, natural processes of therapeutic interaction, the transcript inductively facilitates the emergence of identifiable interpretative repertoires. Although supported by extracts from the transcript, an analysis of the ways in which discursive resources and practices relate to these repertoires requires out of necessity skills of deduction and selection. In this way the stages of analysis combine elements of inductivism and hypothetico-deductivism. This analysis was directed in the first instance by the stages of analysis proposed by Potter & Wetherell (1987) (see below). Stage 3 (analysis) was further informed by

---

*Examples are taken from the transcript and referenced with the line number (e.g. L444).*
Parker (1992) and Willig (2008). This adaptation demonstrates an important feature of DA, i.e. that it is a craft, an ‘analytical mentality’ rather than solely directed and defined by a series of steps (Billig, 1997; Potter, 1997; 2003).

The stages of analysis recommended by Potter and Wetherell (1987) are as follows:

1. Reading
   a. Familiarisation with the transcripts through repeated readings;

2. Coding
   a. Highlight noticeable words, phrases, sentences etc.;

3. Analysis
   a. Identify and group discourses into any identifiable interpretative repertoires (themes and contexts) e.g. adulthood, adolescence, family, relationships;
   b. Identify different subject positions (attitudes, roles, identities) within respective interpretative repertoires e.g. mum, parent, adult, adolescent;
   c. Identify rhetorical devices e.g. emotion, judgement, inclusion/exclusion and justification with the use of polarisation, differentiation, categorisation and disclaimers;
   d. Identify any ideological dilemmas i.e. conflicting discourses e.g. ‘And I do have my moments of making stupid decisions and being the teenager, but I think I can’t do that as much as maybe others could’ (L603-5).

4. Writing
   a. Discuss how, and from what, major interpretative repertoires are constructed within the discourses with examples from the transcripts.

This summary of a proposed analysis aims to consolidate the reader’s understanding of its stages before a detailed description of their application to this research is given below.
6.3  Stages of analysis in action

The analysis was guided by the same general structure that was outlined in the previous section. The following stages offer a detailed account of how the analysis emerged from particular ways of engaging with the transcript. In the interest of clarity and transparency, worked examples from each stage of the analysis are offered in Appendix I and numbered accordingly.\(^9\) I would like to recognise at this point that due to the length of the transcript, this thesis does not have the scope to provide a detailed analysis of all individual discursive practices. I refer more specifically here to the identification of rhetorical devices which is described in step 3(c) above.

6.3.1 Stage 1: Reading

Stage 1 can be divided into three parts: general first reading; a more focused second reading and subsequent engagement with existing research journals. During this time I continued to enter personal reflections into my research journal.

a) Familiarisation with the transcript constituted a highly reflexive process which involved a first reading of the whole transcript. During this reading I remained open to all types of personal response (cognitive, emotional and physical). Salient terms, imagery, phrases and/or sentences were highlighted in green and first reflections noted in the margin. At this point in the analysis the focus remained on the content and not the method. Free exploration of potential patterns or clusters of meaning and understanding emerged from this initial reading.

b) The second reading of the transcript was guided more by a focus on all explicit and implicit references to the key words of the research title i.e. ‘adult’, ‘adolescent’, ‘communication’ and ‘therapy’. This included closely and vaguely related references and any associated names, labels and

---

\(^9\) Examples are provided for each stage except stage 4 which is exemplified by the discourse analysis in Chapter 4.
synonyms (e.g. teenager, parent, counselling etc.). Any additional aspects of potential relevance were highlighted in yellow.

c) After reading the transcript for a second time I read through two research journals in which I had collated all thoughts, ideas and potential literature sources since the conception of this project. The aim was to deepen my engagement with the transcript by revisiting everything that I had previously experienced, identified and explored before reading it for a third time. Rudimentary, exploratory observations suggested the emergence of the following interpretative repertoires: ‘process’; ‘adult/adolescent’; ‘making sense of experience’ and ‘communication’. I was already beginning to question whether ‘process’ was a ‘theme’ as it seemed to be an inherent part of all interactions throughout the transcript.

6.3.2 Stage 2: Coding

Stage 2 followed two steps: colour coding and collation of discourses. During both steps contemplation of possible interpretative repertoires continued.

a) During the third reading references to each key word were allocated a different colour to facilitate the initial process of collating all potentially related discourses. For example, ‘adult’, ‘adolescent’, ‘communication’, ‘therapy’. The colours had no meaning but were selected more for their ability to be seen on a white page.

b) Engagement with the transcript for a fourth time involved lifting extracts from the original transcript and organising them into separate documents. These were named according to each key word. In reality discourses were often constitutive of more than one key word. In such cases my most dominant association with a particular discourse directed the selection process but other relevant key words were noted at the bottom of the extract.
c) Such ‘deviant cases’ took on such a magnitude that it became apparent that extracts would need to be grouped in a different way i.e. not solely according to a single key word but for combinations of key words e.g. ‘adolescent’, ‘adult-adolescent’, ‘adult-adolescent-communication-therapy. Interpretative repertoires would no longer have been able to emerge if this singular process of categorisation had continued. This was particularly poignant when attempting to differentiate between ‘adult’ and ‘adolescent’ (ideological dilemma?). Documents were re-named and re-structured to reflect this process.

6.3.3 Stage 3: Analysis

The analysis constituted a process of refinement which necessitated many steps of re-constructing the contents of the transcript in ways that would provide meaningful accounts of the sessions.

a) Existing documents with extracts for all relevant combinations of key words were explored for recurring themes and contexts (interpretative repertoires). Possible constructions of different attitudes, roles and identities (subject positions) within those repertoires were explored.

i. I would like to highlight here my intense experience of transference and countertransference whilst exploring Jen’s constructions of ‘adolescence’ and ‘adults’. My responses are described in more detail in the reflexive account in Appendix II.

b) Through stage 3(a) a deeper understanding of human interaction appeared to emerge. This related to particular sessions but also across all counselling sessions. The emergence of previously hidden underlying themes and patterns seemed to construct the contents of the transcript in increasingly meaningful ways.
With each new insight the analysis needed to be constructed in different ways. For example, differences in my understanding of what constitutes ‘communication’, led to recognition that communication could not be treated as an ‘object’ in this analysis but constituted a highly interactive ‘process’. Thus for combinations of key words (e.g. ‘adolescent-adult-communication-therapy’) it became necessary to explore in greater depth the function and relationship of discourses in relation to what came before or after a particular response (or both).

6.3.4 Stage 4: Writing

Whilst writing the analysis, the process of deepening understanding and re-construction of its contents continued.

a) On many occasions during the first written draft it became evident that particular discourses belonged to repertoires or subject positions that had already been written. In this way the analysis of the transcript deepened and progressed over time. For example, the different subject positions attributed to ‘Mum’ are relevant to constructions of adults as ‘this way and that’ but appear to describe more powerfully Jen’s experiences of ‘coping with Mum’.10

b) When re-reading the first written draft, the ways in which specific discourses appeared to form part of wider discourses started to emerge. This offered further insight into deeper, underlying meanings to the transcript (see Figure 12 in Chapter 6).11

c) I appeared to know when I had constructed a write-up that was true to the transcript when I was able to meaningfully assign all salient extracts to relevant parts within the analysis. This is shown by the extracts available in

---

10 This indicates the importance of acknowledging this analysis as one possible reading of the transcript based on my particular construction of the discourses.

11 Broader meanings of the transcript are explored in Chapters 2, 6 and 7.
Appendix III. To respect client confidentiality extracts with highly specific personal references have however been omitted.

The stages of this analysis are summarised in Figure 2 below:

![Figure 2: Summary of applied stages of analysis.](image)

After describing the stages of this analysis, I hope to offer the reader an account of the possible ways in which I may have personally impacted on the construction of its content. This relates to how I am positioned personally, professionally and institutionally to this research design.

7. **Personal impact on research**

At this point in the methodology I present a reflection adopted from Reinharz (1983; 1994), namely that the researcher’s predilections can only be interpreted as ‘bias’ if they are not acknowledged and explored in advance. This similarly relates to my personal belief that a person’s world view will inevitably be influenced by personal life experiences (Bolak, 1995; Nowak, 2013a). For this reason I offer
transparency about how I am positioned personally and professionally with respect to this research and the setting in which it took place (Allen, 1967).

### 7.1 Personal positioning

Many facets of my life to date have brought me to this particular area of research and influenced the approach I have taken to explore its meaning (also see Chapter 1). I studied German at University, became a qualified translator and have lived in Germany many times from the age of fourteen years onwards (for weeks, months and years). Whilst growing up I visited many different European countries and became fascinated by different societies and their cultures. This interest deepened through my knowledge of foreign languages (German, French and Spanish) through which I came to understand that experiences are much more than just ‘words’ i.e. it is the contexts and ways in which they are conveyed which ultimately determine their meaning. These life experiences have given me an appreciation of diversity and difference but also an understanding of how they can manifest as bias, prejudice and exclusion.

Through these experiences I have come to deeply respect the totality of experience i.e. recognise that our perception of the world and those around us derive from the combined influences of our thoughts, feelings, physiology and environments. Although I believe that language does not have the capacity to reflect all complexities, I greatly appreciate and respect its ability to convey so many different nuances of meaning in highly dynamic ways. Without language it seems that the world would be a very isolating and lonely place.

I acknowledge a life-long passion for children. Even as a child I loved children and have always enjoyed being with them, interacting and playing with them. One of the greatest pleasures in my life has been to raise my own children at home. This affiliation with children is reflected in many of my previous life experiences. These include employment, volunteer work and trainee placements with young people (aged 2-25 years) in educational settings and social support and healthcare systems.
In many contexts, from all age groups and across different countries, I have heard people differentiate adults from children with emphases on conflict, an inability to communicate and different viewpoints. My family circumstances, own experience of adolescence and school-based working environments led me to question how such understandings of ‘misalignment’ could impact on therapeutic relationships. This research was an attempt to answer many personally and socially driven questions.

7.2 Professional positioning

Despite external speculation that my dual role as trainee counselling psychologist and researcher could introduce ambiguity and complexity into my therapeutic relationship with Jen, in reality I experienced these roles as separate and consecutive not dual and simultaneous. To support my subjective appraisal of these combined roles, I offer the following extract from the transcript (see below). This aims to exemplify my construction of research as ‘administrative’ and my primary role as that of a counselling psychologist.

‘And from now on, every session, when we come in, the only thing will be the signing of the form and then we’ll... it’s all about you. Ok.

CLIENT: Alright.

COUNSELLOR: So that’s all our admin out the way. Ok. Right, let’s just start now, ok, as if... So, welcome Jen.’ (L111-116)

The transcript provides a truthful and meaningful account of how I present with Jen. In this way it offers the reader the opportunity to experience the reality of dual roles and form his/her opinion on how it may have potentially impacted on therapy. I acknowledge remembering two occasions when I was drawn to questioning how the content of the sessions could relate to my research. In both cases they were when the word ‘adolescent’ and one of its synonyms had been used. During these
moments the transcript indicates that the responses that followed were in keeping with the natural flow of therapy at that time.

**7.3 Institutional positioning**

My position within the College (research setting) presented no significant conflicts of interest nor placed any demands on my capability to counsel Jen in ways that were natural and meaningful to me. Other than my role as ‘volunteer counsellor’, I had no other position than that of a former student whom the College was helping to further their professional development. In December 2011 I had left the College after completing a 12-month course for a Level 3 Certificate in the Use of Counselling Skills. In this regard I was in a familiar setting with associated feelings of being held and supported. As a former student I felt that I could relate in many ways to Jen’s experience of being a student there. My relationship with the College ceased with my last counselling session with Jen.

After acknowledging the ways in which I may have impacted personally on this research, I now aim to extend this lens to include a wider account of how questions of rigour, credibility and trustworthiness were addressed in this research process.

**8. Rigour, credibility and trustworthiness**

In keeping with the philosophy that underpins this methodology, it seems poignant to recognise that notions of rigour, credibility and trustworthiness are just as socially, culturally and historically situated as the knowledge they address (McLeod, 2003). From this perspective it seems unlikely that a finite approach to assessing qualitative research can exist if criteria are dependent on the lens through which it is viewed (Shweder, 1996). In fact, opinion is divided on whether qualitative research should be evaluated through ‘criteria’ at all (Rabinowitz & Weseen, 2001). In the first instance there appears an inherent incompatibility between subjectivity (quality) and notions of classification and validity (quantity). This viewpoint holds that assessments of qualitative research are merely adapted derivatives from quantitative measures of research (Camic, Rhodes & Yardley, 2003; McLeod, 2003).
However, if approached from a discourse analytical perspective, validity can be interpreted in many different ways. When constituted as ‘well-grounded, justified and strong’, its use to assess qualitative research seems both appropriate and important (Stake, 1974). This particular construction of validity attributes it the ability to confer trust in studies through its elicitation of coherent, substantiated accounts of what was done, how and why (Stiles, 1993).

Lincoln and Guba (1989) refer to trustworthiness in terms of credibility, transferability, dependability and confirmability. Credibility refers to judgements of ‘good practice’. In this regard this research fulfils its aim to explore ‘discourses of adult-adolescent communication in therapy’ by grounding its accounts in methods of discourse analysis. As a language-based methodology, DA presents a strong and valid rationale for analysing therapy through its ability to study how fluctuations in meaning are constructed and negotiated (Couture & Strong, 2006; Edwards & Stokoe, 2004). This relationship to the research material is explored in Sections 2-3 of this chapter in which the philosophy, theory and practice of DA are described and explored. From a therapeutic viewpoint, the reader has access to the original transcript as a means of evaluating the quality of counselling psychology explored in this research (McLeod, 2010).

Dependability refers to the availability of clear and coherent accounts of how (and why) this research was constructed in particular ways. This chapter offers a detailed and coherent account of all stages of this research from its conception and implementation to its refinement and production. This acknowledges the perspectives I hold on human experience, the production of knowledge as well as the philosophies which have driven and possibly influenced my attention to some aspects more than others (Cherry, 1995). It describes all elements of the research process (e.g. people, setting and material) to enable the reader to fully comprehend how, when and why particular procedures were employed (McLeod, 2003). By providing extracts from the transcript in the discourse analysis and offering further examples in Appendix III for reference, the reader is able to view this research through the contexts of meaning and understanding that led to this particular
construction of the analysis (Camic, Rhodes & Yardley, 2003; Mishler, 1990; Potter, 2003; Toulmin, 1958). Such assurances of dependability affirm the credibility of this research by embracing opportunities for varied interpretations (Eisner, 1993; 1998). To this end the strengths and limitations of the design are explored in Chapter 5, Section 2. This engagement encourages the reader to personally reflect on and evaluate potential questions of validity and trustworthiness (McLeod, 2010; Toulmin, 1958).

Questions of transferability will depend on the reader’s particular understanding of how objectivity and subjectivity manifest in human research. For example, if the reader (as I do) contests the notion of ‘objective truths’, it seems that understandings of integrity and appropriateness are best judged by grounding this research and its methods in the contexts that attribute them meaning and significance (Burman & Whelan, 2011; Parker, 2004; Yardley, 2008). In the words of Camic, Rhodes and Yardley (2003): ‘bias is conferred by omission as well as commission’ (p.27). In this regard I have aimed to encourage reflection and critical thinking in the reader through open and transparent accounts of subjectivity (see Appendix II and Chapter 5 on reflexivity) (Potter, 2003). In descriptions of my therapeutic approach, professional identity as well as personal background, I have aimed to reveal the values, beliefs and interests which inform how I view the people and world around me (Potter, 2003). In this way I hope to have provided what Geertz (1973) terms ‘thick description’. Such description has been facilitated through writing reflexive journals, attending research supervision and general discussions with colleagues, peers and family. Throughout the process, reflexive notes have captured all aspects of experience (e.g. thoughts, emotions and physical responses), adaptations, questions and insight.

Confirmability is afforded by situating this research in existing knowledge from related areas of interest. This serves to demonstrate its purpose, coherency and relevancy to wider fields of literature and research (Bryman, 2008; McLeod, 2010). In this regard the literature review provides a detailed theoretical framework to contextualise succeeding chapters of the research (see Chapter 2). The relationship
between this research and the field of counselling and psychotherapy is further supported by references to contemporary ideas, skills and practices throughout this thesis. In this way the research can be generalised across a wider audience through its encouragement of therapists to reflect on their own practice, explore the relevance of age differences and engage with meanings and understandings of adolescence (McLeod, 2003; 2010).

Considerations of good practice, trustworthiness and integrity not only apply to the coherency and validity of the design but also to how it complies with professional ethics and codes of conduct related to therapeutic practice and psychological research. I offer a summary of these important considerations below.

9. **Ethical considerations**

Ethical approval for this research project was granted by the Manchester Institute of Education, Research Integrity Committee (RIC). The risk of harm to participants was categorised as medium. Although this research requires access to a participant under the age of 18 years it was conducted under the administration and supervision of staff at the participant’s College of Further Education. Both therapeutic practice and research procedures comply in all regards with the standards of conduct, performance and ethics of the Health and Care Professions Council (HCPC, 2012) and the code of ethics and conduct of the British Psychological Society (BPS, 2004; 2009).

Jen had already been referred to the College counselling service before she was approached by the College counsellor to participate in this research. This substantiates that there was no coercion involved in her recruitment or sense of obligation on her part to take part in this research. The vulnerability, safety and confidentiality of the client were additionally protected by the fact that there was no third party involvement in our counselling arrangement.
As this is a prospective case study, consent was obtained in advance of data collection (McLeod, 2010). The participant information sheet was presented to Jen in advance of our first counselling session (see Appendix IV). This described the aims of the research, details of the data collection, analysis and storage as well as appropriate numbers for contact during or after the research. Jen read, initialled, signed and dated the participant consent form on that occasion (see Appendix V). She did not pose any questions when given the opportunity to do so. Jen was given my assurance that my primary role during sessions would be that of ‘counselling psychologist’ and that my research would not be the focus of our relationship (see Section 7.2). The importance of her safety was greatly emphasised and that she should not hesitate at any time to say how she thinks or feels about our relationship or participation in the research.

The digital audio-recorder was never turned on without Jen’s consent. Consent to audio-record was sought at the beginning of each counselling session. Renewed consent to use the previous session for research purposes was sought at the next session to give Jen the opportunity to reflect on what she had disclosed. Jen elected to give immediate consent for the last two counselling sessions (see Appendix VI).

To prevent identification, all references to anyone or any place associated personally or professionally with this case study have been anonymised in the transcript. The name ‘Jen’ was chosen by the client for the purpose of this research. To avoid any conflict of interest associated with the dual role of counsellor/researcher no transcription took place before the cessation of therapy.

10. Chapter summary

Chapter 3 has aimed to bring the reader closer to an informed appreciation of the discourse analysis in Chapter 4. Its major focus has thus been on research practice to account for how the transcript emerged in its current form. The chapter began by offering a summary of my epistemological stance and its relationship to my
philosophical and theoretical approach to human experience (individual and social). This provided a frame of reference with which to understand my rationale for selecting a synthesis of discursive psychology and Foucauldian discourse analysis for this research. This knowledge hopefully supported the reader to engage with my outline of the process and stages of analysis.

In addition to the ‘analytical’ aspects of the research process, Chapter 3 has aimed to offer a detailed account of the participants, settings and counselling provision for this research. With respect to my person and subjective experiences, it has explored potential ways in which I may have personally impacted on research practice. Questions related to the trustworthiness of this design have been addressed as well as the ethics and code of conduct related to my professional practice and conducting human research. The focus of this thesis now turns to the discourse analysis Chapter 4. This will be presented through descriptions of five major interpretative repertoires and their respective subject positions.
CHAPTER 4: DISCOURSE ANALYSIS

This discourse analysis of the research transcript was guided by the proposed stages of analysis by Potter & Wetherell (1987).\textsuperscript{12} Readings of the transcript were oriented towards discourses related to the key words: adolescent, adult, communication and therapy. Progression through stages of the analysis led to the thematic organisation of discourses in five major interpretative repertoires: ‘Adolescence’; ‘Making sense of adults’; ‘Coping with Parents’; ‘Adult-adolescent communication during therapy’ and ‘Professional communication during therapy’. Each repertoire was constructed from its dominant subject positions. These positions were mainly constituted as particular themes (e.g. ‘Making sense of experience’) but also as descriptions of particular people, objects or events (e.g. ‘Mum’).

1. **Overview of the analysis**

The discourse analysis is presented through descriptions of its interpretative repertoires and their subject positions. The interpretative repertoire for ‘Adolescence’ is constituted as: ‘Making personal sense of experience’; ‘Meanings of love and connection’; ‘Adolescence itself’ and ‘Adult and adolescent alike’. The repertoire ‘Making sense of adults’ is constructed as: ‘Damaged goods’; ‘The adult victim’; ‘This way or that’ and ‘There is another way’. This is followed by ‘Coping with parents’ which is constituted as: ‘Coping with Mum’ and ‘Who is this man called Dad?’ These repertoires offer accounts of the ways in which Jen constructs herself and others as ‘adolescent’, who and what constitute an ‘adult’ and how adolescents and adults communicate with each other.

The remaining repertoires include: ‘Adult-adolescent communication during therapy’ with the subject positions of: ‘Challenge’; ‘Checking in’; ‘Reflection’; ‘Immediacy’ and ‘We’re just human’. Finally ‘Professional communication during therapy’ is constructed as: ‘The profession and me’; ‘Psychological knowledge’ and ‘Counselling practice’. These repertoires describe the ways in which Jen and I

\textsuperscript{12} See Appendix I and Chapter 3, sections 6.2 and 6.3.
communicate with each other. Constructions of communication manifest in accounts of the therapeutic relationship, interventions and skills as well as my personal and professional experience of working with Jen.

Whilst reading this analysis, the reader is encouraged to be mindful of the fact that it explores meanings and understandings of adolescence within processes of adult-adolescent communication. This analysis is thus inherently reflective of the dynamism and fluidity of human discourse, human transition and the therapeutic process itself. As discourses are often taken directly from the transcript, line references are provided in the analysis to indicate their source (e.g. L1010).

Although a single extract has been selected to support each part of the analysis, other relevant extracts have been collated and can be found in Appendix III.

2. **Adolescence**

In this first interpretative repertoire Jen constructs ‘adolescence’ as complexities of both intrapersonal and interpersonal processes. Her discourses describe transition in self, in relation to others as well as a transient crossover between the ‘adolescent’ and ‘adult’ in every person throughout life. In this way adolescence is experienced individually and socially but also constructed as an integral part of being human.

2.1 ‘Making personal sense of experience’

Jen depicts her life as an adolescent as a search for unity, a means of connecting fragments of self in coherent, meaningful ways. ‘Not knowing’ in this search for answers appears to situate her in a circular motion in which she repeatedly returns to where she came from (Extract 1). This movement occasionally brings resolution and understanding but at times has to be met with acceptance and resignation. Without contextualisation or explanation life often remains a ‘series of events’ (L8734) which Jen presents as thoughts and emotions that she cannot understand or make sense of. This struggle is demonstrated throughout the transcript by the response ‘I don’t know how to describe it’ (L722) and her narrative of an existing
‘pile of problems’ which grows bigger and taller over time. Her discourses create a sense of accumulating, unresolved distress which is left by her need to continually ‘throw away’ things that make her bitter so that she can be ‘happier within’ (L8772-9; L8828).13

Extract 1

‘CLIENT: I mean, I often feel like I’m going round in circles because everything connects in one way or another (…) And you always have to go back on yourself to…(…) well, where did that come from… (…) and why?… (…) So I… I… I feel like no matter how much I talk about it, I’ll never fully make sense (…) but I can sort of grasp a little bit.

COUNSELLOR: Each time...

CLIENT: Here and there.’ (L6192-6206)

The absence coherency and cohesion in her accounts convey a sense of how the intensity of her distress and confusion threatens her capacity to manage and contain her experience. She constructs this inner tension and turmoil through powerful imagery of a ‘shattered’ existence (Extract 2) and her metaphor of a ‘schizophrenic’s head’ that is invaded by flashing images, words and ‘always something else going on’ (L3248-58).

Extract 2

‘CLIENT: And have you seen the film “Dark Crystal”, eighties film? It’s a Jim Henderson film (…) It’s all puppets. (…) and they sort of worship this stone, a purple stone, and it’s missing, like a fragment of it. And it reminded me because you said the word “fragment” before. (…) Anyway they get this fragment and it sort of lights up and… erm… and I used to have this dream where I could…. I was watching my life in this crystal…. spin around… and like everything that had sort of happened. And it just shattered (laughs) and there was different pieces everywhere (…) They were

13 See Appendix III (1).
just like floating around.... and all the sound from within it..... Because it wasn’t
making any sound really... it came out with screams and stuff everywhere.

COUNSELLOR: So your life was the crystal and it completely shattered... (...) And
what.... the screaming... was it the pieces were screaming or ....?

CLIENT: No, it screamed as it shattered...' (L5618-42)

Jen reports that when she sleeps, she appears to process a lot of the thoughts and
emotions she suppresses when awake. She engages with her dreams as a source of
hidden knowledge and understanding of what has happened to her and what it
could mean (Extract 3). Her reference to a ‘Grimm fairytale’ reflects the threats and
helplessness Jen experiences in her dreams (L1511-2).

Extract 3

‘That the male figures... like Sam dropping me off at the airport and then me getting
kidnapped could be like abandonment... because he just disappeared (...) That could
also come from my Dad as well. And the fact that male figures were after me could
come from my Dad. And the crazy woman could sort of be my Mum from when I
was younger, because I’ve seen her do...’ (L4772-79)

In her accounts of childhood abuse Jen constructs emotional distress from
experiences of helplessness and lack of control. This ‘emotionally fragile person’
now contrasts with ‘the strong Jen’ who attempts to keep ‘a good lid on it’ and
emotionally ‘hold everything in’ (L3278; L6607-8) (Extract 4).

‘Strength’ is constituted as conscious, cognitive control which is made up of knowledge, facts,
focus and goals.

---

14 See Appendix III (2).
15 See Appendix III (3).
16 See Appendix III (4).
Extract 4

‘I mean I think... I think I think about stuff too much... (...), that I’ll just... I will cry. And I’ll get angry. (...) and I’ll never... almost like I can’t... I might not be able to put the lid on it again, like I’ll never know where to go with it. (...) and I’ll possibly just be crying about everything (...). I don’t... I don’t really like feeling that I don’t have a control on it (...) because... (...) at the minute, when it’s all, like, locked in... (...) I know where it is... and it’s... (...) I can cope with it there.’ (L10572-90)

A helpful balance between strength and fragility appears to be maintained by ‘creativity’. Jen appears to ‘release into’ (L6614) and ‘explain’ emotion through ‘creation’ which she interprets as art, creative writing, poetry and drawing in her scrapbook. Creativity is seen as a means of constructing ‘a better version’ of self, of ‘turning to the next page’, reaching out to others but retaining something that is ‘mine’ (L690; L9606-20; L10920-24) (Extract 5). For Jen it emerges as a means of leaving ‘her mark on the world’ constructed as ‘someone, somewhere will know I was here’ (L10859; L10898). Films seem to provide a similar medium for expressing, exploring and identifying feelings and desires. This is indicated by her references to ‘Save the Last Dance’ and ‘Atonement’ (L8859; L9509).

Extract 5

‘And it’s in this scrapbook, and it sort of makes me feel like I’ve got my thoughts organized (...), like I know that was a little bit of my life. And then I turn to the next page and there’s something about my Mum and my sisters (...) Yeah, I find that, like, therapeutic ... (...) doing that.’ (L686-94)

‘Planning myself around milestones’ appears to enable Jen to cope with her current life of ‘wait and see’ through constructing for herself a sense of self-responsibility, self-dependency and personal ownership (L4611; L11385) (Extract 6).

17 See Appendix III (5).
18 See Appendix III (6).
19 See Appendix III (7).
Extract 6

‘I think I like having, sort of, like… is milestones the right word?, to look forward to (...) Like it doesn’t matter how far away they are, if I know a date that something’s happening, that’s what I’ll...(...) sort of almost plan my time around. Like, “well I’ve got this much time until I need”, I don’t know, “this amount of money or... (...) I need to... have that. So I need to sort my life out around that, before then.” (L11343-53)

The different ways in which Jen ‘makes sense of experience’ suggest a search for unity. However, this search appears situated in emotions of confusion and unresolved distress the intensity of which leave her feeling out of control. For Jen a lot of her fears and feelings of helplessness are attributed to childhood abuse. Her accounts indicate that she copes with this inner turmoil through suppression of emotion, expression through ‘creativity’ and external control of the life around her.

2.2 ‘Meanings of love and connection’

Although Jen acknowledges that the complexities of human experience and interaction cannot always be captured by ‘conclusions and reasons’, she nevertheless appears to seek frameworks of meaning with which she can make sense of human relationships (L4196) (Extract 7). The oxymoron ‘love interest’ exemplifies Jen’s attempts to make sense of love and connection through knowledge and rational thinking (L8531). 20

Extract 7

‘Just that... two people... meet (...) and... sometimes fall in love, sometimes don’t. They just like each other and... (...) they can go out, they cannot go out. They can get married. They can have children, they cannot have children. They just... (...) whatever it is, for an amount of time... (...) whether it’s long or short, they just want to... be together or close to one another or... (...) maybe even just end up being

20 See Appendix III (8).
friends (…) I just think it’s strange how you, like, find another human being and like “I like you. I’m just going to latch onto you (…) in whatever way that we can figure out what is possible.” (L9088-9107)

Jen conceptualises the meaning of love through ancient myth, star signs and the reading of stones. Constructions of prophesy and pre-determinism appear to offer her ways of understanding and predicting human relationships outside the realms of human accountability, responsibility and control. For example ‘star signs’ seem to provide Jen with explanations for why she connects and relates to certain types of people more ‘instantly’ than others (L925; L4445; L9153). Although she recognises that star signs are ‘snippets of someone’s personality’ (L9185), she uses that knowledge to assess and judge both the nature and viability of past, existing and possible future relationships (Extract 8).21

Extract 8

‘We’ve gotten that close that we can finish each other’s sentences. And it’s actually quite corny and stuff but… we just... we almost know what the other one’s thinking (…) And I... oh I believe in star signs and things like that. We’re the same star sign, we’re both Sagittarius. So I don’t know whether it’s something to do with that but we’re very similar people.’ (L741-49)

Jen’s experiences of emotional distress from romantic relationships (personal and familial) are explored through reference to Plato’s ‘The Symposium’, a writing which constructs human love as a phenomenon condemned by Zeus. This provides Jen with a vehicle to describe her own and others’ struggle to maintain long-term relationships whilst upholding her belief in the possibility of finding her soul mate (Extract 9).

21 See Appendix III (9).
Extract 9

‘I discovered this thing by Plato who was a Greek philosopher. Erm and he said that when the world was originally created... I don’t know how he said it was created. I don’t think that bit was in it. But, erm, humans had two faces back-to-back, one body... four arms and four legs. Erm, and Zeus, this Greek God, fearing the human’s power, split them in half, making individual humans, condemning them for the rest of their lives to find their soul mates.’ (L9244-88)

Jen’s narratives, although described as being conveyed in a ‘whimsical fairytale fashion’ (L4172), appear to provide her with a more personalised means of negotiating and constructing a sense of relationship and belonging. Through storytelling she is able to position herself and others in different life scenarios (Extract 10).

Extract 10

‘And the real story was... (...) I was adopted from Africa when I was two... (...) and I’m an albino African (...) Erm... it all stems from the fact that I’ve got quite a big bum (...) And my sisters always say I’ve got a black woman’s bum. So this is why I came to... (...) And my real name... we couldn’t figure out a name so I found out, erm... It was actually a Red Indian name, like a Cherokee tribe called Sacagawea.’ (L11169-82)

Jen’s ‘meanings of love and connection’ suggest conflicting positions of fear and hope. She appears to cope with this conflict by distancing herself from her confusion through storytelling and rationalisation. The use of widely known frameworks of knowledge on human relationships and connection seem to facilitate ‘safe’ exploration through her experience of coherency and prediction.

See Appendix III (10).
2.3 ‘Adolescence itself’

Although experienced as something highly personal, Jen also explores adolescence in terms of its broader, social meanings. She appears to construct adolescence as the freedom to engage and experiment with different possibilities and experiences (Extract 11). For Jen, this manifests as experimenting with drugs, drinking alcohol and testing the boundaries of age-appropriate behaviour.23

Extract 11

‘I almost feel like it’s a process of elimination. Like people go through different phases of, like, being a Goth, or… (...) you know, I don’t know, wearing bright… really neons or something (...) And it’s like “well, if I’m not that person, maybe I’m this person.” (...) And then... I feel like I’ve sort of found a place in the middle of it all, like I’m different bits of each.’ (L4031-41)

Jen describes time with her friends as ‘a bit of normality’ and ‘a source of sanity’ whilst ‘hanging out’ and ‘having fun’ (L421; L1317; L5591-2; L5998) (Extract 12). It is also constituted as attempts to make sense of physical attraction, friendship and relationship break-downs.24

Extract 12

‘But there’s a film called ‘Perks of Being a Wallflower’. Erm and it’s sort of like a coming of age film. (...) Erm... and... I think I use the word ‘weird’ because... we’re all sort of... having different experiences, and we’re all coming of age and... (...), but we’re all... experiencing them together (...)) And I think there’s just a lot of... hormones and emotions involved in all our friendships.’ (L6144-57)

Juxtaposed to such free, uninhibited exploration of experience, Jen uses common narratives about the ‘typical teenager’ who strives for personal autonomy within the confines of adult constraints (L1723). Parental constraints are constituted as

23 See Appendix III (11).
24 See Appendix III (12).
the need to clean her room, help in the home and manage her own and family finances (Extract 13). School constraints are described as limits in her ability to influence what she learns, how she is educated and by whom.  

Extract 13

‘So I went upstairs and obviously it’s because my room wasn’t clean enough for her. But whenever I clean my room, she goes in and cleans it anyway because it’s not in the right place…(...) I mean I try not to, because I try and think that I’m quite mature in other ways. So I suppose I… try and think… I don’t know, I try and be mature as much as possible. But I can’t help getting annoyed about typical teenage things sometimes, like I don’t want to clean my room.’ (L6720-31)

Jen constructs peer friendship in terms of ‘weird bunch together’ (L5968). This is attributed the meaning of a group of friends who understand, belong and support each other. It is described as friends who are ‘messed up in their own way’ with ‘no pretences’ and who know and accept each other’s life story (L1326-27; L4097) (Extract 14).

Extract 14

‘Yeah, I am quite blunt with my friends and… for a while... like when we first became friends... Like mainly sort of like the weird kid. Because I’d just say things and... (...) ask people awkward questions... But as we’ve all become, like closer and gotten to College... and we’re not with each other all the time now. But we make the time for each other (...) It’s... I think... they’ve all sort of started doing that. And we’ve just become a weird bunch together (...) but, it’s... it’s good... I enjoy it, it’s nice.’ (L5959-70)

Although life experiences are positioned as something which unites friends they are also constructed as a source of differentiation. Jen seems to feel different in terms

25 See Appendix III (13).
26 See Appendix III (14).
of her level of maturity, ability to understand and because she is not ‘on the same wavelength’ (L9430) (Extract 15).27

Extract 15

‘Erm, I think... I get frustrated with my friends sometimes because I just think... some of the things they talk about and find interesting, or the problems they’re having are so... like small compared to other things that could be going on in the world (...) And I find myself getting annoyed at them, and I have to think “No, don’t do that, everyone’s like a person in their own right (...) Like they haven’t... seen or done the stuff you have, so obviously these are going to be the worst stuff in the world to them.” (L8333-42)

‘Adolescence itself’ thus appears to create contrasting positions of belonging and difference, freedom and frustration. Jen’s construction of a naïve idealism of choice seems contrasted with the maturity and realism which accompanies real-life experience.

2.4 ‘Adult and adolescent alike’

Jen’s discourses construct her understandings of similarity and difference according to whether she positions herself or others as ‘adult’, ‘adolescent’ or ‘child’. When constructions are embedded in social norms and practices, Jen describes adolescence and adulthood in terms of chronological age e.g. age of consent for alcohol (L4207-4209). In personal relationships Jen attributes greater importance to the bond of knowledge and experience. For example, the closeness of her relationship to her sisters exists, irrespective of chronological age, through their common history of instability, emotional difficulties and unanswered questions (Extract 16).28

27 See Appendix III (15).
28 See Appendix III (16).
Discourse analysis

Extract 16

‘One day, maybe years from now, when together we all sit down, we can finally laugh, talk and cry over everything that happened and the reasons why. Lost children of a broken home, grasping at the ties that bond us. We can look into our mother’s eyes with forgiveness and love. Experiences change people and blocking emotion is often the only form of control we have, control of an unstable existence, one that occasionally forms great minds. Finally we may find sanity in our distorted world of illusions and abuses. Hope we all find all we have ever been looking for.’ (L5692-5700)

Knowledge from personal experiences appears to provide Jen with the means to empathise with, understand and accept adult behaviour. For example, exposure to domestic abuse and drugs enables her to explore and make sense of the responses of her parents (Extract 17).29

Extract 17

‘I just... I just feel like... that’s... obviously how my Dad felt. But I’ve never... after everything that’s like happened in my life... (...), I’ve never felt that amount of pain. It wasn’t even anger. It was just like I was being stabbed. I was that... in that much pain and I just didn’t know how to let it out.’ (L3918-23)

Jen’s accounts suggest a compulsion for her to adopt the role of an ‘adult’ when adults present as ‘children’ through their inability to look after themselves or respond appropriately. At such times she describes herself as approaching situations logically and pragmatically, offering care, compassion and direction but remaining respectful of her own personal boundaries and limitations (Extract 18). She acknowledges, however, that it is beyond normal expectations for a child of her age and presents herself as struggling to reconcile the role of adult and teenager in herself. 30

29 See Appendix III (17).
30 See Appendix III (18).
Extract 18

‘So I rang the hospital and asked for the Alcohol team or unit and spoke to Phil who knows my Nanna quite well. In fact he’s the head of the team. Erm... and he said “There’s nothing we can really do for her at the minute because she doesn’t want to help herself”. So because she was feeling sick, I had to get this tablet…. Oh, I can’t remember what it was called now... Amopropril? (...) to stop her feeling sick (...) Erm.... and I tried to get rid of the other bottle.... and I spoke to her about it, who was like “No, I’m getting drunk today” and I was like “okay….I’m not going to touch it then.” (L6402-14)

Jen’s account suggests how she fluctuates between ‘adult’ and ‘child’ according to perceptions of authority, power and control. She presents herself as the ‘silenced’, impotent child when authority figures demand unquestioned acquiescence and conformity (e.g. teachers and her GP). When experiencing personal autonomy she presents herself as voicing her own opinion and challenging the validity and fairness of what adults say (Extract 19). 31

Extract 19

‘And I was just like “well...” I can’t remember what I said to him now. I was like “well why wouldn’t you want to spend time with the children you love?” I was like “He’s... he’s had children himself and they’ve all grown up now.” And he was like “It’s just weird.” And I was like “Why is it? It’s better than sat in the pub drinking all day like you are (...) wasting your money.” And he was like... and then he got... he got... I can’t remember what his name was now, I think it was John. Well, he got angry at me because I’d... spoken out of line for a child.’ (L8077-89)

‘Adult and adolescent alike’ is indicative of how highly contextualised experiences of being ‘adult’ or a ‘child’ are. Fluctuations in the meanings and understandings Jen attributes to age create a sense of the ambiguity, confusion and frustration she experiences when positioned in roles with blurred boundaries. Her discourses

31 See Appendix III (19).
indicate a fluid interchange of positions which are more context-dependent than age-dependent. This notion of changing experience underpins the themes and positions of the next main interpretative repertoire in which accounts of how Jen makes sense of ‘adults’ are explored.

3. Making sense of adults

In this second interpretative repertoire Jen appears to use the contexts of her knowledge and experience to ‘make sense of adult’ positions, behaviours and their impact on her personally. She explores the meaning of adulthood in terms of relationships, past events and the diverse positions and attitudes that adults appear to adopt in life.

3.1 ‘Damaged goods’

Jen describes her family history in terms of patterns of abuse which have been passed over generations from parent to child (Extract 20). Family narratives and eye-witness accounts construct a family which is ‘damaged goods’ and ‘just really messed up’ (L1002; L6558). Her accounts of their issues and problems draw on discourses of childhood trauma, fear and retribution which manifest in broken relationships, substance abuse and violence.32

Extract 20

‘But apparently John was running down the street at my Dad, and was going to beat him up.... and my Dad ended up beating him up. They had a huge fight so John went home annoyed.... and ended up beating my Nanna up. And my Dad walked in to him beating up my Nanna and grabbed this like clown,...I don’t know what you’d call it....like pottery thing,. (...) and hit him over the head with it....and then he stabbed him in the head with it and he broke it.’ (L6543-52)

32 See Appendix III (20).
The phrase ‘spiralled out of control’ reflects Jen’s perception of the consequences of abuse (L202; L1016). She appears to use terms from a psychiatric repertoire such as ‘obsesses’, ‘an addictive personality’ and ‘pinnacle of all evil’ to describe how immediate family members present and behave (L376; L3389; L5204) (Extract 21).\(^{33}\)

**Extract 21**

‘I mean she’s got… not an addictive personality but… I suppose from… My Dad has an addictive personality, and he obsesses over things… I suppose being around him for so long, she sort of picked up a few traits…’ (L4940-3)

Through her metaphor of ‘damaged goods’ Jen constructs adult family members through descriptions of abusive behaviours that were both experienced by others but also inflicted on others. In this way they are constituted as both victim and perpetrator with lives that are out of control and ‘picked up’ through association.

### 3.2 ‘The adult victim’

Jen’s descriptions of her Mum, Nanna and Dad position them as ‘victims’. Her discourses construct adults with a child-like vulnerability which is constituted as the need to constantly redirect attention back to self and evade independency. This is exemplified by Jen’s descriptions of her grandmother as ego-centric, self-indulgent, attention-seeking and manipulative (Extract 22).\(^{34}\)

**Extract 22**

‘But… and I think she doesn’t want to help herself. She just wants a quick fix and there’s not a quick fix for anything. Like you can have a de-tox in the hospital or a home de-tox, and have counselling, people to help you. But unless you want to help yourself, it’s not going to go anywhere (…) She was very depressed though, she kept crying. She doesn’t really cry… it’s all for attention. She goes “Oh look at me cry”… (Laughs)… No water comes out, she just makes the sound.’ (L6391-6400)

\(^{33}\) See Appendix III (21).

\(^{34}\) See Appendix III (22).
‘The adult victim’ is constructed as someone who retreats from anything or anyone that requires him/her to confront or take responsibility for past events. ‘Doesn’t do it in the right way’ (L4966) exemplifies Jen’s perception of how latent anger, frustration and resentment are expressed. This is constituted as the projection and attribution of blame onto others to avoid difficult experiences or emotions (Extract 23).\textsuperscript{35}

\textit{Extract 23}

Erm... So I went and cleaned my room and she’s like “You’ve reduced your mother to tears cos your room’s such a shithole!” And I was like... “Sorry.” “Sorry’s not good enough!” And then it comes... “You’re just like your father.” Erm, that’s always the argument, (...) that’s always how it ends. Every time, every time I do something she doesn’t like, I’m just like my father. Erm, every time I see something on TV which is about someone being violent or domestic violence, or someone being a bit crazy... “That’s your Dad, that.” (L6735-47)

Jen constructs this denial of reality as avoidance of the truth. She describes how Dad and Nanna often construct a version of facts and events that accounts for and justifies their behaviours but is recognised by Jen as stories and ‘lies’ (L3806; L7979) (Extract 24).\textsuperscript{36}

\textit{Extract 24}

‘And... he just... he just lies so much! (...) It just... blags your head! (...) I just... cos I know the truth about a lot of things. And I was there for a lot of things. He can’t remember because he was so drugged up... (...) He’s forgotten it. And he gets shocked when I say stuff to him. And I’m like “well, why... why are you shocked?”’ (L7976-85)

\textsuperscript{35} See Appendix III (23).
\textsuperscript{36} See Appendix III (24).
Avoidance and denial are constituted as a life of living in the past and maintaining unhelpful patterns of living which serve to perpetuate low mood, a sense of failure and distress. This is exemplified by Jen’s references to her mother’s habitual response of not speaking about or hiding emotion, her lack of admission to wrongdoing and distancing herself from those who try to talk, help or get close to her (Extract 25). Jen describes how adults (Mum, Nanna and Dad) retreat into a world of alcohol and drugs which seems to completely consume their lives.\(^{37}\)

**Extract 25**

‘But it’s like there’s nothing I can do because she doesn’t want to be comforted by me, and she gets angry if I try. So I just leave her to it.’ (L7132-4)

Jen’s accounts create an understanding of ‘the adult victim’ as someone who avoids reality through attention-seeking behaviours, attributing blame to others, denying the truth and remaining in a past position of vulnerability to justify his/her distress. Jen’s narratives appear to construct her own responses with feelings of anger, frustration and resignation.

### 3.3 ‘This way and that’

‘This way and that’ describes the ways in which Jen positions adults. She seems to construct adults in either/or, all-or-nothing positions or as fluctuating between extremes. This is demonstrated by her descriptions of adult relationships as ‘on-off’ and ‘close but distant’ (L3396). Polarisation is also indicated by Jen’s accounts of lifestyle. For example, she associates feelings of happiness, acceptance and status with positions of wealth but presents distress and anger in terms of financial hardship, substance misuse and disgrace (Extract 26).\(^{38}\)

\(^{37}\) See Appendix III (25).

\(^{38}\) See Appendix III (26).
Extract 26

‘Because when she was married, she was really wealthy (…) They had thousands in the bank (…) and she… she said to me “I used to walk around town and not know what to do with it (…) because we had everything. We didn’t need anything.” (…) And it’s just like… what a fall from grace… (Laughs) … to end up in a council flat, pregnant, with a drug addict.’ (L5346-56)

Jen’s discourses construct adults with contrasting moods, blurred roles and inconsistent behaviours. ‘Drunk’ and ‘sober’ constitute such different positions that Jen appears to construct her Dad, Nanna and Mum as an entirely different person when drunk (Extract 27). Her description of ‘typical mother and daughter things’ is contrasted heavily with accounts of ‘psychological warfare’ and ‘mental danger’ (L7287; L8605-9).39

Extract 27

‘Because you don’t… whenever I can talk to her, she’s usually had a drink. I never… I never try to when she’s sober. But… she’s sort of a different person when she’s sober, so you don’t… you don’t need to…’ (L7370-3)

Presentations of helpless crying and a desperate search for love, recognition and acceptance are described as alternating with threatening, angry and abusive responses (Extract 28). For example, Jen’s father fluctuates between positions of ‘caring, loving Dad’ in public to ‘dangerous, abusive drug addict’ in private.40

Extract 28

‘Erm…. and it was like smashed up the wall and stuff. But he’d done that while he was off his face, then he’d fallen asleep under the bed and then sort of sobered up (…) So he woke up, didn’t know what he was doing there. He was as shocked as we were (…) He started crying and ran out of the house.’ (L5142-9)

39 See Appendix III (27).
40 See Appendix III (28).
'This way and that’ thus describes adult positions in terms of polarised, contrasting constructions of relationships, life style as well as everyday presentations. Jen’s accounts mainly refer to Mum, Dad and Nanna whereas her descriptions of other adults suggest ‘there is another way’ to make sense of experience.

3.4 ‘There is another way ....’

Adult positions of avoidance, denial and abuse are juxtaposed by Jen’s narratives of alternative positions. Jen describes other adult family members and friends, who regardless of difficult experiences and hard times, still manage to find closure from the past and fully engage with the world and people around them. For example, Auntie Hilary and Max are described as people who, despite personal hardship, have enjoyed life, made the best of opportunities and focused attention on others. They are constructed with resilience, steadfastness and loyalty. Jen uses powerful images for Auntie Hilary such as ‘superhero’ and ‘Rottweiler’ to portray her energy and protective fervour (L2118; L2136) (Extract 29). Max is ‘James Bond’, the ‘real gentleman’ who is polite, professionally successful and shows genuine interest in her (L2584-5; L2606).

Extract 29

‘But she’s like... I don’t know how to describe her, sort of like a Rottweiler, sort of thing (…) Yeah, she’s short and stocky and she’s just... My Dad came in and before he even, like, got to my Mum, she... I know it’s not the right thing but she punched him! And like threw him out of the house. Erm, and I sort of look at it with some humour in some ways because... (…) it was the one time I hadn’t cried when there had been anything going on.’ (L2117-31)

Mark (Mum’s ex-husband) is constructed in a contrasting position to Jen’s mother through references to his positive attitude, willingness to apologise for the past and motivation to build a relationship with his daughters. The importance of feeling nurtured, cared for and important is reflected in Jen’s description of Frank who has

41 See Appendix III (29).
‘been a Granddad to me and a father figure’ (L8021) (Extract 30). ‘The most wonderful time’ with Frank is constituted as going swimming, learning to ride a bike, ‘taking me to places’ and not being able to ‘see the bad in anything’ (L8025-9; L8054).

Extract 30

‘And we stayed at his house for like three days. And me and Nicole slept in his bed, and he slept on the floor in a blow-up bed (...) And we made it like a campout room (...) put a sheath on the ceiling (...) Erm... and we put the TV on and he bought a DVD that had a fire on it (...) It just had a fire.’ (L8040-50)

‘There is another way’ offers a direct contrast to constructions of the ‘adult victim’ and ‘this way and that’. These adults are presented as consistent with positive, caring qualities and an outward focus that positions the well-being of others as important and desired. The interpretative repertoire ‘Making sense of adults’ thus indicates further contexts of fluctuation and uncertainty to which Jen is exposed. Her relationship to her parents is described in the third main interpretative repertoire below.

4. **Coping with parents**

Although ‘coping with parents’ mirrors many of Jen’s constructions of adults in general, it describes more specifically how Jen manages and copes with everyday life at home and in her community. Life at home is mostly constituted from her experiences with her mother whereas her accounts of her father relate more to life in the community. Jen’s accounts not only construct her own responses to ‘Mum’ but also those of her sisters.

---

42 See Appendix III (30).
4.1 ‘Coping with Mum’

‘Coping with Mum’ describes the unpredictable ways in which ‘Mum’ presents in Jen’s life. Her discourses construct a home life of high ambiguity and constant fluctuation in which Jen ‘manages’ potential distress. This is constituted as using her knowledge of past experiences to judge how mum will typically respond in any given situation. For example, Jen describes herself as gauging her reception at home according to the amount of wine her mum will have drunk by a particular time of day (Extract 31).

Extract 31

‘I’m not at home a lot because... I don’t know... I’d say seven times out of ten, my Mum will have had a drink by the time I get home because she gets home from work earlier (...) And I sort of have to judge what mood she’s going to be in (...) It sounds quite comical but if I get through the door, depending what, we always have music on in the house (...), depending what music’s on, or what noise is coming from the kitchen... (...) whether she’s talking to herself or not (...), I can judge how much she’s had to drink or whether she’s had a drink (...) and I just don’t like going home to that.’ (L1052-70)

To enable her to cope with dichotomies and contradictions in her mum’s presentations, Jen appears to construct her as ‘normal mum’ and ‘pedestal mum’ (Extract 32). ‘Normal’ mum is constituted as the ‘stereotypical’ mum who is warm, loving and ‘always there for me’ (L1137-9). She cooks, washes, provides somewhere for Jen to live and asks Jen to wash up, clean her room and do chores in return. This role is constructed with feelings of respect, gratitude and love from Jen ‘because she’s my mother’ (L7280).

---

43 See Appendix III (31).
44 See Appendix III (32).
Extract 32

‘There’s... I don’t know why I used ‘normal’ because I don’t... no one knows what ‘normal’ is (...) You have this like preconception of the perfect family (...) and... well, I don’t know. Normal when she’s... being nice and we can get on and we have a laugh and... (...) she just goes about her normal day-to-day business, and... (...) and then strange when she drinks.’ (L5008-19)

‘Pedestal mum’ is constituted as the mother Jen is proud of and ‘holds in high such high esteem’ because she has ‘coped really well’ with serious, long-term domestic abuse (‘the situation’). This position appears to enable Jen to counteract her perceptions of ‘Mum’ as ‘bad’, ‘stubborn’ and ‘wrong’ by situating them in contexts which can explain and excuse her behaviours (L6925; L7053-4). Her defence of her mother is constructed through projecting blame onto dad and positioning her mum as a ‘victim’. This persona is described through discourses of pity and sadness, rather than hurt and anger (Extract 33). 45

Extract 33

‘I never... I suppose I never really want to say anything really bad about my Mum because I just... love her so much (...) And she says things sometimes... like “You don’t love me.” And I do... I do... I can’t even describe how much I do. I think I put her on such a pedestal because... I under... not understand but sort of have an understanding of what she’s been through because I was there for most of it (...) I suppose that’s why it’s so... painful when she’s a bit of an idiot (...) because she can also be so lovely... and like a normal mother.’ (L4987-5000)

Constructions of ‘Mum’ as a helpless, vulnerable ‘child’ seem to enable Jen to cope with the hurtful and disparaging treatment she receives from her mother’s powerful counterparts: the ‘alcoholic’ and ‘abuser’. When her mother presents as

45 See Appendix III (33).
vulnerable, Jen appears to position herself as advisor, care-giver, and ‘responsible adult’ (Extract 34).

*Extract 34*

‘She’s like, “You’re never at home. You’re not with me because you’re my daughter, you’re with me because you need me and I hate you for it!” And I was like “Ok.” And I tried not to get upset but I did get upset because the whole situation sort of took me off guard. I didn’t know she’d been out drinking (...) I hadn’t like sort of mentally prepared myself for it (...) Erm, so I started crying. I didn’t know what to say. I just got her a cup of tea and put hot water bottles in bed with her because she was cold.’ (L1075-85)

Each daughter appears to respond to ‘abusive mum’ in a different way. Jen presents her eldest sister Ruth as being grateful for past loyalty, Gabriela as the ‘Ice Queen’ and Tessa as both rejecting of but craving affection (L5565). Jen constructs herself in positions which fluctuate between the role of rational, critical parent and the helpless, powerless child (*Extract 35*).

