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To be, or not to be... registered: a relational- phenomenological exploration of what State Registration means to psychotherapists

*"To be, or not to be, that is the question;
Whether 'tis nobler in the mind to suffer
The Slings and Arrows of outrageous Fortune
Or to take arms against a sea of troubles,
And by opposing, end them."*

(William Shakespeare, Hamlet, Prince of
Denmark, Act III, Scene 1)

Abstract

Little qualitative research has been carried out on psychotherapists' perspectives on statutory regulation and the personal meanings they bring to bear to the current debate about professional registration. This research sets out to address this gap by exploring the lived experience of what state registration means to ten psychotherapists drawn from person-centred, gestalt and integrative approaches. A collaborative relational-phenomenological approach was undertaken using a focus group to collect data. Phenomenological and reflexive analysis highlighted the relevance and pervasive power of shame processes in four emergent themes: feeling pride-feeling shame, belonging-isolation, credibility-ineligibility and fight-flight. While formal regulation offers personal rewards around belonging, status and esteem, a shadow side lurks. Reflexive discussion suggests that unconscious parallel processes may be playing out in the wider professional arena.

Introduction

The issue of State Registration for counsellors and psychotherapists in the United Kingdom is gathering urgency with the announcement by the

Health Professions Council in December 2007 that it intends to complete the regulation of the profession by 2010/11. Questions such as who will be eligible for registration, what they should be called and what standards of proficiency will be required are being hotly debated.

In January 2008 the Department of Health (DoH), the major employer of counsellors and psychotherapists in the public sector, expressed the view that a comprehensive mental health provision could be served by the three main modalities of psychotherapy: psychoanalytic/psychodynamic, cognitive-behavioural and family/systemic approaches. Other modalities, such as gestalt and integrative approaches, are being viewed as either variants of these three or as 'post-basic specialisms'. This view is being vigorously challenged by the United Kingdom Council for Psychotherapy who recognize the wide range of approaches within the Humanistic and Integrative tradition, the fourth major modality. The DoH position is being widely seen to be unsubstantiated, lacking in transparency and motivated primarily by issues of cost. Opposition to the DoH position is gathering momentum with several thousand letters of protest sent to Members of Parliament from informed constituents, during April/May 2008.

While state regulation is proceeding along a separate path to developments within the Department of Health, there is increasing anxiety that the position of the DoH may adversely influence and impact on the process of regulation? (Evans, K 2008).

A consultation process with the profession has been initiated but the credibility of the consultative process is unclear. There is great concern that the parameters by which the evidence base of the range of modalities will be tested are too narrow and based on randomized control trials. Such parameters, strongly criticized in recent years by reports from several divisions of the American Psychological Association, would bias toward certain modalities to the exclusion of others. (Evans, K 2008).

State registration raises the spectre of competition between psychotherapy modalities, and also between psychotherapy and closely related occupations, the more so in a market-orientated context where practitioners compete for private clients. There is the possibility that particular professional groups could end up maximising their status (and hence their rewards) by restricting opportunities for others or monopolising access to resources. Arguably, the more desirable outcome is to find a way to allow different modalities to be treated with equal respect and regulated according to standards and not according to ideology.

What will registration mean for practitioners? Will it change working practices? How do psychotherapists (whatever their modality) view the government's proposals? To what extent do they concur with the division of their professional field into three modalities? What of practitioners who do not see themselves as belonging to one of these three modalities? What do they feel about being seen as a "variant" or "post-basic specialism"?

Psychotherapists' perspectives on state registration and the personal meanings they bring to the current debate have so far attracted little qualitative research. While different voices – individual and group – are being formally heard in various consultative exercises (Skills for Health - SkfH, Improving Access to Psychological Therapies –IAPT), there have been no studies of psychotherapists' lived experience and personal insights. This small-scale research study sets out to address this gap by exploring what state registration might mean, in personal terms, to ten psychotherapists drawn from the person-centred, gestalt and integrative approaches.