*Extract 35*

‘I was like “I know that you don’t want to, Mum but you cry about it all the time that you don’t see them.” And I was like “Someone’s got to make the first step and it’s not going to be them.” She’s like “But it wasn’t my fault.” I was like “I know that, but the fact of the matter is that they were your children (...) and that you are your children’s life when they’re growing up (...), you’re all they know (laughing) and that was completely ripped away from them.”’ (L7401-11)

‘Out of the situation’ describes both Jen’s and her sisters’ desire to distance themselves physically and emotionally from their mother’s life (L2231). Jen’s accounts of fluctuations between anger, laughter and tears suggest confusion in

---

46 See Appendix III (34).
47 See Appendix III (35).
them and an inability to trust and make sense of their mother’s responses. ‘Blah, blah, blah’ is indicative of how ridicule appears to enable them to reject feelings of hurt and discomfort (L5381; L7394) (Extract 36).48

Extract 36

‘Like me and my sisters on the first... there’s usually one of us that’s crying about something. And then next thing, we’re all crying. And then we all just get on and have a brilliant time (…) and we just all talk erh about stuff and... make it... make jokes about it. Make it funny, even though it’s probably a bit sad and sadistic.’ (L6616-22)

‘Mum’ presented through the eyes of her children is a person from whom they seek solace through physical and emotional distance. This desire is constructed as a response to the ambiguity and confusion of irreconcilable positions and the spectrum of different emotions they elicit (e.g. love, pity, sadness, anger and ridicule). Although not always negative in character, Jen seems to compartmentalise parts of her mother to enable her to justify and respond to constant fluctuations in her presentation. Jen not only lives alone with her mother but, as indicated below, also deeply struggles with her relationship to her father.

4.2 ‘Who is this man called ‘Dad’?’

When perceived through Jen’s eyes, ‘Dad’ is ‘the pinnacle of all evil’, ‘her biggest problem’, ‘the bad person’ and someone with whom she wants no contact at all (L3389; L2920; L2970-2971). Her eyewitness accounts of vicious attacks of domestic abuse construct him as a figure of terror, responsible for ‘abusive mum’ and simultaneously arouse memories of feeling completely helpless and powerless to protect herself and others (Extract 37).49

48 See Appendix III (36).
49 See Appendix III (37).
Extract 37

‘And me and Nicole were trying to get in the kitchen and we couldn’t, and I was crying. I tried to phone the police but he’d cut the phone line (…) And erm… we finally got in the kitchen but I was like… I don’t know why I wanted to get in because I couldn’t do anything…’ (L3600-5)

Jen seems to protect and distance herself emotionally by constructing him as ‘Rasputin’, an exaggerated, fictitious character of evil (L5298). Her physical aversion to his manner and presence is powerfully constituted through her descriptions of his lack of cleanliness and eerie portrayal of his manipulative, intrusive ways. This is also exemplified by her use of physiological terms such as ‘paralysed’ and ‘sick’ to describe her dread and fear (L5135; L7941-4) (Extract 38). Accounts of her inability to control his whereabouts, behaviours or comprehend his thoughts are indicative of the ways in which Jen’s early childhood fears are maintained. This is reinforced geographically through their shared community and mutual friends.50

Extract 38

‘And then in my ear, I just heard “Hiya, Muskrat.” And he used to call me Muskrat. And I was like… I think it’s like a… Amazon monkey or something (…) And I just… I felt so sick! (…) But he’s… he smells really… he stinks really (…) He doesn’t really wash properly (…) so I could… ugh, I just… I felt really sick. And I didn’t turn around, I was just sort of, frozen…’ (7930-41)

Jen presents herself as torn between her role as ‘daughter’ and her knowledge of ‘Dad’ as a ‘bad’, ‘abusive’ person (L7196; L7599) (Extract 39). Her constructions of physical, biological similarities appear to leave Jen wondering and sometimes fearful of what she may have inherited from her father. Her narratives indicate that she responds to this fear by avoiding and denying any connection but nevertheless

50 See Appendix III (38).
finds herself forging links between her own experiences and those of her father e.g.
their response to drugs.\textsuperscript{51}

\textit{Extract 39}

‘Yeah and I just... I don’t know what... I suppose this sounds quite selfish, but I don’t
know what he can give me (...) like not in, erm, like materialistic things. (...) But I
just mean in like... (...) in life in general, or like in a family way. I don’t... I don’t know
what he can contribute because... he’s... I’m sort of just like, erm... I don’t know
what you’d call it, like an attachment... (...) of him and my mother.’ (L7865-76)

‘Who is this man called Dad?’ suggests an inability in Jen to divorce herself from a
traumatic childhood with a man with whom she shares a biological connection, who
she cannot understand psychologically and who elicits feelings of terror, fear and
helplessness.

The above interpretative repertoires of ‘adolescence’, ‘making sense of adults’ and
‘coping with parents’ focus on and explore meanings of ‘adolescent’ and ‘adult’ as
well as the ways in which they are communicated. The following repertoires
provide a lens through which the therapeutic relationship and process can be
explored. Although greater attention is given to therapeutic aspects of the
transcript, it is important to emphasise that the interpretative repertoires of this
analysis do not construct \textit{distinct} experiences but organize them thematically to
facilitate understanding.

5. \textit{Adult-Adolescent communication in therapy}

This interpretative repertoire describes in depth the ways in which communication
between an adolescent client and adult counselling psychologist is constructed as
therapeutic. The analysis suggested the following discursive \textit{practices}: ‘Challenge’;
‘Checking in’; ‘Reflection’; ‘Immediacy’ and ‘We’re just human’.

\textsuperscript{51} See Appendix III (39).
5.1 Challenge

‘Challenge’ appears to function as a therapeutic skill that responds to suggestions of internal incongruence in Jen. Interventions constitute attempts to encourage Jen to explore different perspectives and focus on the meanings she currently attributes to particular people and life experiences. ‘Either-or’, ‘both-and’ formulations often manifest as challenges to facilitate understandings of similarity, difference and dichotomies of meaning (Extract 40). This is exemplified by my responses to Jen with regard to her contrasting positions for ‘Mum’.52

Extract 40

‘So there’s a mixture of fragility…. So is… I mean, really, I said the word strength. So would you actually even say that you do feel stronger from this or would fragile be the most… the most, erm, dominant feeling, really?’ (L8430-3)

‘Challenge’ appears to elicit a deeper understanding of how Jen views the world. It creates awareness of her attempts to reconcile past life experiences with her current sense of self and personal vision for the future. This is particularly apparent with regard to her exploration of romantic relationships and ‘what is a man?’ (Extract 41). Challenge accesses Jen’s struggle to make sense of men, her expectation to get hurt but also her great desire to have children and find someone who ‘fits’ her life.53

Extract 41

‘Mmm... but I don’t know...I mean.... even again, then, when we were just talking, I was just wondering how much a part of you not being able to make sense of Sam is because you could never make sense....well, what is a man?’ (L5888-91)

Challenge seems to encourage Jen to offer accounts of her aims and sense of control about the future. In this way it facilitates awareness of her psychological

52 See Appendix III (40).
53 See Appendix III (41).
wellbeing and ability to cope. Jen’s responses construct the future in terms of personal autonomy, self-independence, reparation and new beginnings. This is exemplified in particular by her account of having children (Extract 42).\textsuperscript{54}

\textit{Extract 42}

‘I often feel like they’re [children] just like this little pure thing (...) that’s like come from you but doesn’t have to... doesn’t have your mistakes already made and doesn’t have to make your mistakes. They might do but... (...) like they can... Yeah, it’s just the best bits of you.’ (L9653-9)

The phrases ‘I don’t know’ or ‘I don’t know how to describe it’ are indicative of Jen’s struggle to engage with discourses of emotion. Here ‘\textit{challenge}’ is constituted as open questions such as ‘how do you feel?’ Jen’s responses describe knowledge and awareness as ‘strength’ in their capacity to help her cope with uncertainty and change (Extract 43). In contrast, she constructs emotion as ‘not knowing’, ‘hurt’, ‘fragility’ and distress. Her construction of contrasting positions for ‘Mum’ further exemplify how Jen accepts with her ‘head’ but denies and avoids matters of the ‘heart’.\textsuperscript{55}

\textit{Extract 43}

‘\textsc{CLIENT:} I think because I hadn’t been through that before... (...) That’s why it affected me so much.

\textsc{COUNSELLOR:} Right, so almost a strength that you... you need to go through these situations. Like you know well what you have encountered... weaken you possibly too... when it comes to dealing with those unknowns.

\textsc{CLIENT:} Yeah, yeah!’ (L8468-75)

Discourses in the transcript thus indicate that ‘\textit{challenge}’ facilitates internal congruence through its propensity to question current perspectives, broaden and

\textsuperscript{54} See Appendix III (42).

\textsuperscript{55} See Appendix III (43).
deepen awareness as well as address aspects of experience which are avoided or unknown.

5.2 Checking in

‘Checking in’ appears to facilitate co-constructed meaning in therapy through exploring how one frame of reference relates to another. This enables entry into Jen’s world through the ability to offer responses that mirror or are consistent with her subjective experience and personal sense of self. For example, I ‘check’ how her emotions were affected by drugs and what ‘love’, ‘creation’ and ‘fragile’ mean to her. Interventions explore contexts, her understanding of people and phenomena but also the common narratives and stereotypes from which Jen constructs her view of the world (Extract 44).56

Extract 44

‘COUNSELLOR: I mean, do you think that was part of you being at an age where you could understand it [domestic violence] (…) or they… them… a mixture of both? You could understand and they were therefore exposing you to it?

CLIENT: Yeah, I think so. I think I … I think I could understand but not to the extent that they let me know or see.’ (L8737-43)

‘Checking in’ also manifests in offerings of imagery and my own personal experiences. These appear to transform theory and abstraction into something tangible and real through which meaning can be openly explored. For example, I offer my own reticence about speaking ‘badly’ about my mother and experience of my son’s response to ‘A’ levels (Extract 45)57

56 See Appendix III (44).
57 See Appendix III (45).
Extract 45

‘COUNSELLOR: It’s difficult sometimes to say things about the relationship to your mother because I think it does... And again, I don’t know, and again I’m only talking from my experiences to find out if you’re feeling the same really. I think it can come up with shame and guilt.

CLIENT: Ok, I mean I don’t know how to describe... It’s difficult because I love my mother so much and I hold her in such high esteem.’ (L2363-85)

When perceived as clarification, ‘checking in’ can manifest as a form of hypothesis testing. In this context it is constructed as a suggestion in response to what Jen has presented but one that is offered tentatively with an invitation for her to confirm, refute or refine (Extract 46).58

Extract 46

‘COUNSELLOR: Just now when you said that, I can understand why you’re a bit... confused? Is that the right word? I don’t even know if that’s the right word about love? Because you have, haven’t you? You’ve got these very... conflicting... I don’t know, behaviours, understandings. What you’ve seen is... is difficult.

CLIENT: Yeah, I don’t know if, like, confused is the right word but I’m just really interested in it.’ (L659-65)

‘Checking in’ appears to facilitate progression to deeper levels of understanding through moving from the general to the specific and making hidden, implied frameworks of reference more explicit and open for exploration (Extract 47). For example, Jen appears to restructure her understanding of ‘Mum’ through exploring current responses in relation to contexts of the past.59

58 See Appendix III (46).
59 See Appendix III (47).
Discourse analysis

Extract 47

COUNSELLOR: Or is it... it makes me... it... how can I say? So is it almost that sense that it’s actually the fact that your childhood existed of the arguing that makes you sad?

CLIENT: Yeah... I think... at least I think so. (...) I think... I mean, I suppose like the whole... all of it is quite, like a sad ... (...) subject. But it’s more like the memories of the arguing that I have, like what I’ve seen.’ (L10464-73)

In summary ‘checking in’ appears to constitute a process of negotiating and clarifying meaning which seems to not only facilitate a common frame of reference but also deepen and restructure current understanding.

5.3 Reflection

‘Reflection’ constitutes a response which appears to validate Jen’s experience through perceptions that are fed back to her in the form of statements, viewpoints, summaries and imagery. They appear to facilitate engagement and insight through encouraging reflection and exploration in Jen (Extract 48).

Extract 48

‘COUNSELLOR: So... I’m wondering if that’s something that we can just deal with in one session. Because I think really, we’ve probably only opened that up slightly. But I suppose what I’m hearing in what you've drawn... That makes sense doesn’t it?!

CLIENT: (Laughs)

COUNSELLOR: But do you know what I mean? Because we’ve spoken about it, isn’t it, really? ...Is that, when... your sisters aren’t really...? That seems to me quite harmonious. I don’t know, I get a calmness about it.

CLIENT: A sense of normality around me.’ (L2716-25)

60 See Appendix III (48).
Jen’s sense of feeling overwhelmed by the volume and intensity of her thoughts and emotions is attributed significance and meaning when reflected back in words. Her own responses indicate a struggle to make sense of the ‘complexity’ of family and romantic relationships (L1987). For example, her use of ‘situation’ suggests her inability to find words that can meaningfully summarise the magnitude of her childhood experiences (Extract 49) (L2233).

**Extract 49**

‘CLIENT: I say situation a lot. I don’t mean to but I feel like it’s the best way I can describe it (laughter).

COUNSELLOR: What I’m picking up when you say ‘situation’ is that everything that was going on the home at the time, because so much was going on. You couldn’t... you have to almost give it a name because...’ (L2233-8)

‘Reflection’ appears to enable Jen to recognise where she is caught in the past, how this relates to her now and what this implies for the future. She seems to be transitioning between what she has learnt and experienced from others and what she needs and desires for herself for the future. Such exchanges appear to help her identify personal strengths, her ability to cope and accept what she can and cannot change (Extract 50). Jen constructs this as a difficult and complicated process of reconciling connection and belonging with autonomy and independence.

**Extract 50**

‘CLIENT: Rather than like being a circle, I just think it’s more complex (...).

COUNSELLOR: And yet it’s really interesting. I’m just going to reflect back a little... something that I’ve noticed... that you’re part of two triangles.

CLIENT: Yeah.

---

61 See Appendix III (49).
62 See Appendix III (50).
COUNSELLOR: ...So you’re almost... you’re always caught in a three, aren’t you? And you seem to be... and you’re caught in two... two sort of like trios, aren’t you, and... that in both cases, you’re the link?’ (L1986-98)

‘Reflection’ is thus constructed in the transcript as a ‘stepping stone’ i.e. the exposure of meaning through which experience becomes validated and thus worthy of further engagement and exploration.

5.4 **Immediacy**

‘Immediacy’ constitutes a type of reflection which is rooted in my ‘in-the-moment’ experiences. For example, it expresses awareness of physical responses (actual and symbolic). ‘Thirst’ for contact constructs my understanding of Jen’s desperate need to find her ‘soul mate’ and her enormous desire to feel important to someone (L9441). My sensation of warmth when she describes her time at Glastonbury appears to mirror Jen’s account of her experience of acceptance and belonging (L11208). ‘Goose bumps’ suggest a physical expression of fear and foreboding that is transferred to me in Jen’s descriptions of ‘Dad’ and the condemnation by Zeus (L329; L9289) (Extract 51).

**Extract 51**

‘CLIENT: Like I used to... when I was about 13, I was really scared of Voldemort in Harry Potter (…) I used to have this reoccurring dream that I was falling off a cliff into his face and it would slowly morph into my Dad’s.

COUNSELLOR: Oh gosh, Jen, ok (…) I got goose bumps when you said that. Right, ok, right.’ (L325-330)

Our different responses seem to facilitate a better understanding of the ways in which Jen engages with experience. For example, Jen’s discourses about ‘the situation’ aroused in me feelings of being overwhelmed, heavy responsibility and

63 See Appendix III (S1).
the sense of beauty and innocence becoming ‘tainted’ (L8070). Her discourses about her dad elicited from me descriptions of my fear and sense of a consuming force. My emotionally charged constructions of these experiences contrasted starkly with the short, reflective statements offered by Jen (Extract 52).64

Extract 52

‘COUNSELLOR: So what was that like? To be honest with you, I’m sitting here listening to you saying that. Right, so I get on the phone and I do this and I get that tablet and I think…..I’ll be honest with you…and I’m sitting there thinking….. “Gosh, that’s some responsibility” (...) But you’re saying it in quite a …you know….you really sound as if you know what you’re doing.

CLIENT: I’m just….I’m just used to it I think.’ (L6414-22)

Reflections of my emotions seem to offer Jen a means of expressing, confronting and interpreting her own responses. Her accounts of her time with Sam are constructed with a dream-like quality which appears to reflect Jen’s current detachment from powerful feelings of hurt and anger. My reflection of ‘this real sense of connection’ appears to facilitate greater trust in her emotional experiences at that time (L9110) (Extract 53). My comment that she does not appear ‘lost’ but to lack ‘trust in knowledge of self’ opens up exploration of Jen’s troubled relationship with drugs (L3857-8).65

Extract 53

‘COUNSELLOR: Yeah, but what does your gut tell you, Jen? What does your gut tell you? How did it... because, you see, I get... I get you... I almost get the sense that... that you’re really here, heart. You know what... you know what happened, here. I know that’s actually... I’m talking at cross purposes here, but someho, I think your heart can know (...) but I think your head... your head is... is...is... almost coming in and trying to tell you that what you felt there isn’t real.

64 See Appendix III (52).
65 See Appendix III (53).
CLIENT: Well, it’s just... I just.... I suppose I just have a fear that it was unrequited. Is that the right word, unrequited love?’ (L4297-4309)

In these extracts ‘immediacy’ is constituted as a space of intersubjectivity in which joint meaning is constructed and Jen is offered different ways of ‘seeing’ and ‘being’ in the world. In this way intuition and emotion can be introduced to complement her rationalisation of experience.

5.5 ‘We’re just human’

During therapy Jen and I relate to each other by being ‘just human’. This is constructed as a time and space in which both of us present as honest and real. ‘We’re just human’ describes moments of shared knowledge e.g. places and events in Wheatfield, knowledge of the current ‘A’ level process and ‘A’ level Art in particular. It also constitutes simple acknowledgement of basic human feelings (e.g. hunger, tiredness and stress) and everyday social practices, activities and norms. For example, my enquiry in Extract 54 is not a therapeutic intervention but a human response to the knowledge that Jen’s Nanna has not been well. Although such moments present throughout therapy, they mostly occur when settling into therapy and ending the session.

Extract 54

‘COUNSELLOR: You’ve even...you’ve still got a relationship to your Nanna haven’t you? ..... How is your Nanna very briefly?

CLIENT: Yes, erm. I think she’s alright. She rang me the other day asking for her house key cos she’s lost it. So I’ve got to take it up today. Again!

COUNSELLOR: Right. So sorry, a very brief aside, but I almost like...I thought I can’t mention her name without mentioning that...that would be awful.

CLIENT: (Laughs).’ (L5865-75)

66 See Appendix III (54).
On a more personal level Jen and I connect through our mutual use of poetry to express emotion, enjoyment of films, strong desire to have children and belief that it is possible to be contacted by people after death. Anecdotal interludes of self-disclosure present me as a fellow person, student, mother and wife (Extract 55). Being ‘real’ appears to give Jen ‘permission’ to talk about areas or subjects of experience that trouble her or about which she feels awkward or wary of negative judgement.  

Extract 55

‘COUNSELLOR: Yeah, ok, loads of luck for Friday. Hope it goes well. And then you can go “Ahh.” I’ve got a deadline on Friday as well.

CLIENT: Have you?

COUNSELLOR: So we’ll be pleased together.

CLIENT: (Laughing) Ok.

COUNSELLOR: Friday! Yes! (Laughing)’ (L6239-44)

‘We’re just human’ hereby suggests that many moments in therapy are grounded in the authenticity of real human experience. After exploring many different ways in which Jen and I communicate therapeutically and personally, the following interpretative repertoire ‘professional communication during therapy’ focuses attention on my role as a counselling psychologist.

6. Professional Communication during therapy

This interpretative repertoire demonstrates more specifically how understandings of the role of a counselling psychologist are constructed professionally and personally with regard to identity, knowledge and practice. These are organised thematically from the transcript as: ‘The profession and me’; ‘Psychological knowledge’ and ‘Counselling practice’.

67 See Appendix III (55).
6.1 The profession and me

Institutionally the ‘profession’ of counselling psychology is constructed in terms of qualifications and prescribed codes of conduct. These ‘need’ to and ‘must’ be conveyed to ‘the client’ to provide an understanding of the rights, obligations and boundaries which inform and underpin the process. Ethics and conduct are attributed meanings of protection and safety to all parties who are involved in and associated with the therapeutic alliance. Discourses are formal and sequential like rehearsed points on a list but interspersed with occasional playfulness (e.g. humour) to lighten the mood (Extract 56).^68^

Extract 56

‘Ok, so that’s the first point. I suppose I just wanted to make you realise who’s sitting, you know, the qualifications, I suppose of the person sitting next to you. So I suppose in many ways, really in many ways, we’re here to explore what you think, what you feel, anything, ok, in any way that’s right for you. There are, I suppose if you like, terms of confidentiality, which I need to just say at this juncture. In essence, everything that you say to me remains confidential. I don’t go out, even talk to Rosie about it (…)’ (L37-44)

External governance (the ‘admin’) is constructed as necessary and valid but also with frustration and irritancy when it limits and constrains therapeutic work. Personally I position the client at ‘the centre’ of the therapeutic relationship (L106). This manifests as a desire to ‘see you as you are’ (L139), meet needs and preferences in personally meaningful ways and ground therapy in Jen’s process and not my own (Extract 57).^69^

---

^68^ See Appendix III (56).
^69^ See Appendix III (57).
Extract 57

‘COUNSELLOR: I like to be very open and transparent, ok, and I please welcome you to be the same. Ok, erm, it is the nature of getting to know each other, isn’t it? So, for instance, if there’s something that I say or you just feel “You know what? Can we try something different?” Please say because this is your space, this is about you.

CLIENT: Ok.

COUNSELLOR: Ok? You’re the number one person here.

CLIENT: (Laughter)

COUNSELLOR: Ok. And I really want you to get something out of it.

CLIENT: Ok.’ (L86-96)

In therapeutic terms I describe the profession of ‘counselling psychology’ as a collaborative approach which provides both flexibility and structure through its capacity to respond to the client in different ways (Extract 58). My sense of professionalism is constituted as awareness of the personal values and beliefs I attribute to my practice. For example, these include respect for equality, diversity and a therapeutic process underpinned by honesty and transparency. My understanding of transparency includes clarity about the parameters of my professional competence.70

Extract 58

‘I like to see it as I’ve got a tool box, ok, and that any given time, I will dip into that and bring it out. So this can be really, really open, flexible or go with the flow. How you are feeling on any day, at any moment or we can be a bit more structured, ok? And we won’t know that now.’ (L30-34)

70 See Appendix III (58).
During therapy with Jen these values and beliefs manifest as presentations of choice. These are constituted as suggestions on how to focus and contain sessions whilst providing opportunities for Jen to change or guide direction (Extract 59). The meaning of client autonomy is also extended to peripheral contexts of therapy such as session arrangements and Jen’s right to therapeutic material (research and non-research related).  

**Extract 59**

‘COUNSELLOR: So, we’ve obviously looked, didn’t we? At the beginning... you told me your story, logically. Then we looked at... you did your diagram. Last week we went into a little bit more specific. So the only reason I’m recounting that is because I want... you know, I want... Where do you think that you would like to go now? Because we were going to look at... didn’t we? We were going to look at things possibly each week, look at a particular relationship.

CLIENT: Yeah.

COUNSELLOR: That was the idea at the beginning but you might have changed your mind now.

CLIENT: Erm... no, I’m not... I’m happy to do that.’ (L4639-49)

My personal style of therapy is constituted in terms of how I view and experience the people and world around me. For example, my construction of people as holistic encourages engagement with all facets of human experience (thoughts, feelings, behaviours and physiological responses). References to ‘gut instincts’ indicate the part intuition plays in my therapeutic work. My use of visual therapeutic tools and imagery construct perceptions and summaries of Jen’s experiences in particular ways (Extract 60).  

---

71 See Appendix III (59).
72 See Appendix III (60).
Extract 60

‘I’m wondering there if perhaps you are... you’re slightly visual? Erm, I think I’m quite a visual person. Sometimes... just sometimes writing, it doesn’t... you know what I mean. A picture, doesn’t it? There’s that saying... I’m not sure that I always get it right. “A picture tells a thousand words”... or something like that.’ (L703-8)

A subtle tension appears to exist between my desire to facilitate growth and development whilst simultaneously holding and directing the therapeutic process. Although direction can encourage insight, exploration and change, it appears at times to shift my focus from Jen to my professional practice. This is constituted as moments when interventions are offered as a structured activity which requires explanation (e.g. ‘circles’, ‘pie chart’). Perceptions of external authority and control seem to position Jen as an appreciative client, uncertain client or one who seeks permission and approval (Extract 61).73

Extract 61

‘COUNSELLOR: And just sort of getting bigger to the outside. All will become clear in a minute. I think it might be useful... just listening to what you were saying. And we are talking about relationships.

CLIENT: Oh I’m not going to get the perfect circle and it’s going to frustrate me!

COUNSELLOR: Oh, no! Don’t worry about that! Gosh! It’s... Don’t worry about that. Basically just so that we can... you know what I mean? They’re slightly differentiating...

CLIENT: Does it matter how many I do?

COUNSELLOR: No, not at all’ (L1880-9)

‘Direction’ is also constructed as professional self-criticism and self-reproach when I respond with an interpretation or statement rather than offering a response

73 See Appendix III (61).
Discourse analysis

(Extract 62). Professional uncertainty appears to manifest as repetition, broken sentences and jumbled responses. Self-doubt is constituted as inner questions on whether the rationale for a particular intervention has been directed by my own frame of reference. Similarly therapeutic misalignment and disengagement are constructed as moments when interventions seem grounded in my experience and not Jen’s.74

Extract 62

‘You see, what I’m thinking there is, almost... and we’re only, go round once again. You know, we could go round all the time but I am a little bit conscious... Well, no actually, that’s not my decision to make, that’s your decision to make. No, stop it! Naughty!.’ (L10434-7)

‘The profession and me’ thus suggests a complex process of integration during which attempts to meet the needs of Jen and the profession are directed by protocol but also my particular style of therapy.

6.2 Psychological knowledge

‘Psychological knowledge’ is constituted as the ways in which I use existing frameworks of knowledge and ‘tools’ to help Jen become aware of hidden or unknown experiences. Through normalisation and externalisation, they seem to create opportunities for personal growth by enabling Jen to develop greater internal congruence through new meaning and understanding. For example, concepts of intergenerational transmission and cycles of abuse facilitate perception of what Jen may have learnt or inherited. This prompts exploration of which models of relationship she may have internalised during childhood and how ‘habits’ and particular patterns of response can be maintained and perpetuated by self. In this way Jen’s narratives of the past create a framework through which current experiences and future expectations can be constructed. (Extract 63).75

74 See Appendix III (62).
75 See Appendix III (63).
Extract 63

CLIENT: So... I mean, I always think if something went on for eighteen years with my life, I don’t think I’d ever escape all of it...

COUNSELLOR: It becomes almost... well, it becomes life itself...

CLIENT: Yeah.

COUNSELLOR: Doesn’t it, really? You don’t know any other way, right.

CLIENT: I suppose that’s why she’s comfortable now, even though it’s... traumatic for her, if that’s the best...

COUNSELLOR: Yeah.

CLIENT: ...Word.

COUNSELLOR: Well it’s such a... I mean, we do, don’t we? We all get habits.’ (L6977-88)

Knowledge of ‘networks in the brain’ offers Jen insight into the complexities of interrelated experiences (facts, contexts, thoughts and feelings). It explains that, when activated, any single element can trigger a response in one or several other interconnected networks of meaning and experience (Extract 64). This knowledge constructs a framework for understanding how the past impacts on the present. For example, it helps contextualise Jen’s experiences of mixed, confused, intense emotions.76

Extract 64

‘And so then when you’re there... does that make sense? You’re like your ... you’re like your dad because he’s the one that’s actually triggered that emotion in the first place (...) So he’s sort of present in her mind at the time (...) I mean I don’t know

76 See Appendix III (64).
but that could be... or, even if it’s not that element all the time, that could be feeding into it, couldn’t it?’ (L6961-70)

Knowledge of the totality of human experience constructs it as a natural balance of cognition, sensation and emotion which together or separately create perceptions of self, people and the world around us. Human experience is thereby described in terms of immediacy, fluidity and change, but also constituted as fragmented when parts remain excluded, detached and hidden. Both Jen and I metaphorically perceive the emerging self as a ‘jigsaw’ for which pieces are fitted together in certain ways to construct a picture of multiple contexts and identities (L9482) (Extract 65).

Extract 65

‘But I’m not the same person with different people. I don’t know whether you are? (...) You might have more of a sense of humour with someone else because they bring that out in you, you’ll be more philosophical with someone else. They’re all parts of you but... but... you know. And I do think we are... there’s not... we’re not always the same in every single situation, are we?’ (L6121-9)

Professional tools offer Jen a physical representation of how she positions family and friends in terms of closeness, importance and emotional impact. Images thus appear to facilitate exploration of the configurations, dynamics and meaning of her family relationships. Through dimensions and shape, Jen and I translate abstract, unconscious thoughts and feelings into visual representations of facts and understanding (Extract 66). This enabled Jen to engage with what she thinks and feels but also affirmed what she already knew or believed.

---

77 See Appendix III (65).
78 See Appendix III (66).
‘Another thing that I noticed is… So it’s almost like you’re the centre of those two triangles, aren’t you? (...) You’re bang in the middle, on the base, aren’t you? (...) And there, it’s almost like you’re… you’ve got two arms, haven’t you? (...) So even there, you’ve got your Nanna and your Dad, you know, on like one arm going out. And you’ve got your Mum and your aunt on the other. So again you’re very much in the middle, aren’t you? (L2037-48)

Psychological theory is drawn upon to construct Jen’s experiences within broader contexts of understanding and meaning. For Jen, these relate to different types of abuse and grief, how memory formation is affected by trauma and the psychological function of dissociation, projection and substance addiction. Theories appear to validate personal experiences by attributing them meaning and significance through the availability of established concepts and terms which name and thus acknowledge their existence (Extract 67). 79

Extract 67

‘COUNSELLOR: And then you can have someone that literally in the moment, the only way of you coping with something, at that minute, is to remove yourself from the emotion. Does that make sense? (...) Because it’s just so overwhelming.

CLIENT: I’ve done that a lot with my Nanna as well...

COUNSELLOR: And it sounds... it sounds as if... and the reason I’m saying it is, that it is... if you like, a normal, natural reaction for somebody.

CLIENT: Like a defence mechanism, isn’t it?

COUNSELLOR: So I don’t know whether you are now sitting there thinking “Well, where’s the emotion?” But... but the emotion is not there for a reason (...) The emotion’s not there to protect you (...) So that’s probably why you’re being able to say all this stuff quite matter of fact...

79 See Appendix III (67).
‘Psychological knowledge’ suggests that personal growth and development ensue from processes of internal integration. Theories and tools appear to contextualise, normalise and validate personal distress by providing Jen with the means to both perceive and understand what she experiences as well as how and why.

6.3 The meaning of counselling

Jen describes therapy as a process that requires time, patience and the will to engage (Extract 68). She constructs counselling as a form of external support to help people approach and understand problems they find too difficult to deal with on their own. This is facilitated by ‘an outside view’ of someone who is not involved (L1124). She presents ‘a counsellor’ as someone with whom you feel comfortable, understood and who poses ‘difficult questions that make you think’ (L4138).  

Extract 68

‘And unless the whole family... well not the whole family, me and my sisters and my Mum went for, like family counselling, and it’s something we did maybe every, I don’t know, month or week, or every two weeks or whatever, like no difference is going to be made. I can’t see.’ (L1163-7)

Jen also constructs counselling as a difficult but natural process of forming links and becoming whole. This is described as ‘pieces’ that are fitted together in the individual and across individuals e.g. family. For me, ‘process’ is constituted as the exploration of breadth and depth of experience (Extract 69). Breadth suggests a wider understanding of the people and contexts of Jen’s life, whereas depth focuses attention inward to explore the deep-seated psychological impact of her past and discover what she means to herself and others.  

---

80 See Appendix III (68).
81 See Appendix III (69).
‘And… and sometimes, I often think, will the jigsaw ever be completed? I possibly think not, actually. Do you ever really know yourself entirely? I think probably not. I don’t know (...) but yes, it’s interesting that you’ve… you’ve used the word jigsaw cos that sort of tends to be the one… Yeah, it’s just like a fit, isn’t it? It’s two… it’s two separate pieces in their own right, slightly different shape… (...) but... but they come together in a way that... that makes a different shape, doesn’t it? I suppose, really? (...) Makes a different shape, doesn’t it?’ (L9481-95)

Jen and I construct counselling as a ‘space’ and ‘outlet’ in which she can talk openly, freely and ‘out loud’ without judgement (L91; L1118; L6919). Jen describes it as meeting a need to ‘babble’, ‘ramble’, get to where she needs to and thus enable her to ‘feel better’ (L1131; L8102; L8115) (Extract 70).

‘But I think, afterwards, or possibly if anything changes in the summer, as it always does... (...) like the situation... I use that word all the time... like changes daily (...), I’ll probably... want to talk... (...) some more then (...) So it... I’m a bit upset it can’t carry on (...) because I always do feel better after...’ (L10103-15)

Counselling is also constructed in terms of perceptions and assessments of safety (Extract 71). Measures to safeguard Jen manifest in different ways throughout the course of therapy. Evaluations of emotional well-being present in my exploration of Jen’s emotional regulation, coping mechanisms, hopes for the future and support networks. Safety is also constituted as a need to assess the risk of harm. For Jen, this is specifically related to emotional and substance abuse (with regard to self and others). However, it also includes recognition of the limitations of counselling and what can be realistically and safely explored within prescribed time constraints.

---

82 See Appendix III (70).
83 See Appendix III (71)
‘And I suppose just before we finish, I do want to, almost like if I was to draw this. Counselling, ok, if it’s a ‘U’, ok. I do think sometimes when you come to counselling, you can end up getting slightly... when I say worse... because what you’re bringing now is really... potent stuff, isn’t it? That could make you feel very vulnerable and very... bringing up things that possibly you’ve kept your lid on quite nicely. You’re talking about them so inevitably it’s going to bring up emotions and stuff. So what I want to say to you is, if that does happen, it happens to many people, but... let me know if you’re not feeling safe.’ (L1352-61)

The meanings Jen and I attribute to counselling thus construct it as a process that facilitates engagement and integration whilst safely holding ‘the client’. This manifests through offering realistic means by which psychological well-being can be openly and freely explored.

7. **Chapter Summary**

With respect to the questions that this research sought to explore, these five interpretative repertoires do not present ‘answers’ in the conventional sense but indicate ways in which adult-adolescent communication can be perceived in therapy. The repertoires suggest that socially constructed, taken-for-granted understandings about adolescence and adulthood do not appear to impact on the therapeutic relationship itself. However, this reading is offered from the perspective of a pluralistic counselling psychologist (trainee) who supports a client-centred, collaborative and highly flexible approach.

In my opinion no analysis has the capacity to offer a definitive summary of how communication is constructed personally, socially and therapeutically. However, the repertoires of this discourse analysis are able to describe in depth the complexities of intrapersonal and interpersonal processes from which the therapeutic relationship is created. Although only a snapshot, descriptions of Jen’s
experiences confer real meaning and intensity into the words ‘adolescence’ and ‘adulthood’. This serves to highlight that real lives cannot be reduced to single terms and concepts. My own subjective experiences are explored in Chapter 5 which offers accounts of personal reflexivity as well as considerations of how well this research design was able to address its aims and questions. A discussion of the analysis itself follows in Chapter 6.
CHAPTER 5: REFLEXIVITY

This chapter on reflexivity offers varied accounts of my experiences in conducting this particular research project. Some of the accounts relate to my personal relationship with Jen, others explore my responses to adopting a discursive approach to human research whereas other narratives focus on my role as scientist-practitioner and its impact on personal practice. Reflections include considerations of whether the chosen design was able meet its aims and possibilities that the analysis may have been influenced by the people and contexts that were part of its construction. The intention is to offer a transparent account of my subjective experiences to enable an informed reading of the discussion in Chapter 6.

1. Reflexive analysis

Based on my epistemological viewpoint that all knowledge is selective, subjective and contextualised, this reflexive analysis is offered in acknowledgement of the experiences and contexts that led to my construction of this discourse analysis in this unique form (Polkinghorne, 1992; Rijsman & Stroebe, 1989). Personal reflections are offered here so that the reader can engage with questions of subjectivity before reading the discussion in Chapter 6 (Bryman, 2008; Stanley, 1990). From a discursive perspective it has the purpose of describing the types of ‘lens’ (cognitive and emotional) through which this particular reading of the transcript was constructed (Potter, 1988).

This reflexive analysis offers an account of personal perceptions from the inception of this research project to its final completion. They relate to all aspects of research (theory, practice, methodology) as well as my experiences (thoughts, emotions, actions) during and after counselling sessions with Jen. It aims to provide accounts of how personal values and belief systems may have shaped the analysis but also how the research may have affected and possibly changed me as a person, researcher and counselling psychologist (McLeod, 2003; Willig, 2008).
1.1 Awareness of self

Insight into personal responses in the transcript was heightened through my ability to contextualise discourses through knowledge and awareness of myself. Retrospective exploration of journal entries and notes indicate clear fluctuations between my own subject positions of ‘child’, ‘adolescent’ and ‘adult’. For example, I became aware of the ‘child’ (e.g. ‘naughty’, L10437) when a perceived critical authority (certain people and institutions) was believed to be evaluating and judging my practice according to rules and regulations. ‘Child’ also constitutes the pupil in school and the student of higher education who never feels that anything is quite good enough. This insight demonstrated how highly interrelated ‘parts’ of self are and that my ‘past self’ continues to manifest (often unobserved) in the person I am today (Berne, 1964).

As a mother of three adolescent children, I became aware of conflicting emotional responses to Jen’s mother during therapy, and whilst analysing the transcript. The perceived ‘victim’ in her could at times irritate me and I acknowledge being openly shocked by the text messages Jen read out to me (e.g. ‘wow, ok’, L6773). At such times I felt incredibly protective of Jen and angry towards a mother who could respond to her child in such a way. It was, however, this strong response that encouraged me to explore Jen’s loyalty to her mother and thereby recognise how Jen manages and copes with abuse (Amirkhan & Greaves, 2003; Bowlby, 1988).

Interestingly I appeared more compassionate and tolerant of ‘Mum’ during actual sessions and found myself questioning such responses during the analysis. This suggests the presence of empathic understanding during therapy which is absent during the discourse analysis (McLeod, 2009). It is, however, also indicative of how meanings and understanding had changed over time as the contexts of Jen’s experience were explored and more comprehensively understood (Hollway, 2007d). A study of the ‘whole picture’ also enabled me to later look at interventions with new knowledge and understanding which I had not had at the time.
Upon reflection I wonder if my own conflicting responses to ‘Mum’ were a mirror of the ambivalence Jen experiences to and from her mother (Black, Hardy, Turpin & Parry, 2005). This may also relate to some personally held characteristics of an ambivalent attachment style (Bowlby, 1969; 1973; 1988). My intense experience of transference and countertransference during the analysis also demonstrates the existence of strong interpersonal dynamics when engaging with therapeutic content (Burman, 1992; Horvath & Luborsky, 1993; Jacobs 2010). For example, I would often feel emotionally and physically drained, and experience a sense of relentlessness and some hopelessness. I also experienced feelings of anger, low mood and anxiety (Muris, Steerneman, Merckelbach & Meesters, 2001). The anger was mostly felt towards Jen’s Mum whereas her Dad and Nanna aroused feelings of pity and sadness. (I would like to recognise the relevance of psychodynamic therapy here but also note that it was not part of my practice with Jen and thus not discussed in this analysis).

During the analysis experiences of anxiety were particularly intense with regard to Jen’s relationships with immediate family members. I felt incredibly confused and unable to find any sense of consistency or coherency in Jen’s discourses (see Appendix II). Over time I became aware that these responses appeared to mirror and parallel Jen’s experience of life. To ‘feel’ aspects of Jen’s experience undoubtedly provided another dimension to my engagement with the transcript (Jacobs, 2010).

1.2 Ethical issues

During therapy Jen referred to taking drugs on two occasions (whilst house-sitting and at Glastonbury). Jen constructed this as ‘normal’ adolescence behaviour whereas for me it constituted a potential safeguarding issue. Although during therapy I had had no concerns about Jen’s safety and had followed safeguarding protocols (professional and College), self-doubt nevertheless emerged after the session. Feelings of uncertainty only abated after my response had been affirmed.
during supervision with a qualified counselling psychologist and by members of a peer supervision group (on the next day).

This also highlighted how my perception of ‘harm’ was directly related to my own understandings of what constitutes socially acceptable ‘recreational’ activities. I later questioned why accounts of being drunk from alcohol did not create the same personal dilemma suggesting that this is more socially acceptable than drug taking (Potter & Wetherell, 1987). It also demonstrated differences between my role as a mother and that of a counsellor. As a mother I would have been worried and cautioned against the effects of drugs on the brain whereas my role as counselling psychologist seemed to be more focussed on all aspects of Jen’s psychological well-being and the importance of non-judgement and acceptance (Rogers, 1961).

Another ethical consideration was raised with regard to whether I had the right to use Jen’s poem in the analysis. This constituted a conflict between my role as a researcher who is just presenting an extract for the analysis and ‘the person’ who felt that it was exposing Jen’s emotional vulnerability in a highly public way. I acknowledge that I would not have selected her poem if another example had been available.

1.3 Jen and I

I am aware of experiencing an enormous sense of loyalty and gratitude to Jen. This was present at the end of therapy but also increased in intensity over time during the analysis of the transcript. I wish I could give her the opportunity to reflect on what I have discovered but also recognise that it would be highly irresponsible to expose her to such ‘knowledge’ without providing support (Bond, 2010; BPS, 2004).

In my journal entry for the first session, I described Jen as astute, attentive, ‘calm and collected’ but not emotionally cold. She always presented as polite, respectful and clear about her needs. I later commented on my enormous admiration for her resilience and positivity, and deepest, heartfelt wish for her future happiness.
Although there was a clear rationale for using Emotion Freedom Therapy, I acknowledge my desire to offer her a ‘tool’ to give continued support. I felt, and still do, that Jen needed more help than I was able to give her in seven sessions (Shirk & Karver, 2003).

Jen requested a hug at the end of therapy which I was very happy to give (Zur, 2007). She contacted me in September 2014 by text to let me know that she had passed her AS levels to which I responded with congratulations and encouragement. We have not had any contact since.

1.4 Epistemological reflections

During my first reading of the analysis, the relevance and poignancy of the ego states of Transactional Analysis (TA) (child, adult and parent) became highly apparent. Despite marked similarities between the analysis and theories of TA, I made a conscious decision not to select it as a framework for this thesis as it would have restricted this research to one perspective which argues against the whole philosophy of ‘ways of being in and seeing the world’ (Willig, 2008).

During the analysis my attention was drawn to how levels of responsiveness and collaboration fluctuated according to different ‘types’ of interventions. Both ‘therapeutic’ interventions and tools appeared highly collaborative and situated in Jen’s responses whereas ‘psychological theory’ clearly attributed direction and control of the therapeutic process to me. ‘Professional’ constituents of therapy were found in extracts taken from the beginning and end of sessions and therapy as a whole. As the process of analysing the sessions became increasingly slower, I became aware that communication is a fundamental process of meaning-making that forms the basis for all human interaction. From this perspective it cannot be objectified for study but constitutes every interaction throughout therapy.

During the analysis I found myself questioning whether the transcript would ‘reveal itself’ to me or whether I could only perceive particular phenomena due to my
personal ‘lens’ of knowledge. For example, I wondered if another researcher with a
different knowledge base would not have noticed parallels with TA but other
psychological approaches and theories. Based on such reflections I gave myself
permission to ‘go with the flow’ and not constrain the analysis through concepts of
‘right’, ‘wrong’ and ‘doing it properly’ (Yourman, 2003). Trust in the process
required huge levels of patience and resilience to remain open to surprises but also
stay with the relentlessness and anxiety of not being able to ‘see the wood for the
trees’. It was fascinating to experience how disparate notes and reflections merged
into a meaningful, coherent structure over time. However, this capacity to be
inductive relied on a strong rationale and methodology that I knew well. This
provided me with the secure knowledge and confidence that I knew why and how I
approached the analysis in particular ways.

A dilemma arouse at times through the need to structure highly fluid, dynamic
processes in socially (and academically) prescribed ways. For example, Jen’s sisters
and Sam should theoretically be in repertoires about ‘adults’ if understood in terms
of chronological age but the meanings attributed to them positioned them
relationally in the same group as Jen. When striving to understand what constitutes
‘adolescent’ and ‘adult’, it became increasingly evident that experiences of ‘age’ do
not fall into distinct, stable categories.

When constructing the analysis I became aware that my choice of philosophical,
ontological and theoretical approach appeared supported by its contents (e.g.
dynamic, multiple identities and the relevance of context). I cannot answer
whether this research substantiates my personal values and beliefs because the
latter have influenced me to ‘see’ experience in particular ways. However, I trust in
this particular reading despite the fact that there are undoubtedly other ways of
constructing Jen’s experiences (Gergen 1991, Kitchen, 2009). Although I am present
as a person and professional in the analysis due to my participation in the research,
it nevertheless offers genuine accounts of how an adult counselling psychologist
communicates with an adolescent client (Ackerman & Hilsenroth, 2003).
Whilst compiling this thesis I have been highly aware of my struggle (sometimes inability) to write it sequentially and in separate sections. I appear to approach this thesis just as holistically as I do my clients and professional practice. It has constituted an interweaving process of moving to and fro, back and forth which interestingly appears to mirror Jen’s construction of her experiences of adolescence and the process of identity formation. Later journal entries suggest a more holistic, coherent sense of my professional role through continued, reflective engagement with the therapeutic process and its content (Hansen, 2009; Harter, 2001).

1.5 Scientist-practitioner

I was only conscious of being ‘the researcher’ during moments of ‘admin’ at the beginning and end of therapy, and during the signing of consent forms at the beginning of each session. My professional capacity to ‘detach’ parts of self during therapy for reasons of personal safety and well-being appears to substantiate this ability to choose how and what I present personally and professionally to clients. I remember being briefly reminded of my research only when Jen mentioned ‘adolescent’ or its synonyms.

The role as scientist-practitioner positioned me both as the subject of research and object of the analysis (Law, 2014). During the first reading of the transcript it was interesting to note that my attention focused predominantly on Jen’s responses to the neglect of my own. This appeared to be reflecting my professional desire to place Jen at the centre of therapy. Once acknowledged ‘the researcher’ paid equal attention to all discourses.

Although extracts of the transcript enable independent interpretation, I consider that the role of scientist-practitioner offers a level of insight that may not be available to an ‘objective observer’. For example, I believe that the intersubjective meanings of many unfinished sentences would have eluded an independent researcher. This includes non-verbal cues such as Jen’s visual appearance and mood and occasional references to the physical environment.
The role of scientist-practitioner unquestionably aroused feelings of anxiety. They manifested personally as a heightened sense of vulnerability and concerns about not being ‘good enough’ or ‘doing it properly’. This was undoubtedly associated in part with the fact that people would have access to audio-recordings of my practice (Yourman, 2003). A conflict arose between my role as counselling psychologist and researcher when Jen did not attend a session. This created a dilemma through my desire to enquire about her safety and well-being but also to protect against interpretations of coercion.

Anxiety was also caused by the knowledge that my research depended entirely on Jen’s participation. This was exacerbated by awareness of my difficulty, not only to find an institution that would support me but also a client who would agree to take part. Additional pressure was also experienced due to the close proximity of the school summer holidays and the recognition that a loss of client, further cancellations or non-attendance would impact heavily on my ability to complete my research on time.

1.6 Impact on personal practice

During and since the analysis I have become aware of several ways in which my research has impacted on my practice. For example, I have used newly acquired knowledge to normalise the presenting problems of young people by situating them in appropriate contexts of understanding about adolescence. It has facilitated greater awareness and understanding in adult clients about their childhoods, influenced how residential care workers respond to young people as well as my own direct contact with young clients. In my practice I have noticed its potential to raise self-esteem, facilitate self-acceptance and re-construct perspectives of weakness into constructions of strength. It has highlighted how severe the impact of unstable environments (past and present) can be on adolescents who are simultaneously changing biologically, emotionally and physically.
My research has raised awareness of how ‘tools’ such as art, films, poetry etc. can subtly and safely communicate about experiences which are beyond conscious awareness or verbal expression. It has undeniably heightened my awareness and knowledge of the impact of transference, countertransference and projection (Jacobs, 2010, Horvath & Luborsky, 1993; Geldard & Geldard, 2008; Gelso & Hayes, 2007). This has enabled me to become more attuned to experiences of immediacy and intersubjectivity and trust in their ability to create channels of communication between myself and clients.

Section 2 offers a reflexive account of the extent to which the adopted methodology is believed to have responded to the aims of this research. This explores questions and insight related to its philosophical, ontological and theoretical underpinnings and the potential strengths and weaknesses of each.

2. Questions on affinity

2.1 Selection of a case study

This case study cannot ‘represent’ adult-adolescent communication in all therapeutic contexts. It does, however, offer accounts of how communication manifests in a safe and trusted environment in which Jen freely, openly and meaningfully explores experiences (Gill, 2000). The transcript provides insight into discourses of individual experiences, social relationships, interactional processes as well as the roles and institutions which frame them (Doise, 1982). It thereby offers a richness of data that enables the reader to comprehensively engage with all aspects of Jen’s life (McLeod, 2010). Discourses derive from ‘real’ therapy i.e. audio-recordings of authentic counselling sessions throughout a therapeutic relationship (Kitzinger, 1996). It constitutes a study of two people in different roles but one in which both are represented in equal ways (MacMillan, 1995).

From an epistemological perspective, a single case study reduces the scope of available social discourses that are open to exploration. Six individual sessions from separate clients may have provided a greater breadth of knowledge but this case
study seems to explore beyond surface complexity to access deep levels of meaning and understanding about human experience. With individual sessions I would have struggled to provide a rationale for selecting a particular one, e.g. first, middle or end? In reality, based on the timeframe of this research and available opportunities for accessing young clients, it would have been incredibly difficult to gain access to more than one adolescent client.

2.2 The notion of subject positions in therapy

Exploration of how discourses function and perform appears to lend itself to a study of the ways in which Jen and I adopt and attribute different subject positions. Awareness of these positions has created opportunities for perceiving and understanding adolescence, interpersonal communication and human experience in general. Through facilitating awareness of the significance and diversity of different subject positions, the analysis appears to present a more holistic understanding of Jen’s sense of self. For example, it highlights different constructions of ‘Mum’ and the presence of a ‘child’, ‘adolescent’ and ‘adult’ in people across a range of ages. Identification of these positions raises awareness of our propensity to form distinct age categories although they appear to present as highly inter-relational (ideological dilemma?). They facilitate knowledge of fluctuating processes in identity formation, transition as well as psychological defence mechanisms (e.g. ‘splitting’). In this way they provide support for common narratives of adolescence as a ‘process of elimination’ by indicating how different ‘persona’ are explored, adopted and rejected.

From a therapeutic perspective, fluctuating subject positions appear to have mirrored personal change. For Jen, this presented as engagement with multiple, dynamic selves (personal, social and biographical), their complexity and confusion, and how they combine and diverge according to processes of belonging and acceptance (Georgaca, 2014). This capacity to freely explore change in personally meaningful ways can offer adolescent clients a greater sense of autonomy and ability to actively engage with all contexts and manifestations of personal change.
Further it has been argued that uninhibited exploration leads to empowerment, understanding and greater acceptance of self and others (Rogers, 1961).

The notion of ‘subject positions’ underpins a fundamental goal of therapy, i.e. to explore and broaden clients’ perspectives of self and the world so that they can recognise alternative ways of constructing experience. This has the capacity to reduce distress through re-constructing unhelpful responses into more functional ones. It also broadens perspectives to re-direct attention away from one particular area (Wills, 2008). Although DA is generally criticised for not providing concrete steps for improvement or change, from a therapeutic perspective this is not always the desired outcome (Potter, 2005). It can be argued that just as therapy aims to bring elements of experience into conscious awareness, DA seeks to highlight many of processes and meanings which influence people to construct experience in particular ways.

The types of subject positions available for analysis are undoubtedly context-dependent. For example, many of the meanings and understandings attributed to ‘adolescent’ and ‘adult’ are constructed from Jen’s perspectives. Constructions of my own perspectives are less accessible (and thus less visible) due to professional intentions to elicit Jen’s frame of reference and position her at the centre of therapy. DA nevertheless has the capacity to access a wide range of presentations through its ability to capture many forms of interaction including professional and institutional discourses (Bloome & Talwalker, 1997; Potter, 2003; Rose 1999).

2.3 Discourse analysis in practice

The capacity of DA to offer a comprehensive understanding of human subjectivity, sense of self and intentionality is widely questioned (Foucault 1982). For example, the notion of the individual self and the reality of inner experience are difficult to reconcile with constructions of people as pure ‘social beings’ (Georgaca, 2013; Madill & Doherty, 1994). DA is thereby often criticised for its inability to theorise
motivation and desire i.e. account for the emotional investments and attachments that individuals attribute to the subject positions they adopt (Willig, 2008). However, such methodological questions appear less poignant when DA is applied in therapeutic contexts. A holistic approach to therapy facilitates exploration of inter-related psychological phenomena (cognition, emotion, physiology and behaviour) and thus elicits discourses which can attribute meaning to all aspects of experience. This includes abstract concepts such as intersubjectivity, the manifestation of which can be explored through skills and interventions which facilitate verbalisation of meaning (Finlay & Langdridge, 2007; Foucault, 1972).

During the analysis I became aware of potential methodological limitations to this analysis. For example, it became evident that tone can be a major factor in the interpretation of meaning. On one occasion I was surprised (even shocked) at what I had said I until I realised how the words had been said. A harsh or soft tone has implications for whether discourses are received as critical, accepting or humourous. This suggests that non-verbal cues such as body language are also likely to impact on attributions of meaning (Beattle, 2004). Schober and Clark (1989) argue that hearing everything that is said cannot lead to full understanding without direct interaction with the speaker. These limitations were clearly reduced by my role as scientist-practitioner due to my ability to contextualise the meaning of discourses more appropriately. Particular constructions of meaning were also difficult to ‘evidence’ with single extracts. For example, the meanings attributed to Jen’s diagram (see Appendix VII) were part of a process that could not be captured in short extracts.