Literature Review

An extensive literature is available on the process of professionalization and accreditation – what Larson (1977) calls 'professional project'. Professions are widely acknowledged to engage in struggle and negotiation with both the State, and within and between related organizations/groups (Portwood and Fielding, 1981). In the course of trying to achieve state regulation, conflict with other occupational groups, and internal conflict, appear characteristic of the process. Weber viewed professions as competitive interest groups and part of the conflict inherent in the nature of society (Weber, 1949, 1976, 1978). A case in point is the tripartite battle between surgeons, doctors and apothecaries (together with their internal divisions) that caused medical registration to be delayed for thirty five years (MacDonald, 1995). Similar struggles are ongoing between psychotherapy, psychology and psychiatry and between different modalities of psychotherapy (Evans, K 2008).

Once professional autonomy is achieved, a profession produces both ideology and technical expertise allowing them to claim universal validity of the standards of competence required to engage in the profession. Specialist knowledge becomes a crucial factor in the professional project. If possessors of this knowledge form themselves into a group which can begin to standardize and control the dissemination of the knowledge base and dominate the market in knowledge-based services, they will be in a position to enter into a "regulative bargain" with

the state (Cooper, Lowe, Puxty, Robson and Willmott, 1988, p.8). This, in turn, will enable them to standardize and restrict access to their knowledge, to control their market and supervise the "production of producers" (Larson, 1977, p.71). Closely interlinked with market control is the acquisition of "social prestige" and "social mobility" (Larson, 1977, p.66). The culmination of all the aforesaid includes "respectability", in the eyes of society (MacDonald, 1995, p.197).

Foucault sees the professional project as primarily an exercise in power (Foucault, 1980). It begins with the work of certifying and credentialing the members so that entry to a profession is via a carefully protected closed door (Abbott, 1988). Exclusivity is essential to the professional project but, writes MacDonald, this is against the spirit of science "so the professional project involves the need to demonstrate that the knowledge in question would be dangerous in the hands of the untrained and the unqualified" (MacDonald, 1995, p.184). Social closure was first conceptualised by Weber who maintained that a group will endeavour to become "a legally privileged group" and aim for a closed monopoly whose "purpose is always the closure of social and economic opportunities to outsiders" (Weber, 1978, p.342). Thus 'ineligibles' are excluded from the group and denied access to its knowledge, its market and its status (Parkin, 1979). For example, members of the Humanistic and Integrative Section of UKCP are sometimes caricatured as 'hippies' by some individuals in other modalities. While occasionally amusing, it is an example of the use of social discourse to denigrate a group. We anticipate that caricatures like this will be employed in the competitive atmosphere regarding state regulation, and with the intention of creating an atmosphere of doubt and suspicion in the minds of the State, regarding unsafe practice among certain modalities (Evans, K 2008).

With this professional project being actively engaged, psychotherapists are experiencing a time of change where issues of both personal and professional identity become figural (Lynd, 1961). It is this area of personal identity and impact that we sought to explore in our research about what registration means at a personal level.

Methodology

A relational-centred phenomenological approach (Finlay and Evans, 2009, *Forthcoming*) was undertaken collaboratively with a group of therapists to explore what it would mean to be State Registered. A focus group (Krueger, 1994) involving four talker-participants and six observer-participants was used to gather data. The verbatim transcript of the focus group formed the basis of subsequent reflexive and dialogical

exploration, between group members and between Ken and Linda as co-researchers. These discussions generated both overarching phenomenological themes and a layered analysis of parallel processes.

Relational-centred phenomenological methodology

With relational approaches to phenomenological research, the aim is to describe and explore the subjective meanings that arise in lived experience and through dialogue. Data is seen to emerge out of the researcher-co-researcher relationship - co-created in the embodied dialogical encounter. For us as relational researchers, understandings of others' meanings are found in the fullness of our open relation (Buber, 1923, 1996). There is an ambiguity and unpredictability that arises in that intersubjective opening between, where anything can – and does – appear (Finlay and Evans, 2009, *Forthcoming*).

Central to a relational approach is the need to develop awareness of intersubjective research dynamics and parallel processes (where unconscious processes are being re-enacted) through *reflexivity* (Finlay and Gough, 2003; Evans and Gilbert, 2005). Reflexivity involves sustained critical self-reflection, focusing on the ways a researcher's background, experiences and unconscious processes impact on the research process (Finlay, 2005; 2008). Whether in the context of therapy, research or supervision, insight can be gained by reflexively nudging parallel processes into awareness (Hewitt Taylor *et al.*, 2006).