**2.4 Discourse analysis in theory**

Although DA facilitates exploration of how social narratives and understandings are managed in action, the dissemination of knowledge needs to comply with certain formalities of communication (e.g. academic) for it to be accepted and understood (Eriksson & Aronsson, 2005; Potter 2005; Sneijder & te Molder, 2005). For this reason the interpretative repertoires of this analysis are not neutral but will
inevitably generalise and objectify phenomena in their own particular ways (Georgaca, 2013; 2014; Taylor, 2007b). The research title itself constructs a form of prejudice by constructing ‘adolescent’ and ‘adult’ as distinct age groups. These are ironically the very constructions that the analysis throws into question by advocating greater attention to ‘fuzzy’ boundaries in the meaning of age difference. This clearly creates a tension between the philosophical underpinnings of DA and the way in which its ‘message’ is made available to a wider audience (Potter & Wetherell, 1987).

Taken at its extreme point of relativism, social constructionism would uphold that the fluidity and dynamism of human experience cannot be captured in research. This tension demonstrates the importance of an inductive approach to discourse analysis that enables dynamic processes of human experience to become available without constricted preconceptions of what will be ‘found’. It also highlights the importance of reflexivity as a means of contextualising how and why knowledge is constructed in particular ways. For this research this constitutes a highly complex process of positioning the content in personal, social, cultural and historical contexts related to Jen, myself, professional practice and current literature (Crandall & Allen, 1981; Tatar, 1988; Willig, 2008).

Although constituted as highly dynamic and complex, the analysis also constructs human experience in structured ways: as general and specific; abstract and concrete; interpersonal and intrapersonal. Such constructions suggest that people are both individual and social beings with personal and common characteristics. From this perspective just as broader concepts of knowledge are able to inform individual experience, so Jen’s accounts extend beyond their current contexts to explore wider meanings of social relations (Flyvbjerg, 2006; McLeod, 2011b; Nowak 2014). When inclusive and synergistic, structure and flexibility appear to provide the security and consistency with which complexity and detail can be harnessed and explored (Nowak, 2013). This research thus approaches psychological phenomena through contexts of existing knowledge but with the willingness to be open, flexible and compromise. This acknowledges the need to provide a lens to focus and direct
the analysis whilst recognising that by giving one voice to the transcript, it does not contradict (i.e. silence) but complement others (Flyvbjerg, 2006; Hollway, 2007a; Moore & Rae, 2009).

Whether DA can provide a coherent account of human experience will depend on the reader’s ontological viewpoint. If people are regarded as fixed and stable then universal theories and generalised applications may be sought. As discussed in Chapter 3, the stance adopted by this research is that people are fluid and dynamic (Potter, 2003). It therefore does not approach interpersonal interactions in ways that offer certainties and predictions but proposes ‘a fore-structure’ i.e. frameworks of meaning and understanding that facilitate awareness of what may manifest and how (Sartre, 1948). From a strict relativist position, it is questioned whether the identification of any structure is possible i.e. whether there can be permanent insight into inter-personal processes or just momentary perceptions of potential possibilities (Gadamer, 1990/1960; Jones, 1975). By positioning the analysis in a clear philosophical and theoretical rationale the reader can hopefully trace how this particular reading emerged, and accept or refute available interpretations based on their own understanding of the discourses (Bryman, 2008).

2.5 Participant characteristics

The profession of counselling psychology is part of wider ethical frameworks and codes of conduct that recognise equality, diversity and difference and thus offers therapy to clients of every race, gender, age, sexuality or social background. In this respect (and based on the conditions of her referral), Jen is ‘representative’ of any potential client between 16-18 years who could have presented for counselling at her College. Classification of the term ‘adult’ was not necessary due to the age gap between Jen and me. This would, however, have been necessary if I had only been a few years older. It is not possible to determine whether Jen perceived me in the role of ‘mother’ and not ‘counsellor’ but I would argue that this is a role that could be attributed to any female counsellor who works with an adolescent client and

---

84 See Figure 12 on p. 168.
thus not relevant to this research. I believe that particular individual, social and therapeutic characteristics will constitute part of any therapeutic relationship and are thus inherent to this form of research (Alvesson & Karreman, 2000; Norcross & Hill, 2004). I acknowledge that it would have been interesting to explore whether Jen’s understanding of the process (therapeutic and analysis) matched my own. Due to considerations of time, ethics and limitations on the scope of this design, this was unfortunately not possible.

Whether Jen has particular personal characteristics which led her to agree to take part in this research is beyond the scope of this analysis. Existing research does however indicate that qualities of warmth, consideration and gentleness as well as sociability, resilience and assertiveness are associated with a tendency to help others and have good problem solving skills (Eisenberg, Carlo, Murphy & Van Court, 1995; Midlarsky & Hannah, 1985; Strayer & Roberts, 1989). It is similarly difficult to ascertain whether any of my particular qualities or skills (personal or professional) may have impacted on the therapeutic relationship. In conjunction with my presentation in the analysis it is interesting to note that qualities of creativity, initiative, insight and humour have been linked to resilience in counsellors and their cognitive and affective capacity for self-reflection, self-awareness and positivity (Abdullah & Noah, 2005). Interestingly research literature describes counselling psychologists with a social constructionist stance as ‘a rebellious adolescent’. This is described in terms of the ways in which they explore different positions and identities in clients without committing to any one of them! (Feltham, 1997; Moore & Rae, 2009; Spinelli, 2001; Strawbridge, 2003) This presents an interesting question about how ‘parts’ in me relate to ‘parts’ in Jen (i.e. child, adolescent and adult).

Notable similarities between Jen and I relate to gender, sexuality, race and cultural background. Related research on gender differences suggests that girls are more likely to self-disclosure, communicate better (i.e. higher levels of quality) and are more likely to talk about feeling states than boys (Brown, Donelan-McCall & Dunn, 1996; Dunn, Bretherton & Munn, 1987; Noller & Bagi, 1985). These are offered as
potential points of interest rather than definite considerations with which to evaluate the analysis of this research. Demographics such as gender and ethnicity constitute such deeply embedded aspects of human identity that it appears unrealistic that they can ever be controlled for, or the exact nature of their inter-relationship made known (Barnes & Olson, 1985; Nowak, 2014).

### 2.6 Dual roles

Although based on my personal interpretation of Jen’s responses, she did not seem to engage with the fact that she was participating in a research project. Prior to the first session, Jen did not take up the opportunity to ask questions and did not enquire at any point about any aspects of the research. Discourses in the transcript describe how she was already concerned at the age of 17 years to leave ‘my mark on the world’ (L10859) so that ‘someone, somewhere will know I was here’ (L10898). During the analysis I therefore considered if my research was giving Jen an opportunity to tell her story so that others could learn about her life. Her lack of enquiry could however indicate that she may not have been truly aware at that moment in time of the implications of having highly personal information in public research.

For this reason it was decided to remove the full transcript from this research. Numerous extracts remain as further examples of subject positions in the analysis but with the removal of potentially identifiable, detailed accounts of particular events or episodes in her life. Such questions indicate a tension between supporting the trustworthiness of the research with the full contexts of the therapeutic process and respect for client confidentiality. This highlights the importance of ensuring that ‘the researcher’ does not lose sight of his/her duty of care to the client when ‘science’ (methodology and outcomes) may become more salient than ‘practice’. As this research will be in the public domain, there remains a possibility that Jen could unknowingly access her own narratives without the necessary support mentioned earlier (see 1.3 ‘Ethical issues’). Such considerations include family members and friends.
dilemma?) indicates that dual roles such as scientist-practitioner and client-participant necessitate moments of choice. Such ‘choices’ are however not arbitrary but grounded in a deep engagement with the meanings and understandings of the full transcript.

2.7 Understanding research in context

Although there are arguments in support of using audio-recorded sessions between an independent counsellor and adolescent client, in reality this would have proved incredibly difficult (McLeod, 2003). This would have required another counselling psychologist, who practices pluralistically, to be accepted by the College and given consent to participate in the research. With regard to child safeguarding and protection, the role of scientist-practitioner reduces unnecessary access to a vulnerable client. I consider this role to have been an important factor in ensuring ‘informed’ consent, providing assurances of trust and confidentiality and validating Jen’s right to withdraw at any time.

While it is difficult to judge how the environment may have impacted on the therapeutic relationship, there were moments when I sensed that the nature of our relationship changed (Bury, Raval & Lyon, 2007). Interestingly these manifested when therapeutic interventions were more formalised and directive and therapy appeared less transparent and collaborative (Donaldson, 1978; Hays, Dean & Chang, 2007). At such moments Jen appeared to respond more as if I was ‘an authority figure’ with particular expectations of her (Sims & Sims, 1973). I felt an asymmetry of power, her slight disengagement which led to my reassurances that there was no ‘right’ or ‘wrong’ (Azmita, 1996; Carugati & Selleri, 1996; Doise & Mugny, 1981; Howe, Tolmie & Rodgers, 1990; 1995, Littleton & Light, 1999; Schwarz, Neuman & Biezuner, 2000). This indicates that Jen may have attributed educational norms of assessment, evaluation, conformity and obedience to counselling provision (Bell, Schubauer-Leoni, Grossen & Perret-Clermont, 1991; Grossen, 1988; Perret-

---

86 See Chapter 4, Section 6.
Clermont, Carugati & Oates, 2004). For example, the salience of not ‘wanting to get into trouble’ is shown by Jen’s initial concern about mentioning drugs.

I believe that I situated counselling in its relevant contexts by explicitly exploring aims and expectations and describing the positions of ‘client’ and ‘counselling psychologist’. However, Jen’s responses led me to reflect on whether adolescent clients would be more likely to approach counselling in an educational environment with higher expectations of receiving formalised, adult-led strategies and how this may impact on their willingness to engage (Hundeide, 1985; 1988; 1992; McLeod & Machin, 1998; Light & Perret-Clermont, 1989; Rommetveit, 1978; Säljö, 2000; Säljö & Wyndhamn, 1993).

### 2.8 Research and professional development

The analysis supports claims that case study research is relevant to personal growth and development (Jones, 2008; Gaudiano, 2001; McLeod, 2010). It explores and constructs the meaning of personal and professional experience through encouraging reflection on self, self in relation to others and self in relation to philosophy, theory and the profession of counselling psychology (Boyd & Fales, 1983; Ying, 1994). Through reflection, old and new knowledge has been explored, extended and transformed into deeper understanding which has facilitated more effective integration into my personal and professional value and belief systems (Andresen, Boud & Cohen, 2000). With DA I have been able to deconstruct my practice into its constituent parts and thereby explore how and what I do with increased coherency and confidence (Bond, 2010; House, 2003; Parker 1999; McLeod, 2010; McLeod, 2011b). This heightened personal and professional awareness has been greatly facilitated by my role as scientist-practitioner.

It is possible that my training in counselling psychology may have rendered aspects of the transcript invisible by reducing their saliency through knowledge and familiarity. However, my knowledge of professional skills and competencies has also facilitated awareness and deeper engagement with how theory manifests in
practice. This has enabled my professional identity to become more consolidated and meaningful (Spinelli, 2001; van Deurzen-Smith, 1993). I have found that this has made me more resilient and open to exploring more challenging opportunities for growth and development (Abdullah & Noah, 2005). Through engagement with existing literature it has been possible to contextualise my own feelings of doubt, uncertainty and incompetence and thus feel professionally less isolated and more accepting of self (Norcross, 2000; Thériault, Gazzola & Richardson, 2009).

3. Chapter Summary

It is the intention of this chapter to provide a framework of meaning and understanding with which the reader can contextualise the discourse analysis and situate the following discussion. This summary of personal and professional reflections offers support for my description of the discourse analysis as ‘one reading’ of the transcript. It upholds the aim of this research to be open and transparent about the perspectives and contexts that may influence its construction. Through accounts of my subjective experiences I hope to offer the reader the opportunity to consider how the arguments and perspectives presented in the discussion may reflect my own viewpoints so that s/he may consider possibilities for other sets of understandings and meanings.
CHAPTER 6: DISCUSSION

This discussion does not aim to offer an exhaustive account of every possible view of the discourse analysis. Examples, suggestions and reflections are constructed from particular perspectives and approaches to therapy with an adolescent client. They are inevitably constituted from my current knowledge base, skills and experience of working as a counselling psychologist. Having situated the analysis in pertinent contexts of meaning and understanding in Chapter 5, the aim of this discussion is to explore in greater detail the relevance and significance of the identified repertoires to adolescent counselling. It studies their implications for our understanding of how an adult counselling psychologist relates to an adolescent client and explores the dynamic interrelationships between personal, social and therapeutic constructions of communication.

1. Overview of the discussion

The discussion begins with ‘Jen’ at its centre and the ways in which she experiences life at the age of seventeen. Accounts of her inner world, social relationships and environment are explored not only in relationship to her personal experiences of adolescence but with a view to exploring their implications for therapy itself. The ways in which counselling can facilitate meaningful engagement and a strong therapeutic bond are discussed in relation to interventions, interpersonal interactions and the profession of counselling psychology. Together they explore ideas and perceptions of how therapy between an adult counselling psychologist and adolescent client actually relates to common notions about adolescence and adulthood and the impact of age on communication.

2. Jen’s world

2.1 Internal world of adolescence

The interpretative repertoire ‘adolescence’ facilitates insight into the everyday world of the individual adolescent and personal constructions of this experience.
Jen’s accounts imbue taken-for-granted understandings of adolescence with a sense of the actual intensity and magnitude of the thoughts and emotions she experiences at this time. Powerful discourses such as ‘schizophrenic’s head’ (L3248-9) and ‘shattered pieces’ (L5637-8) construct a state of being that threatens to consume, overwhelm, even destroy her. Jen’s search for congruity is constituted as moving in circles, back and forth and the accumulation of problems, all of which create confusion, unresolved distress and lack of control. Her accounts suggest preoccupation with how her current sense of self relates to the past and what implications this has for the newly evolving, unfamiliar future self. Jen’s current self is constructed as highly subjective (‘existential self’) whereas her past self is constituted as an ‘object of knowledge’ (Lewis, 1990; Macoby, 1980). This mergence of self (transition) is described as uncertainty and change in which she is losing the ‘child’ that she was without knowing or being able to predict ‘the adult’ she may become (Bridges, 2004) (see Figure 3)

Many studies construct ‘life transitions’ objectively and pragmatically in terms of a ‘disruption to’ and ‘process of shifts’ in identity and self-awareness as the self is re-defined and reconstructed through new roles and responsibilities (Bailey, 1999; Banister, 1999). Theories of transition often describe it as a ‘rite of passage’
thereby presenting it as linear, unidirectional with a beginning and an end (Bridges 2004; Elmberger, Bolund & Lurzen, 2002; Luborsky, 1994). Reductionist constructions of transition contrast with Jen’s rich descriptions of adolescence as a highly complex process of fitting pieces into a ‘jigsaw’ (L9484-9490). Her discourses substantiate Marcia’s (1980) description of identity as: ‘a self-structure, an internal, self-constructed, dynamic organization of drives, abilities, beliefs and individual history’ (p. 159).

Jen constructs her experience as a multi-directional, convoluted process of discovering internal congruence from a person who is constantly changing. Her discourses substantiate Bishop’s (1990) reference to the tensions of ‘being pulled one way and then the other by equal and opposite forces’ (p.4). Such forces are constituted as the pull between adulthood-childhood, independence-dependence, difference-belonging as well as rebellion and conformity. From this perspective the word ‘change’ appears to objectify and simplify the meaning of transition in such a way that people seem to have lost sight of the complexity of its contradictions, ambiguities and loss of self (Kralik, 2002; Kralik & van Loon, 2005). The repertoire ‘adolescence’ extends its meaning far beyond the simplicity of a word and re-creates it with the personal power, feeling and motion that sayings such as ‘Oh, he’s/she’s just going through adolescence’ appear to lose. In the interest of clarity and explanation, I thus wonder if available knowledge on adolescent transition denies experience the richness of meaning and understanding through which a young person’s psychological well-being can be truly appreciated and understood.

2.2 Together and separate

Jen also describes transition in everyday life as making sense of what it means to belong and be accepted within a friendship group of adolescents. Socially she constructs this through common narratives of ‘adolescence’ as a communal experience of ‘coming of age’ (L6146) and ‘a process of elimination’ (L4031). However personally, this notion of community is also constituted as single people making sense of their experiences in highly individualised ways. Jen describes
fluctuating processes of togetherness and separation in terms of dissolving, re-forming relationships, differing levels of maturity and the impact of different life experiences (current and past). ‘Togetherness’ is constructed as fun, belonging and acceptance whereas ‘separation’ is constituted as frustration; loss and being ‘lonely in a crowd’ (L9420). Figure 4 attempts to depict how social narratives about comradeship can mask and thus silence individual experiences of grief and loneliness.

Figure 4: Togetherness and separation in adolescence.

Erikson’s (1968) idea of ‘psychosocial moratorium’ is substantiated by Jen’s description of adolescence as a ‘process of elimination’ i.e. a time when young people can actively explore without committing to specific identities. From this perspective adolescence can be viewed as an ‘identity project’ i.e. the search, creation or choice of particular positions from currently available social resources (e.g. Jen’s reference to ‘Goth’, L4032) (Davies & Harré, 1990; Foucault, 1997; Harré & van Langenhove, 1999; Miell & Ding, 2005; Woodward, 2000). However, dominant narratives about the collective power and agency of young people have the potential to mask the vulnerability of individual experiences of loss of self (Burman, 2008; Erikson, 1959; Kunnen & Bosma, 2003; Montemayor, 1983). This
may be the vulnerability that eludes detection and thus denies adolescents available support and help when needed.

Jen’s accounts of being open and transparent with her friends, suggest levels of social competence and confidence which enable her to experience genuine acceptance and belonging (Allen, Weissberg & Hawkins, 1989; Moore & Schultz, 1983; Young & Bradley, 1998). She describes how she consciously engages with the meaning of connection and thereby actively chooses particular friends. Affiliation through choice (i.e. rather than simply for the sake of belonging) is considered highly relevant to successful identity development (Milner, 2004; Susman, Dent, McAdams, Stacy, Burton & Flay, 1994; Widdicombe & Wooffitt, 1995).

Existing research suggests that peer support impacts positively on mental health through reducing aggression, emotional distress and antisocial behaviours (Dowdy & Kliewer, 1998; Hansen, Christopher & Nangle, 1992). Adolescents without intimacy skills are considered more likely to be anxious, depressed and isolated whereas peer friendships appear to provide social support that moderates the impact of stressful life events (Barrera, 1981, Greenberg et al., 1983; Rubin & Mills, 1988). Research indicates that peer support helps develop constructive interpersonal skills such as joint decision-making, empathy and helps deepen perspectives (Bender & Loesel, 1997; Wentzel & Caldwell, 1997).

Based on such arguments, knowledge that someone is part of a friendship group often attributes him/her social understandings of popularity, support and acceptance. However, dominant discourses may fail to account for the times when the need to belong is so strong that the young person thereby loses their own sense of individuality. Social Identity Theory and Self-Categorisation Theory acknowledge how often people conform to social stereotypes in order to experience social belonging (Tajfel, 1978, Tajfel & Turner, 1986). Dichotomies of meaning in discourses on peer relationships suggest the need to be aware of how personal change can be facilitated but also impeded by group membership. This argues for
exploration of the meaning of friendship to understand where social understandings about positive well-being meet actual personal experience.

### 2.3 Approach to personal distress

Jen’s discourses indicate how personal distress can be approached in different ways. Her construction of psychological ‘strength’ in terms of goals, prediction, self-dependency and self-responsibility suggests a greater personal trust in fact, logic and reason. Her propensity for conscious, cognitive control is exemplified by attempts to make sense of love and connection through common frameworks of meaning. For example, star signs (L745-6) offer a means of conceptualising romantic relationships in highly predictable ways. In contrast, Jen attributes ‘fragility’ qualities of ‘not knowing’, helplessness and ‘threat’ which seem to encourage her avoidance and control of emotion (‘I keep a good lid on it’, L3279).

Theories on ‘mentalisation’ offer an interesting framework for exploring Jen’s ability to consciously (rather than emotionally) engage in experience. It is considered a developmentally acquired skill that enables an individual to understand that mental states (thoughts, feelings) motivate behaviour in self and others (Fonagy, Gergely, Jurist & Target, 2002; Slade, 2005). By attributing mental states to others, Jen is able to endow thoughts, feelings and behaviour with meaning and thereby construct realistic models of why people present in particular ways (Bouchard et al. 2008; Fonagy & Target, 1997). For example, by constructing her mother as ‘victim’ and attributing the success of future romantic relationships to mythology and astrology, Jen seems able to avoid difficult emotions and feel more in control (Amirkhan & Greaves, 2003). In this way the emotional impact of the same phenomena can be increased or diffused according to whether the individual locates them internally or externally, or considers them transient or permanent (Amirkhan, 1998; Weiner, 1986).

Mentalisation and other related constructs such as ‘theory of mind’, mind-mindfulness and ‘reflexive functioning’ are considered highly relevant to successful
identity formation during adolescence (Baron-Cohen, Tager-Flusberg & Cohen 2000; Meins et al. 2003; Rutherford et al. 2012; Slade, 2005). Such reflection on self and others is believed to enable individuals to understand differences between intrapersonal and interpersonal processes of communication and thus achieve a coherent sense of self (Antonovsky, 1987; Fonagy & Target, 1996). This has significant implications for adolescents’ resilience to ‘problems’ and capacity for growth and development (Kralik, van Loon & Visentin, 2006; Newcomb & Bagwell, 1995; Schuhmacher & Meleis, 1994). For these reasons it is important to explore how young people approach problems, whether their particular approach leaves aspects of experience unexplored and how this impacts on their psychological well-being over time. For example, despite Jen’s pragmatic approach to distress, her denial of emotion leaves her restless, unable to sleep and unable to function well in school.

2.4 Child, adolescent or adult?

Jen’s reflections on belonging and acceptance appear to extend from friendship groups to family and the meaning of adulthood. She constructs herself as different to adults in relation to chronological age i.e. according to social norms and practices such as the age of consent for alcohol. However, the ability of people to be empathic towards others, understand and accept them is not constituted in terms of age but a common history and similar life experiences. ‘Adults’ share Jen’s world when experiences are described as carefree, fun, uninhibited and happy (e.g. Glastonbury and Uncle Frank). When adults present as unfair, critical and irrational (e.g. Mum and Nanna), Jen constructs herself as separate. Positions of ‘child’, ‘adolescent and ‘adult’ thus appear to be adopted and attributed according to particular characteristics, contexts and environments. From this perspective, Jen’s ‘adolescent’ can communicate with ‘the adolescent’ in me and my ‘adult’ with the ‘adult’ in Jen (see Figure 5). Although classifications of age have validity, when rigidly applied they serve to differentiate rather than unite.
Jen’s accounts of ‘parts of self’ support existing knowledge of how cognitive and emotional development may occur at different rates and in different ways according to particular circumstances (Ding & Littleton, 2005; Oates, Wood & Grayson, 2005). Her discourses construct ‘transition’ not only as an on-going process in self but also a life-long transient crossover between the ‘child’, ‘adolescent’ and ‘adult’ in people of all ages (see Figure 6). This raises questions as to whether the Western focus on individuality creates unnecessary distinctions between ‘us’ and ‘them’ (e.g. parents and children, adults and adolescents) which would not exist in more community-based societies (Geertz, 1984; Tobin, Wu & Davidson, 1998; Miell & Ding, 2005).
2.5 ‘Part of the family’

Although people can actively choose allegiance to particular groups (e.g. Jen ‘chooses’ her friends), the family is a group into which they are born. The family is broadly recognised as an important socio-emotional framework that provides the particular foundations of learning through which children make sense of their own experiences (Boud, Cohen & Walker, 1993). If constructed in this way, the family environment will be highly relevant to how young people view and relate to the people and world around them. For example, Jen describes the ‘situation’ (L274) as highly complex, life-long exposure to ambiguity, uncertainty and change. Her questions about what she may have inherited or learnt from her parents appear to have implications for her perceptions of self and the future (Morris, Silk, Steinberg, Myers & Robinson, 2007). For example, Jen questions if her inheritance of physical characteristics from her dad could also mean that she has an innate susceptibility to substance abuse. The family may thus play a significant role in presenting adolescents with the types of adult role models through which they make sense of their own emerging adult (see Figure 7).

![Figure 7: The emerging adult in relation to existing adult role models.](image)

Descriptions of Jen’s drawings\(^{87}\) position her in the family as ‘the link’ (L1998) and the ‘base’ (L2039) which ‘holds’ it all together (L8494-8495). Her accounts seem to struggle to reconcile the eco-centric, attention-seeking ways of particular adults

---

\(^{87}\) See Appendix VII
with social expectations that adult family members protect and nurture, not threaten and abuse their children. Jen’s relationship to her mother (primary caregiver) is described with many characteristics of an insecure, ambivalent attachment (Oates, Lewis & Lamb, 2005). Jen often positions herself as an intrusion and burden to her mother who responds with anger and aggression (Bretherton, 1990; 1991; 1993). At other times Jen must assume the role of carer and provider when her mother is drunk and vulnerable (role reversal). According to attachment theory this constitutes the ‘internal working model’ of an ambivalent self i.e. Jen is sometimes worthy of attention and receiving comfort but is also expected to give comfort when distressed (Bowlby, 1969; 1973; 1988). Experiences of ambivalence can be seen in Jen’s constructions of ‘fragility’ and strength’ as well as fluctuations between ‘child’, ‘adolescent’ and ‘adult’. This indicates that young people may relate to adults in diverse and fluctuating ways through responses that range from security and trust to being highly distrustful and scared.

Jen constructs her resilience to adverse family experiences as an ability to devise strategies that avoid the risk of harm. For example, they may be practical, such as evading home when her mother drinks, or defend and protect her psychologically e.g. cognitive control, humour and ‘splitting’ (Dvir, Ford, Hill, & Frazier, 2014; Lucey, 2007; Ohlsson et al., 2003). ‘Splitting’ can be considered a ‘mentalised’ approach to insecure attachment as it facilitates the construction of mental states which can be attributed in ways that provide psychological protection and control. By ‘splitting’ her mother into positions of ‘pedestal’, ‘normal’ and ‘abusive’, Jen is able to predict, justify or distance herself from particular responses (Borelli, Compare, Slavely & Decio, 2015; Fonagy, Gergely, Jurist & Target, 2002; Luthar, Cicchetti & Becker, 2000). The position of ‘victim’ (L175) enables Jen to attribute all blame to her father (e.g. ‘pinnacle of all evil’, L3389) and thus approach her mother with sadness and pity rather than anger or resentment. When interacting with an adult, young people from abusive backgrounds may therefore present as highly incongruent as they respond to experience through fluctuating positions of threat and security. From this perspective, incongruence may constitute a defence mechanism and thus
need to be approached within a wider set of understanding than just a focus on personal integration.

Existing literature predicts noticeable problems in emotion regulation and interpersonal functioning for families with a history of abuse (Calkins, Gill, Johnson & Smith, 1999; Cupach & Olson, 2006; Ehrensaft, Knous-Westfall, Cohen & Chen, 2015; Feiring, Simon & Cleland, 2009). For example, depression has been linked with increased negative affect and increased hostile and/or coercive behaviour to children (Lovejoy, Graczyk, O’Hare & Neuman, 2000). Impaired parenting, as a result of parental alcoholism (and other forms of substance abuse), has been found to be significantly correlated with low income and increased risk for child maltreatment (Donohue, Romero & Hill, 2006; Harter & Taylor, 2000; Libby, Orton, Beals, Buchwald & Manson, 2008; O’ Dougherty Wright, Crawford, Del Castillo, 2009). Studies are supported by Jen’s accounts of experiences with her mother, father and grandmother which construct abused adults with child-like vulnerability and a lack of emotional control that is managed through denial, avoidance (substance abuse) and defence mechanisms (e.g. projection of blame) (Waters, Weinfield & Hamilton, 2000).

Although Jen’s descriptions of adult family members indicate dichotomies of meaning (e.g. the interpretative repertoire ‘this way and that’), they also demonstrate that she has access to positive adult role models. Juxtaposed to the position of inward-focussed ‘victim’, adults who suffer from adversity are also constructed as ‘superhero’ (L2136), ‘gentleman’ (L2585) and ‘Rottweiler’ (L2118). These positions are attributed qualities of positivity, steadfastness, resilience and resolve. Positive relationships with respected adults (e.g. non-parental such as teachers, friends and siblings) are considered to offer the warmth, companionship, care and advice that adolescents may not otherwise receive (Grossman, Beinashowitz, Anderson, Sakurai, Finnin & Flaherty, 1992). In this way they can provide models of positive social relationships and experiences of success (Doyle, 2001; Edwards, Hadfield, Kniveton, 2004; Lucey & Mauthner, 2006; Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003). In such cases research indicates that
adolescents are less depressed, have greater self-esteem and are more able to develop trust and compassion (Hair, Jager & Garrett, 2002; Hendry, Roberts, Glendinning & Coleman, 1992; Rhodes, Grossman & Resch, 2000; Zahn-Waxler & Smith, 1992). Young people with adverse backgrounds may therefore not necessarily lack the skills and competencies to form meaningful relationships with adults. For example, Jen describes strong relational bonds to Auntie Hilary, Uncle Frank and has the capacity to form a strong therapeutic relationship.

2.6 Experience in context

Jen’s accounts inter-relate aspects of self and environments in such complex ways that it appears impossible to extricate ‘the individual’ from ‘the social’. Her constructions of psychological difficulties in terms of life contexts, personality and upbringing substantiate transactional rather than single cause-effect models of child development (see Figure 8). Jen’s differentiation between chronological and developmental age indicates her own perception of how the environment impacts on cognitive and emotional development (Oates, Lewis & Lamb, 2005; Sameroff & Fiese, 2000). Her accounts indicate how responsive identity formation is to childhood experiences and internalised patterns of response (Cooley, 1902; Dunn, 1988; Lewis & Brooks-Gunn, 1979; Miell & Ding, 2005).

![Figure 8: Transactional model adapted from Sameroff, 1991](cited in Oates, Lewis & Lamb, 2005, p. 81).
Discussion

Transactional processes are believed to extend to interactions between particular types of environment and personal resources such as personality type, constitution, intelligence and sociability (Oates, Lewis & Lamb, 2005) (see Figure 9). Jen is constructed by self and others as warm, reliable, loyal and transparent. This suggests an ‘easy’ temperament which is regarded as an important determinant of a child’s capacity to interact well with his/her environment. Figure 9 indicates how individual traits and the environment can have a significant impact on how adults relate to a child and thus how s/he relates to others. Although Jen presents with an ‘easy temperament’ and has access to positive role models, some young people may not have these protective factors and thus lack the personal resources to relate to adults in functional ways.

![Figure 9: The interaction of child and environmental variables (Oates, Lewis & Lamb, 2005, p.83).](image)

Existing research also suggests that exposure to particular types of environment will affect how children experience and make sense of particular characteristics and roles, as well as wider ideologies of morality, social justice and agency (Banerjee, 2005; Dixon & Wetherell, 2004; Lewis, 1990; Lucey, 2007). Value and belief systems are sometimes socially mediated in creative and flexible ways but may also be socially conditioned through restricted exposure to particular practices and norms (Bandura, 1977; 1986). The ways in which adolescents have historically viewed and
engaged with the world are thus likely to influence how they construct their own sense of self (and others) during adolescence (Bugental & Goodnow, 1998; MacKinnon-Lewis, Vollen, Lamb, Hattie & Baradaran, 2001). In this regard, the impact of transition will be experienced differently based on the stability of family structures and level of divergence allowed between personal and parental (or social) values (Ashworth, 2001; Gergen, 1991; Stanwyck, 1983; Super 1990). Approaching individual experience through the social contexts of young people’s lives is therefore important for understanding how they believe they should relate to others as well as how they experience and evaluate the responses of others.

Figure 10 (below) attempts to depict how fundamentally important contexts of experience are, especially during transition when adolescents face such diverse, high levels of personal and social change. Stable and consistent environments appear to provide a solid basis (‘rock’) for successful growth and development (good psychological well-being). In contrast ambiguity and uncertainty (‘sand’) promote functioning in particular areas of experience (e.g. mentalisation) whilst shutting down or delaying others (e.g. emotion) (Dornbusch, 1989). In Jen’s accounts the latter appears to function as a psychological defence mechanism to facilitate her positive adaptation to adversity and protect well-being.

Figure 10: The impact of environments.
2.7 Contextualising therapy

Based on the deep interrelationship between personal and social experience constituted by Jen’s discourses, the necessity to situate counselling sessions in broader contexts of the client’s social world appear even more poignant (Bohart, 2000; Bohart & Tallman, 1999; McLeod & Machin, 1998). Through her accounts it becomes evident that it is the experience of a problem which determines its appraisal and thus how it will be approached. From this perspective, ‘the same problem’ could be interpreted as a threat, challenge, affirmation or strength (Heppner & Krauskopf, 1987; Moos & Tsu, 1976). Studies substantiate that understanding is elaborated more effectively when people approach ‘problems’ through strategies that are supported by self-referenced, real-life experiences opposed to unstructured, de-contextualised learning (Bennett-Levy, 2006; Chi, Bassok, Lewis, Reiman & Glaser, 1989; Driscoll, 1994; Green & Gilhooly, 2005; Kirschner, Sweller & Clark, 2006; Peterson, 2003). Researchers have thus argued that therapists need to consider the developmental characteristics of adolescents and the contextual circumstances of their presenting problems in order for therapy to be sensitive and effective (Calbero Alvarez, 2004; Diamond, Diamond & Liddle, 2000; Sharry, 2004).

The types of ‘contexts’ constituted by Jen are highly diverse and extend from ‘in-the-moment’ points of interaction, specific events and difficulties to everyday routines and structures of life (Strong, 2003). For example, she talks of exams and medical appointments, singular events (e.g. Mum’s text), her current mood (e.g. tiredness and anxiety) as well as life goals and aspirations (e.g. AS levels and university). Research into the impact of individual differences on problem solving suggests that motivation, emotion (stress, anxiety) and effort (fatigue, energy) commonly affect how people approach and solve problems (Green & Gilhooly, 2005; Jonassen, 2000; Jonassen & Tessmer, 1996). From this perspective, the facilitation of personal growth and development needs to be embedded in real-life experiences of agency and control and not in idealistic, illusory notions of empowerment and opportunity (Baker, 2010; Timulak & Elliot, 2003; Sharland,
Jen’s cancellations and non-attendance of sessions demonstrate how embedded therapy is in other contexts of a client’s life and thus of secondary importance at times (Evans, 2007).

This raises broader questions about how counselling provision can accommodate this highly complex enmeshment of personal and social experiences in ways that enable adolescents to cope with high levels of fluctuation and change. For example, what would have been the outcome if Jen’s need to look after Nanna and go to medical appointments had not been responded to? Existing research suggests that young people often disengage from therapy due to loss of autonomy and thus advocates collaborative exploration of content and structure throughout the therapeutic relationship (Davidson, 2003; Duncan et al. 2003; Gibson & Cartwright, 2013). Topor and Denhov (2012) found that clients rated the ‘quality’ of time and emotional presence higher when they believed that professionals were willing to go out of their way to accommodate their needs.

This discussion of Jen’s world offers ideas on how the therapeutic relationship between an adult counsellor and adolescent client may be influenced by socially constructed, taken-for-granted understandings about adolescence and adulthood. When meaning and understanding are explored through Jen’s experiences of adolescence, it becomes evident that the reality of being an adolescent is highly individual. Although common understandings about adolescence exist, in reality the meaning of experience appears to be negotiated personally and attributed value and significance according to positions that are available to each individual. Below I explore how such meanings and positions are negotiated in actual therapeutic practice.

3. Therapeutic practice

The following discussion explores how communication is constructed personally, socially and therapeutically by discourses of therapeutic practice. As indicated through descriptions of Jen’s world, personal experience is not easily differentiated
from social experience (if separable at all?). Discussion of the impact of environments similarly suggests that ‘context’ is an inherent part of how people view and engage with experience. From this perspective, every single interaction between Jen and I will communicate something personal, social and therapeutic. Moment-to-moment, ongoing therapeutic interactions are constituted here as challenge, checking in, reflection and immediacy to reflect descriptions in the analysis. Although constructed here as separate skills and interventions I would like to emphasise that they are in reality highly interconnected and best understood in terms of how they present in the full context of the original transcript.

3.1 Challenge

‘Challenge’ is constructed in the analysis as a response to incongruence in Jen’s presentations (e.g. contrasting subject positions). It is constituted as an intervention which explores experience in greater depth by attending to dichotomies of meaning, discourses of similarity and difference as well as ‘either-or’ formulations. Existing research suggests that such polarisation often manifests in clients who present with contradictions, inconsistencies or respond with rigid or unhelpful patterns of thinking (e.g. avoidance, projection) (Sanders, Frankland & Wilkins, 2009). For example, Jen’s confusion about romance, rigid thinking about dad and inconsistent constructions of mum are challenged. ‘Challenge’ is considered relationally and therapeutically progressive due to its capacity to introduce new perspectives and frameworks of understanding (Feltham & Horton, 2006).

Existing literature on child development substantiates that any interactional dynamic, in which different perspectives are explored, will facilitate learning and cognitive change (Elbers, Maier, Hoestra & Hoogsteder, 1992; Howe, Tolmie & Anderson, 1991). From this perspective any form of collaboration between people with mixed abilities and skills is likely to encourage young people to approach problems in new and different ways, and thus extend their competence beyond currently held strategies (Piaget, 1955; 1959, 1973; Piaget, Grize, Szeminska & Bang,
1968; Nunes & Bryant, 2004; Vygotsky, 1962; 1978). For example, my tentative challenge of the contrasting ways in which Jen presents her mother gently elicits perceptions of ‘the abuser’. This indicates, however, the poignancy of naming challenge a ‘skill’ as it requires a clear rationale, attention to client safety and sensitivity to the client’s capacity for awareness, understanding and willingness to engage (Feltham & Horton, 2006; Lakin, 1988; McLeod, 2009; Sanders, 2002; Sanders, Frankland & Wilkins, 2009). This is exemplified by Jen’s construction of my role as someone who asks ‘difficult questions’ (L4138) but with ‘comfort’ and support (L926).

Although challenge has the capacity to re-construct psychological phenomena in different ways, Jen’s discourses indicate that this process is often complex and multi-layered. For example, Jen’s omission of the emotional impact of experience appears to be due to her inability to access emotion due to psychological protection from deeply embedded defence mechanisms. Similarly she cannot explore other experiences as missing elements are known to others but not to her (L9005-6). Figure 11 attempts to demonstrate this complexity through depiction of ‘The Johari Window’.

![The Johari Window](image)

Figure 11: ‘The Johari Window’ (Sanders, 2002, p. 40).
3.2 Checking in

‘Checking in’ is constituted by the analysis as a process of negotiating shared meaning through exploring and clarifying how Jen experiences and perceives phenomena (Schober & Clark, 1989). It thereby facilitates entry into Jen’s world rather than grounding the therapeutic process in assumptions based on social stereotypes, common narratives and widespread understandings. This is particularly important for moments in which meanings are subjective or abstract in nature (e.g. love, L664-5). The significance of shared meaning is demonstrated in the transcript by moments of passive disengagement (e.g. ‘I think so’, L2437; ‘maybe’ L6967) when interventions appear to reflect my frame of reference and not Jen’s (Gibson & Cartwright, 2013; Stringer et al. 2010; Thériault, Gazzola & Richardson, 2009).

In counselling literature, ‘checking in’ is termed ‘clarification’. This is constructed as ‘shared meaning-making’ in terms of facilitating verbalisation, open exploration, empathic understanding and coherency in the client (Sanders, 2002; Sander, Frankland & Wilkins, 2009). Although the analysis substantiates such notions of togetherness and integration, ‘checking in’ is also constituted as a process of deepening meaning. Depth is constructed as progression from the general (social) to the specific (personal) through awareness and exploration of implicit meanings (e.g. Jen’s meaning of ‘stereotypically raising me’, L1139). It is this conscious awareness of responses which facilitates change through identifying how (previously) hidden networks of meaning influence and inform patterns of response (Enns & Di Iollo, 1997; Pieterse, Lee, Ritmeester & Collins, 2013).

Interestingly the analysis constructs ‘clarification’ as part of ‘checking in’. Here it is attributed the meaning of ‘hypothesis testing’ i.e. exploring how relevant my ideas and theories are to Jen. Extracts of such moments appear to contest the idea that ‘clarification’ elicits ‘stable truths’. The transcript suggests a fluidity of experience and meaning across contexts which argues against understanding shared meaning-making as an end-point. From this perspective, ‘checking in’ is considered an
important guard against adopting constructions of assumed universality such as common-sense understandings and social stereotypes (McAuliffe & Eriksen, 1999). For example, Jen’s constructions of ‘love’ and ‘Mum’ are highly contextualised and fluid.

3.3 Reflection and immediacy

The analysis appears to substantiate common constructions of ‘reflection’ as a basic, active listening skill. ‘Basic’ is constituted in existing literature as ‘part’ of other therapeutic skills (e.g. clarification) and ‘simple’ repetition of the client’s words so they feel heard (Sanders, 2002; Sander, Frankland & Wilkins, 2009). While the analysis supports these meanings of empathic understanding, it also attributes ‘reflection’ the position of a stepping stone. For example, by reflecting back experience I appear to validate its existence and thus enable Jen to become aware of it, reflect on it and thereby engage with it. In this way the analysis constructs ‘reflection’ as more communal i.e. an interactive process of deeper engagement and insight through intersubjective connection and collaboration (Schön, 1987; Strawbridge & Woolfe, 2010). Mutual, reciprocal reflection during therapy is regarded in the literature as a means of nurturing mentalisation and theory of mind through its capacity to model and improve processes of personal and social awareness (Diamond, Stovall-McClough, Clarkin & Levy, 2003; Flynn, 2004; Rizq & Target, 2010; Slade, 2005; Suchman et al. 2010). At this point, I would like to add my own consideration i.e. that the meanings attributed to ‘reflection’ in the analysis are cited in the literature as characteristics of ‘clarification’ (e.g. making meanings available for exploration through conscious awareness). This supports my earlier argument that therapeutic processes often elude defined understanding and classification.

Although the analysis describes ‘immediacy’ as a type of reflection, it is constructed with the particular characteristic of being grounded in my awareness of personal in-the-moment responses to Jen’s discourses (intuitive, emotional and physical) (Gelso & Hayes, 2007; Pieterse et al., 2013). This supports current understandings of
immediacy in the literature that describe it as a series of acts of awareness which originate in the therapist but culminate in exploration of experience in the client (Feltham & Horton, 2009; Hill & Knox, 2009). For example, reflections of my strong physical and emotional responses revealed ways in which Jen could make sense of highly distressing childhood experiences in addition to her factual accounts (Horvath & Luborsky, 1993). In this way immediacy facilitates a more integrated sense of coherence which is often absent when any element of experience lacks engagement and understanding (e.g. emotion) (Antonovsky, 1979; 1987; Antonovsky & Sagy, 1986; Neimeyer, 2000, Neimeyer, Herrero & Botello, 2006). Despite a propensity to adopt one primary approach, Jung (1923) argues that a balanced state of psychological well-being is dependent on an individual’s ability to solve ‘problems’ holistically through all ways of ‘being’ i.e. thinking, feeling, sensation and intuition (Sharp, 1987).

3.4 ‘Just human’

A range of different opinions exist about the function and purpose of therapists using ‘self’ in therapy. In counselling literature it is usually named ‘self-disclosure’ and most frequently explored in contexts of role and boundary violations (Farber, 2006; Knox & Hill, 2003). In the analysis, the use of ‘self’ is constructed as ‘we’re just human’ and described as the natural, reciprocal relationship between two people who share with each other particular life experiences, common interests and knowledge. For Jen and I this manifests as: joint creativity which enables exploration of emotion and intersubjectivity (e.g. art and poetry); common understandings of life roles which facilitate empathy and understanding (e.g. student) and shared knowledge of films which creates opportunities for exploring relationships and emotions (Matravers, 1998). From this perspective ‘self-disclosure’ appears to traverse understandings of difference to strengthen the therapeutic bond through perceptions of similarity (Tatar, 2001). Examples from the transcript indicate that such moments often present at the beginning of sessions as Jen and I settle into therapy.
‘We’re just human’ is also constituted in the analysis as open, honest and ‘real’ communication through its normalisation and grounding in contexts of everyday life (Hanley, Williams & Sefi, 2013; Hanson, 2005; Wheeler, 2000). In existing research qualities of trust and genuineness are associated with the depth of factual information and emotional intensity of a therapeutic relationship (Dixon Rayle, 2006; Gibson & Cartwright, 2013; Tatar, 2001). Being ‘real’ in therapy is thus believed to impact positively on the therapeutic relationship by enabling therapists to be perceived as more congruent and empathic (Cooper, 2008). This attributes different meanings to ‘self-disclosure’ than that of a therapist with a desire to tell his/her own story or present personal viewpoints (Carkhuff, 1969; Mearns and Thorne, 2007). Nelson (1996) writes: ‘I chose that intervention deliberately, based on therapeutic intent rather than personal need. I allowed my client to see my experience, which, in turn, gave her permission to reveal her own.’ (p. 343). This extract directly relates to my experience of Jen who appeared to be given ‘permission’ to talk about her own vulnerabilities (e.g. drug taking) when she realised that I can be vulnerable and make mistakes too.

Taken together constructions of therapeutic practice suggest a communication of ‘the music behind the words’ through empathic understanding which validates Jen’s experience through processes of conscious awareness, reflection and exploration (Feltham & Horton, 2006, p.83). These processes are constructed through discourses of collaboration and mutual reciprocity which relate to cognition, emotion and shared experiences (Barrett-Lennard, 1981; Gladstein, 1977; 1983). The ‘conditions’ of empathic understanding appear to be constituted in terms of honesty, transparency and opportunities to be ‘real’ (Allen, 1967; Rogers, 1957; Tatar, 2001). They also suggest how ‘the self’ can be attributed significance, value and meaning through ‘mattering to others’ (Dixon Rayle, 2006; Elliot, Kao & Grant, 2004; Feaviour, 1994; Harlow, 1958; Marshall, 2001). Research suggests that responsive listeners are critical for identity development throughout life as it is through narrative accounts that people become more integrated and coherent (Amundson, 1993; McLean, 2005; Pasupathi & Hoyt, 2009).
Discussion

The ways in which practice is communicated will undoubtedly be influenced by the meanings and understandings I attribute to my identity and role as a counselling psychologist. These construct the professional parameters of communication in which counselling sessions are situated.

3.5 The profession and me

‘The profession and me’ describes how I personally reconcile institutional constructions of counselling psychology with my particular professional identity (Potter, 2005; Stokoe & Hepburn, 2005). This process is constructed as on-going exploration and critical reflection of how my natural propensity to use particular interventions relates to established frameworks of evaluation and assessment. These frameworks manifest as therapeutic norms and conventions as well as the external governance of the profession (BPS, 2009; HCPC, 2012). Considerations of ethical conduct and safety are delivered with sincerity and conviction but other aspects of external governance constitute a dilemma between personal aspirations and imposed restrictions. For example, I feel frustrated that Jen receives so few sessions to explore such highly complex presenting problems (L8266-7).

Existing research indicates that members of the counselling profession often experience self-doubt, insecurity and uncertainty about personal effectiveness regardless of their level of experience (Mahoney, 1997; Thériault & Gazzola, 2005; 2006; 2008). In the transcript, moments of doubt and uncertainty are constituted as a disruptive influence due to their negative impact on my confidence and narrative flow (Safran & Muran, 2000). They are also constructed through discourses of reprimand e.g. ‘Stop it, naughty!’ (L10437). Self-doubt is, however, also constructed as the means of developing a clear rationale for therapeutic practice. For example, doubt drives me to consistently monitor whether therapeutic interventions position Jen at the centre of therapy.

Discourses reveal a personal dilemma between my belief in client-led therapy and the need for external direction. This is constituted as a goal to help Jen move
forward but in ways that are meaningful and empowering for her. The validity of this goal is supported by extensive research on how people learn to approach problems more diversely and competently when strategies are personally relevant and not just theoretically reproduced (Donaldson, 1978; Oates & Grayson, 2004; Vygotsky, 1978). This balance between an internal and external frame of reference is constructed as highly delicate. For example, formalised interventions often elicit a search for approval and notions of ‘right and wrong’ but also indicate moments of change in which Jen gains greater awareness and depth of meaning (L1883-1888). When I present as ‘the psychologist’, discourses appear more grounded in psychological theory and less in Jen’s responses than when communication is ‘just human’.

3.6 ‘The psychologist’

One aspect of the role of counselling psychologist is constructed as the communication of psychological theory. This is described in the analysis as my facilitation of conscious awareness through frameworks of knowledge and understanding that enable Jen to externalise, normalise and contextualise experience. For example, through theory Jen is able to explore which parts of her experience are personally induced, socially transmitted or part of human nature (Doise & Mugny, 1984; Perret-Clermont, 1979). Its selection appears to mirror her propensity to make sense of experience through processes of ‘mentalisation’. It reflects her lived experiences through offering knowledge of abuse, grief, dissociation, projection and substance addiction. These are explored through theories on relationship models and cycles of response (emotional, physical and behavioural), but also more specifically in terms of whether psychological phenomena are inherited, habitual or maintained through familiarity (Bowlby, 1969; 1973; Trower, Jones, Dryden & Casey, 2011; Wills, 2008). By acknowledging the complexity of inter-relationships between internal experience and the external world, theory facilitates a more holistic approach to problem solving (Geertz, 1975).
In addition to interpersonal relationships, psychological theory constructs ‘Jen, the person’ in terms of highly complex, inter-related networks of emotions, thoughts, behaviours and physiological responses (Bower, 1981; Heppner & Krauskopf, 1987; Jonassen, 2003; Loewenthal, 2008). This approach to human experience facilitates understanding of emotional detachment during trauma (L10196) and how unconscious triggers can drive ‘illogical’ surface responses (L7470-1) (Yiend & Mackintosh, 2005). For Jen, this relates to her experiences of feeling ‘numb’ (L5725), ‘blocked’ (L5179) and ‘detached’ (L5727). It also underpins the rationale for introducing Jen to the theory and practice of emotion freedom therapy. This approaches psychological difficulties through notions of balance and equilibrium and thus advocates simultaneous engagement with emotion, cognition and physiology (Flint, 2001; Lake & Wells, 2003).

3.7 ‘Tools’ of communication

Although communication is predominantly verbal, there are moments during therapy in which Jen responds with ‘I don’t know how to describe it’ (L5986; L8421). At such times she does not appear to have the understanding or capacity to verbalise experience in coherent ways. From this perspective ‘tools’ are constituted as a form of ‘scaffolding’ to facilitate and support expression in structured ways (Wood, 1988). Their function is constituted as particularly relevant to making sense of phenomena which have remained hidden or psychologically defended but can also affirm and consolidate what is already known. ‘Professional’ tools are thus constructed as a means of structuring early exploration in ways that enable support to be gradually withdrawn so that clients can take over the therapeutic process and shape meaning and understanding from their own perspectives (Palincsar, 1986; Rosenshine & Meister, 1992; Xun & Land, 2004).

Certain methods appear specific to therapeutic contexts whereas others manifest both inside and outside of therapy. For example, therapeutic tools are constituted in the analysis as communication through drawings (L707-708) and ‘common interests’ e.g. films (L6144) and poetry (L3211) (Mazza, 2003). Psychological tools
such as dreams (L1506), fairy tales (L1512; L9302) and storytelling (L11153) appear to offer Jen ways of personally engaging with and making sense of emotionally distressing experiences whatever the context (Besley, 2002; Bettelheim, 1976). In addition to facilitating exploration, ‘tools’ appear to function as a means of communicating distress with psychological protection. For example, they enable Jen to distance herself from direct engagement with the intensity of emotion (e.g. poetry), to by-pass deeply entrenched psychological defences (e.g. dreams) and explore different scenarios and outcomes in her imagination (e.g. storytelling) (Brillantes-Evangelista, 2013; French & Klein, 2012; Meekums, 1999). This interrelationship of therapeutic and psychological characteristics suggests how well the profession of counselling psychology is adapted to the communication of human distress.

Exploration and contextualisation of Jen’s experiences are also facilitated by communication through visual imagery and metaphor (Barlow, Pollio & Fine, 1977; Epstein, 1995). For example, the extended metaphor of an overflowing barrel of water normalises intense emotion by constructing its inevitability in a visually comprehensible way (Angus & Rennie, 1989). Jen’s diagrams (see Appendix VII) indicate how visual representations can present the nature (physical dimensions, colour and detail) of psychological phenomena (abstract and concrete) with a complexity of relationship and detail that discourses struggle to reflect (Dalley, 1984; Divinyi, 1995). This ability of images to communicate the complexity of emotion is attributed increasing importance within counselling contexts (Dansereau & Simpson, 2009; Larkin & Simon, 1987; Sojka & Giese, 2006; Winn, 1991). By facilitating the expression of powerful emotions and alleviating distress, images can thereby encourage people to believe they can cope and feel more in control (Armstrong, 2013; Bowes, 1990; Dalley, Rifkind & Terry, 1993).

The ‘tools’ described in the analysis are widely recognised in child development research as the primary means by which children learn and communicate about their internal and external world (e.g. film, music and storytelling) (Dorfman, 1952; Rogers, 1952). They are also recognised in existing literature as mechanisms of
safety and protection which enable children (particularly when abused) to engage emotionally and cognitively in a therapeutic process at a pace and level of detail that is tolerable for them (Berger, Knutson, Mehm & Perkins, 1988; Kanzer, 1955; Reynes, 1996; Wilson & Ryan, 2002). For example, over time Jen’s accounts progress from constructing experience as a ‘series of events’ (L8734) to a more coherent narrative which recognises emotional abuse (Anchin, 2003).

This discussion of my role as counselling psychologist offers perspectives on how processes of communication manifest in subtle ways. Exploration of the relevance of identity, theory and ‘tools’ of the profession indicate how widely diverse channels of therapeutic communication are and how human problems can be expressed and approached in many different ways. With relation to young people it demonstrates how awareness can be elicited safely and gradually to protect psychological well-being but respect client autonomy and psychological well-being.