Participants

The ten psychotherapists - person-centred, gestalt and integrative - involved in the focus group work all subscribe to the relation-centred philosophy described above. At the centre of our conception of psychotherapy is our focus on the co-creation of the therapeutic relationship as a dynamic, interactional event and our belief in the need to cultivate a capacity for reflexive practice (Evans and Gilbert, 2005). As individual practitioners, we draw variously on contemporary gestalt theory (Yontef, 1993; Hycner, 1993), humanistic psychology (Schneider *et al.*, 2001), relational psychoanalysis (Mitchell and Aron, 1999) and intersubjectivity theory (Stolorow and Atwood, 1992).

While all the participants (co-researchers) identify with humanistic, gestalt and integrative

philosophy, some have qualified recently while others draw on many years of experience. We also vary in terms of our familiarity with the issues surrounding registration. Ken (co-researcher), in particular, has been heavily involved at a senior level over many years, playing a key role in ongoing consultations about how the profession should evolve. From the start, our group recognized that Ken had invested more than any other participant in the professional accreditation process. Linda (co-researcher), by contrast, had less of an investment being an academic and non-practicing humanistically-orientated therapist.

Ethical considerations

The idea for the research first emerged out of an ongoing senior personal and professional development group (facilitated by Ken) in which we were all involved. The issue of State Registration had surfaced and we recognised it as a highly topical, possibly emotive, issue which demanded to be explored. As group members who already had a close and ongoing relationship, we felt safe in the group context. We volunteered to act as either 'talker' or 'observer'. We embraced the opportunity to explore our ideas and uncertainties about the future of our profession. Importantly, all the group members consented to taking part in what began as an emerging open research approach, trusting in 'the process' that something of value might emerge.

While no formal ethical approval was sought for this project from any institutional body, we strove to apply and uphold ethical principles at every stage, including respecting and protecting the rights and dignity of every participant; recognising the interconnection between research and the wider community; and striving for a collaborative (as opposed to instrumental) research relationship. We also aimed to be reflexive about our role at every stage. For all of us, "dialogue, parity and reciprocity" (Heron, 1996, p.11) were the qualities we tried to bring to the research process.

Data gathering and analysis

To gather our data we experimented with using a research orientated focus group within an already existing personal and professional development group. With an eye to pragmatic concerns, we decided to keep the focus group small and so created two categories of participant: talkers and observers. The talker-participants (who volunteered for the role) included: Ken, Amanda, Anne and Lydia who sat in a small circle. The six remaining observer-participants surrounded them but remained unobtrusive. The discussion was unstructured with Ken taking care in the beginning

to temporarily relinquish his formal role as group facilitator. The 50-minute long discussion was audiotaped for subsequent transcription.

The question the group explored was: 'what is the meaning to you of being registered as a gestalt psychotherapist, integrative psychotherapist or person-centred psychotherapist?' Participants tried to reflect on their personal experience and immediate responses to the idea of registration rather than offering more generalised opinions.

Data analysis took place iteratively. Ken took primary responsibility to analyse the themes emerging from repeated readings of the transcript. He then explored these reflexively with Linda, who took on the role of research mentor/supervisor. The aim was to engage inductive analysis to clarify what seemed to be invariant constituents of the experience (Wertz, 2005). As befits a phenomenological approach, we aimed to read between the lines of the transcript and to deeply interrogate the meanings in order to gain access to implicit dimensions of participants' experience. We moved between the parts of the transcript and our own embodied experience and emotional responses to both the transcript and our dialogue (in the here-and-now) to develop a composite description of the meanings of being registered for the group as a whole.

All ten group members received a copy of the transcript and had the opportunity to share in the evolving analysis, particularly sharing insights into possible parallel processes. As a group and as individuals, we have continued to explore the emerging issues. However, these subsequent discussions do not explicitly form part of the research described here. This research specifically homes in on the analysis of the focus group data about what state registration means personally to the psychotherapy participants involved.