4. Chapter summary

This discussion highlights the complexity of human experience with regard to intrapersonal and interpersonal processes as well as the contexts in which they present (Burr, 1995; Harvey, 2000; Neimeyer & Levitt, 2001; Mascalo, Craig-Bray & Neimeyer, 1997). It seems to constantly draw attention to the dilemma of trying to differentiate and distinguish between aspects of human experience that inherently strive to be connected and whole. From this perspective psychological well-being appears to constitute the search for a ‘sense of coherence’ i.e. to integrate all parts of self in personally meaningful ways (Antonovsky, 1987; 1992; Amirkhan & Greaves, 2003). Such is the complexity of these ‘parts’ that they relate to the past, present and future, manifest as ‘child’, ‘adolescent’ and ‘adult’ and are constantly changing according to communication partners, environments and contexts. As the discussion indicates, many of these parts are often outside conscious awareness and thus their presentation and influence unexplored (Rubin & Greenberg, 2003).
Situated within such complex, dynamic descriptions of human experience, the impact of additional confusion, tension and instability during adolescence appears to take on greater significance and power. Within widespread social narratives and clichés of conflict, mood swings and rebellion, the actual lived experience of adolescents seems no longer visible and the meaning of experiencing this loss of self thus obscured. Set emotional, physical and social development in additional contexts of adversity and an adolescent is likely to experience a life on ‘sand’ instead of ‘rock’ (See Figure 10, p. 153). Therefore what appears highly poignant for communicating with young people during therapy is recognition of these pronounced levels of instability and change and how they can be held and contained.

The analysis suggests that open communication ensues from a relationship of trust and safety which manifests through honesty, transparency and being ‘just human’. Once established this therapeutic alliance appears to facilitate the necessary environment to challenge and explore current ways of experiencing self and the surrounding world (Neimeyer, 2005). It enables young clients to openly engage with all ‘pieces of the puzzle’ and thus alleviate distress by integrating and transforming them in coherent ways (Brandell, 1988; Spence, 1982). By being responsive, flexible and open to all manifestations and presentations of experience (in-the-moment and across sessions), therapy can attune itself to processes of change whilst simultaneously holding and managing them through psychological theory, tools and skills of the profession. From this perspective it seems impossible to extricate practice from the relationship i.e. ‘being’ from ‘doing’ (Labov, 1972; Lambert, 2003; Norcross, 2002; Wampold, 2001).
In summary, Figure 12 (see above) aims to illustrate all elements of the therapeutic relationship between an adolescent client and adult counselling psychologist. It indicates the complex interrelationship between both intrapersonal and interpersonal processes of ‘communication’ whilst also demonstrating how they can be held and supported when therapy responds flexibly according to the needs and circumstances of the young person. From this perspective age does not appear to constitute the degree of difference and conflict that social understandings may lead us to believe. The ways in which this research can extend beyond the life of Jen and contribute more widely to knowledge in the field of counselling psychology is explored in Chapter 7.
CHAPTER 7: CONCLUSION

This research concludes with an account of possible ways in which the themes and perspectives identified by the discourse analysis may contribute new knowledge and insight to existing research on adolescence, counselling psychology and associated fields in psychotherapeutic practice. It is hoped that these ideas will encourage the reader to personally reflect on how this research may be of significance to their own professional identity, role and practice. In this way it aims to promote the continuation of growth and development across a range of therapeutic approaches and disciplines. These ideas ensue from personal reflection on the meaning of this research for the current field of counselling psychology. They are thus grounded in this research’s perceptions of how communication is constructed personally, socially and therapeutically in the relationship between an adolescent client and an adult counselling psychologist.

1. **Overview of the conclusion**

The conclusion begins by describing the reality of adolescent experience and its implications for understanding how to relate to and communicate with adolescents in therapy. Therapeutic change is subsequently considered in terms of flexibility and structure and how they work synergistically to facilitate and hold the development of a ‘sense of coherence’. Facilitation of this process is explored with regard to the pluralistic approach of counselling psychology and its particular relevance to working with young clients. The flexibility and responsiveness of this approach are discussed with reference to other forms of interpersonal communication and how different fields and disciplines draw on similar knowledge and practice to enable a successful helping relationship. The chapter concludes by offering suggestions for future research.

2. **Contribution to Knowledge**

In some ways it is debatable whether research can offer anything that is ‘new’ or whether it is in fact just a way of discovering and bringing into conscious awareness
something that already exists. It seems a means of offering new insights and perspectives to the world in the same way that counselling psychologists facilitate different approaches to meaning and understanding in their clients. This was the purpose of this research to render the unseen visible or possibly construct what is already known in a slightly different way. It aimed to explore how the therapeutic relationship between an adult counsellor and adolescent client is influenced by socially constructed, taken-for-granted understandings about adolescence and adulthood. This included understanding how communication is constructed personally, socially and therapeutically through discourse. This was undertaken with a ‘bottom-up’ approach which perceives experience first and then attributes it meaning rather than a ‘top-down’ approach which approaches new knowledge through the lens of existing research (Enns & Di Lollo, 1997; 2000; Lamme, 2003). In this way it constitutes an attempt to approach all the detail of an experience without knowing what will be found, with the trust and confidence that psychological phenomena will become apparent without control or direction. Just as Jen attempts to put ‘parts’ of self in a jigsaw, so it is hoped that this research can provide another way of making coherent sense of how communication manifests in adolescent counselling. The first way in which this research can inform psychotherapeutic practice appears to be in its function as a reminder that the most fundamental and important part of communicating with adolescent clients is to understand what ‘adolescence’ actually means to them.

### 2.1 Adolescence

Through focussing on universal theories of child development, identity formation and approaches to learning, the internal world of an adolescent no longer appears to take centre stage in existing literature and research on young people. In addition, accessing adolescence through the lens of adulthood focuses attention on areas of knowledge that potentially have greater meaning for adults than adolescents e.g. parent-child interactions, the impact of parenting style, attachment styles and features of adolescent rebellion and conflict. The current emphasis on evidence-based therapeutic outcomes also suggests that selected approaches to
research in counselling and psychotherapy focus more on yielding quantitative measurements of effectiveness and efficacy than studying adolescent therapy in action.

This research draws attention again to the ‘lived’ experience of being an adolescent which appears to have been rendered invisible through embedded clichés and common narratives such as ‘just a teenager’ (Montemayor, 1983). Through individualising and contextualising experience, this case study has elicited deeper understanding of the turmoil and intensity of both the intrapersonal and interpersonal processes to which adolescents are exposed. It thereby shows how they are confronted by many mixed and conflicting messages which present in inconsistencies between their contemporary experience of life, and the values, beliefs and understandings they have learnt from their parents (and other adult role models). Adolescents are still in the process of ‘becoming’ i.e. trialling identities whilst developing their concept of self, autonomy and independence (Erikson, 1968; Gibson & Cartwright, 2013). Although it has already been suggested that most people appear to remain in transition throughout their lives, adolescents nevertheless live in a process of amalgamating the old with the new to create a new, personalised understanding of where they belong in their reality of life (Bridges, 2004; Macoby, 1980). This does not appear to manifest as an isolated process but one that is influenced by the availability of particular social opportunities and negotiated in relation to the positions of others (Davies & Harré, 1990; Foucault, 1997; Harré & van Langenhove, 1999; Miell & Ding, 2005; Woodward, 2000).

For adolescents with psychological difficulties, such experiences are likely to be (or have been) compounded and intensified further by adverse circumstances (e.g. abuse, bullying, parental conflict, bereavement etc.). This adds yet another dimension to potential feelings of loss, fragmentation and instability (Montemayor, 1983). When in therapy, adolescent clients are situated in an additional environment of change. This creates an interactive dynamism between transition,
life circumstances and therapeutic change, the complexity of which could understandably be overwhelming, even frightening.

Although often constructed simplistically as a collective noun, ‘environment’ is constituted by the analysis as multiple, interactive layers of context. All layers impact on the meanings adolescents attribute to their experiences and thus the ways in which they express them. An illustration of potential contexts is shown by Figure 13 (below) which uses Jen’s discourses as examples. This figure exhibits many similarities with Bronfenbrenner’s (1979, 1986) ecological context of development in which he describes the following: microsystem (patterns of activities, roles, interpersonal relationships in face-to-face settings); mesosystem (two or more settings in which the developing person participates e.g. home and school); exosystem (two or more settings which impact on a person’s life but of which they are not always a part e.g. Jen’s lack of knowledge of her family’s abusive history).

This research thus demonstrates that young clients are not ‘just going through adolescence’ but potentially experiencing a time of huge complexity and change during which they may not know what they want or need to communicate. Although particular social understandings about adolescence are part of that
process they appear to be so embedded in individual experience that they do not present as an external influence but are integrated into what each client presents. From this perspective therapeutic interaction (communication) will always be attuned to the client if the therapeutic relationship is able to sensitively mirror and capture both personal and social processes in affirming but change-orientated ways.

2.2 Therapeutic change

The analysis offers interesting perspectives on the manifestation of therapeutic change and how this is realised in interaction between client and therapist. Suggestions of a dilemma between situating the process in the client’s frame of reference whilst directing change indicate a highly complex dynamic between flexibility and structure. This combination presents at times as counter-intuitive but yet possesses a subtle synergy when explored in depth. It seems that the moment-to-moment flexibility of therapeutic interaction (relationship, communication and interventions) appears to provide opportunities for the client to increasingly broaden and deepen their perspectives to such an extent that a ‘structure’ of interrelationships begins to emerge. This ‘structure’ manifests as the coherency and meaning derived from transforming complexity and confusion into awareness and renewed understanding. In the words of Hansen (2005): ‘The educated person who for many years has reduced art to its component parts generally has far more ability to appreciate, be in awe of, and have an authentic encounter with works of art than does the uneducated person who has never engaged with this type of reductionism but simply tries to appreciate art from an uninformed, non-reductive perspective’ (pp. 412-3).

This dynamic can be demonstrated with reference to Jen’s difficulties. These appear initially to be understood by self and others in terms of their surface characteristics (i.e. through presentation of identifiable thoughts, emotions and behaviours). Without deeper knowledge of how different aspects of her experience (internal and external) are inter-related, Jen appears to approach ‘problems’ in fixed
or generic ways (i.e. with existing, familiar patterns of response or coping mechanisms). She appears to struggle to reliably ground ‘problems’ in personal meaning and understanding through her inability to approach them intuitively and holistically with her own integrated, coherent sense of self (internal frame of reference) (Benner, 1984; Chi, 2006a; Daley, 1999; Dreyfus & Dreyfus, 1986; Jacobson, 2000; Jones, 2008; Keil, 1989; Norman 2005). Research indicates that self-acceptance and greater self-awareness emerge when people (adolescents and adults) can access knowledge of the inter-relationships between parts of self, and between self and others (Braisby, 2005; Green & Gilhooly, 2005; Heppner & Krauskopf, 1987; Ohlsson, 1992).

If understood as the facilitation of a sense of coherence then therapeutic change will enable exploration and awareness of a ‘core self’ through which future difficulties can be approached more easily and flexibly (Mayer & Wittock, 1996; Rogers, 1961). Anything that is ‘fundamental’ has the capacity to provide contexts of stability and consistency so that other things can move and change. This research indicates that ‘foundations’ can be abstract in nature (e.g. internal experiences, knowledge and understanding) or observed (e.g. the external world and surrounding physical environments). Whatever the context, it is the safety of ‘knowing’ that facilitates the trust and confidence to be more adventurous, courageous and thus grow and develop (Rupani et al., 2014). Therefore, if psychological phenomena remain outside of conscious awareness, possibilities for engagement and reflection become highly reduced (Teo, 2010).

Therapeutic change can thus be regarded as a process that is facilitated by enabling clients to explore different aspects of experience. Greater coherence can manifest through deeper awareness of ‘parts of self’ (e.g. past, child and/or adult) as well as learning to approach, access and integrate them in diverse ways. ‘Problems’ are thereby not ‘added to the pile’ but processed and made sense of. This infers that fewer demands will be made on processes of cognition such as memory and attention and thus facilitate increased capacity for other tasks and goals (e.g. school work, relationships) (Braisby, 2005; Oaksford, 2005; Rupani, Haughey & Cooper,
If according to existing research a sense of coherence impacts positively on psychological and physical well-being, then the implications for helping adolescents at this time in their life has the potential to affect their long-term health (Antonovsky, 1987; Amirkhan & Greaves, 2003; Kennedy et al. 2010). Counselling enables new insights and knowledge to be ‘internally’ understood through processes of personal meaning making. This is highly relevant to the transitional period of adolescence when young people have the propensity to seek and engage in action for self-discovery.

### 2.3 Professional practice

Existing literature widely recognises that people experience *ill-structured* problems i.e. the contexts are generally not clear and the solution cannot be clearly defined (Simon, 1973; Strupp & Hadley, 1977; Voss & Post, 1988). Ill-structured problems therefore pose a difficulty for fixed approaches to problem solving due to the complexity and dynamism of the individual, social and political contexts in which they present (Chi, 2006; Gick & Holyoak, 1980; 1983). From a therapeutic perspective, human problems require flexibility and responsiveness to new, often contradictory information which is constantly explored and reconstructed into a different ‘whole’ (French & Sternberg, 1989; Gambrill, 1990). Heightened experiences of fluctuation, instability and uncertainty during adolescence suggest the need for a greater capacity to respond to adolescent clients in such flexible and responsive ways. This is substantiated by the ways in which communication in therapy is constructed by this case study (see *Figure 10*, p. 153).

The widespread assimilation of skills across therapeutic models suggests that no single approach can successfully improve human emotional well-being in comprehensive, holistic ways (Wills, 2008). It seems unrealistic to presume that one theoretical approach can account for individual differences in epistemic beliefs, predisposition to certain types of solution, levels of motivation, volition, persistence and endurance within and across individual clients (Jonasssen & Tessmer, 1996; Millichamp, 2010; Young, Kloska & Weis, 2003). This is substantiated by the much
quoted ‘Do Do Bird’ effect; the name given to the uniformity of success found across outcomes of mainstream therapeutic approaches (Cooper & McLeod, 2011; Stiles, Shapiro & Elliot, 1986). At a time when the National Health System in the United Kingdom advocates cognitive behavioural therapy for the treatment of mental health problems, exploration of how therapeutic change manifests in action appears particularly expedient for the field of counselling psychology. Especially as this is a field in which professionals have the scope to flexibly and creatively offer different approaches to clients’ presenting problems (Elkins, 2007; Feltham, 2013; Klein, 2003; Layard, 2005; Lees & Freshwater 2008; Millichamp, 2010; Samuels, 1997; Western & Morrison, 2001).

The analysis undoubtedly indicates that Jen has a ‘preferred’ way of approaching problems (e.g. cognitive control). However, from this perspective, a singular approach to human experience can collude with clients’ maintenance of distress by failing to explore areas that they naturally avoid and cannot easily access (e.g. Jen’s avoidance of emotion). Through their ability to approach problems pluralistically, counselling psychologists can offer psychological tools, theory and therapeutic interventions to elicit and represent difficulties in ways that have meaning to clients (Lees, 2008). As this research indicates, presenting problems are not only highly individualised and contextualised but they will change and fluctuate over time (particularly during adolescent transition). Thus with respect to this research and other existing literature, counselling does not appear to constitute ‘a unitary process to a unitary client problem’ (Heppner & Krauskopf, 1987, p. 374). In this regard a pluralistic approach has the reflective capacity (i.e. flexibility) to provide a coherent and persuasive rationale for approaching ‘the same problem’ in many different ways (Gambrill, 1990; Lichtenberg, 1997; Martin, 1994). This places the profession of counselling psychology in a unique position through its application of knowledge from the professional domains of counselling, psychology and psychotherapy.

Through ‘modelling’ flexibility and adaptability, counselling psychologists are likely to encourage and develop a greater capacity in young clients to approach
experience from different perspectives and thus approach psychological difficulties in less rigid ways. In this regard, the role of a counselling psychologist can be understood as a type of ‘authoritative parent’ who communicates with their children in open, collaborative and reasoned ways. The ‘structure’ of this approach thus appears to constitute a form of ‘scaffolding’ which is widely acknowledged across different fields (e.g. child development and education) as conducive to successful development and learning (Vygotsky, 1962; Wood, 1988).

Although highly embedded in Jen’s personal experience, it is interesting to note that particular psychological theories, models and interventions were employed during therapy. Psycho-education was offered in reference to the complex inter-relationships between thoughts, mood, behaviour and environment (including past and present, personal and social). This is acknowledged particularly by a cognitive behavioural approach and theories related to post-traumatic stress disorder (Bracken & Thomas, 2008; Greenberger & Padesky, 1995). Manifestations and thresholds of emotion were explored particularly in relation to anxiety and emotion freedom therapy (Flint, 2001; Keable, 1989; Kennerley, 1990; 2009). Defence mechanisms were explained in terms of projection and understood during the analysis through theories of transference and countertransference (Jacobs, 2010; Lucey, 2007; Ogden, 1982; Pieterse et al., 2013). Transactional analysis provided a highly informative theoretical model for understanding interpersonal dynamics during analysis of the transcript.

This case study does not offer an evaluation of theory but nevertheless validates the poignancy of certain theoretical models for understanding and exploring adolescent experience. For example, the relevancy of theories of attachment was substantiated by discourses in the transcript (Bowlby, 1969; 1973; 1988). In fact, Zack et al. (2015) argue for recognition of attachment as a common factor across all therapeutic approaches due to the implications attachment history has for how well young people communicate and bond with counsellors during therapy (Castonguay

---

88 Referred to earlier as ‘inter-related, meaningful’ experience.
Geldard and Geldard’s (2008) advocacy of a client-centred and psychodynamic approach during early stages of therapy also resonate with my experiences of transference and countertransference during earlier sessions. Knowledge of the ego states of transactional analysis undoubtedly drew attention to and facilitated an understanding of how the ‘child’, ‘adult’ and ‘parent’ in every person can impact on interpersonal (and intrapersonal!) communication (Berne, 1964). Rogers’ (1961) core conditions of empathy, congruence and unconditional positive regard offered a theoretical construct for understanding therapy (relationship and interventions) throughout the analysis.

Although trained as a counselling psychologist in the philosophy of humanism and pluralism, the values and beliefs of this approach appear to harmoniously engage with the ways in which Jen’s difficulties manifested. This suggests that flexible, responsive therapy meets the needs of adolescents in ‘flux’ who are not on a stable, unidirectional trajectory of change but require different ways and means of accessing therapeutic goals (see Figure 12, p. 168) (Cooper & McLeod, 2011; 2012; Flysbjerg, 2006; Watanabe, 2010). The sensitivity of therapy is shown by the fact that interventions are highly dependent on the context in which they are situated and thus often defy explanation and categorisation. Such intuitive, subjective practice argues against the search for universal ‘truths’ and applications that can be learnt, prescribed and delivered in ‘set’ ways (‘one size fits all’) (Dawes, 1994; Lichtenberg, 1997; Norcross & Wampold, 2011). In the words of Perret-Clermont, Carugati and Oates (2004): ‘We believe that to understand is an autonomous act, internal and free, which does not depend on hierarchical structures, nor can it be prescribed or demanded’ (p. 325).

### 2.4 Cross contexts

A pluralistic perspective is not exclusive to pluralistic practice but a ‘mindset’ that favours multiplicity, flexibility and inclusiveness across all fields of counselling, psychotherapy and psychology (Cooper & McLeod, 2012; McLeod & Machin, 1998). Just as a counselling psychologist may explore career development and future plans
during therapy with an adolescent client, so the career counsellor will attempt to establish a relationship based on security and trust (Bedi, 2004). Both roles facilitate a sense of purpose and understanding of current and future needs (Amundson, Borgen & Tench, 1995). Based on historical trends in epistemology and methodology, Watanabe (2010) supports a metascientific foundation for pluralism in psychology (see Figure 14).

![Figure 14: Historical trends in support of pluralism in psychology (Watanabe, 2010, p. 257).](image)

Perceptions of similarity and difference also underpin notions of social justice i.e. the ways in which advantage and disadvantage are inferred according to contrasting positions of equality, domination and power (Bell, 1997; Miller, 1999; Vera & Speight, 2003). However, a focus on diversity and difference (rather than similarity and togetherness) appears to support discourses of distinction, discrimination and prejudice, the circularity of which actually creates conflict and power (Hays et al., 2007; Tajfel, 1978; Tajfel & Turner, 1986; Turner, 1970). In contrast, a focus on human complexity (i.e. a case study) ironically brings with it a simplicity through drawing attention to fundamental human experiences e.g. the importance of being in relationship and that every person has access to a ‘child’, ‘adolescent’ and ‘adult’.
By highlighting the dynamism of ‘both-and’ parts of self opposed to ‘either-or’ positions of adolescence and adulthood I hope to have facilitated greater understanding of what unites rather than divides human experience. This leads me to question whether adolescent counselling should be constructed as either a different field to adult counselling or completely subsumed by adult research and thus no longer visible. If theories contrast and conflict, maybe we have not yet reached a level of understanding which extends beyond distinction and difference to enable cohesion and coherence? For example, trends in therapy, like surface structures, are often context specific and thus subject to change and circumstance whereas foundations of knowledge are stable and trustworthy.

Attention to ‘togetherness’ enables understanding of how the qualities and characteristics of a successful ‘therapeutic’ relationship are transferable to all types of interpersonal relationships (e.g. parenting). The skills and interventions explored in this case study have the capacity to ground all elements of communication between all ages when people attribute meaning appropriately (i.e. situate it in the person who is communicating). From the introduction of this thesis through to this conclusion, themes of openness, authenticity and trust have been related to understandings of being real, autonomous and safe (Grotevant & Cooper, 1986; Horvath & Luborsky, 1993; Riesch et al., 2003). These are strikingly close to Rogers (1961) core conditions which uphold humanistic principles of personal growth and development and are undoubtedly relevant to all forms of interpersonal communication.

Different chapters of this research raised a range of questions that were beyond the scope of this research. Below I offer suggestions for future research that seem poignant to therapeutic practice in general and more specifically to adolescent counselling. This is not an exhaustive account of all possibilities but attempts to signpost particular directions for further exploration.
3. **Suggestions for future research**

In response to the perspectives on adolescent counselling that have been raised by this research, I would like to put forward the following ideas as potential areas of interest for future research:

The difference in my response to ‘Mum’ when talking face-to-face with Jen opposed to reading her discourses in the transcript led me to question how much *non-verbal* communication impacts on shared meaning and empathic understanding. This seems particularly relevant to the field of online adolescent counselling in which therapists only have written discourses to make sense of the client’s experience;

In Western culture social discourses of ‘autonomy’, ‘self’ and ‘power’ are more widely circulated in common narratives of human experience. It would be interesting to explore contexts of meaning and understanding from a discourse analysis of counselling with adolescents in more community orientated societies (Geertz, 1984; Miell & Ding, 2005; Tobin, Wu & Davidson, 1998);

Based on potential similarities between an ‘authoritative’ parenting style and therapeutic skills, it would be informative to explore whether successful therapeutic outcomes are associated with therapists who adopt this parenting style;

If the same methodology was adopted for research with other adolescent clients would later analyses affirm, refute, extend or deepen knowledge from this single case study?

How would this analysis be interpreted differently through the lens of transactional analysis based on identification of fluctuations between ‘child’, ‘adolescent’ and ‘adult’?
The transcript offers many discourses related to childhood abuse which have been explored as part of this research but have the potential to offer deeper levels of understanding from a more focused, in-depth study of related discourses.

4. Final summary

Although this research cannot do justice to the wealth of knowledge and meaning in this case study, it has indicated how much insight can be gained from studying human experience in contexts that are meaningful and real. Many of the discussion points may not be original but they interestingly bring together many of the theories and ideas which are already disseminated across studies on counselling and psychotherapy. The ability to view counselling practice and content in its entirety has hopefully provided the reader with new and different perspectives on how people communicate with each other. I refer to ‘people’ as the distinction between ‘adolescent’ and ‘adult’ is one that I no longer believe to be significant. My hope is that this research has encouraged the reader to recognise that beyond the surface complexities of human experience there are in fact many fundamental similarities that enable us (people of all ages) to empathise with and understand each other. In this way it highlights how common narratives about conflict and difference seem to have rendered the existence of common ground, open communication and support invisible. Although the focus of this research situates it in the field of counselling psychology, it seems that its approach to adult-adolescent communication has poignancy for understanding social interaction in general.
REFERENCES


Bohart, A. C. (2000). The client is the most important common factor: Clients’ self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*, 127-149.


References


References


References


Appendix I: Worked Examples of the Analysis

Readings of the transcript (Stage 1a and b)
Journal entries for first reading (Stage 1a)

- often the word came up
- I came: “know” + (feel)
- possibility you see, we say, you mean, for “I”
- having time to reflect on changes, procedures — need to work with the discipline
- words need to specific for oneself
- if someone else refers you, it will not be understood correctly
- First reading maybe useful to explore emotion so that next reading has been processed?
- Feelings, thoughts
  - immediately understand?
  - later, move, move, forever
  - speed in words / way
- Presence of relationship
  - how much responsible?
  - seeing, telling


- reflection, supplementation by events
- 6.52 = process main idea
- main process, God
- shading comes, like God
- who is communicating also body-language: gesture, looks, behaviors etc.
- The response of chair during (smoon & prepare
- awareness)
- seems special, never... always understand? (6.52)
- Read messages, entries and listen
- that the more contexts or context
  of in meaning
- one what I was thinking
- but these have been confused
- realized I would like frame it
- but that then realized that the
  meaning is different
- the responses on appear
- maybe superficial (6-7 days)
Journal entries for second reading (Stage 1b)
Appendix I

Journal entries throughout research process (Stage 1c)

Appendix I

236
Coding process (Stage 2a)

Session 3

you're going to be in a... emotionally, you're going to be in a really
different place now. So, you're not probably going to be able to tap
into that. So, that doesn't mean that because you can't access it now,
it ever existed, does it really?

CLIENT: No. I just... I don't know how to describe it. I feel like no
matter what happens in life, or, you know, whether I end up going out
with somebody else. Or even if I get married.

COUNSELLOR: Yeah.

CLIENT: I'm always going to love him.

COUNSELLOR: Yeah.

CLIENT: Because he's like my first love.

COUNSELLOR: Yeah.

CLIENT: And it's just...

COUNSELLOR: But it is. It's... it'll be the first... The first time you feel
those feelings. It's going to be really powerful though isn't it?

CLIENT: Yeah. I wrote him a little poem.

COUNSELLOR: 

CLIENT: I've got a scrapbook.

COUNSELLOR: Yeah, yeah.

CLIENT: Yeah. It was...

COUNSELLOR: For you? Or have you actually given it to him?

CLIENT: Oh no, I haven't given it to him.

COUNSELLOR: No, no. I was going to say...

CLIENT: I mean, he was, like... He pretended to be, like, some big,
tough guy. He was obsessed with the gym and he had a BMW and
thought he was 'It'.

COUNSELLOR: Yeah, yeah.

CLIENT: But, we spent a whole day drawing and writing poetry.

(Laughter). It sounds really sad

COUNSELLOR: Right. No No.

CLIENT: But, it was really sweet, and... Yeah. So, I just felt like it was
the appropriate thing for me to get my feelings out, to write a poem.

COUNSELLOR: Yeah.

CLIENT: And it's gone in my scrapbook.

COUNSELLOR: Yeah. Could that help?

CLIENT: Yeah.

COUNSELLOR: Yeah.

CLIENT: If I'm sad about anything, I will usually look in my
scrapbook and make a new page and spend hours doing it until I feel
like I'm finished and I can close the book and...

COUNSELLOR: I'm with you. So, it's almost like bringing out what's
going on inside out into something.

CLIENT: Yeah.

COUNSELLOR: It's almost like... I knew it's a buzz word, but
externalizing. Isn't it? It's almost like, all that... Right, again that
seems to help.

CLIENT: Yeah.

COUNSELLOR: Yeah?

CLIENT: It's just... Sometimes when I think about things, I feel like I
have to much going on in my head... This is going to sound really
weird, but... When I first learnt about what schizophrenia was...

COUNSELLOR: Yeah.

CLIENT: I... That's what I imagine... the inside of a schizophrenic's
head is like.

COUNSELLOR: Ok.
Code word ‘Adolescent’ (Stage 2b)

Adolescent (code word)

And I've, sort of, been looking after her. I mean, it's not my responsibility, but I sort of felt... I was a bit like, she cared for me for so many years, I should help her. I'd want someone to do that for me if... So, I was going up and trying to... Not care for her, but just be there. I mean, I can't be her carer with doing my A-levels. I missed a lot of time off just trying to be there for her anyway, but... But, I'd go up and, like, clean the flat and make sure she'd eaten something, see what she'd had to drink (203.2.7) - in adult and adolescent.

That sounds really difficult, Jen. A bit. I mean, how are you experiencing that? Do you experience that as a heavy responsibility? Or, how do you actually... I don't really know. I've tried to look at the facts of the situation. I think that's how I cope. I don't realise it, but, I was like 'why's she doing this? What's happened to her before? What trauma has she had? Why does she like to drink?' (222-231) - in adult and adolescent.

... Do you mind if I swear? That feeling of just being 'fucked.' That's the best way I can describe it (232-235) - in adult and adolescent.

because I'll say, like, 'why? Why are you saying these things? Why are you being like, defensive?' And she's like 'I have to be.' I'm like, 'no, you don't.' (284-287) - in adult and adolescent.

Err, I don't know, I mean, when I was... Obviously because I don't see any of the violence now, it's not... It's something that happened. It's what we have to deal with and, you just make the best of what you've got and... And just trying to get the grades to get out of this town. And as far away from my father as possible. But, when I was younger, it was really hard for me (300-315) - in adult and adolescent.

I do occasionally have, like, nightmares and things, and my Dad is always the bad guy. Like, I used to... when I was about 13, I was really scared of Voldemort in Harry Potter. (...) I used to have this recurring dream that I was falling off a cliff into his face and it would slowly morph into my Dad's (319-326) - in adult and adolescent.

But, err, I mean, I'm not... I don't feel scared of him anymore because I just feel sorry for him. Even though he's done terrible things and I won't speak to him. I just feel terribly sorry for him (331-334) - in adolescent, adult and communication.
Appendix I

Code words - single (Stage 2c)

Adolescent (Pure)

Yeah, I've got exams coming up in the next two weeks. So, I've been doing a lot of mocks. (...) Err, alright. I mean, I set up my revision times, like, in my little diary. I'm just... I don't know, hoping it'll go alright. Because I've missed a lot of time off and... (...) But, I've been looking at different A-level options, and I think, if I, err... I've been looking at the points I need to get into uni as well. And obviously, I drop one for next year. But, if I don't do well... do so well in another one, I think I can pick up an A6 instead, and do... So, I'll have two A2's, 2 A6's and another A6. (1369-1407) - adolescent

Yeah, I think once, like, something clicks in the subject, you just feel a lot better about the rest of them. "Right. I know that bit. That's fine. I can concentrate on the others." (1414-1418) - adolescent

I mean, I wish I didn't take English Language. Because I was better at the literature when I was in high school. But, err, it conflicted with my other subjects. Because you have blocks that you have to choose from (...) So I could only do language (...) Yeah. That's definitely the one I'm going to drop. I don't think my grade will be as good as the others in that one anyway (1422-1436) - adolescent

Like, trying to sleep better as well. Because I don't usually go to bed before 12. I don't really sleep (1447-1448) - adolescent

Actually, I find that I run better on less sleep. And I don't know why. Like, if I sleep for longer, I tend to feel more tired throughout the day (1459-1461) - adolescent

Yeah, I mean I just feel like doing A-levels and things and going further with my education, and like the next steps. And sometimes, what I'm not feeling so confident that I know what I'm learning in them. I just feel like I'm going through the motions of trying to get to the next step. Err... Yeah, I don't really know how to explain it. I just know that I want to leave Wheatfield (Laughter) (1838-1646) - adolescent

Yeah, I mean, I do... personally, I do want to lose weight. When I was a lesser weight... I do feel more confident. Well, at the time, I didn't see it, because I was
Appendix I

Code words - combined (Stage 2c)

Adolescent-Adult-Communication-Therapy

I'm just wondering... because, I'll be honest with you, I'm sitting here almost reeling. I'm thinking 'wow!' You know? And that's what I mean with me saying being open and transparent. And if I'm sitting here and thinking 'flipping heck, Jen' I'm trying... I'm sitting here trying to make sense of all of that. Does that make sense? So, I'm thinking what was it... What must that be like for you? If I... You know what I mean? You've just given me, probably a five minute summary (Jen laughs) And I'm overwhelmed (253-306) - empathy shock

Oh gosh, Jen. Ok. I got goose bumps when you said that (Voldemort morphing into Dad's face). Right, ok. Right (327-330) - immediacy

But does that... I don't know. I'm wondering... because... you see, I'm listening to all of this. In fact, sort of watching you, and you haven't even... You've lived in this world almost, haven't you? Of alcohol... I'm, sort of, hearing you know... I don't know whether I'm right with this. This... You're trying to make sense of where it becomes a problem. I don't know whether I've got that right or not. But I've almost got this sense of you... it seems to be everywhere and it's a right, but when does it... You've got your Nanna. You've got your Mum... Then your Dad. Jayne. It's quite... (....) Yeah, it's around you a lot, isn't it? (407-419) - I know this as I know counseling talk but an independent researcher would see this? - checking in

Almost like feeling you just want to be free. You want to get away from it all (459-460) - reflection

CLIENT: I'm, sort of like, numb to it. Because I look at it like, this is the situation I'm in. These are things that have happened... I don't know. I don't think it would really make me feel anything (.....)

COUNSELLOR: it's almost like however hard you try to get your head around it and possibly even your emotions, because of the nature of where you are in Wheatfield, you can't really ever quite... quite complete that (526-548) - reflection

I'm listening to all of this around you, and yet you come across to me as being... warm... and why have I phrased it like that? 'And yet', as if you're not allowed to be,
Analysis of adolescent communication (Stage 3a)

Adolescent-Communication

And she (Jayne) had a daughter a year after, and me and Nicole – that’s her daughter – had grown up together, so we’re kind of best friends now (340-343) - adolescent, adolescent

and her daughter Nicole had been drinking and gotten herself in a state, so I was just staying there to look after her (350-352) - adolescent, adolescent

Yeah. And I’ve... This year, starting my A-levels, it’s really, sort of, been a little bit of self discovery of how I’m going to do that (get away from it all). Because, I was trying to look after my Nanna, and I couldn’t keep up with my work by doing that. And, erm... Then, rather than doing my work, because I’d been so stressed from my Nanna, I’d just go out with friends and try and loosen the stress. I got very behind on my work. And I sort of sat myself down and had a little talk (laughter) to myself. I was like ‘you’re never going to get out of this town if you don’t get the grades to get out.” So, I’ve really tried to catch up now (...) I mean. I could be better prepared for exams, but... it’s just something I’ve got to... hope to get through this year, and then I can start fresh the next year. And I know that now. Like, I know how much work it takes now to actually do something about it. But my Mum’s not really one of those that bothers about education (403-482) - adolescent, self and adolescent, adolescent

And I sort of sat myself down and had a little talk (laughter) to myself. I was like “you’re never going to get out of this town if you don’t get the grades to get out.” (470-472) - adolescent, self

It was like... I wish I could write a book about it. (laughter) (568) - adolescent, self

(...) and when I started seeing him, I explained, like, we used to sit up and talk to each other until like 6 in the morning, the first three nights that we met each other. And explain, like, the whole situation to him and he understood it. And he came around and used to sit with my Mum and talk to my Mum for ages. And he was really nice. And I was like, I wasn’t alone with it (570-577) - adult as adolescent
Appendix I

Themes and subject positions (Stage 3a)

... adolescent... adolescent.

grown up together (Nicole).
look after.
He was telling her (Nicola).
It's more about finding.
space from Nicole.
Nicole is one of my sisters—put to bed (drug).
I know she was going to be sick.
Difficult to relate to people more than age.
Previous complex cases.
He told Nicole and Nicole told me.
I don't want to bore them with it.
- Dream—measles left behind—lived a got away.
- Teenage experimented with drugs (drawing with others).
- Hang out together.
- Find together.
- People who knew my wholesomeness.
- Make friends — family.
- werd brush together — blunt answers questions.
A bit of normality.
I find them fascinating (Nicole friends).
Identification of subject positions (Stage 3a)

- Adolescent/ self
  - concentration
  - next steps
  - understand self
  - process of elimination
  - wait + see
  - powerless
  - space myself
  - control of our life
  - don't get the grades
  - write a book
  - situation makes you mature
  - drugs let you figure out

- want to know what others are thinking
  - being with wrong
  - spiritual
  - dreams as God's language
  - artistic form: distorted messages in dreams
  - artistic form: distorted messages in dreams
  - what is the point
  - emotional & relational with it
  - poem
  - scrapbook
  - learn + mem on
  - here the feeling of crying
  - make nature
  - make nature
Refinement of analysis (Stage 3b)
Analysis of immediacy (Stage 3c)

Immediacy - my response need to reflect back.

Overwhelmed by her story. - the events that happened

I just got c. round when you're speaking ... is it a
c. dream? (sound shake), 22 - 24 second to you?
(chocking in?) 22 - 24. 234.

And she had these slurred sounds of that throughout.
the talk usually been talking. That there's a little
bit of fear if you think you're like your dad or
that you could become like your dad.

(Immediacy need to check it?),

her response (234-236), yeah, yeah.

I mean it was really sad.
That sounds really hard to talk on the phone.
I mean it was really scary. (236-237), - really.
From, non-invasive. - am my soon Death. (236).

Then, an enormous time to say to someone. Yes.

I'm getting the sense of it being a little much really.

I hear that in your. What you're incredibly self-

outrage. (243-245).
Appendix II: Account of Transference

Transference during Analysis

This reflexive account offers a description of my experiences of transference during the discourse analysis of ‘Adolescence’ and ‘Making sense of adults’. Realisation that I had experienced transference came suddenly one day at the end of a first draft of these particular interpretative repertoires. Although my person is undoubtedly present in these responses, the parallels between Jen’s experience and my own are striking. As difficult an experience as this was, it was incredibly powerful to feel that I had been ‘walking in Jen’s shoes’ (in part at least). Transference attributed the discourses a depth of insight which made them feel lived and ‘real’.

My experience of transference

A few days after becoming aware of ‘transference’, I described the experience with the following words: panic; anxiety; fearful; scared; worried; troubled; stressed; sheer terror and ‘rabbit in headlights’. I have listed the words in the order the emotions came to me.

More generally I experienced myself as lost, confused, ‘fudged’ and not ‘able to see the wood for the trees’. Despite knowing that I must do something, I was unable to work out where I was going, what I should do and how to do it. I remember being in a cycle of anxiety, feeling out of control and experiencing the thoughts that someone wanted something from me and I did not know how to give it. Not knowing or understanding how I was feeling left me without an ‘anchor’ and prevented me from making sense of myself and others. The words I wrote to describe this were: helpless, no answers, no solutions, vulnerable and childlike.

I would appear to be coping and then one small thing could send my mood plummeting. This seemed to repeat itself in endless cycles. I described this as ‘going from being in control to complete helplessness in seconds’, as ‘one more problem or anything negative and then I felt I’d crumble, fall apart and not cope.’ This would manifest as ‘strong/can cope’ vs. ‘weak/fragile’. There was a sense that I had reached my absolute threshold of resilience and tolerance.

Such heightened emotion would occasionally be counteracted by resignation, flat emotion, the feeling of relentlessness with no reprieve, that the experience had taken over my life and there was no room left for fun. Interestingly at such times the following thoughts and feelings seemed at their strongest: self-criticism,
reproach, feelings of inadequacy, not being good enough, low self-esteem, lack of confidence, worthlessness, loneliness and the sense that ‘no one gets or sees this’. Within all of these emotions I was highly aware of constantly fluctuating between ‘adult’ and ‘child’.

During this time the methodology appeared to contain and hold the process whilst simultaneously smothering and trapping me. I felt that my natural tendency to deal with this process in my own way was being confined. In this case I wanted to approach Jen’s experience freely, creatively and experientially. I wanted to just let it ‘be’ and enable it to emerge naturally in ways that have their own coherency and meanings. Interestingly most of the underlying processes described in the discussion were identified during the first readings of the transcript. Further analysis added the depth and the detail.

**Transference experienced by others**

When talking to my husband about my awareness of what I had experienced, I asked him to openly describe how he had perceived me during that same time. The words he used were: erratic and confrontational with exaggerated behaviours i.e. existing habits, responses were magnified with raised levels of intensity. He reminded me of bad dreams during this time (persecution, distress, fear and failure) and difficulties sleeping at times. He described me as highly vulnerable, ‘on edge’, not able to relax, restless and agitated.

**Summary**

It is beyond the scope of this thesis to explore the meaning of this experience in great depth but it is noteworthy how closely many of the feelings, thoughts and behaviours I experienced mirror and parallel the discourses used by Jen to describe herself and adults around her.
Appendix III: Additional Extracts

Extracts (1)

‘CLIENT: Erm, I don’t know. I mean, when I was... Obviously because I don’t see any of the violence now, it’s not... It’s something that happened. It’s what we have to deal with and, you just make the best of what you’ve got and...’ (L309-12)

‘COUNSELLOR: So, that’s interesting, ok. So, when you say ‘interesting’, when you were talking about love... So, you’re not confused, but interested. It almost, like, sounds as if... Is it a bit like a puzzle? Like a...

CLIENT: Yeah.

COUNSELLOR: ...Something you’re trying to...

CLIENT: Because I just think... I don’t know how to describe it... This might take me a while (laughter).

COUNSELLOR: It doesn’t matter, you describe.’ (L716-24)

‘CLIENT: And he was doing it as well. And, it’s just, we look very similar. Like, this bit is just my Dad. And I just got so annoyed, more at myself than him. But it’s things that I can’t change about myself, so I just have to forget them and think...’ (L1248-51)

‘CLIENT: I say situation a lot. I don’t mean to, but I feel like it’s the best way I can describe it (laughter)’ (L2233-4)

‘CLIENT: Ok. I mean, I don’t know how to describe... It’s difficult because I love my mother so much. And I hold her in such high esteem.’ (L2383-5)

‘CLIENT: Well, I don't know if they’d react any different, but I just feel like, sometimes, they can be a little bit of a voice of reason.

COUNSELLOR: Ok. Ok.
CLIENT: Not... not like... I don’t know how to describe it. Not like we’d all look to him for guidance and things...’ (L2496-2500)

‘CLIENT: Erm... I don’t really know. I don’t know how to describe it. It made me really sad. We had a little bit of a cry.’ (L3156-7)

‘CLIENT: No. I just... I don’t know how to describe it. I feel like no matter what happens in life, or, you know, whether I end up going out with somebody else. Or even if I get married.’ (L3200-2)

‘CLIENT: I can make sense of them, but it’s just whether I’m, like, thinking about on the day or what’s affected me.

COUNSELLOR: Right, right.

CLIENT: Like... erm... I don’t know how to describe it.’ (L3269-3272)

‘CLIENT: I just... I don’t know... It’s just... I just don’t know how to describe...

COUNSELLOR: But...

CLIENT: He just annoyed me so much!’ (L4332-5)

‘CLIENT: There’s nothing I can really do about it. I’ve just got to accept her that way and...

COUNSELLOR: Okay.

CLIENT: And deal with it myself.’ (L5428-31)

‘CLIENT: But she seems, sort of, comforted by about talking... talking about it obviously comforts people. But... just living... I don’t know how to describe it... I don’t know.’ (L6755-7)

‘CLIENT: I don’t know. I mean, I’m so confused, just about everything.
COUNSELLOR: Well, no, I know.

CLIENT: I can never, like, describe stuff properly.’ (L8419-21)

‘CLIENT: Erm, I saw a lot from a young age anyway. But then it all just made... not made sense. Like, none of it makes sense to me, but, made sense in, like, a series of events.’ (L8732-4)

‘COUNSELLOR: With you, with an enormous question mark? So, it almost sounds as if, when you’re talking that the... a lot of making sense is making sense of what does a... what does a romantic relationship mean?’ (L9048-51)

Extracts (2)

‘CLIENT: No. I found that I had like funny dreams once I’ve been talking about things. Like, a lot of it comes out. Is it your subconscious?

COUNSELLOR: Yes, yes.

CLIENT: You know. But they never... like, I can never really pinpoint the point of them because they’re always quite like a Grimm fairytale.

COUNSELLOR: Yeah.

CLIENT: You know, Brothers Grimm.’ (L1506-14)

‘COUNSELLOR: And... inevitably... bringing this stuff up is going to... you know... have some sort of effect on you.

CLIENT: I think it comes out... rather than talking about it. It comes out in dreams.’ (L4560-3)

Extracts (3)

‘COUNSELLOR: So, a particular emotion you’re feeling on a day seems to tap into something else that comes...
‘CLIENT: Yeah, I mean, it doesn’t, like... it doesn’t affect how I am with people or how I act with my friends.

COUNSELLOR: Right, yeah.

CLIENT: I keep a good lid on it.’ (L3273-8)

‘CLIENT: Yes, cos I’ve seen my Mum be so upset and I’ve seen a lot of family members be upset...and I just.... I’ve been upset myself and I just hated it when I was younger.... I hated the feeling of....crying or anything... and ... my Dad used to scare me to death... he really did. He really scared me. I used to shake when I saw him.’ (L3430-5)

‘CLIENT: But, I just... I got in that much of a mess that I just let everything out.

COUNSELLOR: Yeah.

CLIENT: But, I just... It’s not healthy to do that because then you scare other people around you.

COUNSELLOR: Ok.

CLIENT: And, it’s not fun to be known as the one that’s always crying at parties.

COUNSELLOR: No, ok.

CLIENT: So, that happened once and then never happened again.’ (L3897-3906)

‘CLIENT: Yeah... and I suppose that’s why, at Glastonbury and things.... that’s why I did do drugs... because... I enjoyed the happy numbness.... if that makes sense..... and I didn’t ... because it’s like if you’re confident.... you’re not scared of anything ... and anything that you’re worried about sort of gets blocked out ...

COUNSELLOR: Yeah.... yeah... so, it blocks it out? You didn’t find that lots of stuff was coming up for you?

CLIENT: Oh no. At Glastonbury I was fine. And I suppose it was because I was with my sisters...’ (L5175-83)
‘CLIENT: Yeah, I think so. I mean, it’s sort of... There’s a flip side to it. I also feel like it’s made me like... a bit more of a fragile person in some ways.

COUNSELLOR: Ok.

CLIENT: Maybe emotionally. I mean, I try... I think I try and hold it all together.’
(L8370-5)

Extracts (4)

‘CLIENT: Erm, alright. I mean, I could be better prepared for exams but... it’s just something I’ve got to... hope to get through this year and then I can start fresh the next year.

COUNSELLOR: Ok, ok.

CLIENT: And I know that now. Like, I know how much work it takes now to actually do something about it. But my Mum’s not really one of those that bothers about education.’ (L476-82)

‘CLIENT: Get out of this town! (Laughter) That’s like my main goal! (L607)

‘CLIENT: Yeah, I don’t know if, like, confused is the right word, but I’m just really interested in it.

COUNSELLOR: Interested, ok.’ (L664-6)

‘CLIENT: I’m just... I don’t know, trying to collect my thoughts on everything and get into a bit of a routine.

COUNSELLOR: Ok.

CLIENT: Like, trying to sleep better as well because I don’t usually go to bed before 12. I don’t really sleep.

COUNSELLOR: Ok.

CLIENT: But, yeah. But, last night, I made myself go to bed at half 8 and then I woke up at half 4 this morning.’ (L1444-51)
‘CLIENT: Yeah, I mean I just feel like doing A-levels and things and going further with my education, and like the next steps.

COUNSELLOR: Yes.

CLIENT: And sometimes, when I’m not feeling so confident that I know what I’m learning in them, I just feel like I’m going through the motions of trying to get to the next step.

COUNSELLOR: Yeah.

CLIENT: Erm… yeah. I don’t really know how to explain it. I just know that I want to leave Wheatfield (Laughter).’ (L1638-46)

‘COUNSELLOR: I mean, I picked up last week… sometimes, you do, don’t you? You very much try to understand and make sense of things?

CLIENT: Yeah, I just think it’s easier that way, rather than let myself get hurt by things.

COUNSELLOR: Yes, yeah, I’m with you.

CLIENT: Then, rather than spending time trying to fix how I’ve been hurt, I can…

COUNSELLOR: Yeah.

CLIENT: Do something about it.’ (L1786-95)

‘CLIENT: Erm… but, then it’s just… I’ve made myself, sort of, deal with it.

COUNSELLOR: Yeah, yeah.

CLIENT: I don’t want to be bitter but I think trying so hard not to be bitter about things like this makes…, again, makes me more fragile and open to… other hurts…” (L8745-50)

‘CLIENT: Like, each time. I always feel like each time something good happens, something bad is going to happen after it…. which usually does, but… I think that’s just the way life works. Like, if you didn’t have bad times, you wouldn’t appreciate all the good.

COUNSELLOR: So like a balance, an up and down?
CLIENT: Yeah.

COUNSELLOR: Right.

CLIENT: Like even... you wouldn’t know how happy you could be if you...

COUNSELLOR: Yes.

CLIENT: ...didn’t have all the bad stuff happen.’ (L8758-68)

‘CLIENT: I was like “I don’t think you need to go.”

COUNSELLOR: Yes.

CLIENT: I was like “And I’ve got college work to do.”

COUNSELLOR: Yes.

CLIENT: “So I can’t come with you.” But she kept asking me over and over again. I was like “no, I need to go home. I’m sorry.” (L9890-5)

‘CLIENT: Erm... so hopefully focusing on one of those will help me with that.’ (L10783-4)

Extracts (5)

‘CLIENT: Like, if I’m upset or... I don’t know, angry. Like, if I get angry, I cry. I don’t actually, like, lash out about anything.

COUNSELLOR: Yeah.

CLIENT: Like, I’ll sit in my room and I’ll paint. I’ve got a big scrapbook that I started making actually and... (laughter).’ (L669-73)

‘CLIENT: I just think that’s where the artistic side comes from. Like, all the influences that... Things that I can’t explain verbally or understand in my head, I can possibly explain them a bit to myself creatively.’ (L1563-5)

‘COUNSELLOR: Aww, you see, that speaks volumes to me. It really does. Yeah.
CLIENT: I find if I’m doing something in a creative way, I can make sense of what I’m trying to say.’ (L5701-4)

‘CLIENT: I just often feel that people that have had, like, trauma or bad experiences in their lives... are creative people. Erm... and whether they do it to help... help themselves, or... whether they just want to create something, I mean, I feel that goes hand-in-hand.

COUNSELLOR: Yeah.

CLIENT: Like, when you create something, it’s like, erm, releasing emotions into it.’ (L9675-81)

**Extracts (6)**

‘CLIENT: And I often think I’m going to write the memoirs of my life when I get really old (Laughing) (...) Have you seen the film Atonement?

COUNSELLOR: Yes, I have.

CLIENT: Do you know, when she writes a book at the end of her life?’ (L8856-61)

‘CLIENT: I often think when you create something as well, that it’s like... it’s everything you’ve been feeling... I don’t know how to explain it... It’s like a snippet of you but a better version because it’s something you can give other people happiness.

COUNSELLOR: Yes.

CLIENT: Or...

COUNSELLOR: Yes, yes.

CLIENT: Evoke emotion.

COUNSELLOR: Yes.

CLIENT: So, it’s... it’s taking whatever experience you’ve had and just making them better.

COUNSELLOR: Yeah.

CLIENT: But... I think I’m just going to stick with my poetry.
COUNSELLOR: Yeah.

CLIENT: Or writing, creative writing.’ (L9606-20)

‘CLIENT: Erm... I just... I always feel like creative people always have, like, more to... to leave behind than...

COUNSELLOR: Yes.

CLIENT: Than, erm...

COUNSELLOR: Yes, yes.

CLIENT: That’s definitely something I want to do. I don't know why because I don’t often feel like many people my age feel like that. But, it is like a... not a worry, but something that I’m determined to do.

COUNSELLOR: Yes.

CLIENT: Like, someone somewhere knows I was here.’ (L10889-98)

‘COUNSELLOR: Where do I ... where do I ... like, exactly as you’re saying. Where do I leave my mark?

CLIENT: Yeah.

COUNSELLOR: Because you seem to have been there. So, I can see you wanting to do that. “Hey I’m... not... not attention seeking, but hey, I’m here too.” (L10907-12)

‘CLIENT: But... this sounds big-headed again, but I just think I want to do something that... it’s like, it’s mine.

COUNSELLOR: Yes, yes.

CLIENT: And even though it’s for other people, it’s always going to be mine.’ (L10920-4)
Extracts (7)

‘CLIENT: And I sort of sat myself down and had a little talk (laughter) to myself. I was like “you’re never going to get out of this town if you don’t get the grades to get out.”

COUNSELLOR: Right.

CLIENT: So, I’ve really tried to catch up now.’ (L470-4)

‘CLIENT: Then, I’ll just have to… wait and see what happens…” (L4611)

‘CLIENT: I’m just being in control of my own life.

COUNSELLOR: Yeah.

CLIENT: Like, when I when I’m living on my own, like… I’ll know when things have to be paid, and I’ll have a job and… my own friends and things.’ (L6889-93)

‘CLIENT: Yeah, I mean, I’ve never… Even from when I was younger, I’ve never had the idea that, like, a prince is going to turn up on a horse and take me away from here. I’ve always known, from being really young that I’m going to have to do it myself.

COUNSELLOR: Yeah.

CLIENT: That I have to get my education, get a job and… well, not even get a job. Just move away first and then look for a job and support myself.’ (L9467-74)

‘CLIENT: Like, it’s not a permanent or definite thing. Erm… so, I suppose working, and then… it’ll probably be my birthday (laughing). Planning myself around…

COUNSELLOR: When is your birthday?

CLIENT: It’s not until December.

COUNSELLOR: December? Right, ok… oh, you’ve said that. Sagittarius, Sagittarius.

CLIENT: Yeah.

COUNSELLOR: I should have known that. Came back as soon as you said December.
CLIENT: That’s what I mean by, like, it doesn’t matter how far something is or whether...

COUNSELLOR: No... yes, yes, yes. No, I’m with you, I’m with you.

CLIENT: I suppose it, almost like, gives me a bit of stability. I... I don’t really know why but...' (L11385-97)

---

**Extracts (8)**

‘CLIENT: I find the... like, concept of love quite interesting.

COUNSELLOR: yes.

CLIENT: Because it’s like a socially acceptable form of insanity when people fall in love.’ (L620-623)

‘CLIENT: And I don’t think... I mean, I don’t think my Dad experienced a lot of love in his life... because my Mum’s wonderful. She’s such a warm, loving person. I mean, she is a mother. She mothers everybody.

COUNSELLOR: Yes.

CLIENT: Erm, she’d rather them be happy than herself.

COUNSELLOR: Yeah.

CLIENT: And I think he just latched onto that. He never wanted to let it go but his own personal issues just fucked it up.’ (L637-45)

‘CLIENT: Oh yeah, like, I’ve never been in a relationship before. Even, like, I don’t know... from pre-school, people like latch onto others and that.

COUNSELLOR: Oh yeah.

CLIENT: “My boyfriend.” I’ve never had anything like that.

COUNSELLOR: Right, right.

CLIENT: So, it was all just kind of new and exciting and strange and...

COUNSELLOR: Right.
CLIENT: Yeah, and I don’t think I’ve ever had someone fancy me either (laughter). So... I may have, I just don’t know about it.

COUNSELLOR: Yeah, yeah.

CLIENT: But... it was just... I don’t know. I felt like wanted and safe. And he was older. He had a car and... it’s like a bit of independence.

COUNSELLOR: I’m with you.

CLIENT: That wasn’t really mine but I sort of latched onto his.’ (L794-809)

‘COUNSELLOR: You still can’t make sense of why it ended, can you really?

CLIENT: Erm, no. I just... I don’t think... I don’t think I ever will. I mean, I was just left with, like, no...

COUNSELLOR: No.

CLIENT: ...Information or...

COUNSELLOR: Information, no.

CLIENT: And... but, that’s... that’s something that you have to deal with in life.

COUNSELLOR: Yeah.

CLIENT: You can’t always have conclusions and reasons, and... things just happen.’ (L4186-97)

‘CLIENT: Yeah, I still have my fences. But I just think...from having finding out so many things when I was younger and seeing so many secrets..... There’s not much point in having them because people that you’re close with should know everything, I feel.

COUNSELLOR: Yes.

CLIENT: And vice versa. And I often think that sort of makes me a bit naïve to other people and maybe I expect too much. So I always have to remind myself that we are not the same person. “Yes, you are close with them but give them space. Don’t latch on to people. It’s okay.” (L5940-9)
‘CLIENT: The people I, erm... sort of, relate to, as well... not relate to or... maybe attract? I don’t know whether... I sort of believe in like vibes that you put out.

COUNSELLOR: Yes, yes.

CLIENT: Erm... because I think it’s really weird, like, say if you’re in a bar or something, and it... there’ll be a bar full of people and you’ll make friends with, like, just one random...

COUNSELLOR: Yes.

CLIENT: Or a group of them.

COUNSELLOR: It’s fascinating, isn’t it?

CLIENT: Yeah!

COUNSELLOR: I...I agree. I do, yeah, yeah.’ (L6027-38)

‘CLIENT: Erm, so I can’t say anything to her. I don’t really... I don’t really want to cos I just think it’s your own business...

COUNSELLOR: Yeah, yeah.

CLIENT: Like, deal with it how you want to.’ (L7081-4)

---

**Extracts (9)**

‘CLIENT: But he had the same star sign as my Mum and my Dad. Which... I don’t know, I didn’t know it at first but I instantly felt comfortable with him when I found out. I think that the way to do with it... like, the things... I don’t know... the way he explained things, mannerisms, he’s very...

COUNSELLOR: Right.

CLIENT: Analytical about stuff with me, like my Mum is and...’ (L924-30)

‘CLIENT: Yeah, I think... erm... Yeah, I just... I want... I really like... connections with people. And you don’t quite understand why you’re connected but you just are. I suppose I like mysteries in life because it’s already full of mysteries to me. Erm... and then, funnily enough, I read my star sign and it said Sagittarius like instant connections. I was like “well, that’s right.” Erm...’ (L4441-6)
‘CLIENT: I mean, I’ve… I’ve started reading up a lot on my star signs.

COUNSELLOR: Yeah.

CLIENT: The main thing for me when meeting new people is instant connections…

COUNSELLOR: Yes.

CLIENT: Is what you said.

COUNSELLOR: Yeah.

CLIENT: And, it’s that… it’s that way with anything. Like, whether it’s just being friends with someone or…

COUNSELLOR: Yeah.

CLIENT: Ending up not liking somebody, or…

COUNSELLOR: Yeah.

CLIENT: Liking someone in a romantic way. It is… it is that… I suppose, even with family. Like, with my sister, Tessa…

COUNSELLOR: Yeah.

CLIENT: We’ve always connected really well.

COUNSELLOR: Yeah.

CLIENT: And she’s an… oh, what is she? Aquarius.

COUNSELLOR: Right.

CLIENT: And, apparently, they make the best friends.

COUNSELLOR: Right, ok.

CLIENT: Which I actually found quite funny.’ (L9217-38)

**Extracts (10)**

‘CLIENT: Like, I always feel like I process information differently to other people.

COUNSELLOR: Yeah.
CLIENT: Like, I’ll always think about... I don’t know how to explain it. Like, in some whimsical fairytale fashion, for some reason. And whenever... I think in images a lot as well.’ (L4168-72)

Extracts (11)

‘CLIENT: I don’t know whether that’s just like the teenager in me, or...

COUNSELLOR: Ok.

CLIENT: And then when I was with Sam... obviously he dabbled, so I dabbled...

COUNSELLOR: Yeah.

CLIENT: And... I don’t know what it was... It’s like exciting, but it was exciting because it was wrong. And really, I think I shouldn’t be doing it because I know what my Dad’s like. Oh, I don’t know.’ (L3561-8)

‘CLIENT: Erm... and she... obviously wasn’t supposed to be drinking but she was. And my Mum was there. And she’s just broken up with her girlfriend and she got into such a mess. Erm... And she gets so angry with her Mum because her and her Mum have their own issues and...’ (L3987-91)

‘CLIENT: But, then I feel like....oh, loads of teenagers experiment.

COUNSELLOR: Yeah

CLIENT: My sisters have all done it and they’re fine and I suppose I’m just trying to find who I am and what’s...

COUNSELLOR: Yeah, yeah.

CLIENT: But I don’t think I’ll ever know until something happens.

COUNSELLOR: But do you need to take drugs? There’s a big difference isn’t there?

CLIENT: Oh, no. It’s not something I think about every day.

COUNSELLOR: Yeah.

CLIENT: It’s not first thing in the morning, like my Dad does. I...it’s just at Glastonbury really.’ (L5249-60)
Extracts (12)

‘CLIENT: And I feel that’s another reason I’m so bonded with my sisters because they’re the only source of sanity I have, other than my friends. But, my best friend, she’s a nutter as well. I mean, I love her to bits, I always will but she’s just... I mean...’ (L420-3)

‘CLIENT: Because I was trying to look after my Nanna and I couldn’t keep up with my work by doing that. And erm... then, rather than doing my work because I’d been so stressed from my Nanna, I’d just go out with friends and try and loosen the stress. I got very behind on my work.’ (L464-8)

‘CLIENT: Erm... I mean, I do go out with my friends and stuff.
COUNSELLOR: Yeah.

CLIENT: And we do have a lot of fun together. It’s more... about funding. I don’t have a lot of money to do the things I want to do.

COUNSELLOR: Yeah, yeah.

CLIENT: Erm, I do need to get a job actually.

COUNSELLOR: Right.

CLIENT: Erm... yeah, but... any time that I can, I do go out. But, like... I have some really good friends. I’ve got a small group of friends.’ (L1315-24)

‘CLIENT: And, erm, I’ve been out with my friends quite a bit. We camped out at the weekend. It was lovely.’ (L2820-1)

‘CLIENT: I mean. I’ve got....I’ve got lots of friends and we do all hang out together.

COUNSELLOR: Yeah.

CLIENT: Good stuff. And I see Nicole a lot. She’s really...pretty much an emotional crutch for me.

COUNSELLOR: Yeah.

CLIENT: Amazing.
COUNSELLOR: Yeah.

CLIENT: But I do the same for her.’ (L5591-9)

‘CLIENT: It was... I suppose I like... I like that because it’s like I’m a teenager or a kid again. It’s...

COUNSELLOR: Yeah, yeah.

CLIENT: ...A bit of normality.’ (L5995-8)

Extracts (13)

‘CLIENT: I mean I wish I didn’t take English Language.

COUNSELLOR: Right.

CLIENT: Because I was better at the literature when I was in high school.

COUNSELLOR: Ok.

CLIENT: But, erm, it conflicted with my other subjects. Because you have blocks that you have to choose from.

COUNSELLOR: Alright, I’m with you.

CLIENT: So I could only do language.

COUNSELLOR: Right. So, is that potentially one that you might be thinking of dropping, or?

CLIENT: Yeah, that’s definitely the one I’m going to drop.’ (L1422-33)

‘CLIENT: And, they’re never always terrible arguments. Like, we don’t really fight. There have been a few occasions, like rare, that...

COUNSELLOR: Yeah.

CLIENT: ...have been really bad. But, I mean, like... I don’t know how to put it. Like, if I haven’t cleaned my room or something, or I’m being a typical teenager, or something (laughter).’ (L1718-23)
‘CLIENT: I’m annoyed with Ruth more than anything because I just asked her, like a simple question. I was very nice about it....and she just said “because you have” and I was like....okay...right.... and just walked off.’ (L6306-9)

Extracts (14)

‘CLIENT: I’ve made friends with people that I like. I don’t have any pretences. If I don’t like somebody, I just won’t hang around with them.’ (L1326-8)

‘CLIENT: I think, I mean, I don’t mean to do it but a lot of my closest friends are people who have had either similar experiences to me or a...I don’t like to use it but, like, messed up in their own way.’ (L4093-97)

‘CLIENT: Because, like, the people that I’m very close friends with are the people that have known me for a long time. So, its... and it’s been a situation that’s been constantly ongoing. And I feel like I don’t want to bore them with it.... because... since they’ve known me, it’s always been...’ (L4562-69)

‘CLIENT: Yeah, I mean, I’ve got...I’ve got lots of male friends. I am really close with them....erm....and....the only people that I am friends with are people that know my whole life story basically.’ (L5895-7)

Extracts (15)

‘CLIENT: I feel like I almost went... looking at things as a matter of fact, as I have done.

COUNSELLOR: Yeah.

CLIENT: I almost went through adolescence really quickly.

COUNSELLOR: Right.

CLIENT: If that... to try and make sense of everything. And then, I had... because I had to mature really fast... and I feel like I, sort of, grew up in some aspects but then didn’t in others.

COUNSELLOR: Yeah, yeah.
CLIENT: And it sort of makes it difficult to relate to people, especially people my age. I mean, I have got a lot of friends, and they’re all lovely. But some of the things I come out with, they won’t understand.

COUNSELLOR: Yes.

CLIENT: And Nicole understands because we’ve been together since we were born.

COUNSELLOR: Yes.

CLIENT: Erm, and I think she’s very mature for her age as well... but, I just... I relate to older people so much better. We just seem to...

COUNSELLOR: Yeah, but...

CLIENT: ...Get…” (L4063-82)

‘COUNSELLOR: ...You can be in a crowd of people but you can still feel alone.

CLIENT: Yeah (…)

CLIENT: We’re just not on the same wavelength.

COUNSELLOR: Yeah, yes, yes. You said in time, you, sort of, you know, to a certain degree... Almost got... in the recent years, isn’t it really? Opposed to when you were younger...

CLIENT: Yeah, I mean, I know friendships drift and then get close again.

COUNSELLOR: Yeah, yeah.

CLIENT: But... pardon me. Erm, and we’ve done that before. I just... I don’t know.

COUNSELLOR: Hmm.

CLIENT: I don’t... I feel like I…” (L9428-40)

Extracts (16)

‘CLIENT: And I was like “yeah, I’m alright now. I... I think I just needed to cry.” And that’s...why I get worried because, I mean, it’s alright to cry... and... I know it’s illegal. It’s alright to do things in moderation if that makes sense? “But, just don’t get to that point where you’re doing it all the time just to let emotion out.” (L3888-91)
‘CLIENT: But... because he’s older than me, I always felt slightly inferior, as I couldn’t
go to, like, the pub with him and things.

COUNSELLOR: Yeah.

CLIENT: I mean, I could, but he never wanted me to.

COUNSELLOR: Right, yeah.

CLIENT: Because... he was just worried that I’d get IDed.’ (L4204-9)

‘CLIENT: Erm... and it’s just... it’s really sad! It’s sad, but... I don’t know, sort of,
happy-sad, in a way, which I think’s worse than just being sad in general cos it’s...

COUNSELLOR: Yeah, it... it’s...

CLIENT: Mixed emotion.’ (L7123-26)

‘CLIENT: And the... maybe that’s why I appreciate, like, Glastonbury so much. Not
just for the festival like a normal person would. Like “wooo Glastonbury!”

COUNSELLOR: Yes, yeah.

CLIENT: It’s just, sort of where I’m... release everything.

COUNSELLOR: Just let... yeah, yeah, yeah.’ (L6610-17)

‘CLIENT: And he just... he knew... He knew everything. And I think he understood it. I
think he understood me to a sense and that’s, like, the... I think it was like the
‘you’re not alone’ feeling.

COUNSELLOR: Yes, yes.

CLIENT: You know, like, someone got it for once. And that made me feel stronger.’
(L8479-84)
**Extracts (17)**

‘CLIENT: And... I understand... well, I try to understand that. And, I do because I know how upsetting Mum is to me. And I know her and Tessa have had worse arguments than that. Erm, and I know how stubborn and how much pride my mother’s got, even though she is the one in the wrong...

COUNSELLOR: Yeah.

CLIENT: Most of the time.’ (L7050-6)

**Extracts (18)**

‘CLIENT: I mean I try not to because I try and think that I’m quite mature in other ways. So, I suppose I... try and think... I don’t know, I try and be mature as much as possible. But, I can’t help getting annoyed about typical teenage things sometimes. Like, I don’t want to clean my room.

COUNSELLOR: No.

CLIENT: It’s fine! It looks ok.’ (L6727-33)

‘CLIENT: I just... I feel like I can’t... I mean, I can’t fix anything. And I shouldn’t feel like I have the responsibility to fix anything. That’s not fair. But... I mean, I just think if she was a happier person, then things might be different (...’ (L7397-7400)

‘CLIENT: And she said to me “They’re telling me I haven’t drank enough.” I was like “they mean you haven’t drank enough.”

COUNSELLOR: Yeah, not that you should go home and have... oh Jen, right.

CLIENT: “For them to warrant to give you a detox.”

COUNSELLOR: Yeah, yeah.

CLIENT: Erm, “you don’t need to get drunk.” She’s like “well, I’m getting drunk anyway.” I was like “right” (laughing). Erm, but... yeah, so...’ (L9910-8)

‘CLIENT: She’s always got other people to go with her.

COUNSELLOR: Yeah.
CLIENT: And, erm... I just feel like... I don’t want to be used by her.

COUNSELLOR: Yes. Yeah, ok.

CLIENT: I mean...

COUNSELLOR: Ok. So there’s that sense that that could happen if you keep on...

CLIENT: Yeah.

COUNSELLOR: Yeah, yeah.

CLIENT: And, erm...

COUNSELLOR: Yeah.

CLIENT: I don’t... It might sound selfish but my life always comes first to me.

COUNSELLOR: Yeah.

CLIENT: I think more so now than it did at the beginning of the year, possibly.

COUNSELLOR: Yes.

CLIENT: Erm... I just... I just can’t do it for her. It’s not what she needs anyway. It’s not going to help her in any way.

COUNSELLOR: Yeah.

CLIENT: So there’s not much point... If I could be doing something else to benefit me...’ (L9992-10013)

---

*Extracts (19)*

‘CLIENT: So, like, anyone that says anything bad about them, I’m completely on the defensive and I get quite upset (laughing).

COUNSELLOR: Right, ok. Ok, ok.

CLIENT: I got really angry with him and I threw my drink and I left. And I wish I hadn’t because he was like “oh, I thought you were better than this”, which I know is just him trying to be manipulative.’ (L398-403)
‘CLIENT: I’m annoyed with Ruth more than anything, because I just asked her, like a simple question. I was very nice about it.... and she just said “because you have” and I was like....okay...right.... and just walked off.

COUNSELLOR: Right, okay. Maybe she’s.... So is Ruth one of your Art teachers?

CLIENT: No. Ruth is the Head of A-levels.’ (L6306-12)

CLIENT: At the moment.... they are saying... there's a meeting group with your new teachers....

COUNSELLOR: Right.

CLIENT: And I don’t want to meet them (laughs). Well, I didn’t say that..... I thought that....

COUNSELLOR: No. No, no, no.

CLIENT: (Laughs) and I was like.... “Okay”.’ (L6325-31)

Extracts (20)

‘CLIENT: Well, yeah, I mean... I think... I just assume because she’s damaged goods. I mean to me, she shows... what I picked up from living with her...

COUNSELLOR: Yeah.

CLIENT: Like the signs of... she was tormented and abused for years, and now whenever she gets upset or angry, she can’t help reacting that way.’ (L1001-7)

‘CLIENT: Erm, then he went. I mean I’ve...

COUNSELLOR: Do you know if he was under the influence then?

CLIENT: Oh yeah! Always!

COUNSELLOR: He was? Oh, right, ok.

CLIENT: Always was. He was never violent unless he had drugs.

COUNSELLOR: Ok.
CLIENT: He doesn’t... he’s not a very confident man at all. I suppose that spurs from his childhood.’ (L3663-70)

‘CLIENT: Erm..... after Ian left, she ....after Ian left she went with somebody else called John. He was really abusive. He was an alcoholic. He used to beat my Dad up as well.

COUNSELLOR: Gosh Jen....

CLIENT: There was this one... like there is loads of things that I hear about.... I’ll never really get down to the truth of events that have happened.’ (L6521-7)

Extracts (21)

‘CLIENT: Erm, she wasn’t drinking that much. She had 13 years where she didn’t drink at all. And then her Mum died and she started drinking a little bit, and it’s just spiralled out of control, like the past eight months. And I’ve, sort of, been looking after her. I mean, it’s not my responsibility but I sort of felt... I was a bit like, she cared for me for so many years, I should help her.’ (L200-205)

‘CLIENT: Erm, he just started talking about the past because he lives in the past very much. He’s still in love or obsessed with my Mum however you look at it.’ (L375-7)

‘CLIENT: But, after, like, I don’t know, that life sort of spiralled out of control, she’s... it just sort of... what’s the word? Like, broke down?’ (L1016-18)

‘CLIENT: Yeah, I mean, her husband was lovely until he had a mental breakdown (laughs).

COUNSELLOR: Yes. Well yeah, yeah.

CLIENT: An then, it’s just been like my Dad that’s been like the pinnacle of all evil (laughs).’ (L3385-9)

‘CLIENT: Which is...with my Dad...he’d always been chasing....
COUNSELLOR: Yes.

CLIENT: But he always did too much... *(drugs)*

COUNSELLOR: Yes.

CLIENT: Because he’s got that addictive personality.’ *(L5200-4)*

‘CLIENT: He’s always going to be... (Loud Bang in room)

COUNSELLOR: Oh!

CLIENT: Obsessed with my Mum. When... he just... He lies a lot *(laughing).*’ *(L7878-81)*

*Extracts (22)*

‘CLIENT: If anything’s bothering her, she’ll just talk about it and talk about it. Like, she won’t... shut up about it.

COUNSELLOR: Yeah, yeah.

CLIENT: Yeah.

COUNSELLOR: So it’s almost like making sense of it by saying out... talking out loud.

CLIENT: Yeah, I suppose.

COUNSELLOR: Yeah.

CLIENT: But she just gets angry and frustrated and then shouts.

COUNSELLOR: Right.

CLIENT: And then she’ll cry’ *(Laughter).*’ *(L4945-55)*

‘CLIENT: And because she’s got other troubles with herself and she does drink, she just gets angry and.... a bit gross...I think...*(laughs)*...

COUNSELLOR: Right, okay.

CLIENT: It’s just....all her mannerisms change. She just gets really sloppy about the way she acts and....she swears like a trooper....
COUNSELLOR: Right.

CLIENT: (Laughs).... And it’s just like disgusting things.... (laughs).’ (L6363-70)

‘CLIENT: Or he acted more like a teenager than a man, if that makes sense? Like, he didn’t...

COUNSELLOR: Yeah.

CLIENT: He didn’t look after any responsibilities. He’s ... just a bit.

COUNSELLOR: Yeah.

CLIENT: They’re all just messed up.’ (L6951-56)

‘CLIENT: So, she rang herself an ambulance. And then, as soon as the ambulance people got there... she was fine before.

COUNSELLOR: Yeah, yeah.

CLIENT: And then she was crying, falling over and stuff.’ (L9881-4)

‘CLIENT: Erm, and I was telling my Mum and my Mum was just like “that’s gardening.”

COUNSELLOR: (Laughing)

CLIENT: I was like “Mum, no...”

COUNSELLOR: No, not quite!

CLIENT: I was like “Mum, its landscape architecture.” I was trying to give it, like, a really good name. She was like “Its gardening, Jen.”

COUNSELLOR: (Laughing)

CLIENT: “You are designing where plants go, that’s gardening.” I was like “Alright, Mum.” And then she’s like “I should have done that at university... I should have gone to university.” “Yes Mum, you should.”

COUNSELLOR: Aww.

CLIENT: She was like “I’m gonna’ go.” I was like “Alright” (laughing).’ (L10833-46)
Extracts (23)

‘CLIENT: She’s like, “You’re never at home. You’re not with me because you’re my daughter, you’re with me because you need me, and I hate you for it!” (L1075-77)

‘CLIENT: Erm... but, yeah, she’s like “Oh.” She uses that against me a lot. “Oh, you’re just like your father.” (L1150-1)

‘CLIENT: I mean she got... got really angry. And I was like “Mum, just leave it.” And she did... erm... but it just... it just pisses me off when she tries to vent.

COUNSELLOR: Yeah.

CLIENT: But she doesn’t do it in the right way. She just... because she gets drunk before she vents. Because she, like, feels that she has to be this wall of stone...normally, because she’s had to be that for years.’ (L4962-9)

‘CLIENT: Yeah, she does worry about money a lot. And she ...takes it out on me, a lot. Like, she says “oh, if you weren’t here ..... if you weren’t living with me, I’d have so much more money...blah, blah, blah.” (L5365-8)

‘CLIENT: Yeah, I mean, when she drinks, it gets worse. I mean everything gets worse when she drinks.

COUNSELLOR: Yeah.

CLIENT: ...Around me anyway. When she’s around other people, it’s not that bad. But I often feel like she’s sometimes angry... angry at me. But... well, she gets angry at me. But, I mean... like, for stuff that’s gone on in her life maybe.’ (L6921-7)

‘CLIENT: People always say you blame the ones you love, but...

COUNSELLOR: Yes.

CLIENT: Because I obviously... the closest ones...

COUNSELLOR: Yes, of course, yeah.
CLIENT: But... yeah. Obviously, like... saying that I’m so much like my father and stuff like that...

COUNSELLOR: Yeah.

CLIENT: It’s obviously... she’s angry at me for him and that I look like him and I do things like him. But... I haven’t been around him that much so I think it’s either, like, genetic...’ (L6940-9)

‘CLIENT: And if I, like, ask her about her husband or anything, she’s like “Well, that relationship wasn’t perfect you know. Your sisters don’t know the half of it. They blame me for everything.” Blah, blah, blah. Erm... It’s just really messy.’ (L7392-5)

‘CLIENT: Erm... And then there’s... when she just gets angry or drinks. She’s like “you haven’t cleaned your fucking room! You so like your father!” Blah, blah, blah.’ (L8628-30)

Extracts (24)

COUNSELLOR: So, did it actually happen?

CLIENT: We don’t know, we never got to the bottom of it.’ (L3820-22)

‘CLIENT: She said it was just to stop the shakes ... but... (laughs)....you don’t often drink a whole bottle of wine just to stop you shaking...

COUNSELLOR: No, no.

CLIENT: But... and I think she doesn’t want to help herself. She just wants a quick fix, and there’s not a quick fix for anything. Like, you can have a de-tox in the hospital or a home de-tox and have counselling ...people to help you. But unless you want to help yourself, it’s not going to go anywhere.’ (L6387-95)

‘CLIENT: And they didn’t get on. So...John was running....this is the story I have heard from my Dad and my Mum....so I kind of grasped that it’s true.’ (L6541-3)
‘CLIENT: Obsessed with my Mum. When... he just... he lies a lot (laughing).

COUNSELLOR: Yeah.

CLIENT: Like, things that you don’t even need to lie about. And I just don’t understand why. Like, there’s no need for it... I just... no, I don’t like him.’ (L7880-5)

Extracts (25)

‘CLIENT: That feeling of just being ‘fucked’. That’s the best way I can describe it.

COUNSELLOR: Yes, yes.

CLIENT: It’s just like, to be in a little world of her own. Because she can’t really deal with her own emotions...’ (L234-9)

‘CLIENT: And I sort of have to judge what mood she’s going to be in.

COUNSELLOR: Yeah.

CLIENT: It sounds quite comical but if I get through the door, depending what... we always have music on in the house.

COUNSELLOR: Yes.

CLIENT: Depending what music’s on or what noise is coming from the kitchen...

COUNSELLOR: Yes.

CLIENT: Whether she’s talking to herself or not.

COUNSELLOR: Ok, ok.

CLIENT: I can judge how much she’s had to drink or whether she’s had a drink.

COUNSELLOR: Yeah.

CLIENT: And I just don’t like going home to that.’ (L1056-1070)

‘CLIENT: So, that’s why I suggested that she should write a letter because it’s just her to someone else, and...

COUNSELLOR: Different people, isn’t it? It’s going back to that, like, the drawing, the art thing.
CLIENT: Yeah.

COUNSELLOR: Different people have different ways that...

CLIENT: She can say things in that that she couldn’t say to their faces.’ (L1174-81)

‘CLIENT: And he was so lovely with my Mum. And he was just a real gentleman. Like, because he lived in Lancashire, and he’d come down every weekend and my Mum liked that because she’s stuck in her ways of being on her own...

COUNSELLOR: Ok.

CLIENT: But she wants this life with someone. She liked having her own space and then...

COUNSELLOR: Ok, yes.

CLIENT: …seeing him.’ (L2585-92)

‘CLIENT: Erm, my Nanna’s back in hospital. She’s swan dived off the wagon again! (Laughter)’ (L2881-2)

‘CLIENT: He’s like “I can give you these tablets. And if the tablets don’t work, what’s your favorite tipple?” And she’s like “why?” He’s like “oh, erm…”

COUNSELLOR: Right, ok.

CLIENT: So he was a bit of an eccentric specialist.

COUNSELLOR: Yes.

CLIENT: He was really funny, lovely... but... I wish he hadn’t suggested that! (Laughing)’ (L5045-52)

‘CLIENT: Erm…. she’s alright. I mean...she’s drinking. She swan dived off the wagon again (laughs). ’ (L6345-6)

‘CLIENT: Or, do something really nice for you, so you just forget about it.

COUNSELLOR: Yes, right. (L7265-7)
‘CLIENT: I think people initially tried (to help Mum)
COUNSELLOR: Right.
CLIENT: Maybe, but then got tired of it’ (L7633-35)

Extracts (26)

‘CLIENT: Erm, and they became really wealthy, and they’ve lost it all and had it all again, and... They say that they’re not wealthy now, but they are. There’s always money... they’re always supported. And, whenever I’m with them, I always feel like I am as well.’ (L2186-9)

‘CLIENT: And he was so lovely with my Mum, and he was just a real gentleman. Like, because he lived in Lancashire, and he’d come down every weekend and my Mum liked that because she’s stuck in her ways of being on her own...
COUNSELLOR: Ok.
CLIENT: But she wants this life with someone. She liked having her own space and then...’ (L2584-90)

‘CLIENT: Erm... but, I always feel like, if I ever do come into any sum of money, I want to help my Mum out.
COUNSELLOR: Right, ok. Yeah.
CLIENT: Because when she was married, she was really wealthy.
COUNSELLOR: Yes.
CLIENT: And then... she just lost it all. Ended up living in a little... shitty council flat.’ (L6895-6901)

‘CLIENT: Erm... They didn’t... I think they stopped involving her after she left her husband because she wasn’t this pretty little housewife anymore with the big house.
COUNSELLOR: Yes.
CLIENT: And the Jag and…’ (L7589-93)

‘CLIENT: And because she… she doesn’t really do much because... I don’t think she’s actually a very nice person. I mean she’s always been... when I was younger she was always nice to me. But it seemed to... my life seemed to take a bit of a turn as I got to, like, an appropriate age.

COUNSELLOR: Yeah.

CLIENT: Like, when people thought “Oh, she can deal with that now.”

COUNSELLOR: Right.

CLIENT: “It’s fine.”

COUNSELLOR: Yeah.

CLIENT: So I was exposed... I was exposed to a lot... all at once.’ (L8717-26)

Extracts (27)

‘CLIENT: She’s sort of got into a routine of having a drink, like... most nights. But, erm, she’s... it makes it a little bit heartbreaking because she’s the most wonderful woman and she’s lovely. We get on, we’re more like best friends than mother and daughter.

COUNSELLOR: Right.

CLIENT: I don’t know whether that’s good or bad, but... erm, but when she drinks, she just gets angry. And I understand that’s because she’s damaged goods.’ (L262-9)

‘CLIENT: ...She just goes about her normal day-to-day business and...

COUNSELLOR: Yeah, yeah.

CLIENT: And then, strange when she drinks.

COUNSELLOR: Right, ok.

CLIENT: Erm... I mean, she’s not always weird on the streets but... she does... she does change... But that’s only because... people’s demons and things come out, or...’ (L5016-23)
‘CLIENT: Yeah, she was just overly cheerful (laughs). She was like “hiya sweetheart, alright Honeybun....” And I was like “you never say these things to me” (laughs). COUNSELLOR: Okay.

CLIENT: So, I went up... I can’t remember what day it was now. But she was ...she was drunk that day, quite violently drunk actually (laughs).’ (L6352-8)

‘CLIENT: I sometimes think she’s quite childish in the way she acts but that’s usually when she’s had a drink.’ (L6792-3)

‘CLIENT: It’s almost what I imagine someone to be... to have bipolar to be like. COUNSELLOR: Yeah.

CLIENT: Actually, you know, really happy and really lovely or... she’s just horrible.’ (L6802-6)

‘CLIENT: Yeah, I mean when she drinks, it gets worse. I mean everything gets worse when she drinks.’ (L6921-2)

‘CLIENT: But if everyone thought like that... I mean some... I mean I don’t have it as bad off as other people have. That’s what I always think to myself. Like, and I’m quite lucky... I mean I’m never starving, I’m... you know, I’m not in danger, really... So, I...

COUNSELLOR: What’s the ‘really’ bit?

CLIENT: Well, I just... maybe ‘mental’ danger (laughing)’ (L7282-7)

‘CLIENT: Yeah, I mean... some of it that I get annoyed with is just what I say is typical mother and daughter things...

COUNSELLOR: Yeah.

CLIENT: As it should be.
COUNSELLOR: Yeah.

CLIENT: But then... other bits are like psychological warfare. (Laughing)

COUNSELLOR: Right, ok, I’m with you.

CLIENT: I find mentally draining.’ (L8604-12)

Extracts (28)

‘CLIENT: And I don’t think... I mean, I don’t think my Dad experienced a lot of love in his life... because my Mum’s wonderful. She’s such a warm, loving person. I mean, she is a mother. She mothers everybody.’ (L637-40)

‘CLIENT: I mean, and Tessa’s tried to fix it over years, but... my Mum, with abusing the alcohol and being broken from my Dad, has lashed out at her.’ (L1019-21)

‘CLIENT: I know she’s only doing it because she loves me and she wants to look after me.

COUNSELLOR: Yes, yeah, ok.

CLIENT: But this virtually comes back to her being, I think, damaged goods.

COUNSELLOR: Ok.

CLIENT: Yeah, she’s just... she’s very blunt.

COUNSELLOR: Yeah, ok, but I’m getting the sense, possibly, that a bit too blunt for you at times.

CLIENT: Yeah.’ (L1766-75)

‘CLIENT: So he was texting me, like, “I’m your Dad. I worry. Wish you’d talk to me.” And then he rang me and... he rang me a few times. I answered the phone in the end. I was like “what are you ringing me for?” (L2909-12)

‘CLIENT: But... it’s just... and she’s always crying for him now and asking for him and... it just... it’s just very strange.
COUNSELLOR: Right.

CLIENT: So strange!’ (L3824-7)

‘CLIENT: Erm... yeah, he was just... blagging her head really, saying all this stuff. But, he’s done it for years and I just don’t understand why he can’t understand that there’s a restraining order in place and he’s not allowed to talk to her.’ (L4891-4)

‘CLIENT: There’s an evil guy called “Rasputin”.

COUNSELLOR: Right, okay.

CLIENT: And it’s got this little white bat and my Mum always laughed (laughs) because it looks like my Dad....

COUNSELLOR: Okay.

CLIENT: It’s this really thin, bony guy and his hands and feet are always falling off and stuff...

COUNSELLOR: Okay, okay.

CLIENT: Erm, he actually looks like that. He’s so thin, he looks so ill.

COUNSELLOR: Right, yeah.

CLIENT: You can definitely tell that he’s....that he’s done ...he abuses his life.’ (L5298-5310)

‘CLIENT: He’s been in touch since, just won’t leave me alone.

COUNSELLOR: Right.

CLIENT: He put... because he over thinks things. Like, I know... to a degree how he thinks. He’s put “dear Jen, I want to talk to you. Would love for you to ring me.”

COUNSELLOR: Right, ok.

CLIENT: And I was just like “That’s very...”

COUNSELLOR: Have you... have you responded?

CLIENT: No, I just left it.
COUNSELLOR: No, right.

CLIENT: He just... oh, he just frustrates me. I’m so angry at him but sad for him at the same time.’ (L7835-46)

Extracts (29)

‘CLIENT: It was the one time I hadn’t cried when there had been anything going on. COUNSELLOR: Ok.

CLIENT: Because I was only young and I was in my bedroom window looking at it all. And she was that angry. She was like, jumping around and he ran off. And it was... I don’t know, if you look at it in like a story way, it was, sort of like a superhero and a villain, sort of thing.’ (L2130-7)

‘CLIENT: And he was so lovely. He was more of a father to me than my Dad ever had been. And he’s just... he’d talk to me... Like, he’d spend the time. He’d actually be interested in anything I had to say.

COUNSELLOR: Yeah.

CLIENT: And he was so lovely with my Mum. And he was just a real gentleman. Like, because he lived in Lancashire and he’d come down every weekend and my Mum liked that because she’s stuck in her ways of being on her own...’ (L2581-87)

‘CLIENT: He was very regimented all the time. And he used to call my Mum Granger. That’s her second name. He’d walk in and he’d be, like, “hello there, Granger!”

COUNSELLOR: Right. (laughter)

CLIENT: It sounded a bit like James Bond.

COUNSELLOR: Ok.

CLIENT: Erm... and he had, erm... I don’t know what you call it! It’s like a massive parachute but it had like a fan, a huge fan on the back?

COUNSELLOR: Ooh, I know what...

CLIENT: Is it a para-glider or something?
COUNSELLOR: Funny enough, yes. I think... Para-glider’s the word that came into my head. So, anyway, we know what we’re... both, sort of know what we’re talking about. Ok, yeah.

CLIENT: And he used to take that to South America and go off on his adventures.

COUNSELLOR: Oh, wow.

CLIENT: He’d go away all the time because he was quite wealthy.’ (L2605-19)

‘CLIENT: Yeah, erm... so they’ve shared quite similar experiences in a way because my Auntie Hilary... well not... they’ve shared the same experiences, because they’ve been through a lot of it together. She’s always been around, she knew my Dad. And she’s... I suppose... I suppose the most down to earth one when she...’ (L7557-61)

‘CLIENT: She was like a super hero! It was amazing! ‘Cos she’s tiny.

COUNSELLOR: Yes, yes.

CLIENT: She’s short and stocky. Erm... she walked in and was like “oh, no.”

COUNSELLOR: Yes, yeah.

CLIENT: It was brilliant.’ (L7618-23)

Extracts (30)

‘CLIENT: And then, I’ve met their Dad, Mark and he’s lovely!

COUNSELLOR: Ok.

CLIENT: I think I’ve only met him three times as I’ve been older. I saw him at Christmas because they have quite a strong relationship with their Dad now.

COUNSELLOR: Ok.

CLIENT: I mean he was as bad as my mother when they divorced and they know that. They’ve had their own troubles with their Dad.

COUNSELLOR: Yeah.

CLIENT: But he’s apologized. I think that’s the biggest thing. And he’s tried to build bridges with them, and he has. And whenever he’s met me, he’s always like, “oh,
you’re a credit to your mother. You’re a lovely lady” and we have a laugh because he’s got a lovely sense of humour.

COUNSELLOR: Yeah.

CLIENT: He’s so hilarious.’ (L2513-28)

‘CLIENT: And he’d take us swimming and things. He taught me how to ride a bike.

COUNSELLOR: Right.

CLIENT: Erm... I love Frank, he’s wonderful. He’s such a lovely guy. He can’t really see the bad in anything.’ (L8025-9)

‘CLIENT: And we stayed at his (Frank’s) house for, like, three days. And me and Nicole slept in his bed and he slept on the floor in a blowup bed.

COUNSELLOR: Yeah.

CLIENT: And we made it like a campout room.

COUNSELLOR: Yeah.

CLIENT: Put a sheath on the ceiling.


CLIENT: Erm... and we put the TV on and he bought a DVD that had a fire on it.

COUNSELLOR: Yes. Aww!

CLIENT: It just had a fire.

COUNSELLOR: Yeah.

CLIENT: And it was lovely. It was so nice.

COUNSELLOR: Yeah, yeah.

CLIENT: And he’s a big kid himself. It was the most wonderful time. And... erm... I must have been about... I think I was twelve then.’ (L8040-55)
‘CLIENT: Erm, its… I mean I love my Mum to bits.
COUNSELLOR: Yeah.
CLIENT: But she… she’s not an alcoholic, but I think she abuses alcohol.
COUNSELLOR: Ok.
CLIENT: Like, she doesn’t need it but she likes it.
COUNSELLOR: Ok.
CLIENT: She’s sort of got into a routine of having a drink, like… most nights. But, 
erm, she’s… it makes it a little bit heartbreaking because she’s the most wonderful 
woman and she’s lovely. We get on, we’re more like best friends than mother and 
daughter.
COUNSELLOR: Right.
CLIENT: I don’t know whether that’s good or bad but… erm, but when she drinks, 
she just gets angry.’ (L255-67)

‘CLIENT: Because we don’t… we talk. And anything that’s majorly important, I can 
talk to my Mum about. And… erm, but I’m not really in the house a lot. And she 
works and… we just, sort of, have a free schedule if that makes sense?
COUNSELLOR: Yeah, ok.
CLIENT: We don’t really make time for each other, because it’s difficult because 
there’s usually been an argument or something...
COUNSELLOR: Ok.
CLIENT: …before it.’ (L2311-9)

‘CLIENT: And I was like “well Mum, you can’t leave! I’m in college. I need you.” And 
she was like “Oh, that’s all you need me for.”’ (L1096-7)
‘CLIENT: There is, because I know no matter what, she’ll always be there for me. Like, she’s my mother and she loves me and she’s shown that stereotypically by raising me and...

COUNSELLOR: Yeah.

CLIENT: Being affectionate with me. Erm, but I sort of got to a teenager, the relationship changed a little bit.’ (L1137-42)

‘CLIENT: And he was someone that hurt her so much and... I don’t know, but I just sort of deal with it because she’s my mother. I’ll always love my mother. I don’t think we can actually get anywhere with her... I don’t think we can change her. Such a horrible way to say it but...’ (L1157-61)

‘CLIENT: It’s like, even with boyfriends, she’s so... I don’t know how to describe it. It’s sort of like... I don’t... I haven’t really done a lot of research into psychology but I think there’s sort of some Freud theory in there somewhere that... like when she sort of mothers them a bit. Like, she’ll always cook for them and, like, washes their clothes. Does everything that a Mum would do...’ (L1211-6)

‘CLIENT: Erm...and then my sisters are connected to me more than my Mum but... I’ve joined them anyway because...

COUNSELLOR: Yeah, ok.

CLIENT: She is their mother.’ (L1979-82)

‘COUNSELLOR: And yet, you live with your Mum... and she’s slightly, slightly removed... So is it... li it that she’s going out to work and she’s busy? Or, is it something deeper than that?

CLIENT: Well it’s... just the way we are with each other.

COUNSELLOR: Right.

CLIENT: I think. I mean... I think we sort of distract ourselves so we don’t have to spend as much time together.’ (L2330-6)
'CLIENT: I’d be like “what’s that for Mum?” and she’d be like “oh, I just got it.” I was like “Right.”

COUNSELLOR: Yeah, yeah.

CLIENT: But it’s… I just always feel like I can’t say anything to her because she’s my mother.’ (L7276-80)

‘COUNSELLOR: So, what are the typical… what are the typical bits?

CLIENT: Just like...

COUNSELLOR: What are the typical bits for you?

CLIENT: When… I don’t know. When she’s like “Jen, you haven’t washed up!” or “you haven’t cleaned your room.”

COUNSELLOR: Yeah.

CLIENT: Or whatever.

COUNSELLOR: Yeah.

CLIENT: Like that.

COUNSELLOR: Yeah.

CLIENT: And...

COUNSELLOR: Yeah.

CLIENT: Or if she buys me something. And then she’s like “you need to do some chores.” and I’m like “ok.”’ (L8613-26)

‘CLIENT: Yeah, I think… I won’t say one of the hardest, because I’ve got so much stuff going on, but it’s difficult. I mean I never… I never want to say anything bad about her because I just love her so much.

COUNSELLOR: I know you do. I know you do.

CLIENT: And I just look up to her, like… until I got to the age where I could actually think about things myself...

COUNSELLOR: Yeah.

CLIENT: She was the one that held it all together for me.’ (L8678-85)
‘CLIENT: Erm... I suppose I also won’t feel like I’m too... out... like, out on my own, like, I’ve got a bit of a crutch.

COUNSELLOR: Yeah, ok.

CLIENT: I can always come home to my Mum.

COUNSELLOR: Yeah, yeah.

CLIENT: I’ll be like “do my washing please” (laughing)’ (L10979-84)

Extracts (33)

‘CLIENT: Erm, and he... my Mum. My Mum did as good as she got but she was the victim in this situation.’ (L174-5)

‘CLIENT: Like the signs of... she was tormented and abused for years and now whenever she gets upset or angry, she can’t help reacting that way.’ (L1005-7)

‘CLIENT: Ok. I mean I don’t know how to describe... It’s difficult because I love my mother so much. And I hold her in such high esteem.

COUNSELLOR: Yeah.

CLIENT: How sane that she actually is now, considering everything that she’s been through.

COUNSELLOR: Yeah.

CLIENT: I always think that she’s amazing not to have lost all her marbles completely and ended up in a mental home somewhere.

COUNSELLOR: Yeah, no, I’m with you.

CLIENT: And I never want to upset her or be a disappointment to her in any way, because I think she’s had so much disappointment in her life.’ (L2383-95)
‘CLIENT: But it’s still ongoing. Erm... but she... she doesn’t mean to, and considering everything that’s happened, she’s coped really well, I think. I’m proud of her.’ (L5319-21)

‘COUNSELLOR: But then you’ve got this other Mum.

CLIENT: Mmmm.

COUNSELLOR: Possibly the Mum that when she’s had alcohol, when she’s taken drugs, you know... how do you combine the two?

CLIENT: She’s... that part of her is what he made her?

COUNSELLOR: Okay.

CLIENT: And I think I blame him for that, awful one.’ (L5411-7)

‘CLIENT: I mean I always... I feel quite sad for my Mum sometimes.’ (L6868)

‘CLIENT: People always say you blame the ones you love but...

COUNSELLOR: Yes.

CLIENT: Because I obviously... the closest ones...

COUNSELLOR: Yes. Of course, yeah.

CLIENT: But... yeah. Obviously like... saying that I’m so much like my father and stuff like that...

COUNSELLOR: Yeah.

CLIENT: It’s obviously... she’s angry at me for him, and that I look like him and I do things like him but... I haven’t been around him that much so I think it’s either, like, genetic...’ (L6940-9)

‘CLIENT: Erm... It’s just. It’s gone on for so long. I mean, it’s been as long as I’ve been alive and longer. It’s like eighteen years.

COUNSELLOR: Yeah, yeah.
CLIENT: So... I mean, I always think if something went on for eighteen years with my life, I don’t think I’d ever escape all of it...

COUNSELLOR: It becomes almost... well, it becomes life itself...

CLIENT: Yeah.

COUNSELLOR: Doesn’t it, really? You don’t know any other way. Right.

CLIENT: I suppose that’s why she’s comfortable now, even though it’s... traumatic for her? If that’s the best...

COUNSELLOR: Yeah.

CLIENT: ...Word.’ (L6974-86)

‘CLIENT: I suppose... It makes my life a little bit more difficult. Maybe other people who don’t have that but...

COUNSELLOR: Yeah.

CLIENT: I just... I feel sorry for her more than anything.

COUNSELLOR: Yeah.

CLIENT: And just... try and love her even more.’ (L7303-8)

‘CLIENT: Erm... but... she does... I do get hurt and upset but I just feel that... if I feel like that just from her being a bit of a bitch with me...

COUNSELLOR: Yes.

CLIENT: What must she have felt when my Dad was with her? And it just makes me feel sorry for her more than anything.

COUNSELLOR: Ok.

CLIENT: I don’t know whether that’s because I’m trying not to feel angry at her or...

COUNSELLOR: Yeah.

CLIENT: Because that’s just the overriding emotion.’ (L8687-97)
**Extracts (34)**

‘CLIENT: But, she... she’s not an alcoholic but I think she abuses alcohol.’ (L257-8)

‘CLIENT: So she kind of turns into this different person. She’s a little bit abusive with some of the things she says, like, “oh, you’re just like your father. You’ll never be anything. You’re not like your sisters.”

COUNSELLOR: Ok.

CLIENT: “You’re fat” seems to come up a lot (laughter).

COUNSELLOR: Ok.

CLIENT: Erm, and she just... she’ll say anything that’ll hurt you’ (L276-82)

‘CLIENT: Erm, with my Mum... it’s like, something that... like, the bad stuff in the relationship is something I can’t really get away from because I live with her.

COUNSELLOR: Yes, yes.

CLIENT: At the minute... But, I don’t think... I always feel some responsibility with my Mum. Like, I could never leave her.

COUNSELLOR: Yeah.

CLIENT: Like the others have done. They’ve gone to uni an flourished in other places.

COUNSELLOR: Yes, yeah. Yes.

CLIENT: And I really want to go to uni. And I know I’ll always come back and see her.’ (L2024-35)

‘CLIENT: Erm... but I do feel she’s sort of abusive in a way, not physically but emotionally or mentally.

COUNSELLOR: Ok. Yeah, ok.

CLIENT: But she doesn’t mean it. And that’s what makes it difficult to react to because I know that she doesn’t mean to be horrible...

COUNSELLOR: Right.
CLIENT: Or make me feel horrible’ (L2397-2403)

‘CLIENT: I think I sometimes take on other people’s emotions as well. Like, whatever’s going on with my Mum, I’ll...

COUNSELLOR: Yeah, yeah.

CLIENT: ...Either want to try and sort it, because I always want to please my mother.

COUNSELLOR: Yeah.

CLIENT: Which is, like, how she always wanted to please my Dad.

COUNSELLOR: Right.

CLIENT: Because I think people always want to please their abusers. Not that my Mum abuses me tremendously but we don’t have the best relationship.’ (L3354-64)

‘COUNSELLOR: But what are the implications for you? Does that make sense? How does that....you know...because when you say all of that...even today really...let’s just focus on what you’ve said now... I mean, you going to your Nanna. I know you’ve said that you’ve taken that over so as to protect your Mum almost....

CLIENT: Yeah...

COUNSELLOR: And you know to keep....well, you did in a former session....you said that you’d sort of done that to help your Mum out really, to stop contact between them... But you know....you’ve got....quite....haven’t you...you’ve got...., you’ve got the responsibility...it sounds...

CLIENT: Mmm.’ (L6576-87)

‘CLIENT: Erm... this is, like, erm... one of the only ways I can do anything, I suppose...

COUNSELLOR: Yeah.

CLIENT: With keeping her out of the situation, because I can never stop my Dad from finding her or like...’ (L6633-7)

‘CLIENT: But, it’s... I just always feel like I can’t talk say anything to her because she’s my mother.
COUNSELLOR: Yeah, ok.

CLIENT: But if everyone thought like that... I mean, some... I mean, I don’t have it as bad off as other people have. That’s what I always think to myself. Like, and I’m quite lucky... I mean I’m never starving, I’m... you know, I’m not in danger, really... So, I...

COUNSELLOR: What’s the ‘really’ bit?

CLIENT: Well, I just... maybe ‘mental’ danger. (Laughing)

COUNSELLOR: Ok, ok. Ok.

CLIENT: But that’s, sort of, everything that’s going on. But, not... someone’s not going to hurt me physically, I don’t think. I don’t think she would again. I mean... I don’t know.’ (L7279-91)

‘CLIENT: Or if she buys me something, and then she’s like “you need to do some chores” and I’m like “ok.”

COUNSELLOR: Yeah.

CLIENT: Erm... and then there’s... when she just gets angry or drinks. She’s like “you haven’t cleaned your fucking room! You’re so like your father!” Blah, blah, blah.

COUNSELLOR: Yeah, yeah.

CLIENT: They’re the bits that obviously upset me the most.’ (L8625-32)

Extracts (35)

‘CLIENT: Erm....she actually paid for my Glastonbury ticket this year. Well, most of it.

COUNSELLOR: Yes, yes.

CLIENT:  Erm....because I was supposed to be working but then they ended up not needing me so I didn’t work there anymore. And I said to her...I was like...she said that she really wanted to pay for it....that she wanted me to have a good time. And I was like “you can pay for it but please don’t hold it against me” (laughs)’ (L5370-7)

‘CLIENT: Yeah, yeah, I mean it didn’t happen this time so much.

COUNSELLOR: Right.
CLIENT: I mean she got... got really angry and I was like “Mum, just leave it.” And she did... erm... but it just... it just pisses me off when she tries to vent.

COUNSELLOR: Yeah.

CLIENT: But she doesn't do it in the right way. She just... because she gets drunk before she vents. Because she, like, feels that she has to be this wall of stone... normally, because she's had to be that for years.’ (L5515-8)

‘CLIENT: And Tessa ....is just completely traumatized by the whole thing.

COUNSELLOR: Yes. I remember you saying.

CLIENT: She can’t even be around my Mum.

COUNSELLOR: Yeah.

CLIENT: She doesn’t want anything to....she doesn’t want to talk about.... But whenever I’m with her, she just cries about it.

COUNSELLOR: Right.

CLIENT: Because she misses her so much. But what she misses is the Mum that she was with them and not what she is now.’ (L5523-32)

‘CLIENT: Erm...and I’ve got Gabriela who is the youngest. She....she’s really good with this. They’re all hurt in one way or another....

COUNSELLOR: Yeah...

CLIENT: But Gabriela is...a bit like...they call her “the Ice Queen”. She doesn’t really react to it. She doesn’t really need anyone.’ (L5561-6)

‘CLIENT: So, she’s, sort of, trying to mend herself. Tessa doesn’t talk to my mother at all, other...

COUNSELLOR: Yes, you've said.

CLIENT: She’s just completely traumatized (…)’ (L7032-5)

‘CLIENT: Like, I don’t want to say that to her.
COUNSELLOR: No, ok.

CLIENT: But she is just completely, like, disowned... She’s done with Mum what I’ve done with my Dad. Like I’ve... I’ve...

COUNSELLOR: Yeah, ok.

CLIENT: I feel like my Dad’s died.’ (L7070-5)

Extracts (36)

‘CLIENT: Yeah, so they... they know what my Dad’s like, and they despise him as much as I do.

COUNSELLOR: Ok.

CLIENT: Erm, and they’ve seen a lot what my Mum’s gone through. And they’ve been through their own things with him, and that’s why they took themselves out of the situation as soon as they could.’ (L2226-31)

‘CLIENT: Erm... yeah, and she was like, “I've lost you, I don’t know where you are. You’re not mine anymore.”

COUNSELLOR: Ok.

CLIENT: “You don’t live with me because I’m your mother. You live with me because you can’t live anywhere else.”

COUNSELLOR: Oh, ok.

CLIENT: And I was like... just, it upset me. And I thought that was just because I didn’t want to argue with her. Then I realized it upset me because... that, sort of, is what’s going on at the minute.’ (L2345-53)

‘CLIENT: Yeah, she does worry about money a lot. And she ...takes it out on me a lot. Like she says “oh, if you weren’t here ..... if you weren’t living with me, I’d have so much more money...blah, blah, blah.” (L5365-8)

‘CLIENT: I haven’t shown it to my Mum. I don’t think I ever will.

COUNSELLOR: Yeah, yeah.
CLIENT: I think I’m going to send it to my sisters, just because I think they feel like that as well.

COUNSELLOR: Yeah.

CLIENT: And then at the end of it I’ll put “I hope we all find what we’re looking for.’” (L5743-9)

‘CLIENT: Yeah…. I… I tried to space myself from it as much as possible…’ (L6590-1)

‘CLIENT: And if I, like, ask her about her husband or anything, she’s like “well that relationship wasn’t perfect you know. Your sisters don’t know the half of it. They blame me for everything.” Blah, blah, blah. Erm… it’s just really messy’ (L7392-5)

‘CLIENT: And said that he wasn’t… he didn’t really talk… But she got really freaked out, and she was like “Dad, what are you doing here?” Blah, blah, blah… All he said was ‘Wendy’, which is her name.’ (L7744-6)

‘CLIENT: Erm… and then there’s… when she just gets angry or drinks. She’s like “you haven’t cleaned your fucking room! You’re so like your father!” Blah, blah, blah.’ (L8628-30)

‘CLIENT: I mean I’m going to… I’m going to Glastonbury and then I’m going to London.

COUNSELLOR: Right.

CLIENT: And then when I come back from London, I’ve got to immediately book tickets to go back again.

COUNSELLOR: Ok.

CLIENT: For the next month.’ (L11361-7)
Extracts (37)

‘CLIENT: And I don’t see my Dad at all, unless he sort of sees me in the street and he’ll try and talk to me.’ (L186-7)

‘CLIENT: So he was texting me, like, “I’m your Dad. I worry. Wish you’d talk to me.” And then he rang me and... he rang me a few times. I answered the phone in the end. I was like “what are you ringing me for?”