Findings

Individual participants in the group represented different levels of experience and this was clearly revealed in our various reactions to the statutory regulation process. Some of us had hardly thought about the topic. The idea of simply being registered was of interest. Others had more awareness of the potential impact and implications of registration; also of the political, ideological and strategic dimensions of the profession being subsumed within three core modalities.

While we varied in our responses and understandings, certain common themes emerged. For all of us participants, the research question 'what is the meaning to you of being

registered?' was turned into 'what is the meaning of not being registered?' This re-framing, which reflects the reality of the particular situation for our group of person-centred, gestalt and integrative psychotherapists participating, triggered powerful mixed responses including feelings of pride and professional esteem versus feelings of shame.

In this section, four emergent and interlinked themes related to our subjective meanings are described in more detail and illustrated by quotations from the four talker-participants¹:

- feeling proud-feeling shame
- belonging-isolation
- credibility-ineligibility
- fight-flight.

Feeling proud – Feeling shame

For all of us, the issue of registration is linked to a journey involving lifelong struggle and delight in achievements along the way. We seek to have our work finally valued and validated in a formal and public way. We care about the future of our profession and are proud of our place in it.

Lydia: What does registration mean? Personally it means having achieved an enormous piece of work both personally and academically ---I've never belonged in a profession where (3) I (2) have felt valued and heard... For me it's a real coming together of who I am personally, politically, and community wise. And to have that validated by 'this is a profession in which you can do that' is hugely significant.

Ken: It would be the culmination of 20 years of... active involvement in the aspiration of the UKCP, EAP, the EAGT and other professional associations I've been involved in.

Anne: This is the end result of a very long process... journey... But a lot of my delight is much more about the process, than about the actual registration.

¹ While we focus here on the words of the talker-participants, it should be acknowledged that informal subsequent discussion (not taped) with the other six individuals, the observer-participants, informed the analysis we (Ken and Linda) evolved. It is for this reason that we state that our focus group research involved ten therapists rather than the four who talked during the specific 50 minutes focus group that was formally recorded.

If professional registration is not granted, the rejection impacts both professionally and personally. As personal and professional are so interlinked in the psychotherapy world, professional self-doubt leads to personal self-doubt.

Ken: I've felt at last I'd been trained to a level of theoretical and practical competence, where I had felt I had secured enough of a professional identity to actually help solidify a personal identity...Who I am professionally and who I am personally are linked together. So if I'm not seen as equal to others...I just want to feel that--I've earned the right to be on the same level...if I'm not accepted personally, professionally I mean, it feels like I'm unacceptable personally. And that then um touches my shame and you know, I get into, not so much these days, I feel the self-doubt... I just don't believe it anymore but I still nevertheless am subject to all the vagaries of all this. So for me, um, and you know as most of you here will know, my professional life, I live it. And also there's a sense of driven-ness in it now that I recognize.

When questions about the psychotherapists' suitability for registration are raised, shame is triggered. This shame carries with it a sense of powerlessness, deficiency, degradation and alienation. Shame is both not being enough and not belonging enough. We believe ourselves to be flawed and so are unworthy of acceptance and belonging. While we may feel angry or resentful about being left out, the emotion is all too easily turned inward as we convince ourselves that we deserve the rejection and we marginalise ourselves. Yet even as we internalise our oppression, we hunger to gain validation from others that we are worthy; to begin to feel both acceptable and accepted.

Ken: I think for me, there is shame attached to being marginalized. Or that sense of *being marginalized*... As a psychotherapist/counsellor, often you don't see the fruits of your work for a very long time... What's the impact, what reassurance do we have about the efficacy of what we do? And is this in some way (3) deflected or displaced onto, 'how good is our modality compared with other modalities?'

Anne: I didn't train with an organization that was UKCP registered. I did four years training and it was promised, "it will all be sorted out, you will be able to get your UKCP registered", and we never were. But I always had a sort of sense of shame about that. You know it was like not being good enough in that sense. But it wouldn't have made the slightest bit of

difference. I was in training as much for me as for my professional development.

Belonging-Isolation

This belonging-isolation theme pinpoints our sense as participants that registration will help us be *a-part* of the community, while not becoming registered will confirm being *a-part from* the community. Registration would give us a sense of belonging and of taking one's 'rightful' place. And we feel excited about the prospect. Wider support structures that would then be available would help to counterbalance the isolation of our everyday work (especially for those of us in private practice).