COUNSELLOR: Right.

CLIENT: He’s like “well, erm... erm, are you ok?” He gets really nervous, he doesn’t know what to say.

COUNSELLOR: Ok.

CLIENT: And I’m just like “yes, I’m fine. Why?”

COUNSELLOR: Yeah.

CLIENT: He was like “well, I’ve heard you’ve got problems.” And I went “you’re my biggest problem, now don’t phone me again!” and put the phone down.’ (L2909-21)

‘CLIENT: But, erm... It doesn’t, like, upset me anymore. It just annoys me when he’s still trying to get in touch with me. Like I said to him so many times “please don’t ring me.”

COUNSELLOR: Yes.

CLIENT: “...Or contact me.”

COUNSELLOR: Yeah.

CLIENT: If someone ever tries to give you my number, don’t... have her delete it.’ (L2930-7)

‘CLIENT: At Nicole’s house, he’s always at Nicole’s... Yeah, he was trying to, like... weird things! And then I got really angry and I shouted at him. And he was like “I thought you were better than this.” And I was like “don’t try and turn it around on me! You are the bad person!”’ (L2967-71)
‘CLIENT: An then, it’s just been like my Dad that’s been like the pinnacle of all evil (laughs).’ (L3388-9)

‘CLIENT: Erm… but I think that probably ties back to when I was little. Because… there was never anything I could really do about any situation so I just cried.’ (L6875-7)

‘CLIENT: It was instant for me to just leave.
COUNSELLOR: Yes, yes.
CLIENT: Whenever he’s around, it’s “just go” because…
COUNSELLOR: Yeah, so maybe that says, it’s just… Doesn’t mean it won’t be, but for you now, it’s just not right.
CLIENT: No, I mean I can’t ever imagine me ever talking to him because he’s… everything my Mum is when she’s drunk and more.’ (L7965-71)

‘CLIENT: I mean I was scared of him even when I was a child but I wouldn’t say anything to him because I was scared.’ (L8000-1)

Extracts (38)

‘CLIENT: And just trying to get the grades to get out of this town, and as far away from my father as possible.’ (L314-5)

‘CLIENT: I got really angry with him and I threw my drink and I left. And I wish I hadn’t because he was like “oh, I thought you were better than this”, which I know is just him trying to be manipulative.’ (L401-3)

‘CLIENT: But you still have, like, I don’t know… Like anything that I’m doing gets to my Dad and I hate that, because whenever he sees me, he seems to use it as some sort of power, like “I know what you were doing.” I’m like “I don’t care.” (L453-6)
‘CLIENT: But, with my Nanna and my Dad, I, sort of, have an outer shell.

COUNSELLOR: Ok.

CLIENT: That I put on so I can’t... I don’t know, maybe get hurt as much? Or... I don’t really deal with my Dad at all. Like, I try not to.’ (L2055-9)

‘CLIENT: Erm... it doesn’t... I don’t know, it doesn’t upset me because it’s just something I expect him to say.

COUNSELLOR: Right, ok.

CLIENT: He tries to say whatever would hurt you.

COUNSELLOR: Ok, ok.

CLIENT: But it’s never backed up by anything clever. Like, he tries to manipulate people but he can’t do it. He just ends up sounding stupid.’ (L2955-62)

‘CLIENT: There’s an evil guy called “Rasputin”.

COUNSELLOR: Right, okay.

CLIENT: And it’s got this little white bat and my Mum always laughed (laughs) because it looks like my Dad....

COUNSELLOR: Okay.

CLIENT: It’s this really thin, bony guy and his hands and feet are always falling off and stuff...

COUNSELLOR: Okay, okay.

CLIENT: Erm, he actually looks like that. He’s so thin, he looks so ill.

COUNSELLOR: Right, yeah.

CLIENT: You can definitely tell that he’s.... that he’s done ... he abuses his life.’ (L5298-5310)

‘CLIENT: And just ....he knows stuff that we do.... and things that we say.... and people that we’re with, because someone who knows that person may be friends with him.’ (L5332-4)
‘CLIENT: Yeah, I mean obviously we live in the same town...

COUNSELLOR: Yeah.

CLIENT: And we know the same people. He’s always going to know snippets of our lives and know where we are, what we’re doing. And it... I just find it quite... I suppose ‘scary’ is the right word.

COUNSELLOR: Yeah.

CLIENT: Yeah, because I...

COUNSELLOR: Scary in what... When you say “I suppose it’s the right word.”

CLIENT: Well, I’m actually... powerless to do anything.

COUNSELLOR: Right.

CLIENT: Like, I can’t... I can’t control him. I don’t know what he’s thinking.

COUNSELLOR: Yeah, yeah.

CLIENT: I don’t know what he’s going to do next.

COUNSELLOR: Yeah.

CLIENT: I don’t know whether he’s like... doing copious amounts of drugs or not.’ (L6640-57)

‘CLIENT: And it’s... It wasn’t, like, sick like I felt like I was going to be sick. It was just like... my stomach just went like that.’ (L7943-4)

Extracts (39)

‘CLIENT: Because I have got traits of my father but I can’t help it. It is genetic. Because I haven’t grown up with him, so I haven’t learnt it off him, but like mannerisms, sometimes the way I do things. And I’ve got his eyes which I’m actually quite grateful for because he has nicer eyelashes than my Mum.’ (L1144-8)

‘CLIENT: Erm, so I’m... like, he found out about that. I don’t know how. That’s what I’m mean about Wheatfield being such a small town.

COUNSELLOR: Yeah, you did say that. That somehow things... Right, ok.
CLIENT: Erm but I think it’s through Nicole’s Mum Jayne, or Rachel. It’s... everyone knows everyone.’ (L2902-7)

‘CLIENT: Erm... and then people were going up to him. He’s like “have you got any coke, Gerry? Are you selling? How much?” And then he bought her a bottle of champagne... Like, he tries to buy people’s affections. And I just... I don’t understand how his brain works, because I know I process information and thoughts and things. I feel possibly differently to other people. Like, I think about them in a more creative way or something.

COUNSELLOR: Yeah, yeah.

CLIENT: But, I just... I’d love to know how his brain worked (laughter).

COUNSELLOR: Right, yeah.

CLIENT: Just so I could understand why he...’ (L4901-12)

‘CLIENT: Mmmm, and he’s there.

COUNSELLOR: And he’s there.

CLIENT: And just ....He knows stuff that we do.... and things that we say.... and people that we’re with. Because someone who knows that person may be friends with him.’ (L5330-34)

‘CLIENT: And.... and I don’t know what I was going to say... I just got worried... but sort of...second.... not a second ... sorry... but a bit more understanding of how my Dad was or how my Mum was when they used drugs...’ (L5192-5)

‘CLIENT: Well, I sort of... I think... In a way, I’ve realized that I think about him as... almost like a fictional character.

COUNSELLOR: Yeah, you said Ras... Was it Rasputin or something?

CLIENT: Yeah!

COUNSELLOR: Yeah, yeah.

CLIENT: Erm, but I... it’s so funny, that.
COUNSELLOR: Yeah.

CLIENT: Erm... but, just the way... just things that he's done and... and the way that... he is. Even when he’s, I suppose, the... normal side of him...

COUNSELLOR: Yeah.

CLIENT: Or his usual self. That’s better... he’s... almost like he’s... he’s not... not a part of my life but just, sort of, there all the time.

COUNSELLOR: Yeah, yeah.

CLIENT: Looming.

COUNSELLOR: I always get a sense when I... I mean, all of a sudden... obviously partly from what I know about you now...

CLIENT: Yeah.

COUNSELLOR: That... that... that... you’ve got all this going on around you and... I mean, do you... I don’t know... do you question where you fit into all of this? Because it just seems... so different...

CLIENT: Yeah.

COUNSELLOR: To the way you are.

CLIENT: Sort of. I mean I don’t... I think I do it, sort of, subliminally, if that makes sense?’ (L6672-97)

‘CLIENT: But... yeah, obviously like... saying that I’m so much like my father and stuff like that...

COUNSELLOR: Yeah.

CLIENT: It’s obviously... she’s angry at me for him and that I look like him and I do things like him but... I haven’t been around him that much so I think it’s either, like, genetic...’ (L6944-49)

‘CLIENT: He just... oh, he just frustrates me. I’m so angry at him but sad for him at the same time.’ (L7845-6)

‘CLIENT: Not fear, anger.
COUNSELLOR: Anger.

CLIENT: Anger and I’m... he’s just a very sad man. There’s no way of sugar coating it, his life’s been horrific.

COUNSELLOR: Right, so, is there fear of letting him back in and what that could mean to you?

CLIENT: Yeah, and I just... I don’t know what... I suppose this sounds quite selfish, but I don’t know what he can give me.

COUNSELLOR: Right.

CLIENT: Like, not in, erm, like, materialistic things.

COUNSELLOR: No, I’m with you.

CLIENT: But, I just mean, in, like...

COUNSELLOR: Yes, yes.

CLIENT: In life in general. Or, like, in a family way. I don’t... I don’t know what he can contribute because... he’s... I’m sort of just like, erm... I don’t know what you’d call it, like an attachment...

COUNSELLOR: Yeah.

CLIENT: Of him and my mother’ (L7859-76)

‘CLIENT: I just... cos I know the truth about a lot of things, and I was there for a lot of things. He can’t remember because he was so drugged up...

COUNSELLOR: Yeah, I’m with you.

CLIENT: He’s forgotten it. And he gets shocked when I say stuff to him. And I’m like “well, why... why are you shocked?” Like, because he remembers me as a child and I’m not a child, and we don’t know each other anymore.

COUNSELLOR: Yeah.

CLIENT: And I don’t think we’ll ever connect on anything. And I suppose that’s sad in a lot of ways but that’s just what we’ve got to deal with.

COUNSELLOR: Yeah.

CLIENT: And I don’t want any relationship with him.’(L7980-93)
'COUNSELLOR: But I want to say it anyway because when I say I’m challenging, I’m not challenging from... almost like putting you on the defence, but I’m almost like... I’m thinking if I notice things, it might be helpful if I... I’m not sure challenge is the right word but do you know what I mean? If I sort of... I was just thinking there that your sisters don’t live with you.

CLIENT: No.

COUNSELLOR: And yet... they’re closer.

CLIENT: Yeah.

COUNSELLOR: And yet you live with your Mum... and she’s slightly, slightly removed... So, is it... is it that she’s going out to work and she’s busy? Or is it something deeper than that?

CLIENT: Well it’s... just the way we are with each other.

COUNSELLOR: Right.

CLIENT: I think, I mean... I think we sort of distract ourselves so we don’t have to spend as much time together.’ (L2321-36)

‘COUNSELLOR: So did it... did it... has it left a question mark? Do you actually... I suppose what... where I’m going with this is, do you feel... when you... when you’ve got that... I mean you get texts like... I mean I know you’ve said them before and I’m hearing you... that you sort of... that... that’s part of your relationship with your Mum and you’ve, sort of, accepted that, but, you know... I remember you saying once again, as well, you’re not always sure about.... when going home, what you’re going to find and you know, how... how do you cope with that? Is that alright? You know what I mean? Is it... does it have a... does it drag you down? Does it make life difficult?’ (L7293-7302)

‘COUNSELLOR: Another thing that I have noticed, which funnily enough actually last week I noticed you mention a few times, and you’ve mentioned it in other sessions as well. That sense of you saying that you’re an adolescent but you feel that you’ve been through so much more.

CLIENT: Yeah.
COUNSELLOR: That I was wondering... and again, it’s completely down to you Jen... Whether that’s something that... not necessarily troubles you but something that you’re trying to make sense of. What’s the adolescent? What’s the adult?

CLIENT: Yeah.

COUNSELLOR: Does it... I don’t know, does it burden you that you feel that, to a certain degree, you’ve not been allowed to be an adolescent?’ (L8306-19)

‘COUNSELLOR: Yeah, but how does that leave you... I mean, is there a part of you when you hear that... is there a part of you that... that... I suppose, where I’m coming from is how do you see that? Do you see that as positive that you've seen a lot of these things and you are... or do you actually see it as... as... I don’t want to say negative but as something that you feel... possibly you wished you could have been exposed to later? And that, you know, at your age...’ (L8345-51)

‘COUNSELLOR: So, is... yeah, I was reflecting a bit on that after our last session and I thought, yes, I know your Mum’s very... you know, you’re close to your Mum.

CLIENT: Yeah.

COUNSELLOR: Because she lives... but... but possibly even with your Mum that possibly even being slightly stronger than with your Dad because you’re with your Mum all the time.’ (L8594-8601)

‘COUNSELLOR: Yeah, I’m with you. But, I mean, I’ve heard you... because there was one session where we did... do you remember? We looked at... we looked at, almost like, that... that fragmentation... where it was almost like, you know, there’s...there’s...there’s Mum who’s been through a really difficult life.

CLIENT: Yeah.

COUNSELLOR: And then there’s this... this other Mum. That actually hurts me quite a lot. And I know very much from what you said, or I understood from it a lot, that you get why she can be like that because of what she’s been through.

CLIENT: Yeah.

COUNSELLOR: You accept that, you understand that, but I also see a deep hurt in you as well.’ (L8638-50)
Extracts (41)

‘COUNSELLOR: So, what? Almost from the... from the, like, perspective of ‘am I in that position because that’s where I’ve always been and people see me in that position?’ Or have you put yourself in that position? How would you see that?

CLIENT: I think I’ve put myself in the position to some degree with my Nanna.

COUNSELLOR: Ok.

CLIENT: Because I chose to look after her and things.’ (L2012-9)

‘COUNSELLOR: Yeah, I mean how was....I mean looking....looking at your Dad and Sam....how would they fit, or not fit at all...

CLIENT: Well, they’re completely different people.

COUNSELLOR: Yeah.

CLIENT: Really, I just... I feel like... because of... the upbringing I had, I... seem to find similarities without meaning to.’ (L3501-6)

‘COUNSELLOR: Funnily enough that was going to be my next question. So, basically, you had the experience and it taught you something...

CLIENT: Yeah.

COUNSELLOR: And...and you moved on.

CLIENT: I just... I...

COUNSELLOR: Do you think it enabled you to help... Did that... did that experience, though help you in any way to make sense of what you’d seen as a child in any way?

CLIENT: Yeah, completely.’ (L3907-15)

‘COUNSELLOR: Yeah, but I’m seeing a question mark there. What’s the question mark?

CLIENT: I just... I suppose whether I’ll have children...or....

COUNSELLOR: Okay.
CLIENT: I hope I do. I really want children. And even if I don’t have my own naturally, I want to adopt.’ (L5809-14)

‘COUNSELLOR: With you… with an enormous question mark. So it almost sounds as if when you’re talking that the… a lot of making sense is making sense of what does a… what does a romantic relationship mean?

CLIENT: Yeah, yeah, I think so. I mean… erm, I know… I know, like, stereotypically what it means, like...

COUNSELLOR: Yes, yeah.

CLIENT: But I just felt like… I always find it really interesting. And I never know how to describe, like, what it is that I find interesting about it. It’s just, like, how two people connect and…’ (L9048-57)

‘COUNSELLOR: So how do you… how do you think you would experience meeting your soul mate? What would tell you?

CLIENT: I don’t know, I don’t...

COUNSELLOR: Do you think you’d feel it? Or think it?

CLIENT: I think so, obviously, you’d feel it. But then… you can’t stop your brain from working so I think you’d think it as well.’ (L9351-6)

‘COUNSELLOR: Yeah, yeah, yeah… Is that part of… I mean I know you desperately want to get away from here… Is that… is that part of that as well, do you think? The wanting to get away from here?

CLIENT: Yeah, I mean I’ve never… even from when I was younger, I’ve never had the idea that, like, a prince is going to turn up on a horse and take me away from here. I’ve always known, being really young, that I’m going to have to do it myself.

COUNSELLOR: Yeah.

CLIENT: That I have to get my education, get a job and… well not even get a job, just move away first and then look for a job and support myself. Erm but I’m just looking for someone that… I don’t know! Fits into that? Or lets me fit into their world… Almost like a jigsaw.’ (L 9464-76)
Extracts (42)

‘COUNSELLOR: Ok, ok. Is that pulling you quite a lot? The fact that.... leaving your Mum?

CLIENT: Sort of. I mean... What? You mean me leaving?

COUNSELLOR: Yeah, even the... I mean I know it’s not imminent or anything but you probably... You have mentioned a few times and I’m just thinking how much is that playing on your mind really?

CLIENT: I know that I’m going to leave. Like, I definitely know that I’m going.

COUNSELLOR: Yes.

CLIENT: There’s no way I would stay.’ (L2684-93)

‘COUNSELLOR: Well, yeah, but we’ve... to a certain degree we’ve explored that, how you do that.

CLIENT: Yeah.

COUNSELLOR: And... and... and you do, don’t you?

CLIENT: Yeah.

COUNSELLOR: That’s what’s become clear to me today. You do, you know how to deal with that.’ (L6210-6)

‘COUNSELLOR: Does that worry you? Because I... I don’t know, I just think it sounds so hard.

CLIENT: Yeah, I do worry. I don’t know, it’s... I think it’s the same as I feel about everything else. It just happens.

COUNSELLOR: Yeah, I have to say, you know, I’ve sort of... I noticed that last time we spoke really. It is, to a certain... degree, I mean you did, didn’t you? You knew everything, what to do, how to do it and everything. There is the certain matter of fact...’ (L8223-30)

‘COUNSELLOR: Ok? So I don’t know. Going on that... so even though I’ve not slept well and I’m feeling really tired... How would you finish that?
CLIENT: Erm... I can cope?’ (L10325-8)

Extracts (43)

‘COUNSELLOR: I mean how are you experiencing that? Do you experience that as a heavy responsibility? Or, how do you actually...

CLIENT: I don’t really know. I’ve tried to look at the facts of the situation. I think that’s how I cope. I don’t realize it but, I was like “why’s she doing this? What’s happened to her before? What trauma has she had? Why does she like to drink?” and she doesn’t like the taste or anything. It’s that feeling... do you mind if I swear?

COUNSELLOR: (Whispering) No.

CLIENT: That feeling of just being ‘fucked’. That’s the best way I can describe it.’ (L226-35)

‘COUNSELLOR: I mean, you said that quite matter of fact just then. “Oh, by the way, you know, your brother’s your...” For a minute... does that, does that sort of... do you wonder or... how does that leave you feeling? Because that’s quite a big thing to say, isn’t it?’ (L2938-41)

‘COUNSELLOR: Right, ok. That makes it an awful lot more personal. So right, oh, right. How did that feel then?

CLIENT: Erm, alright, I don’t... I say ‘alright’ far too much! I don’t know what to say. I’m like “it was alright.”

COUNSELLOR: Yeah.

CLIENT: Erm... I don’t really know. I don’t know how to describe it. It made me really sad. We had a little bit of a cry.’ (L3151-7)

‘COUNSELLOR: So a particular emotion you’re feeling on a day seems to tap into something else that comes...

CLIENT: Yeah, I mean it doesn’t, like... it doesn’t affect how I am with people or how I act with my friends.

COUNSELLOR: Right, yeah.
CLIENT: I keep a good lid on it.

COUNSELLOR: Yeah.

CLIENT: But it’s just, there’s always something going on.

COUNSELLOR: Right.

CLIENT: Like a vivid memory or thoughts, something. And that’s why I like being creative because that’s the one time when I feel like...

COUNSELLOR: Ok, you can..

CLIENT: Concentrate on something.’ (L3273-85)

‘COUNSELLOR: How was all this... how was it for you talking about all this?

CLIENT: It’s... it feels very matter of fact, which is what it always feels like.

COUNSELLOR: Yeah.

CLIENT: It doesn’t make me sad... well, I don’t know. Maybe, it doesn’t make me sad as if I want to cry, but...

COUNSELLOR: See, I almost, like, get the sense...and I got... I think we spoke about this... possibly even might have been in the first session. I remember you saying something and me saying “well, how were you feeling at the time?” And you said... ‘I don’t know’... the same sort of thing really.

CLIENT: Yeah, I feel like I can’t connect with it.’ (L3693-3705)

‘COUNSELLOR: I know it’s difficult sometimes to talk about your Mum because she is your Mum. But by the same token... almost like... here’s a chance. You know what I mean? You don’t have to worry. I... I...I don’t know your Mum, I don’t know any of your friends. So this is... I’m almost thinking this could be a time where you can say it out loud.

CLIENT: Yeah.

COUNSELLOR: How you really feel.

CLIENT: I never... I suppose I never really want to say anything really bad about my Mum because I just... love her so much.’ (L4979-84)
Extracts (44)

‘COUNSELLOR: And I think possibly, they were... and also that sense of that... I did get that sense of you wanting almost like to leave the past behind and just sort of move on.

CLIENT: Yeah.

COUNSELLOR: But possibly not quite sure how to do it yet.

CLIENT: Yeah, I mean I just feel like doing A-levels and things and going further with my education and like the next steps.

COUNSELLOR: Yes.

CLIENT: And sometimes when I’m not feeling so confident that I know what I’m learning in them, I just feel like I’m going through the motions of trying to get to the next step.

COUNSELLOR: Yeah.

CLIENT: Erm... yeah. I don't really know how to explain it. I just know that I want to leave Wheatfield (laughter).’ (L1633-46)

‘COUNSELLOR: Ok, ok. I suppose the important thing for me to find out there is how do you feel? Because it’s very easy for other people to, almost like, input their stuff. And let’s face it, it is a society where thin is in.

CLIENT: Yeah.

COUNSELLOR: And it’ll, you know... but how do you feel? Because, to be honest with you, it’s about how you feel in your own skin, isn’t it?

CLIENT: Yeah, I mean, I do... personally I do want to lose weight. When I was a lesser weight...

COUNSELLOR: Yes.

CLIENT: ...I do feel more confident.’ (L1735-46)

‘CLIENT: I’ve never felt that amount of pain. It wasn’t even anger, it was just like I was being stabbed. I was that...in that much pain and I just didn’t know how to let it out.
COUNSELLOR: So, what... during the experience or before?

CLIENT: During.

COUNSELLOR: During? Ok. So you just really... it was... blocked, did it?’ (L3921-7)

‘COUNSELLOR: But I have noticed, particularly today, that you use the word ‘weird’ a lot about yourself and your friends.

CLIENT: Oh, yeah, yeah.

COUNSELLOR: We won’t go into it now but what’s that all about? Do you actually... very briefly, do you actually believe that or are you just using the word?

CLIENT: Yeah, I think... I think I’m just using the word.

COUNSELLOR: Ok.

CLIENT: I mean... there’s... oh, I describe my life too much with films! But there’s a film called Perks of Being a Wallflower. Erm, and it’s sort of like a coming of age film.

COUNSELLOR: Seen that one.

CLIENT: Yeah.

COUNSELLOR: Yeah, seen that one.

CLIENT: Erm... and... I think I use the word ‘weird’ because... we’re all sort of... having different experiences, and we’re all coming of age, and...

COUNSELLOR: Ok.

CLIENT: But we’re all... experiencing them together.

COUNSELLOR: Ok.

CLIENT: And I think there’s just a lot of... hormones and emotions involved in all our friendships.

COUNSELLOR: Right, ok, ok, no, I get that. So weird... weird from the sense of...of... there’s loads going on. There’s lots of change... things... nothing... nothing seems the same.

CLIENT: Yeah.

COUNSELLOR: Weird?
CLIENT: And like everything is questioned.

COUNSELLOR: Yeah, ok.

CLIENT: So... but... we’re all sort of happy in that existence.’ (L6136-65)

‘COUNSELLOR: So what... I mean, you said emotionally fragile.

CLIENT: Yeah.

COUNSELLOR: How would you say... what would fragile mean to you? Does that make sense? I mean I obviously get a sense of what fragile is, but what does that mean to you?

CLIENT: Well, just that... when I get... if I get angry... I do get angry a lot because I just get frustrated.

COUNSELLOR: Yeah, yeah.

CLIENT: That I just cry. I don’t really get... like angry to the point of doing anything about it, I just get upset.’ (L8383-92)

‘COUNSELLOR: So what’s your stereotypical... because you mentioned that, you know, the stereotypical. What’s your... what are the stereotypes of romantic relationships that you have that...

CLIENT: Well...

COUNSELLOR: Well not that you have, but you understand? What is the stereotype of a romantic relationship?

CLIENT: I think stereotype might be the wrong word. I just mean that...

COUNSELLOR: Basic common understandings of what it’s about?

CLIENT: Yeah.

COUNSELLOR: Yeah, ok.

CLIENT: Just that... two people... meet.

COUNSELLOR: Yeah.

CLIENT: And... sometimes fall in love, sometimes don’t. They just like each other and...
COUNSELLOR: Yeah.

CLIENT: They can go out, they cannot go out, they can get married, they can have children, they cannot have children. They just...

COUNSELLOR: Yeah.

CLIENT: Whatever it is, for an amount of time...

COUNSELLOR: Yeah.

CLIENT: Whether it’s long or short, they just want to... be together or close to one another or...

COUNSELLOR: Yeah.

CLIENT: Maybe even just end up being friends.

COUNSELLOR: Yeah, yeah.

CLIENT: I just think it’s strange how you, like, find another human being and like “I like you, I’m just going to latch onto you.”

COUNSELLOR: Yes!

CLIENT: “In whatever way that we can figure out what is possible.” (L9077-9106)

‘COUNSELLOR: Love, you know... they say that, don’t they? Love what... it’s going to mean so many different things to so many different people.

CLIENT: Yeah.

COUNSELLOR: It’s going to... but, I don’t know, it’s just, with you, it sounds... it sounds very much about that connection, that sense of... I remember you saying about Sam, that you seemed to just get what each other were thinking without having to try.

CLIENT: Yeah, yeah.

COUNSELLOR: That... not... not telepathy, which obviously would be you reading... but, to a certain degree, that... that... you know. I don’t... I... this is very natural. This flows, there’s no... that almost like, communication barrier there.

CLIENT: Yeah, I mean... well, when, erm, when I first met him, I thought he was quite ugly (laughing).’ (L9115-28)
‘COUNSELLOR: Yeah, having a child. Erm... but, yeah, back to what you were saying about the art, the picture. About creating something that is the better...

CLIENT: Yeah.

COUNSELLOR: The better of... what you’ve gone through. You can then use to... to... I don’t know, create. Because it sounds as if you create your children, erm... but, yeah. To... to... to hand over... I’m struggling to find the words. How would I say it? How would you say it too?

CLIENT: I just often feel that people that have had, like, trauma or bad experiences in their lives... are creative people. Erm... and whether they do it to help... help themselves or... whether they just want to create something. I mean, I feel that goes hand-in-hand.

COUNSELLOR: Yeah.

CLIENT: Like, when you create something, it’s like a releasing of emotions into it.’ (L9666-81)

Extracts (45)

‘COUNSELLOR: Yeah, I have to say, I’ve found with my son as well, he automatically seemed to know... you know, after a while, you just... Which is quite nice, isn’t it? Because it’s quite a big decision at times, isn’t it, really?

CLIENT: Yeah.

COUNSELLOR: Yeah, right, right. So a lot going on. Yeah, so where are you? Where’s your head now?

CLIENT: I’m just... I don’t know, trying to collect my thoughts on everything and get into a bit of a routine.’ (L1437-45)

‘COUNSELLOR: But I don’t know, when you’re talking, I get this sense though that you almost feel, like, that things need to be addressed at some point, but the enormity... I don’t know. Is it like, not... a volcano is probably a bit of a too violent image because that would, wouldn’t it? It would be a ‘whoosh’, an eruption.

CLIENT: Yeah.

COUNSELLOR: But... Ah! I don’t know. I’ve got one that probably fits better. You know when you’ve got a barrel of water? And it fills up, fills up, fills up. And it’s
weird, isn’t it? Because you almost, like, end up with... if it’s really full, like a bubble of water and then one drop of... It might not be a barrel of water. I don’t know whether you experience it, and then one drop and then all of a sudden...

CLIENT: Sent it over the edge.’ (L2422-34)

‘COUNSELLOR: So almost like a... a... a heightened...

CLIENT: Yeah.

COUNSELLOR: Oh, I can’t... I can’t even think myself really. That the... your... your antennae... antenna, almost, are more sensitive to it, you pick things up.

CLIENT: Yeah, I think so.

COUNSELLOR: They get to you quicker because the channels are open, sort of thing.

CLIENT: Yeah.

COUNSELLOR: Yeah, that sort of thing?

CLIENT: I think, yeah.’ (L8407-14)

‘COUNSELLOR: Your Mum’s not here, Yeah? And I’m not going to think anything of you, Jen. Do you know what I mean? You don’t have to, you know, be completely... unless you want to be completely...

CLIENT: No, no.

COUNSELLOR: Do you know what I mean? I’m just thinking... that must be... well, ‘must be’... I suppose I shouldn’t really say that, should I? But to me that seems a really hard thing to have to deal with.

CLIENT: Yeah, I think... I won’t say one of the hardest because I’ve got so much stuff going on but it’s difficult. I mean I never... I never want to say anything bad about her because I just love her so much.

COUNSELLOR: I know you do. I know you do.’ (L8670-80)

CLIENT: Like, each time, I always feel like each time something good happens, something bad is going to happen after it, which usually does. But... I think that’s
just the way life works, like, if you didn’t have bad times, you wouldn’t appreciate all the good.

COUNSELLOR: So like a balance, an up and down?

CLIENT: Yeah.

COUNSELLOR: Right.

CLIENT: Like even... you wouldn’t know how happy you could be if you...

COUNSELLOR: Yes.

CLIENT: ...didn’t have all the bad stuff happen.’ (L8758-68)

‘COUNSELLOR: So, like, lonely in a crowd? That sort of symbol? Where people say...

CLIENT: Yeah.

COUNSELLOR: ...You can be in a crowd of people but you can still feel alone.

CLIENT: Yeah.

COUNSELLOR: That sort of... right.

CLIENT: I think so. I mean, even with my friends now, I’m noticing... like my closest friend, Nicole...

COUNSELLOR: Yeah.

CLIENT: We’re just not on the same wavelength.’ (L9420-30)

Extracts (46)

‘COUNSELLOR: But does that... I don’t know, I’m wondering... because... you see, I’m listening to all of this. In fact sort of watching you and you haven’t even... you’ve lived in this world almost, haven’t you, of alcohol? ... I’m sort of hearing you knew... I don’t know whether I’m right with this, this? You’re trying to make sense of where it becomes a problem? I don’t know whether I’ve got that right or not but I’ve almost got this sense of you... it seems to be everywhere and it’s alright but when does it...? You’ve got your Nanna, you’ve got your Mum... then your Dad, Jayne.

CLIENT: Yeah.

COUNSELLOR: It’s quite...
CLIENT: It’s really hard when the people that you love are crazy.

COUNSELLOR: Yeah, it’s around you a lot, isn’t it?’ (L407-19)

‘COUNSELLOR: No, it doesn’t matter. I’m just thinking at that precise minute. It was, wasn’t it? About your… about how did… No, you were talking about your Mum and we were talking about… On the one level it’s almost like there is that security in her love for you… but I’m wondering, is there a… they were my words, is there?

CLIENT: There is, because I know no matter what, she’ll always be there for me. Like, she’s my mother and she loves me and she’s shown that stereotypically by raising me and…

COUNSELLOR: Yeah.

CLIENT: Being affectionate with me. Erm, but I sort of got to a teenager, the relationship changed a little bit.’ (L1132-42)

‘COUNSELLOR: Aww, aww… So I’ve always got that sense… I don’t know, you desperately want people to talk again, don’t you?

CLIENT: Yeah.

COUNSELLOR: Almost like… not, not… yeah. How would I describe it? I really pick up… not any… and you’re not denying what’s happened in all of that.

CLIENT: No.

COUNSELLOR: I can hear that. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: You just want people to… “look, come on”, you know, “There’s more to life than this.” Is that right?

CLIENT: Yeah.

COUNSELLOR: Is that how I’m getting it, really?

CLIENT: I mean I know it’s… I know it’s painful and… things are really difficult to talk about, I find that. But I just feel like… it’s like the easiest option compared to everything else.’ (L 7447-62)
‘COUNSELLOR: Yeah, but you’re... you’re... you’re... when I say explaining it away, I don’t mean that... trivializing it when I say explaining it away.

CLIENT: Yeah.

COUNSELLOR: But you've just said now that, you know... Or you said a little bit earlier that, you know, you don’t want resentment, you don’t want the bitterness.

CLIENT: No.

COUNSELLOR: You, you know, you believe in change and all these various things. And I think what you’re doing there... isn’t it? It is preventing all this, you know... the bitterness and the resentment, isn’t it?’ (L8698-8709)

‘COUNSELLOR: You see, what I’m thinking there is, almost... and we’re only, go round once again. You know, we could go round all the time but I am a little bit conscious... Well, no actually that’s not my decision to make, that’s your decision to make. No, stop it, naughty! Erm... let’s go round... I’m just trying to think how we could phrase that. Sometimes, I’ll be honest, I get a little bit disturbed by the ‘even though’ bit.

CLIENT: Yeah.

COUNSELLOR: But I sort of get why it’s used... Oh, wait a minute, so we could almost go “even though... the fact that Mum and Dad argued when I was young makes me sad... I’m working on it.”

CLIENT: Yeah.

COUNSELLOR: Yeah? Would that... would that... does that resonate? Does that sort of feel right?

CLIENT: Yeah.

COUNSELLOR: If it doesn’t, then tweak it. This is what... again, what’s quite nice about this, it’s very... it’s about you... If you think “no, it’s not quite hit the nail on the head.”

CLIENT: I think... I mean, I never know how to phrase stuff.

COUNSELLOR: No.

CLIENT: I... I think that... gets it pretty well...
COUNSELLOR: Or, even though my childhood makes me… you know. Is it too... is it too specific or... or is it the actual... because you said it was the arguing that came up for you.’ (L10434-57)

Extracts (47)

‘COUNSELLOR: But that’s something that I wondered about, how does that feel? Because I do hear that you... Well, again, if I’m not right, let me know but I hear that you have a real security that your Mum loves you.

CLIENT: Yeah.

COUNSELLOR: You don’t really question that, fundamentally that she loves you but you question, possibly sometimes, the way she behaves towards you?

CLIENT: Well, yeah. I mean... I think... I just assume because she’s damaged goods. I mean, to me, she shows... what I picked up from living with her...’ (L993-1003)

‘COUNSELLOR: The main thing that came up for me, for me. And hence I’ll, you know, I’ll sort of run it by you, was that it seems that you have wonderful relationships, particularly with friends. Do you know what I mean?

CLIENT: Yeah.

COUNSELLOR: You’re a really relational person, if I can put it that way. I don’t really... That’s a bit clumsy but I think you know what I mean. Erm, and I just got afterwards a little bit of the sense that there was a little bit question mark behind romantic relationships.’ (L1605-13)

‘COUNSELLOR: Yes, ok, I’m with you. So is there hope there on your part or not?

CLIENT: I hope so. I mean even if they don’t get into a relationship.

COUNSELLOR: Yes.

CLIENT: Just a friendship would be nice, because I know my Mum’s lonely, and she does need somebody.

COUNSELLOR: Yeah.

CLIENT: But I always think it’d sort of balance her out a little bit.
COUNSELLOR: Yeah.

CLIENT: If she had somebody else.

COUNSELLOR: Yeah.

CLIENT: Because I know I’m going to leave at some point and I don’t want her to be on her own then.’ (L2671-83)

‘COUNSELLOR: I get... to a certain degree, the fact that your Dad’s not even on those (diagrams) seems to suggest to me that really, he’s not an enormous issue for you. And then I know he’s in your life but he’s not a big issue in your life.

CLIENT: No.

COUNSELLOR: He’s not constantly... all the time. Again, if I’m wrong... but if that’s not right, then say.

CLIENT: I think he’s an issue...

COUNSELLOR: Right.

CLIENT: And I think he’s one of the bigger issues that I have, but, he’s not in my, like, family circle because I don’t class him to be.

COUNSELLOR: Ok, ok, right, ok. So just looking almost like on a relationship, a close... Because really that’s what it was, wasn’t it? It was a close relationship. So he wouldn’t feature on that but in a bigger picture, he would be there.’ (L2729-43)

‘COUNSELLOR: But you’ve got... If you like, that normal process of... who am I, thrown in with all of the other stuff as well, haven’t you?

CLIENT: Yeah.

COUNSELLOR: So I suppose what I’m saying is, it sounds... it sounds very much as if it’s... and I hear that’s what you’re sort of getting through as well.

CLIENT: Yeah.

COUNSELLOR: How do I... how do I put... this... how do I put adolescence in this... other pot?

CLIENT: I feel like I almost went... looking at things as a matter of fact as I have done.
COUNSELLOR: Yeah.

CLIENT: I almost went through adolescence really quickly.

COUNSELLOR: Right.

CLIENT: If that... to try and make sense of everything. And then I had... because I had to mature really fast... and I feel like I, sort of grew up in some aspects but then didn’t in others.’ (L4054-70)

‘COUNSELLOR: I always get a sense when I... I mean, all of a sudden... obviously partly from what I know about you now...

CLIENT: Yeah.

COUNSELLOR: That... that... that... you've got all this going on around you and... I mean, do you... I don’t know... do you question where you fit into all of this? Because it just seems... so different...

CLIENT: Yeah.

COUNSELLOR: To the way you are.

CLIENT: Sort of. I mean, I don’t... I think I do it, sort of, subliminally, if that makes sense?

COUNSELLOR: Right.

CLIENT: Like... probably where the majority of my dreams come from. It’s sort of...

COUNSELLOR: Yes, I mean I... yeah, I know you do a lot of...

CLIENT: Like, I don’t actually, like, sit and think about where I fit in with everything but...’ (L6688-6703)

‘COUNSELLOR: So, you mention that... you mention that to a certain degree, a fair bit. That, you know, that... I don’t know. I almost feel when you talk about your Mum in that time, it’s less about the money. That’s the impression I got.

CLIENT: Yeah.

COUNSELLOR: And more about the sense that she was carefree and...

CLIENT: Yeah.
COUNSELLOR: And that she could sort of live life... I don’t know. Free?

CLIENT: Yeah, I mean she had different worries to what she has now.’ (L7344-55)

‘COUNSELLOR: So part of you... I don’t know... That came to mind when you were just talking now. Cos I almost got this sense that really, to a certain degree, you... you almost like wish that the other members of the family had been more like that. Almost like...

CLIENT: Yeah.

COUNSELLOR: Not saw it as a drama but... you know? This is a woman who needs help.

CLIENT: I think people initially tried.

COUNSELLOR: Right.

CLIENT: Maybe, but then got tired of it.’ (L7626-35)

Extracts (48)

‘CLIENT: I think that’s the hardest bit.

COUNSELLOR: Yes, that’s what I’m hearing with the Wheatfield bit.

CLIENT: Yeah.

COUNSELLOR: it’s almost like, however hard you try to get your head around it and possibly even your emotions because of the nature of where you are in Wheatfield, you can’t really ever quite... quite complete that.

CLIENT: Yeah.’ (L543-50)

‘COUNSELLOR: Because... where were we up to? Let’s get this out. Now, because, and I’m going to be really honest, it’s what I’m hearing. So you can tell me it’s not the case or not. I’m hearing actually, you’ve got really quite a lot on at the minute.

CLIENT: Yeah.

COUNSELLOR: And, possibly, interpretation on my part, I really admit, you’re head’s a bit all over the place possibly.
CLIENT: Yeah.

COUNSELLOR: Now, might not be though. But I just want to give you the option whether today, you just literally almost, like, just want to... just talk about things to make you feel better. Does that make sense or you want to do something a little bit more focused, as in carry on with what we’ve been doing?

CLIENT: Yeah.

COUNSELLOR: But we don’t need to do that today if you don’t feel in the right place to concentrate on anything particular. We can just... do you know what I mean? You can literally just... we could just talk about today where you’re at and how you’re feeling. And any of this stuff that, you know, would help you to talk about... So, I’m going to leave that to you.

‘CLIENT: Ok, yeah, I think it would be beneficial. Just because I’ve been a bit... I don’t want to say ‘mental’ but it’s how I’ve felt.

COUNSELLOR: OK, yeah.

CLIENT: Yeah, really disorganized.

COUNSELLOR: So just talk about things in general?

CLIENT: Yeah, if that’s alright?’ (L3087-3112)

‘COUNSELLOR: But, I... but, yeah... but you have haven’t you? Let’s face it, you’ve been doing a lot of studying. Maybe you, just at the minute... you've got your Nan, you've got, you know... Sam’s birthday coming, you've got quite a lot of... your Dad... There are going to be points where there are... it’s a saturation point, isn’t it, really?

CLIENT: Yeah.

COUNSELLOR: And possibly, that’s just where you’re at, at the minute.

CLIENT: I wish he’d leave me alone.’ (L4506-15)

‘COUNSELLOR: So...I sort of get that you...you’ve made sense of it by having, you know, the one Mum and the other Mum, but your everyday experience of it is quite unpredictable isn’t it really.

CLIENT: Yeah, completely like that and I’ll never know what’s gonna happen. I mean there was one point where I was ...I think I was still in primary school and I was quite scared to come home to see what my Dad had done (laughs).
COUNSELLOR: Right.

CLIENT: So I suppose fear has always been an element in my everyday life.’ (L5485-94)

‘CLIENT: But I have….sort of elaborate dreams...they’re...they’re all either a bit sick and twisted or a bit fairy-tale like (laughs).

COUNSELLOR: Yeah, but then... is that.... I mean that is almost ....seems to be a similar response to life though, doesn’t it?

CLIENT: Yeah.

COUNSELLOR: On the one hand, you’ve got this...everything is alright. And you have got that very dark side, haven’t you?

CLIENT: Yeah.

COUNSELLOR: So, you know, I suppose in many ways, your dreams are....

CLIENT: Just a reflection of that.’ (L5648-58)

‘COUNSELLOR: And I just get this sense you just want to open the door and say “look, actually another way.”

CLIENT: Yeah.

COUNSELLOR: “Get off.”

CLIENT: I really do.

COUNSELLOR: Yeah, yeah.

CLIENT: But to do that... and... I don’t... I can’t do it now.

COUNSELLOR: No.

CLIENT: I know that, I’m too young.

COUNSELLOR: Yeah.

CLIENT: And... I just haven’t got... maybe the time or the ability to do it.’ (L7489-7500)
‘COUNSELLOR: Yeah.

CLIENT: So, I was exposed... I was exposed to a lot... all at once.

COUNSELLOR: Ok, ok.

CLIENT: Erm...

COUNSELLOR: So it’s like the curtains were opened and...

CLIENT: Yeah.’ (L8725-30)

---

Excerpts (49)

‘COUNSELLOR: Yeah, I suppose, just another thing... And it’s literally, again like, I’m like you, I’m just looking at... Another thing that I noticed is... So it’s almost like you’re the centre of those two triangles, aren’t you? You’re bang in the middle, on the base, aren’t you?

CLIENT: Yeah.

COUNSELLOR: And there, it’s almost like you’re... you’ve got two arms, haven’t you?

CLIENT: Yeah.

COUNSELLOR: So even there, you’ve got your Nanna and your Dad, you know, on like one arm going out. And you’ve got your Mum and your aunt on the other. So again, you’re very much in the middle, aren’t you?

CLIENT: Yeah, I feel like I have to be sort of different people with them.

COUNSELLOR: Yeah.

CLIENT: Not so much with like my Mum and my Auntie Hilary and my sisters. That’s where I’m the most... my normal self.

COUNSELLOR: Ok.

CLIENT: But with my Nanna and my Dad, I sort of have an outer shell.’ (L2036-56)

‘COUNSELLOR: So... I’m wondering if that’s something that we can just deal with in one session. Because I think really, we’ve probably only opened that up slightly. But I suppose what I’m hearing in what you’ve drawn... that makes sense doesn’t it?!

CLIENT: (Laughter)
COUNSELLOR: But, do you know what I mean? Because we’ve spoken about it, isn’t it, really? ... Is that, when... your sisters aren’t really... That seems to me quite harmonious. I don’t know, I get a calmness about it.

CLIENT: A sense of normality around me.’ (L2716-25)

‘CLIENT: Ok, yeah, I think it would be beneficial. Just because I’ve been a bit... I don’t want to say ‘mental’ but it’s how I’ve felt.

COUNSELLOR: Ok, yeah.

CLIENT: Yeah, really disorganized.

COUNSELLOR: So just talk about things in general?

CLIENT: Yeah, if that’s alright?

COUNSELLOR: Yeah, no, that’s... well, I sort of, didn’t I? I sort of said it myself I think possibly today. Because we’ve got... we’ve got a number of sessions left, alright? But, you know, at any point now if you want to say... because we might end up there anyway.

CLIENT: Alright.

COUNSELLOR: Ok, but, ok. I just wanted to, just say. That’s a bit, possibly the way I’ve... I thought you might be feeling or, I’m getting the sense of it all being a bit much really.’ (L3107-20)

‘COUNSELLOR: Mmm, you see... when you talk about your Mum, I just like....almost get that sense that you can’t...you can’t almost....the relationship with your Mum....almost can’t be separated from all that has happened because it’s such an enormous part of ...of your life with your Mum.

CLIENT: Yeah, I know...it’s been the majority of my life. Like....it’s been a bit of life....It’s like thirteen years, twelve or thirteen years.

COUNSELLOR: Yeah.

CLIENT: But it’s still ongoing (...’') (L5311-9)

‘COUNSELLOR: Yeah, yeah. It’s hard, isn’t it? It’s very, very hard for you too. I mean I don’t know....I remember you saying ... I think... you know.... at the beginning, not
today, but earlier...that sometimes, you know, there is that sense of when you go home...... what am I gonna find.’ (L5479-83)

‘CLIENT: I’d want to get everyone to talk and... But I think it’d take years, and... people just haven’t got years to do it. Like... because no one wants to put themselves in a situation where they’re going to be upset again.

COUNSELLOR: It’s gone so deep, hasn’t it, a lot of the hurt?’ (L7090-4)

Extracts (50)

‘CLIENT: But you still have, like, I don’t know... like, anything that I’m doing gets to my Dad, and I hate that because whenever he sees me, he seems to use it as some sort of power, like “I know what you were doing.” I’m like “I don’t care.”

COUNSELLOR: Ok.

CLIENT: But, yeah.

COUNSELLOR: Almost like feeling you just want to be free, you want to get away from it all.

CLIENT: Yeah. And I’ve... this year, starting my A-levels, it’s really sort of been a little bit of self discovery of how I’m going to do that.’ (L453-62)

‘CLIENT: Yes, I find that. It’s not something I’m scared about but something I’m conscious of. I always think if these are the cards I’ve been dealt with, take the best bits ...learn from it and make your life better.

COUNSELLOR: Yes, yes. But you are....I hear that in you here....that you’re incredibly self-aware. You know what I mean.....and I suppose....and I get that...I think that could be quite scary. I mean there’s things like violence breeds violence and all this sort of stuff. And they are....aren’t they...they are things that people say but.....

CLIENT: I think I’m just really conscious not to hurt people...’ (L3416-26)

‘COUNSELLOR: Spread your wings, isn’t it? And I know you desperately want that. To a certain degree possibly actually living in Wheatfield, you are almost like, forcibly confined here, aren’t you?
CLIENT: Yeah.

COUNSELLOR: Opposed to being able to actually go out and...

CLIENT: It’s everything I suppose. I mean I... I don’t have the finances to do anything.

COUNSELLOR: Yeah.

CLIENT: Erm... Oh, it’s just... difficult. It’s all difficult.’ (L4463-71)

‘COUNSELLOR: It is... well, it is. But... that... I mean I heard that from the first time we met. You are always engaging with everything and trying to make sense of it. And... and... doing that can only be, I don’t know, I can only see a positive person. Do you know what I mean? Because if you... if you don’t... if you didn’t do that, you wouldn’t ever be able... But you've got a lot... I suppose what I want to acknowledge here is that you’ve got a lot to make sense of.

CLIENT: Yeah, I think that’s why I find it so hard...

COUNSELLOR: And that’s going to be hard...

CLIENT: ...to concentrate on my A-levels.

COUNSELLOR: It’s going to be hard.’ (L4472-82)

‘COUNSELLOR: But it’s really interesting how you’ve come up then with the crystal and the fragments and to a certain degree, even your poem there.....

CLIENT: Yeah.

COUNSELLOR: Suggests, doesn’t it.... that you’ve got, you know, these illusions and these phases. You know, it’s almost like these pieces of my life are....are to a certain degree scattered everywhere, and you are trying to put them together, aren’t you.

CLIENT: Yeah. I mean... I think as I get older it’s something that I’ll look into even more. And maybe as I try and start my own family, I think I’ll be really affected by it.’ (L5763-73)

‘COUNSELLOR: You’re doing it automatically, aren’t you? You’re holding stuff together already.

CLIENT: Yeah.
COUNSELLOR: So when you say now, of course, you know the relationship with a child..... and it is, Jen, it’s different. But if you can do relationships, if you know how they work...

CLIENT: Mmm, I just feel like I want to be...for my child....everything my Mum was to me but more.’ (L5799-5806)

‘COUNSELLOR: Because for you to be able to write that poem...does that make sense....it...it....how can I say....you’re freeing that emotion but you’re open to it to be able to free it. Does that make sense?

CLIENT: Mmm.

COUNSELLOR: Erm...and therefore if you’re open and you’re trying to make sense of these fragments....I don’t know...can I even say that...am I allowed to say that? I just get the sense that it will happen because you’re letting it.

CLIENT: Yeah

COUNSELLOR: Yes? And you’re not running away from relationships...

CLIENT: No.

COUNSELLOR: Are you?

CLIENT: No. I don’t know why actually. I’ve just always had this strong sense that I’ve got to be there for people and I think because I’ve done it for so long, that’s why I’m comfortable and that’s why I want to be a Mum so bad. And I don’t...I don’t think I feel comfortable depending on other people....whether that’s like trust issues or something because my Dad’s always left ... my Mum’s always been a bit of a nut (laughs).’ (L5832-52)

‘COUNSELLOR: But you’re a very people person, aren’t you?

CLIENT: Yeah, I don’t like being on my own.

COUNSELLOR: You come across... you do come across like that to me all the time. You know, very engaged with people, very...

CLIENT: Yeah, I mean I hate being on my own. My Mum says she loves being on her own.

COUNSELLOR: Right.
CLIENT: She’s like “I love my own company.” I can’t stand it.’ (L7659-66)

‘CLIENT: And I don’t think we’ll ever connect on anything. And I suppose that’s sad in a lot of ways but that’s just what we’ve got to deal with.
COUNSELLOR: Yeah.
CLIENT: And I don’t want any relationship with him.
COUNSELLOR: You’re not the person... we’re back to that change thing, aren’t we?
CLIENT: Yeah.
COUNSELLOR: You’re not... you’re not the child...
CLIENT: That was.
COUNSELLOR: That was...’ (L7989-99)

‘COUNSELLOR: Right, ok, ok. So you’re seeing it from a really... almost, erm... I don’t know. I get a sense when you said that, almost that many of these things you have to go through in life at some point. And the fact that you’ve gone... not... obviously not all of it, clearly, but it made you stronger?
CLIENT: Yeah, I think so. I mean it’s sort of... There’s a flip side to it. I also feel like it’s made me, like... a bit more of a fragile person in some ways.
COUNSELLOR: Ok.
CLIENT: Maybe emotionally. I mean I try... I think I try and hold it all together.’ (L8365-75)

‘COUNSELLOR: Yeah, ok. So it’s almost like... sounds as if “I’m going to be there for her. I’m going to show care and concern but I’m not taking on this responsibility.”
CLIENT: Yeah.
COUNSELLOR: Yeah, yeah... Which sounds... I don’t know, sounds very mature if you don’t mind me saying.
CLIENT: I think so...
COUNSELLOR: You know what I mean? Really... but... but when I say mature, I don’t mean that in that, you know, sort of, slightly patronizing sense.

CLIENT: Yeah.

COUNSELLOR: I mean it in, you know... because some adults don’t make mature decisions like that. But it’s looking after yourself, isn’t it?

CLIENT: I think... yeah.

COUNSELLOR: Really.

CLIENT: I always think if other people were in this situation, they could have, like, crumbled by it.’ (L10023-40)

---

Extracts (51)

‘CLIENT: Erm, and Zeus, this Greek God...

COUNSELLOR: Yes.

CLIENT: Fearing the human’s power, split them in half making individual humans.

COUNSELLOR: Right, right.

CLIENT: Condemning them for the rest of their lives to find their soul mates.

COUNSELLOR: Ok, right. Yeah, oh, gosh, I’ve got goose bumps! (Laughing)’ (L9282-90)

‘COUNSELLOR: It is like a thirst for contact, to just... but... but a peace... I don’t know. What I’m... I suppose indirectly what I’m picking up from you is this real... It’s interesting that I put ‘thirst’ but I almost, like, feel that real... I think that’s come from... because when you’re really thirsty, you desperately want a drink, don’t you?

CLIENT: Yeah.

COUNSELLOR: That... that sense... that’s where, you know, I’m bringing... bringing that from. But I almost, just... yeah. That you’ve just got that thirst to feel connected to somebody and not always... looking after... or questioning what you’re going to find.

CLIENT: Yeah.

COUNSELLOR: Hence the peaceful bit, I suppose, in it, really.
CLIENT: I suppose its security, isn’t it?’ (L9441-53)

‘CLIENT: Little stupid story.

COUNSELLOR: Yeah, I get a real warmth when you say that. It sounds lovely.’
(L11207-9)

---

*Extracts (52)*

‘COUNSELLOR: So I’m thinking what was it? ... What must that be like for you? If I… you know what I mean? You’ve just given me probably a five minute summary.

CLIENT: (Laughter)

COUNSELLOR: And I’m overwhelmed.

CLIENT: Yeah.

COUNSELLOR: So, I’m wondering what that must be like for you?

CLIENT: Erm, I don’t know. I mean when I was… Obviously because I don’t see any of the violence now, it’s not… It’s something that happened. It’s what we have to deal with and you just make the best of what you’ve got and…’ (L302-12)

‘COUNSELLOR: They’re mannerisms but I can’t help but think… And I’ve had that slight sense of that throughout the time we’ve been talking. That there’s a little bit of a fear in you that you’re like your Dad or that you could become like your Dad?

CLIENT: Yeah, yeah, a lot.

COUNSELLOR: Right, ok.

CLIENT: I think.

COUNSELLOR: And I don’t know, I just had this underlying… That’s been an underlying thing that I sort of sensed a little bit with you being talking, which probably isn’t helped by the fact that, like you’re saying, if you have got some physical… You know, your physical appearance and that sort of stuff. But your physical appearance is not who you are, is it?

CLIENT: No.’ (1254-67)
‘CLIENT: No, I think... I think that’s right. I mean I don’t really feel like... I don’t know. I say I don’t feel like it’s a weight on my shoulder.

COUNSELLOR: Yeah.

CLIENT: But maybe it’s because I’ve gotten used to it being that way.’ (L2005-9)

‘COUNSELLOR: That was....I don’t know....okay. I mean.... I’m coming from my point of view...but that....I could just imagine that must have been really scary...

CLIENT: Yes.

COUNSELLOR: Because I’m actually...even I am finding that scary. Does that make sense?

CLIENT: Yes....

COUNSELLOR: I’m almost like there.....and I’m thinking “gosh that must have had....an awfully big impact on you”. What three?... Or about....older then...alright, okay.....

CLIENT: I was four....

COUNSELLOR: Right...

CLIENT: But see....there has been so many that I can’t even remember...’ (L5150-63)

‘COUNSELLOR: So, something really so beautiful and innocent, I’m getting the feeling...

CLIENT: Yeah!

COUNSELLOR: ...almost, again, was tainted and brought...

CLIENT: I always feel like everything’s like that...

COUNSELLOR: Yeah.

CLIENT: ...Now.’ (L8067-73)
Extracts (53)

‘COUNSELLOR: Yes, yes. And it was in a different... You were house sitting as well. So it probably was slightly surreal, wasn’t it? You’re in this sort of... I don’t know. I just get a sense when you’re talking, a bit like a dream.

CLIENT: Yeah.

COUNSELLOR: Is it a dream to you now?

CLIENT: Yeah, sort of. I mean he... he didn’t talk to me at all and I didn’t know why. I mean I sort of went into shock. Like, I didn’t really cry about it. I didn’t cry about it for months. And I don’t really know what happened. And I messaged him on Facebook and he was just being, like, all ‘friendly’, like he didn’t really know me.

COUNSELLOR: Right, ok.

CLIENT: That was, sort of, horrible. And I never... never understood what had happened.’ (L858-72)

‘COUNSELLOR: And I’m getting it... it interesting to go back a little bit to what you were just saying now with the drugs. I’ve almost like got this sense and I probably got it a few times as well, especially when you’ve got this element of “oh you look like your Dad”, or, you know, these things coming at you. Who... that you’ve got a bit... you don’t trust... No, I was going to say you’ve got lost in all of this but don’t... its interesting because I don’t really think I feel you are lost. I don’t feel you always possibly trust yourself.

CLIENT: Yeah

COUNSELLOR: Your knowledge of yourself. Is that a way?

CLIENT: I suppose.

COUNSELLOR: But I don’t know... that’s my... that’s what.... I’m just reflecting back what’s gone through my head. How would you... I mean, how would you say it?

CLIENT: I didn’t want to say anything about drugs at first because I didn’t know whether I’d get in trouble.

COUNSELLOR: No! No, no, no, no.

CLIENT: But...erm... yeah I mean... I suppose it’s something that’s always been a mystery to me.’ (L3851-77)
‘COUNSELLOR: Aww, do you know what? That makes me emotional, actually when I hear that. It’s beautiful, Jen.

CLIENT: Thank you.

COUNSELLOR: Now, I mean that. That’s really... aww, I don’t know, aww, that sounds awful... that sounds really... but I mean really ‘aww’. Wow! Sorry... Look at me! I’m more emotional!

CLIENT: Thanks.

COUNSELLOR: No... that’s beautiful! Yeah.

CLIENT: Thank you.’ (L4272-81)

‘CLIENT: I mean, he’d been hurt in past relationships. Apparently he said to her that he’s in love with me and it scared him...

COUNSELLOR: Yeah.

CLIENT: And he couldn’t deal with it, and he knew that he’d end up hurting me. So he’s just going to disappear.

COUNSELLOR: Right.

CLIENT: And I just... Ugh...

COUNSELLOR: Right, you’re going to be really, really fed up with me now. Because... have I not said this before? Maybe I haven’t, maybe I haven’t. I can’t remember but, funnily enough, when you were speaking earlier, I got the sense of... I wondered actually if it was such a strong connection, he just couldn’t cope with it...

CLIENT: Maybe, I don’t know.

COUNSELLOR: he couldn’t cope with it.

CLIENT: I just... I don’t know... It’s just... I just don’t know how to describe...

COUNSELLOR: But...

CLIENT: He just annoyed me so much!

COUNSELLOR: But, again, I just find it really interesting that... it’s almost like I’m paralleling some of this stuff. What’s going through me, because, one, I genuinely thought that, I really genuinely thought that.... And, actually, before you... just before you said “oh, shall I read the poem”, I was about to say to you... “but, does
that mean, just because it’s ended now, that it can’t happen again.” And then you... you like... you’ve got it in the poem, haven’t you?’ (L4318-42)

‘COUNSELLOR: Because I almost feel as well, when I listen to you, I do think, how on earth you make sense of all of this because it is... to me, it’s huge, it’s huge.

CLIENT: Yeah.

COUNSELLOR: And it’s almost like....I’ll be honest with you, I’m going to be really up front about this and it probably is smothering me... I think...oh...emotionally how do you...do you know what I mean...how do you deal with all of this? Because a lot of that, you know, was when you were so young, when you wouldn’t have known what...you probably wouldn’t have even been able to understand what those emotions were.

CLIENT: Yeah.

COUNSELLOR: Yeah, does that make....

CLIENT: I was scared a lot...’ (L5707-20)

---

Extracts (54)

‘COUNSELLOR: So I think we’ve said this; 50 minutes, ok? And then... I might turn around slightly at some point. Erm, every now and again, I might glance at the clock. Please don’t see it as me being bored...

CLIENT: No (laughter).

COUNSELLOR: ... and thinking that “oh gosh”, you know, “are we nearly at the end?” I need to just to keep within our time boundaries, ok? And I’ll always try to do it that, you know... you don’t need to clock watch, I’ll keep my eye on the time. And it won’t be “oh right, the times up, we’ll go.” I’ll try and do it a bit more (whispering) organically than that, ok? (...).’ (L76-86)

‘CLIENT: And... sorry, my tummy keeps rumbling (laughter), making terrible noises.

COUNSELLOR: Don’t worry about your tummy rumbling!’ (L981-3)

‘CLIENT: (Coughing) Sorry.
COUNSELLOR: Don’t worry. Be human in here, please!

CLIENT: (Laughing)

COUNSELLOR: Your tummy can rumble and you can cough, alright?

CLIENT: Ok.

COUNSELLOR: And you can swear, and you can do all the things you want to do. It’s absolutely fine!’ (L1343-9)

‘CLIENT: So I’ll have two A2’s, 2 AS’s and another AS.

COUNSELLOR: I’m with you, I’m with you. Yeah, my son’s... he’s doing his A-levels this year. My eldest, so... I suppose the only reason that I’m saying that is I understand what you’re talking about (laughter). And it’s very complicated, isn’t it, really?

CLIENT: It is.

COUNSELLOR: It’s quite a juggling game isn’t it, really?

CLIENT: Yeah, I think once, like, something clicks in the subject, you just feel a lot better about the rest of them.’ (L1407-15)

‘COUNSELLOR: Right, so is that potentially one that you might be thinking of dropping or?

CLIENT: Yeah, that’s definitely the one I’m going to drop.

COUNSELLOR: Ok, right. Right, yeah.

CLIENT: I don’t think my grade will be as... good as the others in that one anyway.

COUNSELLOR: Yeah, I have to say, I’ve found with my son as well, he automatically seemed to know... you know, after a while, you just... which is quite nice, isn’t it? Because it’s quite a big decision at times, isn’t it, really?

CLIENT: Yeah.’ (L1431-41)

‘COUNSELLOR: And just to get to the point with all of that... I have never been there since.
CLIENT: (Laughing) Yeah!

COUNSELLOR: It’s almost like I had to... I had to have that...

CLIENT: Yeah.

COUNSELLOR: To be able to put everything else into context.

CLIENT: It just..., it...

COUNSELLOR: And that just sounds... you know... exactly what you’re saying there.

CLIENT: It makes you conscious of...

COUNSELLOR: Yeah, and how could I have known that otherwise unless I’d actually gone through that experience? And it sounds a bit... like you, really.’ (L3969-81)

‘COUNSELLOR: So, it’s almost like... sounds as if you’re trying to make sense of what, sort of... you know what I mean? Like... like you said earlier.

CLIENT: Yeah.

COUNSELLOR: What are the, sort of experiences that you almost, like, need to go through?

CLIENT: Yeah.

COUNSELLOR: To be... that... I mean let’s face it... I’m going to come out with a real cliché now but I’m going to do it anyway. Adolescence... is sort of known, isn’t it, for being a time

CLIENT: Yeah.

COUNSELLOR: ...Of a sort of exploration... of trying... You’re trying to... I mean it’s a time of... I’m not the parents... so who am I?

CLIENT: Yeah.

COUNSELLOR: And that sounds... And I suppose what I’m trying to say... that’s a process that everybody goes through.

CLIENT: I almost feel like it’s a process of elimination, like people go through different phases of, like, being a goth or...

COUNSELLOR: Yeah, yes.

CLIENT: You know, I don’t know, wearing bright... really neons or something.
COUNSELLOR: Yes, yes.

CLIENT: And it’s like “well, if I’m not that person, maybe I’m this person.” (L4015-38)

‘COUNSELLOR: Wow, ok…

CLIENT: But…

COUNSELLOR: Sorry, I shouldn’t go ‘wow’ but a part of me does… I’ll be honest with you, that’s me being really… wow!’ (L6773-6)

‘CLIENT: And I have people say “well, who’s going to walk you down the aisle when you get married?” and stuff like that and I’m like “well, my Mum.”

COUNSELLOR: Yeah, you said that.

CLIENT: They’re like “you can’t do that!” I was like “yeah we can!”

COUNSELLOR: Yeah.

CLIENT: So they’re like “oh but your children won’t have a Grandad.” I was like “well, I’ll marry someone who’s got a Dad” (laughing).

COUNSELLOR: Yeah, well…

CLIENT: Hopefully!

COUNSELLOR: Well, let’s face it, some people don’t have Dads for other reasons, do they?” (L8003-15)

‘COUNSELLOR: But then you’ve got this… And I… well I… and I have to say you… you blow me away at times with what you do, Jen. I really, really, genuinely… Because don’t forget, I’ve got a child of the same age. And what you do, you know, I think “wow!” Erm… you know, you have this… you have this enormous capability and capacity to hold all of this on your own. But then, like you’re saying, then… you feel… So that’s strength, isn’t it? It must be a strength.’ (L8518-24)

‘CLIENT: Ok, so I’m drawing a circle.
COUNSELLOR: Yeah, or do whatever... you know, like I said, do it in whichever... in whichever... Oh, you’re very professional with the way you do your circles, I’m very....

CLIENT: (Laughing)

COUNSELLOR: I thought that when you did that one. I thought “gosh, I’d never think of doing it like that!”

CLIENT: My, erm... my wood tech teacher showed it me once in class and I just...

COUNSELLOR: Right. It’s cool, isn’t it?

CLIENT: ...And I just carried on doing it.

COUNSELLOR: Your own... no, what is it called? Compass?

CLIENT: Yeah.

COUNSELLOR: Your inbuilt compass, I’m impressed!

CLIENT: It never works out perfectly.

COUNSELLOR: Well... that’s pretty good! Gosh! Wow!’ (L8875-90)

‘COUNSELLOR: Yeah... See, that connection thing. It is... it is interesting, isn’t it? Almost like... like that you said. You know, what is it about certain people that it’s there or it isn’t there?

CLIENT: Erm... I don’t know whether I told you about that Plato the symposium?’ (L9241-5)

‘CLIENT: My phone’s being terribly slow.

COUNSELLOR: Might not... the signal’s not... Funnily I find here at the college that sometimes I get a signal, sometimes I don’t. I don’t know what it’s like with you but... that might be the case. Sometimes where you are in the room prevents it.’ (L9334-8)

‘CLIENT: And people live.... Like, you’re never not an addict, I don’t think. Once you’ve had that addiction, you’re still an addict but you don’t...”

COUNSELLOR: Yeah.
CLIENT: If you don’t do it, then...

COUNSELLOR: Unless you completely pull away from it, isn’t it?

CLIENT: Yeah.

COUNSELLOR: And then you can... yeah. There’s no half measures, is there, with alcohol and things like that?’ (L9963-71)

‘COUNSELLOR: Ok? The other one is literally at the top of your nose, between your two... I mean, in cases like me, I’ve got... I got two wrinkles there that show me where it is.

CLIENT: (Laughing)’ (L10226-9)

‘COUNSELLOR: But it does... I don’t know, I did it with my son the other evening because he was nervous about his A-level.

CLIENT: Oh, yeah.

COUNSELLOR: And he...

CLIENT: Has he had his exam?

COUNSELLOR: Yeah, he’s... in fact, he’s got another one this afternoon. He’s got one tomorrow, he had one yesterday. And I... on the Sunday evening when I got back from the workshop, he was nervous because he’d got it on the Monday morning. And I just said to him “just go with me here.” (L10261-70)

‘CLIENT: So after this year, I could do my foundation.

COUNSELLOR: Yes.

CLIENT: It lets you, like, experiment with different forms of art.

COUNSELLOR: Yes.

CLIENT: And then you focus on...

COUNSELLOR: Yes.

CLIENT: I mean...

COUNSELLOR: There’s loads of different areas.
CLIENT: Yeah.

COUNSELLOR: There’s textiles, isn’t there? And I can’t… that’s the only one that’s coming to mind at the minute. Right, yeah.’ (L10763-73)

Extracts (55)

‘COUNSELLOR: Yeah, it’s bizarre. It’s almost like, I can’t remember the other week… Erm, we were thinking about what to eat. We always plan out what we’re going to eat for the next week when we go shopping. Sad, but we do! (Laughter) And immediately something came into my head and then my husband turned around and said “oh, we haven’t had…” I think it was Lasagna or something and I thought… “I just thought that!” So, I suppose what I’m… the only reason I’m saying that is, I just wanted to reflect, I think it’s possible. I think when you know somebody for that long, that familiarity, that, yeah… attunement, I don’t know what you’d call it! But, yes, it can happen with me and with my husband as well.

CLIENT: That’s like how I felt with Sam.’ (L755-66)

‘COUNSELLOR: Shall we… again, I’ll be really honest, uni would finish at twelve, then I can get… Sorry, you’re listening to all my plans… Twelve thirty five train which would get me in at one. So if we could say about half one. And, just purely because otherwise I’m going to, almost like, arrive, park the car, dash here and if I’ve just got ten minutes, then I feel I’ll be here for you more than with my head in Birmingham and on a train if that makes sense?

CLIENT: That’s fine.

COUNSELLOR: Is half one alright?

CLIENT: Yes.

COUNSELLOR: And only next week, then we’ll go back to our usual on Tuesdays.

CLIENT: Aright.

COUNSELLOR: Is that alright with you?

CLIENT: Yes, that’s perfect.’ (L2849-63)
‘CLIENT: Erm... it’s just so strange... I had this really weird dream where me, Lydia, Megan, which are my two friends in college...

COUNSELLOR: Yeah.

CLIENT: We went on holiday and we had security everywhere because we watched the film ‘Taken’... Have you seen it?

COUNSELLOR: Yes, I have seen the film, yeah.’ (L4668-73)

‘CLIENT: I mean... there’s... Oh I describe my life too much with films! But there’s a film called Perks of Being a Wallflower. Erm, and it’s sort of like a coming of age film.

COUNSELLOR: Seen that one.

CLIENT: Yeah.

COUNSELLOR: Yeah, seen that one.’ (L6144-9)

‘CLIENT: This is, erm, a snippet from what he wrote, and I really like it. So... it’s almost like... it’s quite poetic, I think.

COUNSELLOR: Yeah. I like poetry. I used to write it when I was little.

CLIENT: Did you?

COUNSELLOR: Yeah, I remember in school it being... you know on parents evening? They put one of my poems up.

CLIENT: Oh yeah.

COUNSELLOR: Yeah, actually. Maybe that’s why we connect, actually, because I like poetry.

CLIENT: Yeah.

COUNSELLOR: I would write... you know what I mean? If I had something really, really personal to say, I will... I will... I will formulate it as a poem.’ (L9316-28)

‘COUNSELLOR: How did that leave... in fact, you know, I was... A part of me... I’ll be really, really honest, a part of me wanted to say when you said “no, Nanna, I’m
going home to do my college work.” And I thought Gosh that sounds like, you know, the mother, you know, saying well done to...

CLIENT: Yeah.

COUNSELLOR: Which I didn’t want to but... I mean, I don’t know. That was really... that was, wasn’t it? A really wonderful... well, sorry I’m putting a judgment on you. It did come across to me as being a boundary where you... where you literally looked at the whole situation and said “you know what? I’m not... I’m not going to leave you, obviously, in a really dangerous situation...”

CLIENT: Yeah.

COUNSELLOR: “But...but... I need to do something.”’ (L9975-88)

‘COUNSELLOR: Or, erm... in fact I’ll give you an example. And I’m being really honest here. I came in this morning. I literally left the house at half past ten, ok. I was doing the hovering, this and that, and I walked in and I felt quite tense and things. And I actually stood here and I did it... Gosh I’m sounding wacky, did it on myself! I said “even though I’m feeling anxious and really tired, that’s ok.” Yeah? So, that... that was what I used in my head.’ (L10317-23)

‘COUNSELLOR: Erm... what... now, I’ve experienced this... Cos I’m going to be really... you know, really upfront, it got me hooked. Ok, one morning when I had a case study to do for uni.

CLIENT: Yeah.

COUNSELLOR: And I was... the time pressure... I was tired, I couldn’t see how I was going to do it and I almost woke up... I wouldn’t say it was a panic attack but it was close. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: My heart was pounding, so my blood pressure was going to... obviously... I normally have low blood pressure... was up here. And I was really... I mean I was... was wet. I was so panicky!

CLIENT: Yeah.

COUNSELLOR: And it was literally after I’d just done the level one. And, literally, Jen, I didn’t even do any talking or anything, I just... I was just in a moment where I thought “Do you know what? I don’t care if this works.”
CLIENT: Yeah.

COUNSELLOR: “I just don’t want to feel like this.” And I went round one cycle and I kid you not, by the time I got to the end of it, my heart had calmed right down.’ (L10667-87)

---

Extracts (56)

‘COUNSELLOR: Ok, I’ll just lay that there then. Ok, right. I’ll give you a bit of info on me.

CLIENT: Ok.

COUNSELLOR: Ok, so I’m in... coming towards the end of my second year, ok, at the University of Manchester. So I’m a trainee counselling psychologist.’ (L1-6)

‘There are, I suppose if you like, terms of confidentiality which I need to just say at this juncture. In essence, everything that you say to me remains confidential. I don’t go out, even talk to Rosie about it. I don’t talk to anybody about it. What we say here remains between both of us, Okay? Erm, the only exceptions to that would be, if you did say to me that you were planning on harming yourself, ok, I have to, yes, I have to inform somebody. I mean in this case, it would be... I would go to Rosie or Rosalind who owns the service here, ok.

CLIENT: Ok.

COUNSELLOR: Or, of course, if I hear of any potential harm to somebody else.’ (L41-52)

‘COUNSELLOR: Ok, also... I’m wondering if you’re going to laugh when I say this but I have to say it. If I picked up that you were involved in any acts of terrorism...

CLIENT: Ok.

COUNSELLOR: ...Money laundering...

CLIENT: Right.

COUNSELLOR: ...Drug trafficking.

CLIENT: (Laughter)
COUNSELLOR: I have to report those as well.

CLIENT: Ok.

COUNSELLOR: Ok, but... they’re the only ones.

CLIENT: Ok.

COUNSELLOR: Erm, but I... you know, I want to make you aware of them now, ok, and not afterwards. Well, after you told me.

CLIENT: (Laughter).’ (L54-68)

‘COUNSELLOR: So just so... yeah. And that... really that’s it. I don’t know again. I’m bound by the ethics and code of conduct, The British Psychological Society and the HCPC, which is the... oh, it’s changed its name... Anyway, it’s the healthcare provisions council. I think there’s another word in there because it’s changed its name recently. Isn’t that awful,? I’ve forgotten. Erm, so I am bound by a certain rule of conduct, ok, which, you know... would lynch me if I do anything wrong, ok (...).’ (L69-76)

‘COUNSELLOR: Ok,eErm... and again, I suppose we’ve got... we’ve definitely got six sessions.

CLIENT: Right.

COUNSELLOR: Ok, definitely! But if for instance there is a session that you feel “you know what? I don’t want that included in this”, then we can extend that and possibly end up with six sessions. We could extend it a little bit longer anyway but let’s just go with where we’re at. Is that alright?

CLIENT: Yes.

COUNSELLOR: Ok, right, that’s all the admin done. That doesn’t have to be said again.

CLIENT: Ok.’ (L97-108)

Extracts (57)

‘COUNSELLOR: How much do you know about counselling?
CLIENT: Erm, not much.

COUNSELLOR: Not much.

CLIENT: I had a brief stint at high school but I didn’t really like counselling so I...

COUNSELLOR: Ok, ok, ok.

CLIENT: I just stopped going.

COUNSELLOR: Ok, ok that’s fine. Because certain counsellors have a certain... like, you have a person centered, you have cognitive behavioral therapists. I don’t know whether any of those are ringing a bell.

CLIENT: No, I don’t know any of those.’ (L17-28)

‘COUNSELLOR: Ok, right, that’s all the admin done. That doesn’t have to be said again.

CLIENT: Ok.

COUNSELLOR: Ok, this is just literally because we’re starting, ok. But again if there’s anything that you just want to be reminded of, let me know. And from now on every session, when we come in, the only thing will be the signing of the form and then we’ll... it’s all about you, ok?

CLIENT: Alright.

COUNSELLOR: So that’s all our admin out the way. Ok, right, let’s just start now, ok, as if... So, welcome Jen.

CLIENT: Thank you.

COUNSELLOR: It’s really nice to meet you. Thank you ever so much for doing this. But the research is now on the back, we’re going to forget that. We’re here to counsel now so that’s hopefully not going to be in the room at all.

CLIENT: Right.’ (L106-122)

‘COUNSELLOR: I’d like to add I know nothing and that’s what I want...

CLIENT: I was going to ask if Rosie had, like, filled you in on anything.

COUNSELLOR: And I wanted... Rosie gave me the option but I actually said that I would almost prefer not to know anything because I want to get it... I want to have
it from you. And I didn’t want to come in with any preconceptions. Does that make sense?

CLIENT: Yes.

COUNSELLOR: I want to see you as you are.’ (L130-9)

‘COUNSELLOR: But I don’t know. Being very careful not to put words into your mouth, but, clearly... I don’t know, was that the... was that the first time that you ever had that feeling?

CLIENT: Oh yeah, like I’ve never been in a relationship before. Even, like, I don’t know... from pre-school, people like latch onto others and that. (L791-6)

‘COUNSELLOR: I also wanted to say to you, I’m not listening to the recordings.

CLIENT: Ok.

COUNSELLOR: The reason I’m not doing that is because it wouldn’t be something that I would do normally.

CLIENT: Alright.

COUNSELLOR: Alright?

CLIENT: Yeah.

COUNSELLOR: So I want this to be as it would completely. Do you know what I mean? So what I wanted to say to you is, from that point of view, the research is not impacting at all on what we’re doing here, alright? I will only listen to them at the very, very end, ok?’ (L1578-89)

‘COUNSELLOR: Right, go on then! Right, no. Draw it exactly the way you want it because I want it to have meaning to you, yeah.’ (L1921-2)

‘COUNSELLOR: And just, anybody that occurs to you. It doesn’t have to match up with the other side.

CLIENT: Ok.
COUNSELLOR: Ok? Do you know what I mean? There’s no pre-scripted stuff here, just do what just comes to you.’ (L2284-8)

‘COUNSELLOR: Yeah, ok, ok. So obviously I’m noticing there... No, no, let’s go back to you first, forget me! (Laughter) Anything... anything there that surprised you or do you know all of that stuff?’ (L2305-7)

‘COUNSELLOR: Yeah, yeah... Right you’ve covered an awful lot of deeply personal stuff today. So do think, alright? And next week when you come, ok, yay or nay, it’s down to you, ok?

CLIENT: Yeah.

COUNSELLOR: Alright.

CLIENT: Yes.

COUNSELLOR: And I want... I really desperately want to... ok. Erm... but don’t forget, none of your... your... it will never be linked to you.

CLIENT: Ok.

COUNSELLOR: Alright? And I hope you know that. It will never be linked to you.

CLIENT: Yeah, that’s fine.’ (L4531-43)

‘COUNSELLOR: Yeah, yeah. Erm... I mean, I think there’s been a little part of me that’s been... slightly frustrated because I often feel that, to a certain degree, we’ve had... we’ve had to keep some of this stuff safe.

CLIENT: Yeah.

COUNSELLOR: Because of course, I don’t want to open up something with you. Do you know what I mean? And then say “ok, Jen, right” you know... and leave you to it.

CLIENT: Yeah.

COUNSELLOR: So there have been a little bit of...

CLIENT: (Loud Noise) Oh, sorry.
COUNSELLOR: It’s fine. There has been a little element of me trying to keep you safe in all of this.

CLIENT: Yeah.

COUNSELLOR: But I’m very aware that there obviously are some very deep issues that possibly we haven’t touched on as well as we could have. But it’s the nature of the number of sessions, which is a shame really.’ (L9791-9808)

‘COUNSELLOR: Because I’ll be really honest with you, a part of me would love... you know what I mean?

CLIENT: Yeah.

COUNSELLOR: Would... would love to but, you know, I’m bound by that... So, based on that, and I’m just going to say something... almost like I feel... I feel that I could offer you a tool.’ (L10116-21)

‘COUNSELLOR: Thank you lovey, thank you... And I mean this absolutely genuinely. If you do have any second... you know, any second thoughts in any way, you’ve got... got the sheet and everything.

CLIENT: Yes.

COUNSELLOR: And you’ve... you’ve got my number anyway, haven’t you?

CLIENT: Yes, I have.

COUNSELLOR: Then do say. It’s about keeping you safe. Ok? And that’s my top priority. Ok, right, let’s turn that off now...’ (L11547-56)

**Extracts (58)**

‘COUNSELLOR: Ok, now, I suppose the difference between... It takes a while for us to work out what’s the difference between a counsellor and a counselling psychologist. I’ve studied psychology... ok as an undergrad course and I suppose what I think I bring more as a counselling psychologist is... obviously I’ve got a bit more of that psychological knowledge. Does that make sense?’ (L8-15)
‘COUNSELLOR: Ok, ok that’s fine. Because certain counsellors have a certain... like, you have a person centered, you have cognitive behavioral therapists. I don’t know whether any of those are ringing a bell.

CLIENT: No, I don’t know any of those.

COUNSELLOR: They might not, that’s fine. Brilliant, erm, so what I was going to say is, I like to see it as I’ve got a tool box, ok, and that any given time, I will dip into that and bring it out. So this can be really, really open, flexible or go with the flow, how you are feeling on any day at any moment or we can be a bit more structured. Ok, and we won’t know that now.’ (L24-34)

‘COUNSELLOR: No, I mean, just talking about all of this now, as you’ve been doing it... because a part of me... I’m sitting here thinking actually... again, thinking this through, I thought “oh gosh, what....” In many ways I think that there’s loads, isn’t there? There’s loads there. And maybe it’s alright not to know where to start. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: Because, I’ll be honest with you, again, I’m sitting here thinking “gosh! Where would you start?” Yeah?

CLIENT: Yeah.

COUNSELLOR: But then I’m telling myself off at the same time because then I’m thinking we don’t need to know where to start, or know. You know, this is our first session, isn’t it? Do you know what I mean? And it’s... it’s almost like unpacking all of this.’ (L511-524)

‘COUNSELLOR: How did it... how did it leave you feeling? And it’s a genuine thing, you know what I mean? You don’t have to, you know, say “oh it was fine.” I really want to know, you know? Did it stir up stuff that...

CLIENT: I don’t know, it didn’t, like, stir up... I don’t know, like, any emotions about it.

COUNSELLOR: Ok.

CLIENT: But I found myself thinking about it for, like, the rest of the day.’ (L1482-90)
‘COUNSELLOR: But I always like to say; just because I’m saying that, bring whatever you want. And please understand ... I’m not an expert, you’re the expert in your life. Ok? You, not me! You’re the expert. That... if I say that and immediately you think “well, actually I’d like to look at my sisters”, then please say, won’t you?

CLIENT: Yeah, I think...

COUNSELLOR: I’m just suggesting it.

CLIENT: I think my Mum would be helpful.’ (L2773-81)

‘COUNSELLOR: It is... well, I mean, I... I mean, I’m not even going to pretend... I’m not an expert at dreams...

CLIENT: Ok.

COUNSELLOR: So don’t expect me, you know...When I say this, it’s just literally as a person responding to you... I don’t know. I’m just getting a real sense of persecution there, somebody after you... Somebody... You know what I mean? You...

CLIENT: It’s like I was trapped the whole way.’ (L4743-50)

‘CLIENT: It’s a bit.....it doesn’t really rhyme or anything.... (Laughs). It’s just like ...just like my thoughts.

COUNSELLOR: Jen, I’m not... I’m not......you don’t have to live up to any expectations with me at all. It’s completely....it’s so personal anyway.’ (L5683-7)

‘COUNSELLOR: Now, I don’t... I hummed and arr’ed about whether to pick up on this... because I thought “oh, we haven’t really got time to explore it.”

CLIENT: Ok.

COUNSELLOR: But I have noticed, particularly today, that you use the word ‘weird’ a lot about yourself and your friends.’ (L6132-7)

‘COUNSELLOR: You said that I remember... I remember in one of the earlier sessions you said to a certain degree walking through the door, you’re never really quite sure...
CLIENT: It’s almost like...

COUNSELLOR: And there was that sense of going home. A bit of a... like you’re saying, a bit of dread, a bit of anxiety.

CLIENT: Yeah.

COUNSELLOR: Right.

CLIENT: It’s almost what I imagine someone to be... to have bipolar to be like.

COUNSELLOR: Yeah.

CLIENT: Actually, you know, really happy and really lovely or... she’s just horrible.’

‘COUNSELLOR: And... well, I... I’ll be honest with you when I came today, and I’m going to be really open and upfront, I did a workshop at the weekend.

CLIENT: Ok.

COUNSELLOR: Ok? And it’s called ‘Emotion Freedom Therapy’.

CLIENT: Oh.

COUNSELLOR: Ok?

CLIENT: That’s interesting.

COUNSELLOR: And I’d sort of had it in the back of my mind a little bit before but I didn’t really feel confident enough to sort of give it to you. Does that make sense?

CLIENT: Ok.

COUNSELLOR: Because I didn’t really feel that I... I’d got my head around it entirely.’

‘COUNSELLOR: Ok? Erm, but I did think today... I almost... and I’m going to be really honest about this, I think I want to have the sense that I’m giving you...

CLIENT: (Receives a text message) Oh, sorry.

COUNSELLOR: Oh, don’t worry about that. That I’m giving you something that could possibly help you.

CLIENT: Alright.
COUNSELLOR: Ok? So I’m going to own that. I’m probably feeling slightly... but I want to give you something that... Now, it’s nothing... What’s wonderful about this is, is it’s almost like giving you something that you can do on your own.’ (L10154-64)

‘COUNSELLOR: Right, these are your bits, alright. Now, obviously, do whatever you want to with them.

CLIENT: Ok.

COUNSELLOR: But they are yours. It’s what you drew. So I wanted to give them back to you, Ok?

CLIENT: Thanks.’ (L11504-9)

‘COUNSELLOR: Erm... yeah, so you know... and you might not want them but...but they’re yours. I wanted to give you back your drawings. Erm... and... yeah, erm, I’m not... to be honest with you, I’m not entirely sure whether Rosie will want anything from me after this. Does that make sense? But if she did want a very brief summary of what we’ve talked about, would you happy... you can... say no...

CLIENT: Oh, no, that’s fine.

COUNSELLOR: You know what I mean? Even if... even if I just put something down like we spoke about family relationships.

CLIENT: Yeah.

COUNSELLOR: Does that make sense? It... It wouldn’t be very detailed.’ (L11510-22)

Extracts (59)

‘COUNSELLOR: So I think the college would normally... They say about six. I have a little bit of flexibility there because I’m not necessarily, you know what I mean?... So what I wanted to say to you was that we have got nine weeks.

CLIENT: Right.

COUNSELLOR: To give you a little bit of the framework. And we can use them in any way you want. Now, you might not know yet how you want to use them, absolutely fine but I wanted to give you the option because it’s about you. Do you want to... I suppose really, I mean you had a little bit of a taster last week about what we can
do. We can just sit here and just see what comes up, how it comes up or we can focus on a particular area.

CLIENT: Yeah.

COUNSELLOR: Ok, or we can do something specific.

CLIENT: Right.

COUNSELLOR: Just listening to those, what’s your, sort of, gut reaction that you... What would speak to you? What do you think?

CLIENT: Erm, maybe like focusing on a particular area, I think would be good.’ (L1662-80)

‘CLIENT: Maybe like a different one each session if that ...

COUNSELLOR: That would be absolutely fine.

CLIENT: Because I just think there’s a lot going on, and I never really know where to start from.

COUNSELLOR: Ok, ok.

CLIENT: A lot of me to talk about, I don’t know.’ (L1687-92)

‘COUNSELLOR: Right, ok, ok. So looking... Yeah, go on. Just in any way that you fancy. You don’t have to talk about it. You might just want to leave it at that. That might be enough for you or, you know, obviously if you want to, sort of talk about...’ (L1956-9)

‘COUNSELLOR: Ok, ok... I suspect... I don’t know. I pick up from you... And again, it’s sort of going back to that, the... It’s only an idea and when you come next week, you don’t have to explore it. I always like to say that I’m only putting ideas out there which seem possible right now but in a week’s time, it might not be. That, explore a little bit... your Mum a little bit more?’ (L2766-71)

‘COUNSELLOR: Yeah, to sort of, you know. Erm... and again if you want... You know, I always like to think that we’re not... we’re not planning as such but we’ve got a focus if that makes sense?
CLIENT: Yeah.

COUNSELLOR: Yeah? So this is all completely flexible, ok?’ (L2782-6)

‘COUNSELLOR: Because... where were we up to? Let’s get this out. Now, because,
and I’m going to be really honest, it’s what I’m hearing. So you can tell me it’s not
the case or not. I’m hearing actually, you’ve got really quite a lot on at the minute.

CLIENT: Yeah.

COUNSELLOR: And possibly, interpretation on my part I really admit, you’re head’s a
bit all over the place possibly.

CLIENT: Yeah.

COUNSELLOR: Now, might not be though but I just want to give you the option
whether today, you just literally almost like, just want to... just talk about things to
make you feel better, does that make sense, or you want to do something a little bit
more focused, as in carry on with what we’ve been doing?

CLIENT: Yeah.

COUNSELLOR: But we don’t need to do that today if you don’t feel in the right place
to concentrate on anything particular. We can just... do you know what I mean? You
can literally just... we could just talk about today, where you’re at and how you’re
feeling. And any of this stuff that, you know, would help you to talk about... So I’m
going to leave that to you.’ (L3087-3106)

‘CLIENT: Alright, I had a really weird dream though. It was a little unsettling.

COUNSELLOR: Oh, right, ok.

CLIENT: Which I always do. But I sort of expected it.

COUNSELLOR: You said that. You almost like..., yeah.

CLIENT: But I woke up and I was just a little bit uneasy.

COUNSELLOR: Ok.

CLIENT: Because it was so weird.

COUNSELLOR: Yeah.

CLIENT: Erm... Yeah, do you want me to tell you about it?
COUNSELLOR: It’s up to you, Jen.’ (L4657-67)

‘COUNSELLOR: Because you’re going to Glastonbury so... erm... we could possibly meet again at the end of the... I’m... I suppose what I’m saying is, I want to leave it to you. We could have another couple of sessions if you wanted to have one at the end of the week and one on Tuesday?

CLIENT: Yeah.

COUNSELLOR: Or we can have just one more. But I’m... I’m very happy to see you again. But I suppose if we had another couple of sessions, I’d probably have to see you at the end of the week and on Tuesday. What would...

CLIENT: Which Tuesday is that?

COUNSELLOR: Literally today, a week today. Are you around?

CLIENT: Erm, let me get my calendar out.’ (L8122-34)

‘COUNSELLOR: Erm, I mean, have you got a preference? Would you prefer morning or afternoon?

CLIENT: Oh, afternoon please. Oh, actually wait, no morning, morning’s better.

COUNSELLOR: Morning’s better? From what time?

CLIENT: Erm...

COUNSELLOR: I don’t want to drag you out of bed.

CLIENT: Erm, about ten-ish?

COUNSELLOR: Ten-ish? So from ten onwards?’ (L8166-74)

‘COUNSELLOR: Yeah, ok. Now I’m just going back. So... so... literally, I was going to go back a bit really.

CLIENT: Ok.

COUNSELLOR: Because when we looked at this... because it sort of ended up being a bit of the plan, didn’t it?

CLIENT: Yeah.
COUNSELLOR: And I think to a certain degree... in fact, probably might be even... I was looking at it and I was thinking... obviously you’re in there, Mum’s in there, Dad’s in there, Nanna, your sisters.

CLIENT: Yeah.

COUNSELLOR: So I mean we have spoken about Mum, haven’t we?

CLIENT: Yeah.

COUNSELLOR: We’ve spoken about Dad. I mean I suppose indirectly we’re always talking about you. But I’m not sure that we’ve ever had a session where we’ve completely focused just on you.’ (L8284-99)

‘COUNSELLOR: Fine, thank you... Erm... cool, thanks ever so much, Jen. Right, ok. And then, yeah... if I fold this up... if you want it... I’ll put it in... I’ll put it in here. I’ll move that. And to be honest with you, at the end, I’ll give these to you because they’re yours, alright? And then you do with them whatever you want to. Ok? Alright, but I’ll put it in there for the minute in case we want to look at it next week. Thank you Jen.’ (L9813-9)

‘COUNSELLOR: Ok? So it would be less talking and me probably almost, like, getting you to go through something today. But that might not be what you would necessarily want. You might just want to talk so I’m sort of... handing that over to you a little bit. So, do you want... would you like to feel that I can sort of give you a possible tool that could help you? Or, would you really just want to just talk and relax and just say things today?

CLIENT: Erm, no, I’m happy to go with the...

COUNSELLOR: The tool?’ (L10123-31)

Extracts (60)

‘COUNSELLOR: Sorry, I’m a real fan of gut instincts. I think they tell you so much. What was... what was your gut instinct at the time?’ (L876-7)

‘CLIENT: I just felt something wasn’t right.
COUNSELLOR: Gut instinct, you see?’ (L889-90)

‘COUNSELLOR: But I don’t know. When you’re talking, I get this sense though that you almost feel like, that things need to be addressed at some point but the enormity... I don’t know. Is it like, not... a volcano is probably a bit of a too violent image because that would, wouldn’t it? It would be a ‘whoosh’, an eruption.

CLIENT: Yeah.

COUNSELLOR: But... Ah! I don’t know, I’ve got one that probably fits better. You know when you’ve got a barrel of water? And it fills up, fills up, fills up. And it’s weird, isn’t it? Because you almost, like, end up with... if it’s really full, like a bubble of water. And then one drop of... It might not be a barrel of water. I don’t know whether you’ve experienced it. And then one drop and then all of a sudden...

CLIENT: Sent it over the edge.’ (L2422-34)

‘COUNSELLOR: So... I’m wondering if that’s something that we can just deal with in one session. Because I think really we’ve probably only opened that up slightly. But I suppose what I’m hearing in what you’ve drawn... That makes sense doesn’t it?!

CLIENT: (Laughter)’ (L2716-20)

‘COUNSELLOR: I know that’s actually... I’m talking at cross purposes here, but somehow, I think your heart can know.

CLIENT: Yeah.

COUNSELLOR: But I think your head... your head is... is... almost coming in and trying to tell you that what you felt there isn’t real.’ (L4302-7)

Extracts (61)

‘COUNSELLOR: But... and that’s interesting because I was thinking that. It’s what brings me back a little bit because that’s one of the things that I was thinking at the time. I thought “oh no, let Jen carry on talking” but that’s something that I wondered about. How does that feel? Because I do hear that you... Well, again, if I’m not right, let me know, but I hear that you have a real security that your Mum loves you.’ (L990-6)
‘COUNSELLOR: Ok, we’re alright to leave it there today?

CLIENT: Yes. Thank you very much for helping me.’ (L1379-80)

‘CLIENT: …Erm… Can I put one person in more than one place?

COUNSELLOR: Jen, you do whatever you want to do.

CLIENT: (Laughter)

COUNSELLOR: There’s no structure, system or anything to this. This is you expressing yourself (Long pause)

CLIENT: Erm… I don’t know how I’m going to connect that… (Long pause).’ (L1943-50)

‘COUNSELLOR: It’s that common history, knowing the people, understanding… Ok, so I suppose actually, if you don’t mind, I am going to turn it over now.

CLIENT: Ok.

COUNSELLOR: And if that’s you in the middle. Almost like, relationship… closeness of relationship…wise… That’s very badly said but you know what I mean.

CLIENT: Yeah.

COUNSELLOR: In some jumbled English. Where would you say people are now?

CLIENT: Ok.

COUNSELLOR: Yeah? So that’s you, you’re the dot in the middle. In closeness, where would you put them on the circles or between the circles? They don’t have to be on the lines. Just put them where you think and… where they’d be.’ (L2248-62)

‘CLIENT: I didn’t want to say anything about drugs at first because I didn’t know whether I’d get in trouble.’ (L3865-6)

‘CLIENT: My mind always goes blank when I’m, like, put on the spot. I’m like “erm...”’ (L10300-1)
‘COUNSELLOR: Ok? So I don’t know. Going on that... So even though I’ve not slept well and I’m feeling really tired. How would you finish that?

CLIENT: Erm... I can cope?’ (L10325-8)

‘COUNSELLOR: “I can cope. I can cope”. Ok, and what you would do is, you would go... In fact I almost, like, feel we do need to do it... Do you want to go over in that... Are you happy to do it?

CLIENT: Yeah, I don’t mind.

COUNSELLOR: Alright, ok. That’s me... that’s me putting that on you, isn’t it? I feel...

CLIENT: It’s alright.

‘COUNSELLOR: Now I noticed a change in you but I wanted to see if there’s something that you noticed when you were going around.

CLIENT: Yeah, erm... (long Pause). Erm...

COUNSELLOR: No, if you don’t, it doesn’t matter. You don’t have to, Jen. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: That’s what’s lovely about it. If nothing... that’s fine. You know what I mean? You don’t have to force something.

CLIENT: Yeah.

COUNSELLOR: But what I noticed... Yeah, so... No, nothing this time?

CLIENT: Erm... No, just... I don’t think so. I don’t know whether I’m feeling calm or sad or... possibly confused.

COUNSELLOR: Right, right. So almost like you can’t really feel anything?

CLIENT: Sort of. It’s like there’s a block on it all.’ (L10531-55)

‘CLIENT: Thank you for showing me that.’ (L10652)
Extracts (62)

‘Anyway, it’s the healthcare provisions council. I think there’s another word in there because it’s changed its name recently. Isn’t that awful? I’ve forgotten.’ (L72-4)

‘COUNSELLOR: No, I’m with you because there are... I mean there are a number of things I suppose, really. I mean a part of me wondered... One thing that I actually do remember... I don’t know, making an impact on me? That’s probably the wrong way of putting it, but I did hear you very much say “oh, I look like my Dad.” (L1693-7)

‘COUNSELLOR: Right, ok, sorry. Just that’s why... I just wanted to make sure that I’d got your right sister. That’s...

CLIENT: Yeah.

COUNSELLOR: Ok, sorry Jen, yeah.’ (L1827-30)

‘CLIENT: I think so... Do you... do you want to hear the poem I wrote for him? I’ve got it on my phone.

COUNSELLOR: Yeah, go on then. Go on then, yeah.

CLIENT: I’ll just find it.

COUNSELLOR: Yeah. Only if you want to though.

CLIENT: Oh no, it’s fine.... It’s... I feel like it explains a bit.

COUNSELLOR: As long as you’re... Yeah, I was going to say, I don’t want to... as long as you... Yeah, well, you offered but I... Yeah, I was going to say, I don’t want to sort of stir up...’ (L4243-51)

‘COUNSELLOR: Mmmm. But then in all of this...you forget...I don’t know...you’re forgetting...that’s a bit judgmental really but I don’t mean it in that way at all.’ (L5785-7)
‘COUNSELLOR: Erm... and therefore if you’re open and you’re trying to make sense of these fragments,... I don’t know... Can I even say that... am I allowed to say that? I just get the sense that it will happen because you’re letting it.’ (L5837-40)

‘COUNSELLOR: That... that actually, that’s there. All of this... can be held. Yeah?

CLIENT: Yeah... yeah, I think so.

COUNSELLOR: It looks like it, anyway. It might not be that but it’s... it’s probably just me interpreting it, that it could be... erm... Oh, how would you say it?

CLIENT: I don’t...

COUNSELLOR: I’ve given you my... my... my, erm, my interpret... but it might be complete rubbish! What’s yours?

CLIENT: I don’t... I don’t really think about it.

COUNSELLOR: No.

CLIENT: I just... I just drew it.’ (L8958-67)

‘COUNSELLOR: Yeah, yeah. But if it is any... consolation, Is that the word? In fact, when you were saying that, I was thinking “but do you know what? When I was your age, I felt the same.”

CLIENT: Yeah.

COUNSELLOR: There is a certain amount of pressure that comes with that. Am I going to find the right person?

CLIENT: Yeah.

COUNSELLOR: Do you know what I... And it does, and I... Well, I experienced it as pressure I think when I set off at that age. Was I going to find... Was I going to be happy?

CLIENT: I mean I don’t... I don’t... I try not to put pressure on it, like, I must find the love of my life.’ (L9720-31)
‘COUNSELLOR: And getting real... Oh I don’t know. You’re tapping into my stuff now because I’m that way inclined as well. I’m just thinking, you know, beauty, and you get your... you really get... Making somebody just feel better, aren’t you?

CLIENT: Yeah.

COUNSELLOR: Calm and... I don’t know. Yeah, yeah.

CLIENT: Erm... I was going to say something else. Now it’s completely gone.

COUNSELLOR: Oh, sorry. Was that possibly me...? No, no, your legacy?’ (L10875-84)

‘COUNSELLOR: And you’re expressing all... all of this hidden stuff in it, aren’t you? Erm, so it’s almost, like, out there. You can see it, you’ve really, like, almost expressed all the stuff. But other people... it’s a bit like a secret, isn’t it?

CLIENT: Yeah.

COUNSELLOR: That’s out there, that people don’t know about, but they’re getting pleasure.... pleasure from, aren’t they, when they see the stuff?

CLIENT: Yeah.

COUNSELLOR: So it is a lovely... yeah it’s a beautiful way actually, I think, of expressing yourself.

CLIENT: That’s an option.’ (L10929-40)

Extracts (63)

‘CLIENT: ... But I’d go up and, like, clean the flat and make sure she’d eaten something, see what she’d had to drink. And erm... she’s just been in the hospital for a detox for two weeks and she’s not drinking now, so I’m hoping...

COUNSELLOR: Right.

CLIENT: ...It sort of stops.

COUNSELLOR: Right, right. That sounds really difficult, Jen.

CLIENT: A bit.

COUNSELLOR: Yeah.

CLIENT: Yeah.
COUNSELLOR: I mean, how are you experiencing that? Do you experience that as a heavy responsibility or how do you actually...?

CLIENT: I don’t really know, I’ve tried to look at the facts of the situation. I think that’s how I cope. I don’t realize it but, I was like “why’s she doing this? What’s happened to her before? What trauma has she had? Why does she like to drink?” And she doesn’t like the taste or anything, it’s that feeling... Do you mind if I swear?

COUNSELLOR: (Whispering) No.

CLIENT: That feeling of just being ‘fucked’. That’s the best way I can describe it.

COUNSELLOR: Yes, yes.’ (L316-37)

‘COUNSELLOR: It made so much sense. When you’re growing up, how do you learn about relationships? You learn about relationships through the people that almost like model relationships to you. Does that make sense? So, of course, with your Mum...I’m not saying....obviously she didn’t grow up with your Dad...

CLIENT: Yeah.

COUNSELLOR: But very much...possibly she’ll learn that’s the way relationships work. Because I got the impression, with your Dad, it was relatively similar to another relationship she’d had as well. It was almost like her .... wasn’t it..... Hasn’t she got......she’s got......how can I say? Really I’m hesitating saying it because I don’t.....I almost feel like I haven’t got the right to say something about your Mum, if that makes sense....because I don’t....well I don’t know her enough do I? But....but she’s had uneasy relationships, hasn’t she...with men? Is that a nice way of putting it? Is that a fair way of putting it?

CLIENT: Yeah, I think so.’

COUNSELLOR: Yes. So, you know...that’s quite.... you know.... you’re going to be learning some way of relating to somebody in that length of time, aren’t you, really?’ (L3367-3405)

‘CLIENT: Yes, I find that. It’s not something I’m scared about but something I’m conscious of. I always think “if these are the cards I’ve been dealt with, take the best bits ...learn from it and make your life better.”

COUNSELLOR: Yes, yes but you are.... I hear that in you here.... that you’re incredibly self-aware. You know what I mean......? And I suppose.... and I get that... I think that
could be quite scary. I mean there’s things like violence breeds violence and all this sort of stuff. And they are...aren’t they...they are things that people say but.....

CLIENT: I think I’m just really conscious not to hurt people.’ (L3416-26)

‘COUNSELLOR: Yes, yes. So... so, we’re almost like going back to what we were saying with the alcohol and the... the drugs to a certain degree. When you’ve had something, it becomes the measure doesn’t it, for others? So... yeah, I’m hearing that you had such a wonderful time and you felt really contented. So that’s... become a measure, yet now that is difficult to deal with.

CLIENT: Yeah, definitely.

COUNSELLOR: Yeah.

CLIENT: I just feel like... I think I said this before. Like you just spend your whole life learning to be on your own. Then once you've been with someone, you have to learn how to be happy on your own again because for a while their happiness is your happiness, and...

COUNSELLOR: Yeah.

CLIENT: Then it’s not.’ (L4389-4402)

‘COUNSELLOR: You can talk it through. First of all you spoke it... talked it through with your friend.

CLIENT: Yeah.

COUNSELLOR: Then you went and spoke to him. He’s not... because I always think the classic... the classic in that is then when you don’t bring these things out, you start behaving a little... isn’t it?

CLIENT: Yeah, that’s why I was...

COUNSELLOR: You start behaving a bit, and then they think... and then it... it’s... it spirals up, doesn’t it?’ (L5974-82)

‘COUNSELLOR: You know what I mean, of doing certain things? And once you’re aware of them, you can... Obviously with certain things, like, I don’t know, biting... you know, biting your fingernails. I did when I was...
CLIENT: I stopped biting mine...

COUNSELLOR: ...when I was little, I used to. I haven’t done for years but they’re the sort of things that you get into the habit of doing.

CLIENT: Yeah.

COUNSELLOR: And then you can stop. So it’s just... to a certain degree, it’s just that... on that... well obviously on a far more broader scale, far deeper.’ (L6990-7001)

‘COUNSELLOR: It’s a cycle. So you just going to her on that one occasion isn’t going to break that cycle.’ (L10014-5)

Extracts (64)

‘CLIENT: Erm... So I just suppose it’s... I have to make sense of certain things to make more room to live.

COUNSELLOR: Yeah. It’s almost like back to that... remember when I was talking about the network?

CLIENT: Yeah.

COUNSELLOR: If you can almost, like, latch them onto something, they... they... they’re going to be... you know... secure and they’re not dropped in the other space.’ (L4490-7)

‘COUNSELLOR: ...Interesting, though, isn’t it? Because music... music does that. Especially... obviously because you are... aren’t you? You are very creative from that point of view.

CLIENT: Yeah.

COUNSELLOR: That a song... can’t it? It can transport you back immediately to that moment.

CLIENT: Yeah.

COUNSELLOR: Erm...
CLIENT: I mean, I hadn’t... obviously I hadn’t experienced love or anything then. I was only nine.

COUNSELLOR: Yeah.

CLIENT: But it just made me cry.

COUNSELLOR: Yeah, but it was triggering some... The emotions back then though, wasn’t it?

CLIENT: Yeah.

COUNSELLOR: It was triggering something that you felt back there.

CLIENT: I mean I suppose now it’s got more significance to me because I’ve experienced some form of...

COUNSELLOR: Yes.

CLIENT: ...Love with somebody.

COUNSELLOR: Yeah.

CLIENT: I... it just probably made me cry more, now.

COUNSELLOR: Was that possibly the mixture between the happy and sad? Was it... would the happy have been in the past and the sad be a bit of that sense of loss?’

Extracts (65)

‘COUNSELLOR: Yeah, so again, it’s just that making sense isn’t it? Of... because you have, haven’t you? You’ve got lots of extremes, quite... and sometimes quite extreme behavior even. And it’s... I don’t know, you know, as we are drawing to the end now, I’m almost like getting this sense of perhaps helping you just to make sense of... I don’t know. Erm, I always think we live a in a world where things are very often, you known, perfection. And it is a world of extremes, I think, isn’t it?

CLIENT: Yeah.

COUNSELLOR: To a certain degree. And I just wonder what happens to the grey areas. And I think... possibly that... realistically, life’s grey.

CLIENT: Yeah.
COUNSELLOR: It’s not black and white. So, do you know what I mean? It’s not a case of you’re a drug addict or you don’t have anything to do with drugs. You’re an alcoholic or you don’t have anything to drink. And if you’re angry, you’re going to become violent.

CLIENT: Yeah.

COUNSELLOR: Does that, yeah? You can get angry but you don’t, you know. And it’s perhaps helping you to explore what the grey areas are, where it’s alright to be Jen.

CLIENT: Yeah.

COUNSELLOR: And have some of those bits.’ (L1285-1306)

‘COUNSELLOR: But you... I don’t know. I remember actually learning that once. I can’t remember when it was... It was to do with... What level was it? It was to do with psychology and about your body clock. Because obviously the biology is part of that, isn’t it? And I remember actually... there it said that, you know, your body has a particular biological clock and that actually when you sleep longer, you do end up more tired because you almost, like, throw it out of sync. Possibly that’s what you did, (laughter). Don’t know.’ (L1462-9)

‘COUNSELLOR: How did it... how did it leave you feeling? And it’s a genuine thing, you know what I mean? You don’t have to, you know, say “oh it was fine.” I really want to know, you know? Did it stir up stuff that...

‘CLIENT: I don’t know. It didn’t, like, stir up... I don’t know, like, any emotions about it.

COUNSELLOR: Ok.

CLIENT: But I found myself thinking about it for, like, the rest of the day.

COUNSELLOR: Ok.

CLIENT: And then I got distracted with other stuff and it just went away.

COUNSELLOR: Yeah, so unpleasant sort of thinking about it then or?

CLIENT: Erm, sort of just... Yeah I suppose it was more... I wasn’t really thinking about the, like, the situation that I’m in, like, the facts about it, anymore. I was thinking about, like, memories of being younger and stuff.
COUNSELLOR: Yeah, ok, ok. It’s almost like more ruminating, dwelling a little bit on what...

CLIENT: Yeah.

COUNSELLOR: Yeah.

CLIENT: I think so.

COUNSELLOR: But it didn’t distress you? You didn’t feel...

CLIENT: No, I found that I have like funny dreams once I’ve been talking about things. Like a lot of it comes out, is it your subconscious?

COUNSELLOR: Yes, yes.’ (L1482-1509)

‘COUNSELLOR: But sometimes I always see that slight... can I call it even a problem? ...You had those feelings at the time, didn’t you?

CLIENT: Yeah.

COUNSELLOR: And I’ll be honest with you. When you mentioned him to me the first time, I really felt that. I felt that connection. Does that make sense? So you really brought that across to me that... that you’re going to be in a... Emotionally you’re going to be in a really different place now so you’re not probably going to be able to tap into that. So that doesn’t mean that because you can’t access it now, it never existed, does it really?’ (L3190-9)

‘COUNSELLOR: I know that’s actually... I’m talking at cross purposes here. But somehow, I think your heart can know.

CLIENT: Yeah.

COUNSELLOR: But I think your head... your head is... is... almost coming in and trying to tell you that what you felt there isn’t real.’ (L4302-7)

‘COUNSELLOR: That’s....I dunno....that’s the sense that I get. But I remember you saying last week as well that you did really feel that it had been able to help you actually make sense of a number of things that had happened to you.

CLIENT: Yeah...
COUNSELLOR: And a part of me thinks... they often say that... you know, in a lot of... I
dunno, a lot of books actually, that talk about children....to me it makes perfect
sense. You know, a child hasn’t got a lot of life experience have they?

CLIENT: No.

COUNSELLOR: So how do they make....like, for instance....deaths...yes? How does a
child make sense of that.... when they... they don’t understand what’s going on?
They don’t understand, you know... I mean let’s face it, many adults don’t do they?

CLIENT: No.

COUNSELLOR: I’m not sure I’ve got my head around that. How do you, you know,
make...make sense of all of that? So your later experiences are almost possibly.... at
a later point in your life, helping you to sort out what went on back then and ...

‘COUNSELLOR: But that... that response in itself tells you a lot, doesn’t it?

CLIENT: Yeah.

COUNSELLOR: Does that... you know what I mean? That’s something that... you
weren’t... you weren’t... how can I say? You didn’t know so there’s no way that
you... you caused that reaction to happen. Does that make sense?

CLIENT: No.

COUNSELLOR: It was a... it was literally spontaneous...

CLIENT: It was instant for me to just leave.

COUNSELLOR: Yes, yes.

CLIENT: Whenever he’s around, it’s “just go” because...

COUNSELLOR: Yeah. So maybe that says it’s just... Doesn’t mean it won’t be, but for
you now, it’s just not right.’ (L7956-69)

‘COUNSELLOR: Yeah, yes, yes... I think to a certain degree life... or, funnily
enough, that’s always the image I have of life in general.

CLIENT: Yeah.
COUNSELLOR: Even getting to know yourself. Erm, I’m still fitting in pieces into my jigsaw. Do you know what I mean?

CLIENT: Yeah.

COUNSELLOR: And... and sometimes I often think, will the jigsaw ever be completed? I possibly think not, actually. Do you ever really know yourself entirely? I think probably not. I don’t know, I don’t know, I don’t know. But yes, it’s interesting that you’ve... you’ve used the word jigsaw cos that sort of tends to be the one... Yeah, it’s just like a fit, isn’t it? It’s two... it’s two separate pieces in their own right, slightly different shape...

CLIENT: Yeah.

COUNSELLOR: But... but they come together in a way that... that makes a different whole, doesn’t it, I suppose, really?

CLIENT: Yeah.

COUNSELLOR: Makes a different shape, doesn’t it? ...Yeah.’ (L9477-95)

‘COUNSELLOR: So almost like a double... double edged sword on that. You’re open to it because... You’re open to it and welcome it but you’re also open to it because you’re slightly fearful that it...

CLIENT: Yeah.

COUNSELLOR: Yeah, which links a bit back into what you were saying earlier, wasn’t it, with the positive and the negative, the fragile and the strength? There are a lot of... But I do think, probably with a lot of things actually, there’s always a... can’t remember who said it. There’s obviously a positive side but a shadow side, erm, you know. Erm... gosh, we have been quite deep and philosophical this session, haven’t we?’ (L9761-71)

‘COUNSELLOR: Yeah, and just... erm... I mean if there is anything, you know... Because it is down to you. If there is anything that... a little niggle. Sometimes that’s what it is, it’ll just be a niggle. If there’s’ just something that you feel that you would like to address...’ (L9784-7)

‘COUNSELLOR: I feel I can cope... And just go with anything that possibly comes up for you, a sensation, a thought that pops into your head, anything, ok?
CLIENT: I’m feeling tired… I’m actually feeling quite tired (laughing)’ (L10363-66)

‘COUNSELLOR: It might actually feel quite tender if you...

CLIENT: This bit does.’ (L10373-4)

Extracts (66)

‘COUNSELLOR: Ok, ok. So if you were looking at the minute... because you have got quite a lot going on at the minute, what... If you’ve got a priority list of 10 things...

CLIENT: Ok.

COUNSELLOR: Where would it be? Is it at the top, or the bottom? What number would you give it? If, let’s say, if 10 is top one... No, that’s the wrong way around, Keren! One’s at the top, ten’s at the bottom. I was thinking of importance that’s why I went for sort of ten and one. But really if you’ve just got a list of... a ‘to do’ list.

CLIENT: Ok.

COUNSELLOR: I’d put it into that. Where would it be?

CLIENT: Maybe number four?

COUNSELLOR: Number four, ok.’ (L1796-1808)

‘COUNSELLOR: Yeah, yeah. Because that’s interesting, isn’t it? The way, I mean... oh, we could get really deep and psychoanalytical here, couldn’t we? But I’m noticing that one’s falling. That’s sort of... I don’t know I get a real sense of that... dropping down. Does that make sense? And yet your Mum and Hilary are up slightly.

CLIENT: Yeah.

COUNSELLOR: Yeah? When you look at it, doesn’t it? It’s almost like the... not your... your Nanna’s pulling you down a little but your Dad is really, isn’t he, pulling you down?

CLIENT: Yeah.
COUNSELLOR: And then you've got... your Mum actually, slightly up, isn’t she? And Auntie Hilary even again. So possibly almost like that sense that they’re keeping you up, and your Dad and your Nanna a little bit...

CLIENT: Well I suppose it would sort of relate to my childhood.’ (L2062-76)

‘COUNSELLOR: You see, and it’s only as you’ve just said that there again. Again, I didn’t notice that. But you’ve got yourself in the middle again, haven’t you? And you’ve got your sisters on the top.

CLIENT: Yeah.

COUNSELLOR: They’re together in a cluster. And you’ve got your Mum right on the other side, haven’t you?

CLIENT: Yeah.

COUNSELLOR: And if you go back to there again, haven’t you? We’ve got, like... you know, there at almost like the top of the triangle, aren’t they? And you’re at the bottom. So... seems if they... you are very, very conscious of being in the middle, aren’t you? How’s that feeling, being in the middle then?

CLIENT: I mean when there’s nothing of any, like, importance going on, it doesn’t really bother me because...

COUNSELLOR: Ok.

CLIENT: It’s just where I am.’ (L2458-73)

‘COUNSELLOR: Right, ok, ok. It’s funny actually that... just didn’t... I missed that one. It was really interesting when you said that because it’s true isn’t it? They’re all female, aren’t they? Everybody on this... this side is female.

CLIENT: Yeah.

COUNSELLOR: And on your other side, the only person who’s not, is your Dad.

CLIENT: Yeah.

COUNSELLOR: And really the link is just with your Nanna, isn’t it? As such, right, yeah... So I don’t know, picking up... just picking up then... And again, I don’t want to sort of impose this on you, but do you think you’ve missed a male figure then?

CLIENT: Oh, yeah.
COUNSELLOR: Yeah?

CLIENT: Yeah.‘ (L2540-54)

‘COUNSELLOR: Ok, good, fantastic. Erm, but during the week if anything comes up, do talk about... bring them next week, won’t you?

CLIENT: Yeah.

COUNSELLOR: Because it’s very much a bit... Because sometimes that can be quite interesting as well. When you go away and you think “well, actually...” Dreams, anything, anything that’s been triggered slightly.’ (L2806-12)

‘CLIENT: Yeah, if I’m sad about anything, I will usually look in my scrapbook and make a new page and spend hours doing it until I feel like I’m finished and I can close the book, and...

COUNSELLOR: I’m with you. So it’s almost like bringing out what’s going on inside out into something.

CLIENT: Yeah.

COUNSELLOR: It’s almost like... I know it’s a buzz word, but externalizing, isn’t it?’ (L3233-40)

‘COUNSELLOR: Just images or particular... what sort of images?

CLIENT: It’s like whatever I’m feeling in the day, and... most of the time its memories. A lot of the time, they’re distorted and will turn into something else.

COUNSELLOR: Ok.

CLIENT: Almost like dreams.

COUNSELLOR: Right, ok.

CLIENT: Yeah, it’s strange but...

COUNSELLOR: Are they of a particular content or they’re completely random and you can’t make sense of them?

CLIENT: I can make sense of them but it’s just whether I’m, like, thinking about on the day or what’s affected me.
COUNSELLOR: Right, right.

CLIENT: Like... erm... I don’t know how to describe it.

COUNSELLOR: So a particular emotion you’re feeling on a day seems to tap into something else that comes...’ (L3259-74)

‘COUNSELLOR: You’re so pivotal, aren’t you? There, you’re pivotal....you’re holding...you’ve got your sisters....you’re holding it. That.....you can do it... you can do it already.

CLIENT: Mmmm.

COUNSELLOR: You’re doing it automatically, aren’t you? You’re holding stuff together already.’ (L5795-5800)

‘COUNSELLOR: Do you know what I mean? There’s... If it was a circle... and you’d got all these various things happening... a bit like a pie chart. Do you know what a pie chart...? Where you have a circle and you divide it up into sections.

CLIENT: Yeah.

COUNSELLOR: I’m almost thinking, there is, isn’t there, that sense that the circle can’t be bigger... So perhaps you’re taking off a bit of strength somewhere which is making you fragile in another bit, isn’t it?

CLIENT: Yeah.

COUNSELLOR: It’s that constant negotiation.

CLIENT: Yeah.

COUNSELLOR: Throughout, really.’ (L8785-97)

‘COUNSELLOR: All the time... That’s given me an idea... that’s given me an idea... Oh, I didn’t bring a sheet of paper today. That was silly, wasn’t it? Wait a minute, oh, we’ll use this one because I can print that one out again.

CLIENT: Ok.

COUNSELLOR: But only if you want to, you might not want to. You might say “no, I don’t want to do this” which is absolutely fine. But I was just thinking if you were to
draw... draw a circle... I mean, is there... and how would you... what... what percentage... what area would you give all these various things in your life that have happened to you?

CLIENT: Ok.

COUNSELLOR: And you decide what you want in the circle, does that make sense? Not me, you decide... How would you... if you look back on your life now and frame it in any way you want to. I mean I can... I can help you if you sit there blank and think “oh, gosh, I don’t know what to write.” But I mean, just to give you examples, positive, negative, particular events.

CLIENT: Ok.

COUNSELLOR: Erm... fragile, strength. In any way you like. Is... I mean, even going along the lines of... or if you don’t want to do it in that way, is there any other way that you could visually... that comes to mind for you?

CLIENT: Erm...

COUNSELLOR: Don’t have to use a pie chart.

CLIENT: Ok.

COUNSELLOR: Because last time, do you remember? You did that whereas we did that.

CLIENT: Yeah.

COUNSELLOR: Do it in any way you want to. But, is there a...

CLIENT: Well when I was... when I was talking about it, and I said I could just add...

COUNSELLOR: Yes.

CLIENT: ...more stuff to the pile.

COUNSELLOR: Yeah.

CLIENT: (Laughing) I was thinking... it sounds mad!

COUNSELLOR: No, go on.

CLIENT: I was thinking of like... (Drawing) See, say there’s me here.

COUNSELLOR: Yeah.

CLIENT: (Laughing) I was like... and say that’s the pile of bad things.
COUNSELLOR: Yeah, yeah.

CLIENT: (Drawing) That’s the pile of good stuff, and then... but with... in them all, they’re like... It’s like a TV screenshot of the best stuff.

COUNSELLOR: Ok, right, ok.

CLIENT: That’s what I saw.

COUNSELLOR: Right.

CLIENT: And then, I was throwing it onto the pile.’ (L8799-8846)

‘COUNSELLOR: .... If you just think back on your life, and if you were to... to... I don’t know, split it into phases or experiences in any way.

CLIENT: Ok.

COUNSELLOR: I suppose, to a certain degree, I’m just... Where am I going with this? What am I trying? I suppose really, in many ways, I was trying to think... you know, there was that sense, wasn’t there, of fragility and strength...

CLIENT: Yeah.

COUNSELLOR: And this... this... this blocks. And I was just thinking maybe it might help, you know what I mean?

CLIENT: Yeah.

COUNSELLOR: Actually having it in front of you to actually work out what it’s all made of really.’ (L8896-8908)

‘COUNSELLOR: Ok, but you see, things like that sometimes, like, I always like... really like to emphasize... it’s not about... it’s interesting what comes into your head. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: And how does it? You see, I mean, I don’t know. Again looking at that, look how big Sam is.

CLIENT: Yeah, I mean he was... Yeah, (laughing)

COUNSELLOR: Yeah?
CLIENT: I suppose he was... he affected my life so much because he was like my first love.

COUNSELLOR: Yeah, yeah.

CLIENT: It's sort of strange how much of an effect he had on me, considering it was such a short amount of time... compared to everything else that's been going on for so many years.' (L8927-40)

‘COUNSELLOR: We're getting really psychological here, and how can I say that? But... but again you've got... you've got Sam at the top... and you've almost got the positives and the negatives, almost... not suspended from... from it...

CLIENT: Yeah.

COUNSELLOR: But you said earlier, didn't you? About you feel that...that actually, that not being on your own could not be fulfilled by a family member.

CLIENT: Yeah.

COUNSELLOR: It would come from... from a loving relationship. One... not a... a romantic.

CLIENT: Yeah.

COUNSELLOR: Not loving as in... erm, and I'm thinking... indirectly that you've reinforced that with that... that picture, haven't you?

CLIENT: Yeah.

COUNSELLOR: Really, that... that actually, that's there. All of this... can be held. Yeah?

CLIENT: Yeah... yeah, I think so.’ (L8943-60)

‘COUNSELLOR: Yeah, but looking at it now...

CLIENT: Yeah.

COUNSELLOR: Anything surprised you?

CLIENT: I suppose... I don’t know...

COUNSELLOR: Again, it doesn’t have to. Do you know what I mean, Jen? Do you know what I mean? It might... it might be complete and utterly “no”. 
CLIENT: I don’t know... I don’t think... I don’t think so. Because I just... I didn’t think about it, I just drew it.

COUNSELLOR: But it came automatically to you, didn’t it?

CLIENT: Yeah.

COUNSELLOR: Do you know what I mean? It just... you just sat down and you drew it. So nothing there is... is... is... is anything that you feel you wouldn’t have known anyway.

CLIENT: I don’t know...

COUNSELLOR: No.

CLIENT: I mean I’m... I knew I had to, for some reason, write him first.

COUNSELLOR: Yeah.

CLIENT: But...

COUNSELLOR: Yeah.

CLIENT: So...

COUNSELLOR: So indirectly, I suppose what I’m saying is that actually... that actually shows you that... you do understand... what’s happened to you.

CLIENT: Yeah.

COUNSELLOR: To me, that sort of supports a lot of what I hear from you, that you are actually... have a really good understanding of what’s happened in the past.

CLIENT: Yeah.

COUNSELLOR: Because you... do you know what I mean, because it doesn’t surprise you. And because you just did it. And what comes out is something that you knew anyway.’ (L8970-9002)

Extracts (67)

‘COUNSELLOR: So just talking about that now though, how does it make you feel?

CLIENT: I’m sort of like numb to it.

COUNSELLOR: Ok.
CLIENT: Because I look at it like this is the situation I’m in. These are things that have happened... I don’t know, I don’t think it would really make me feel anything.

COUNSELLOR: So you almost like feel that you’ve almost distanced yourself from it.

CLIENT: Yeah!

COUNSELLOR: Emotionally?

CLIENT: I think so.

COUNSELLOR: Yeah?

CLIENT: Yeah, I can’t physically because...

COUNSELLOR: No, that’s why I was... that’s what I was... I was almost thinking again... and the physical element of it is probably... you do bump into your Dad.

CLIENT: I think that’s the hardest bit.

COUNSELLOR: Yes, that’s what I’m hearing with the Wheatfield bit.

CLIENT: Yeah.

COUNSELLOR: It’s almost like however hard you try to get your head around it and possibly even your emotions because of the nature of where you are in Wheatfield, you can’t really ever quite... quite complete that.

CLIENT: Yeah.’ (L526-50)

‘CLIENT: ...Not... I don’t want to say like abused because it wasn’t... Well it was abuse, it was obviously abuse but it wasn’t, like erm, I don’t know, sexual abuse or an ongoing thing.

COUNSELLOR: Ok, yeah, which I think most... I’m hearing what you say. Most abuse... usually you say abuse, most people tend to think it’s sexual, but no, it comes in many different forms, doesn’t it, of course.’ (L2219-25)

‘COUNSELLOR: Have you heard of... And again, I guess I’m throwing psychology at you a bit today but I think it’s quite important to know really. In fact, we even spoke about it this morning. Erm... and I’ll be honest with you, it’s something I found that I can do. Erm... and hence having an interest in it. When... when emotion gets really, really, really intense, you do what you call dissociate.
CLIENT: Yeah.

COUNSELLOR: Have you heard of that? Does that...

CLIENT: Is that where you like take yourself away from...

COUNSELLOR: Well, that’s part of it but it... it... Dissociates is almost like something you don’t... you know what I mean? It comes almost like on a continuum, you can have... you can have a disorder where people will actually almost break off into different personalities.

CLIENT: Right.

COUNSELLOR: Which is actually... And I think sometimes therefore can get confused with schizophrenia because they are different things. And then you can have someone that literally in the moment, the only way of you coping with something, at that minute, is to remove yourself from the emotion. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: Because it’s just so overwhelming.

CLIENT: I’ve done that a lot with my Nanna as well...

COUNSELLOR: And it sounds... it sounds as if... And the reason I’m saying it is that itis... if you like, a normal, natural reaction for somebody.

CLIENT: Like a defense mechanism, Isn’t it?

COUNSELLOR: So I don’t know whether you are now sitting there thinking “well, where’s the emotion?” But... but the emotion is not there for a reason.

CLIENT: Yeah.

COUNSELLOR: The emotion’s not there to protect you.

CLIENT: Yeah.

COUNSELLOR: So that’s probably why you’re being able to say all this stuff quite matter of fact...

CLIENT: I feel like that’s why I can cope with my Nanna and other things...’ (L3719-54)

‘CLIENT: And I was like “yeah, I’m alright now. I... I think I just needed to cry.” And that’s...why I get worried because, I mean it’s alright to cry... and... I know it’s illegal.
It’s alright to do things in moderation if that makes sense? But just don’t get to that point where you’re doing it all the time just to let emotion out.

COUNSELLOR: No, I’m with you. Yeah, ok. Almost like using it as a coping mechanism, a prop or something to deal...

CLIENT: Yeah.

COUNSELLOR: Something to run away from something that actually is going to stay there...

CLIENT: But I just... I got in that much of a mess that I just let everything out.

COUNSELLOR: Yeah.

CLIENT: But I just... it’s not healthy to do that because then you scare other people around you.’ (L3887-3901)

‘COUNSELLOR: But I think... that... Again, almost like going back to what we were saying at the beginning, when you sort of grow up with a certain... let’s, let’s... I mean there’s so much more goes on between people, isn’t there...

CLIENT: Yeah.

COUNSELLOR: ...Than words. Do you know what I mean? And... erm... I mean I always think sometimes it’s fascinating how... you know, you don’t go into... I don’t go into a room and fancy every man.

CLIENT: No.

COUNSELLOR: What is it? There’s something... there must be something, isn’t there, that goes on at a different level that makes you...’ (L4106-17)

‘COUNSELLOR: Yeah, does that make sense? Because....I think that...I mean, it’s like anything that you’re addicted to, isn’t it?

CLIENT: Yes.

COUNSELLOR: Once....once ...the addicted part comes when you...when almost the thing itself controls.

CLIENT: Yes, that’s when you get dependent.
COUNSELLOR: You’ve lost choice haven’t you? You’ve lost the choice because you have to have a drink, and you have to have drugs.

CLIENT: Yeah.

COUNSELLOR: Whereas...I don’t know...I don’t....don’t pick up any of that from you at all. You’ve experienced it but you don’t.... (...)’ (L5261-72)

‘CLIENT: I suppose it’s just like, erm... a bit of a... mental crutch, does that make sense?

COUNSELLOR: Yeah.

CLIENT: Like..., yeah.

COUNSELLOR: Yeah, it’s called... In fact it’s suddenly come to... yeah, it’s called a... I’ve heard... I’ve heard the term in... in books, ‘prop’. Literally because... isn’t it, you know, you prop... its props you up. And when it’s... you know, crutch is exactly the same thing, isn’t it?

CLIENT: Yeah.

COUNSELLOR: Like something you lean on and... right.’ (L6857-67)

‘COUNSELLOR: Funny enough... and that’s really interesting, because exactly as you finished that, I was thinking... In fact something happened recently where I thought “oh, gosh!” and I mean... the term... not that I’m going to throw any psychological stuff at you... is called ‘projection’.

CLIENT: Yeah.

COUNSELLOR: And I’m using...yeah? Have you heard of it? And it is literally... if you can’t... if you can’t...target your anger or your hurt or whatever it is...

CLIENT: Yeah.

COUNSELLOR: At the person or people that did it, you literally trans... move it, and...and...and...

CLIENT: People always say you blame the ones you love but...

COUNSELLOR: Yes.

CLIENT: Because I obviously... the closest ones...
COUNSELLOR: Yes, of course, yeah.

CLIENT: But... yeah. Obviously like... saying that I’m so much like my father and stuff like that...

COUNSELLOR: Yeah.

CLIENT: It’s obviously... she’s angry at me for him, and that I look like him and I do things like him, but... I haven’t been around him that much so I think it’s either like genetic...’ (L6928-49)

‘COUNSELLOR: Yes, yes, yes. There’s a certain sense of it being out there and you not being on your own with it, isn’t it?

CLIENT: Yeah.

COUNSELLOR: That there’s another link with your loneliness there to a certain degree, as well, isn’t it? Do you know what? I’m not on my own because other people can... Even if it’s not in its pure form, other people can see what I’ve gone through.

CLIENT: Yeah.

COUNSELLOR: Or get a sense... even if they’re just feeling the emotions. Like for instance, the poem, you know? Erm... I felt... I, you know... gosh, this is going to sound really corny but I felt really connected to you when you read the poem.

CLIENT: Yeah.

COUNSELLOR: Obviously I couldn’t connect to you as in being in that actual experience, but I could connect with that feeling. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: Obviously I was interpreting it from... from my perspective but I... I really connected with you.

CLIENT: Yeah.

COUNSELLOR: So the poetry... wasn’t it, it was putting something out there and... and... and people were joining in that feeling with you. Which is... I don’t know, I suddenly feel that... feel the lonely in the crowd... for me disappearing slightly as I’m saying that.

CLIENT: Yeah.’ (L9690-9714)
‘COUNSELLOR: And things like that, ok? That there are certain energy flows through your body, ok? And that at certain times in your life... I don’t know... I suppose almost like that flow of energy can get a bit blocked.

CLIENT: Right.

COUNSELLOR: It can get blocked through stress, through illness, through, erm, trauma basically.’ (L10190-6)

‘COUNSELLOR: But I noticed when you were going around... when you got to here... you... your... I almost, like, got this sense of you... you... I don’t know, of you possibly being overwhelmed. And then all of a sudden, then you got to here, and then from then on I almost, like, noticed you retreating slightly. You didn’t... you didn’t engage with it as much after that.

CLIENT: No.

COUNSELLOR: And that... that would make sense with the block, wouldn’t it? That sense of... “if this comes out this could really overwhelm me, and I’m not ready for it.” (L10558-67)

‘COUNSELLOR: So what they would say is, the tapping... sometimes you can tap and you don’t need... do you know what I mean? If you’re all over the place and you’re overwhelmed, you don’t need to say anything. Does that make sense? It might just bring you down a bit. The best combination is if you focus on something. Hence, I think, really, that’s the beauty of the saying. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: It focuses you. Also saying things out loud is very therapeutic, yeah? Erm... I suppose what I’m saying is, if you were to wander around saying “even though that’s not going to have... probably have any effect ...”

CLIENT: Yeah.

COUNSELLOR: The tapping without the saying can, the tapping with saying something is really cool but just saying it on your own doesn’t tend to have...’ (L10689-10703)
Extracts (68)

‘COUNSELLOR: Because it is, it’s interesting because I mean, I’ve been for counselling as well and it is just that space where you don’t have to worry about...

CLIENT: Well it’s like an outside view, isn’t it?

COUNSELLOR: Yeah.

CLIENT: We’re not involved in any way.

COUNSELLOR: And you don’t have to worry about facing people afterwards or saying things that you shouldn’t or you know?’ (L1121-8)

‘CLIENT: But I’ve said to my Mum that I would really like to get, at some point, maybe years from now, or whatever, to get my Mum and all my sisters together and maybe go to like a group, family counselling session.

COUNSELLOR: Right, yeah, yeah.

CLIENT: And I know initially it would probably make it worse.

COUNSELLOR: Right.

CLIENT: And it would be difficult trying to keep everyone to go to them, but if we could, it would build some bridges.’ (L2449-57)

‘CLIENT: And... I suppose... we kind of talked like this. Like we both...

COUNSELLOR: Yeah.

CLIENT: ...Sort of asked... each other... like difficult questions or things that would make you think.

COUNSELLOR: Right, yeah, yeah.

CLIENT: Erm... and then I just felt we had a really good understanding of each other, and then we got really comfortable.

COUNSELLOR: Yeah.

CLIENT: And that was just it.’ (L4135-44)
‘CLIENT: But I really think....some form of counselling would help her... because she’s never had that at all. And I just think if she’s had all these problems, and going to the hospital and stuff...surely someone would have recommended that. It just....there seems to be some gaps in the system.

COUNSELLOR: Right. Do you think she would go?

CLIENT: Erm.....no (laughs).

COUNSELLOR: You know what I mean. Because a part of that...isn’t it....it’s a bit like wanting to stop....to be honest, Jen....it’s very much...if people don’t want to be there ...

CLIENT: Yeah.

COUNSELLOR: You know....you’re stuck....’ (L6439-50)

Extracts (69)

‘COUNSELLOR: So just talk about things in general?

CLIENT: Yeah if that’s alright?

COUNSELLOR: Yeah, no, that’s... well, I sort of, didn’t I? I sort of said it myself I think possibly today, because we’ve got... we’ve got a number of sessions left, alright? But you know, at any point now, if you want to say... because we might end up there anyway.’ (L3111-6)

‘COUNSELLOR: But it’s really interesting how you’ve come up then with the crystal and the fragments and, to a certain degree, even your poem there....

CLIENT: Yeah.

COUNSELLOR: Suggests, doesn’t it.... that you’ve got...you know, these illusions and these phases, you know. It’s almost like these pieces of my life are....are to a certain degree scattered everywhere and you are trying to put them together aren’t you?’ (L5763-70)

‘COUNSELLOR: I do know what you mean. So again we’ve been... I don’t know, we’ve ended up... but I don’t know. I think... I have the sense... it’s just me that a few things have almost, like, come together again this...?'
CLIENT: Yeah.

COUNSELLOR: I don’t know if that’s how you, sort of, see it...

CLIENT: I mean I often feel like I’m going round in circles, because everything connects in one way or another.

COUNSELLOR: Yes, yes.

CLIENT: And you always have to go back on yourself to...

COUNSELLOR: Yeah.

CLIENT: Well, where did that come from...?

COUNSELLOR: Yeah.

CLIENT: And why...?

COUNSELLOR: Yeah.

CLIENT: So I... I... I feel like no matter how much I talk about it, I’ll never fully make sense.

COUNSELLOR: Yeah.

CLIENT: But I can sort of grasp a little bit.

COUNSELLOR: Each time...

CLIENT: Here and there.’ (L6186-6206)

‘COUNSELLOR: Right, now I was... I was wondering because we’ve only got a couple of sessions left. So, today and then next Tuesday, which I’m going to be really honest, I find a bit frustrating actually cos I would love to carry on. You know what I mean?

CLIENT: Yeah.

COUNSELLOR: I would actually, I really would, cos I think... you know, I think... it’s ... you’ve been through so many things... do you know what I mean, that a part of me thinks you can’t... we can only really touch the surface.’ (L8264-72)

‘COUNSELLOR: Yeah, yes, yes, yes... I think, to a certain degree, life... or funnily enough, that’s always the image I have of life in general.
CLIENT: Yeah.

COUNSELLOR: Even getting to know yourself. Erm, I’m still fitting in pieces into my jigsaw, do you know what I mean?

CLIENT: Yeah.

COUNSELLOR: And... and sometimes, I often think will the jigsaw ever be completed? I possibly think not, actually. Do you ever really know yourself entirely? I think probably not, I don’t know, I don’t know, I don’t know. But yes, it’s interesting that you’ve... you’ve used the word jigsaw cos that sort of tends to be the one... Yeah, it’s just like a fit, isn’t it? It’s two... it’s two separate pieces in their own right, slightly different shape...

CLIENT: Yeah.

COUNSELLOR: But... but they come together in a way that... that makes a different whole, doesn’t it, I suppose, really?

CLIENT: Yeah.

COUNSELLOR: Makes a different shape, doesn’t it, yeah?’ (L9477-95)

‘CLIENT: And I think we’ve covered a lot of it pretty well. I mean not... fully, we’ve just like scratched the surface.’ (L10077-8)

Extracts (70)

‘CLIENT: Erm, so her counselling stopped and she was being trained up to be one, and I think she... oh, stomach again! (Laughter)

COUNSELLOR: It’s that time of day.

CLIENT: Erm, and I think she needed more. I still think she needs it now.

COUNSELLOR: Yeah, yeah.

CLIENT: I don’t think she should be, like, on any medication for depression because she doesn’t like medication. I don’t think that would be the right route for her, but she definitely needs some kind of outlet.

COUNSELLOR: To... to talk about things really, yeah.

CLIENT: Yeah.’ (L1109-20)
‘COUNSELLOR: And you don’t have to worry about facing people afterwards or saying things that you shouldn’t or, you know? We love that word, don’t we, shouldn’t, shouldn’t say because it’s… yeah.

CLIENT: It’s alright. I don’t even know what the question was. I’ve just rambled on.’
(L1127-31)

‘CLIENT: I’m like “Mum? Are you talking to yourself?”

COUNSELLOR: Yeah.

CLIENT: She’s like “no! Shut up!” I’m like...

COUNSELLOR: Having said that, for some people, it’s almost like… a bit like counselling, isn’t it? Saying it out loud and just saying, it can actually be quite… quite… well, helpful to people.’ (L6915-20)

‘CLIENT: (Laughing) I’ve just babbled on today, haven’t I?

COUNSELLOR: It’s fine. In fact, I’ll be honest with you, at the beginning I thought I’d not really, sort of… but we started off talking about your Nanna and I thought “no, I’m not going to say” “Right, well that’s what we’ve… because I think, to a certain degree, I… I just let you talk about what you wanted to...

CLIENT: Yeah.

COUNSELLOR: And we’ve gone where we wanted to… where you wanted to go if that makes sense?

CLIENT: Yeah.

COUNSELLOR: And I hope that was… because I sort of decided not to… to butt in and just let you talk. So I hope that was, sort of, what you needed.

CLIENT: It was… good. I actually feel quite better.’ (L8102-15)

‘CLIENT: Yeah, I think I always end up talking about it anyway, like...

COUNSELLOR: Yeah.

CLIENT: I always get there.’ (L9788-90)
‘CLIENT: I think... I think I feel ok about it at the minute, but that’s... I think it’s mainly because I know I’m going to Glastonbury. So, I’m on quite a high at the minute anyway.

COUNSELLOR: Ok, ok.

CLIENT: So I’m quite happy because I know that’s coming.

COUNSELLOR: Yeah.

CLIENT: But I think, afterwards or possibly if anything changes in the summer, as it always does...

COUNSELLOR: Yeah, yeah.

CLIENT: Like the situation... I use that word all the time... like, changes daily.

COUNSELLOR: Yes.

CLIENT: I’ll probably... want to talk...

COUNSELLOR: Yes.

CLIENT: ...some more then.

COUNSELLOR: Ok, ok.

CLIENT: So it... I’m a bit upset it can’t carry on.

COUNSELLOR: Ok.

CLIENT: Because I always do feel better after...’ (L10097-10115)

‘COUNSELLOR: And he said he doesn’t.... actually it’s really interesting because sometimes it doesn’t matter, If you feel better, who cares?

CLIENT: Yeah.

COUNSELLOR: Does that make sense? You don’t always have to understand it.

CLIENT: Yeah.

COUNSELLOR: If it just brings that level down’ (L10272-9)
Extracts (71)

‘COUNSELLOR: Please, erm, so I always think, and I’m very aware of this, and I suppose just before we finish, I do want to, almost like if I was to draw this. Counselling, ok, if it’s a ‘U’, ok? I do think sometimes, when you come to counselling you can end up getting slightly... when I say worse... because what you’re bringing now is really... potent stuff, isn’t it, that could make you feel very vulnerable and very... bringing up things that possibly you’ve kept your lid on quite nicely. You’re talking about them so inevitably it’s going to bring up emotions and stuff. So what I want to say to you is, if that does happen, it happens to many people, but... Let me know if you’re not feeling safe.

CLIENT: Alright.

COUNSELLOR: If you’re feeling “I don’t want to go there”, or “actually Keren, do you know what? I’m feeling really... I’m feeling really... can we leave that one alone?” or “what can I do? I’m feeling...” So let’s make sure we keep safe in all of this, ok?

CLIENT: Ok.

COUNSELLOR: So based on that, you have brought obviously a lot of really meaningful stuff today. How are you ... are you feeling alright?

CLIENT: Erm, well yeah, I think I’m alright.

COUNSELLOR: Yeah? Ok.

CLIENT: Yeah, I mean I talk about it quite a lot anyway.’ (L1351-73)

‘COUNSELLOR: How are you feeling now? Because, again, we’ve looked at stuff, haven’t we?

CLIENT: Alright, I think.

COUNSELLOR: Are you alright?

CLIENT: Yeah, I think, erm, it’s been slightly more positive for me than the last one.

COUNSELLOR: Ok, because you... yes that was ruminating on and not really, really actively doing anything, wasn’t it?

CLIENT: Yeah.

COUNSELLOR: Ok, right, ok.

CLIENT: I feel quite good actually.
COUNSELLOR: Ok, good, fantastic. Erm, but during the week if anything comes up, do talk about... bring them next week, won't you?’ (L2795-2807)

‘COUNSELLOR: But do you... do you... deep down... and you know, this is your answer, you know. Do you believe you’ll meet someone and stay with them, do you believe you’ll be happy?

CLIENT: I think so... yeah. I mean... that’s ... what I want in life.

COUNSELLOR: But do you believe it’s possible?

CLIENT: Yeah.

COUNSELLOR: Yeah?’ (L4405-11)

‘COUNSELLOR: Yeah, yeah... right. You’ve covered an awful lot of deeply personal stuff today. So, do think, alright? And next week when you come, ok, yay or nay, it’s down to you, ok?

CLIENT: Yeah.

COUNSELLOR: Alright.

CLIENT: Yes.

COUNSELLOR: And I want... I really desperately want to... Ok, erm... but don’t forget none of your...your...it will never be linked to you.

CLIENT: Ok.

COUNSELLOR: Alright? And I hope you know that. It will never be linked to you.

CLIENT: Yeah, that’s fine.

COUNSELLOR: But I want you... still, ok. As you can see I’m...I’m protective over you. I want... I want you to make sure that... next week... ok... that you’re happy with it.

CLIENT: Yes.

COUNSELLOR: Yeah? I’ll actually... and again... because you have brought a lot of stuff... Are you... are you in a good place,you’re alright?

CLIENT: Erm...

COUNSELLOR: Where are you?
CLIENT: Yeah, I think so... I mean I’m meeting my friend in town after this actually. We’re going for a drink so...

COUNSELLOR: Ok, ok, yeah.

CLIENT: I should be alright. If not, I can just vent about it a little more.

COUNSELLOR: Ok, ok, because, you know like, I’ve said time and time again, you bring all... you know. It’s not easy and...

CLIENT: No.

COUNSELLOR: And... inevitably... bringing this stuff up is going to... you know... have some sort of effect on you.’ (L4531-61)

‘COUNSELLOR: Does it always... Now, how was that for you? Because I’ve heard you say in the past that sometimes... almost like she can vent her frustration on you almost. Was that alright, did that happen?’ (L4956-9)

‘COUNSELLOR: But do you need to take drugs? There’s a big difference isn’t there?

CLIENT: Oh, no, it’s not something I think about every day.

COUNSELLOR: Yeah.

CLIENT: It’s not first thing in the morning, like my Dad does, I...it’s just at Glastonbury really.

COUNSELLOR: Yeah, does that make sense? Because....I think that...I mean it’s like anything that you’re addicted to, isn’t it?

CLIENT: Yes.

COUNSELLOR: Once....once ...the addicted part comes when you...when almost the thing itself controls.

CLIENT: Yes, that’s when you get dependent.

COUNSELLOR: You’ve lost choice haven’t you? You’ve lost the choice because you have to have a drink, and you have to have drugs.

CLIENT: Yeah.

COUNSELLOR: Whereas...I don’t know... I don’t.... don’t pick up any of that from you at all.’ (L5255-72)
‘COUNSELLOR: I suppose in all of that though, how do you....how do you cope, how do you cope? Because you’ve got....haven’t you....you’ve got lots of things that are fragmented. And I get that completely, and to be honest with you, it almost like makes sense that as a young girl....or woman...or whatever....that’s the....that’s the way that you’ve kept safe.

CLIENT: Yeah.

COUNSELLOR: You know what I mean? I’ve got....I make sense of Mum by putting that other Mum over there. I make sense of what Dad did by putting....but nevertheless when you go home every day,you’ve got that unpredictable stuff, haven’t you?

CLIENT: Yes.

COUNSELLOR: So how do you cope with that?

CLIENT: I don’t really know. It’s just....well it’s like what I said....it’s just matter of fact, that’s what’s going on.

COUNSELLOR: Right, right.

CLIENT: I mean I’ve got.... I’ve got lots of friends and we do all hang out together.

COUNSELLOR: Yeah.

CLIENT: Good stuff. And I see Nicole a lot. She’s really...pretty much an emotional crutch for me.’ (L5575-95)

‘COUNSELLOR: You don’t....do you not absorb it? You almost like talk...you know. I mean you probably see where I’m coming from then....

CLIENT: Yeah.

COUNSELLOR: The danger is...does that make sense, when people like just sort of absorb all of this stuff and never...never let go.’ (L5604-9)

‘COUNSELLOR: But I have noticed, particularly today, that you use the word ‘weird’ a lot about yourself and your friends.

CLIENT: Oh, yeah, yeah.

COUNSELLOR: We won’t go into it now but what’s that all about? Do you actually... very briefly, do you actually believe that or are you just using the word?
CLIENT: Yeah, I think... I think I’m just using the word.’ (L6136-42)

‘CLIENT: And we just all talk erh about stuff and... make it... make jokes about it, make it funny, even though it’s probably a bit sad and sadistic.

COUNSELLOR: Yeah but that’s... I mean that’s the way it looks... you know, humor is a way of coping with... erm... you know, what is essentially very serious, isn’t it?’ (L6620-5)

‘COUNSELLOR: I mean, how’d you see that? I mean I almost, like, feel I want... feel I want to go back to that text a little bit.

CLIENT: Ok.

COUNSELLOR: But... but, if you don’t want to, that’s fine.

CLIENT: No, no, that’s fine.

COUNSELLOR: But a part of me thinks, how do you... how do you cope with that? Because that...

CLIENT: I just want to laugh.

COUNSELLOR: Do you know what I mean? Because... you know, you sort of acknowledge that, for a while... for a minute, you can get a little bit hurt and then...

CLIENT: Yeah.

COUNSELLOR: You sort of move on. I mean do you... see, do you literally... I mean the... the wonderful thing about projection is it’s almost, you know, go the other way. The person that... that... do you know what I mean, that this stuff is projected on... obviously has the choice to accept that.

CLIENT: Yeah.

COUNSELLOR: Does that make sense or ...not... I’m talking symbolically.

CLIENT: Yeah.

COUNSELLOR: Throw it back. Is that what you do? Because it sort of sounds as if that’s what you’re doing.’ (L7137-59)
‘COUNSELLOR: Does it ever... does it ever get, for you, to a level where... you know what I mean, it’s really... really worrying and you’re really standing there and... scared.

CLIENT: No, I don’t... I mean I’ve never... I’ve never been scared of my Mum like I’ve been scared of my Dad.

COUNSELLOR: Yeah, ok.

CLIENT: So... and I don’t know whether that’s because... I don’t think she’s as threatening or because I know how bad my Dad has been. So I know like... if that makes sense, like no comparison.

COUNSELLOR: Ok, so relatively... Ok, yeah, ok.

CLIENT: But I know how scary someone can be, so I’m not going to be scared of her, if that makes sense?

COUNSELLOR: Yeah, ok.

CLIENT: So... erm...

COUNSELLOR: So you’re not actually fearful of something... you know what I mean? You’re not... you’re not remotely fearful of... of... of a... you know, the words or the silent treatment...

CLIENT: No.

COUNSELLOR: But it would never go beyond that, so you can deal with it.

CLIENT: Well I don’t know. I mean there has been one situation where... I can’t even remember what we were arguing about. It was about two years ago’ (L7189-7211)

‘COUNSELLOR: Yeah... it’s funny, isn’t it? That... that happened to me as well, when you watch... Music, probably music more than anything else in my case, really, really triggers, erm... triggers emotion inside me. Is that the same with you? What really... I mean... I mean I’ve said... I keep saying it, don’t I, but that.... the poems that you wrote, they just, for me... actually, it was really powerful. The emotion that you... you... your emotion definitely is in your poetry.

CLIENT: Yeah.

COUNSELLOR: You definitely... you know what I mean, it’s laden with it, literally. It’s in there. Are there other ways that tap into your emotions? Something that really releases it or enables you to express it?’ (L9562-74)
‘COUNSELLOR: It’s that sense of creating something completely new...

CLIENT: Yeah.

COUNSELLOR: From within you. I know that sounds really deep... deep but there is a sense of that, isn’t it? It’s something... when you create music, it’s something that comes from within you, doesn’t it?

CLIENT: Yeah.

COUNSELLOR: And expresses...

CLIENT: I often think when you create something as well, that it’s like... it’s everything you’ve been feeling... I don’t know how to explain it... It’s like a snippet of you but a better version because it’s something you can give other people happiness.

COUNSELLOR: Yes.

CLIENT: Or...

COUNSELLOR: Yes, yes.

CLIENT: Evoke emotion.

COUNSELLOR: Yes.

CLIENT: So it’s... it’s taking whatever experience you’ve had and just making them better.

COUNSELLOR: Yeah.

CLIENT: But... I think I’m just going to stick with my poetry.

COUNSELLOR: Yeah.

CLIENT: Or writing, creative writing.’ (L9598-9620)

‘COUNSELLOR: Yeah, yeah, erm... I mean I think there’s been a little part of me that’s been... slightly frustrated because I often feel that, to a certain degree, we’ve had... we’ve had to keep some of this stuff safe.

CLIENT: Yeah.

COUNSELLOR: Because, of course, I don’t want to open up something with you, do you know what I mean, and then say “ok, Jen. Right, you know...”and leave you to it.
CLIENT: Yeah.

COUNSELLOR: So there has been a little bit of...

CLIENT: (Loud Noise) Oh, sorry.

COUNSELLOR: It’s fine. There has been a little element of me trying to keep you safe in all of this.’ (L9791-9803)

‘COUNSELLOR: Erm, but.... I was just wondering. How do you feel... I mean this is the last session, and I sort of want to bring that out into the open. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: How is that leaving you feeling, is that leaving you feeling ok, Vulnerable? I mean these are just words that are coming into my head.

CLIENT: Yeah.

COUNSELLOR: A little bit... ahh but we’ve not really got anywhere. How’s it sort of leaving you?’ (L10087-96)

‘COUNSELLOR: Because I’ll be really honest with you, a part of me would love... you know what I mean?

CLIENT: Yeah.

COUNSELLOR: Would... would love to but, you know, I’m bound by that... So based on that, and I’m just going to say something... almost like I feel... I feel that I could offer you a tool.’ (L10116-21)

‘COUNSELLOR: Yeah, see, this is... this is a bit... I mean that’s literally why it’s called Emotion Freedom Therapy, does that make sense?

CLIENT: Yeah.

COUNSELLOR: You almost, like go around... and... and it’s the tapping... I suppose, again, what it... actually made a bit of sense to me. Erm, when you've got... It’s almost like... oh, how can I say it, literally like a blockage in a stream, isn’t it?

CLIENT: Yeah.
COUNSELLOR: If you've got something constantly building up, building up, building up, the pressure is going to get to a point where it could burst. Does that make sense?

CLIENT: Yeah.

COUNSELLOR: So if you then... almost, take away... I don’t know. Let’s just say we’ve got a pile of twigs, and then you would take away those twigs and almost, like just... just separate them across the stream, the stream would then... They’re still there.

CLIENT: Yeah.

COUNSELLOR: But the stream would... would just flow, wouldn’t it, more? You wouldn’t have that... that area that’s completely blocked and everything’s building up. And I think the idea with this... this... this form of therapy is, with the tapping... and that’s what helps with the emotion. Basically you tapping means that when things come up for you, because you’re energizing these pathways in your body... does that make sense?

CLIENT: Yeah.

COUNSELLOR: It disperses the emotion...

CLIENT: Right.

COUNSELLOR: ...More readily, more safely, does that make sense? Whereas, I think in some type... well, some forms of therapy, they can almost, like, hit that block, expose it and that’s when I, you know, I got that sense of the... you know, the volcano... Does that make sense? And this is why I did think of you with this. The tapping almost is going to allow that to... I almost, like, want to say seep out gently.

CLIENT: Yeah.

COUNSELLOR: And as you’re tapping, when you’re... when you’re looking at this... stuff, emotion, whatever it is, it’s... it’s dispersing it for you immediately.

CLIENT: Yeah.

COUNSELLOR: So it’s not going to go off... to a point where it overwhelms you. And if it does overwhelm you, you've got the tool to go around... does that make sense?’ (L10591-10632)
Appendix IV: Participant Information Sheet

Discourses of Adult-Adolescent Communication in Therapy

Participant Information Sheet

You are being invited to take part in a research study that will form part of my training for a Professional Doctorate in Counselling Psychology. Before you agree to take part, it is important that you understand what the research is about and what it will involve. Please take time to read the following information carefully. Discuss the contents with others if you wish. Together we can discuss anything you are unsure about. I am happy to answer any questions and provide more information. I would like this information sheet to enable you to understand your involvement in this research and why it is being done. Please allow yourself time to decide whether or not you wish to take part. Thank you for showing an interest in this project.

Who will conduct the research?

The study will be conducted by Keren Nowak, a trainee Counselling Psychologist from the School of Education and Environmental Development, Ellen Wilkinson Building, The University of Manchester, Oxford Road, Manchester, M13 9PL.

Title of the Research

‘Discourses of Adult-Adolescent Communication in Therapy.’

What is the aim of the research?

This project aims to explore how an adolescent client communicates with an (adult) counsellor in therapy. It focuses specifically on the performance and function of discourses (language) in therapy and how common, shared understandings are negotiated and created between the client and counsellor. The following questions will be explored:

- How is the therapeutic relationship between an adult counselling psychologist and adolescent client influenced by socially constructed, taken-for-granted understandings about adolescence and adulthood?

- How is communication constructed personally, socially and therapeutically through discourse?
Why has your participation been chosen?

Your participation in this study has been requested as you are considered to be of adolescent age (aged 17 years), speak English as your first language and have been referred for counselling in your College.

What would you be asked to do if you take part?

You will not be asked to do anything for this research except attend counselling sessions offered to you by your College. I will be your counsellor. These sessions are for your benefit, to discuss anything you wish. A minimum of six individual counselling sessions will be audio-recorded during the course of our time spent together. You will be asked to sign a consent form at the beginning of each session giving permission for that session to be subsequently audio-recorded. At the next session you will be asked to consent to the use of the last audio-recording for my research. This will give you at least one week to reflect on the contents of each session before giving consent. Please do not agree if you are unsure. Refusal will not change anything about our relationship at all. Your safety and well-being is very important to me at all times.

What happens to the data collected?

The content of the six sessions will be written down (transcribed) and the use of language between us studied using discourse analysis (examples are available). Nothing about you: your name, details or which College you attend will appear anywhere in my research. The audio recordings will be deleted when I have a written copy of the contents. The transcripts will be stored as an encrypted, password-protected electronic document with access only by me and research supervisors from the University of Manchester (where necessary).

How is confidentiality maintained?

The terms of our confidentiality agreement will form part of our therapeutic relationship and will be discussed during our first meeting. Confidentiality will only be breached on my part if I have concerns about harm to yourself or others or you mention anything related to terrorism, money laundering or drug trafficking. Where possible I will inform you of this intention in advance. Our counselling agreement will not be affected by your participation in this research. As mentioned above no references will be made to any of your personal details. All data (words) will be stored securely and remain under the custody of my Course Director, Dr Terry Hanley for five years after completion of this project. The data will then be destroyed. These safeguards are part of The University of Manchester’s regulations on data protection.
What happens if you do not wish to take part or if you change your mind?

It is your decision whether you wish to take part or not. If you agree but change your mind then you can stop at any time (before, during or after any session). You are not obliged to give any reason for your decision. Should you wish to withdraw from this research, your decision will not impact on your access to counselling with me or the College.

Will you be paid for participating in the research?

No

What is the duration of the research?

Your participation in this research project will involve a minimum of six, audio-recorded counselling sessions which will last for 50 minutes.

Where will the research be conducted?

The research will be conducted in a room designated by the College’s Counselling Service.

Will the outcomes of the research be published?

The outcomes of the study will form part of the research thesis with the possibility of further publications in academic journals.

Contact for further information

Researcher:

Keren Nowak

Email: kerennowak@postgrad.manchester.ac.uk

Supervisor:

Terry Hanley, Senior Lecturer in Counselling Psychology at the University of Manchester

Email: terry.hanley@manchester.ac.uk
Phone: 0161 275 8627

If there are any issues regarding this research that you would prefer not to discuss with the researcher or his supervisor, please contact the Research Practice and Governance Coordinator by either writing to 'The Research Practice and Governance Coordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL, by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Appendix V: Participant Consent Form

Discourses of Adult-Adolescent Communication in Therapy

PARTICIPANT CONSENT FORM

If you are happy to participate please complete and sign the consent form below.

<table>
<thead>
<tr>
<th>Please Initial Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information, ask any questions and have had these questions answered satisfactorily by the researcher.</td>
</tr>
<tr>
<td>2. I understand that my participation in the study is voluntary and that I am free to change my mind at any time without giving a reason.</td>
</tr>
<tr>
<td>3. I understand that my entitlement to counselling is not dependent on agreement to participate in this research. I understand that if I no longer wish to participate, it will not affect my on-going therapeutic relationship with the counsellor despite her additional role as researcher.</td>
</tr>
<tr>
<td>4. I understand that a minimum of six counselling sessions will be audio-recorded, written up as an electronic word document, encrypted and password-protected.</td>
</tr>
<tr>
<td>5. I understand that I will be requested to give advance consent for each counselling session to be audio-recorded and that renewed consent for its use in this research project will be sought one week later.</td>
</tr>
<tr>
<td>6. I understand that no identifiable details about my person will be included.</td>
</tr>
<tr>
<td>7. I agree to the use of anonymous quotes in any write-up.</td>
</tr>
<tr>
<td>8. I agree that any data collected may be published in anonymous form in academic books or journals.</td>
</tr>
</tbody>
</table>

In accordance with the above conditions I, ____________________________ (Full name) consent to participate in this research project.

Signature: ___________________________________
Date:    ___________________
Appendix VI: Audio-Recording Consent Form

AUDIO-TAPING OF COUNSELLING SESSION

CONSENT FORM

Name of Counsellor: _________________________________
Name of Client: _________________________________

- You have agreed to your counsellor audio-recording this session;
- You can request for the digital dictaphone to be switched off at any time;
- The recording will only be used for research purposes;
- The data will be erased from the recording device immediately after transfer to the counsellor’s personal computer where the data will be encrypted and password-protected.

TO BE COMPLETED BY THE CLIENT

I have read and understood the information about audio-recording. I give my permission for this session to be recorded.

Signature of client before the session _________________________________
Date: _________________________

One week after my counselling session I am still willing for the recording to be used for research purposes.

Signature of client after the session _________________________________
Date: _________________________
Appendix VII: Jen’s Diagrams