Amanda: Doing therapy in private and taking our place in public, that was really resonating for me... For me it's about *taking my place*... When we work in isolation... actually, it is really important to belong to something bigger and to have a structure, because of the nature of the work being so isolated that it actually needs much more really to make it more kind of cohesive.

Lydia: I can feel I've got a really emotional response to...the whole process of registration, creates a community that will go on, something that gives it a sort of permanence or its something *there* that I can become *part of*... Its very much about "I belong here" and belonging is something worthwhile... I have a real excitement about belonging to a new profession... And that is hugely significant for me about the publicness of psychotherapy; that it isn't this esoteric thing that you do in private but that we go out *there*.

We want to belong yet the question of whether one is 'good enough' to belong was key. We questioned ourselves and asked whether or not the profession could/would accept us.

Anne: registration...it almost feels like a member's club in terms of... 'am I good enough to be accepted by the profession?'

If we weren't to be registered, we would lose a potential source of cohesion which comes from being part of a bigger whole. It means feeling diminished by others as we experience 'not being seen' and *being* marginalised, excluded. Having our very being questioned by others leads to questioning ourselves and as we are isolated by others, we isolate ourselves. "In shame there is a deep sense of separation and rejection, one withdraws", says Ablamozicz (1992, pp.42-3).

Ken: one other experience was when I was a member of a working party, as I explained before and how um they, I was there representing uh the UKCP at this working party committee along with um the chair of UKCP and I was there in the role of training standards officer. And after a while they were talking about setting up a standard's committee or standards board and they wanted me to um basically write the procedures, processes and draft standards. And I said "well, I'd be willing to do that but" because of misgivings I was having about who was in this committee and who was out of this committee, I said "Well I represent the modality that is not here in this committee and I ah feel a little sensitive about that. So I'm just wondering if...I commit to all this work and do something for you, is my modality actually being accepted?" And there was *silence*...I remember going home in the train feeling very very uncomfortable and I felt marginalised again. And actually for the first time in my life I had a deep sense of what it must be like to be *black* in this country. And I felt so different, so patronised, and excluded. And there was this sense of, 'how do you get through to these people?'

Credibility-Ineligibility

As participants we look forward to being able to make a credible public contribution to a worthwhile profession. The Encarta Dictionary: English (UK) defines credibility in part as "Status – somebody's status as an acceptable person among a group".

Amanda: The journey continues regardless of whether you get the registration in some respects. But actually I'm realizing that it is important... I was reminded of a -training I did a few years ago where... the trainer said "In training as a psychotherapist it gives him hope that if he could retire or something, because the work was being carried on." ... It's that continuation isn't it?... the profession could die out if its, if its not registered, validated.

Anne: I work as a trainer-- there's more external validation. But the work we do as therapists is so private there's just one other person. For me the whole thing about registration is some sort of validation in terms of internally feeling "I have arrived!"...Someone external was viewing what you were doing
...and they make a judgment.

If one is not credible professionally, a judgment is made and one is found wanting; we become 'unacceptable' and 'ineligible'. Being thought ineligible, however, feels wrong and unjust. We feel a potentially corrosive competition with other

modalities and, for some, the political dimensions are looming large. We wonder what support we have from the wider psychotherapy community or whether they may be content to close ranks to maximise their own rewards/status.

Ken: To be seen...to be regulated and to take our place alongside other modalities...we're entitled to be in there too, to be recognized as having credible methods.

Ken: Over the last twenty years if... in recruiting people to training courses across the UK, training institutes said "well, you're coming to learn gestalt or integrative or TA but its not a regulated profession yet, we don't know whether it will, um you're competing in a market with loads of other people"... I don't know whether we would have recruited... As a psychotherapist/counsellor, often you don't see the fruits of your work for a very long time...What's the impact? What reassurance to we have about the efficacy of what we do? And is this in some way (3) deflected or displaced onto how good is our modality compared to other modalities that seek to keep us out?

Fight-Flight

Questions about registration and the registration process have highlighted our struggles to gain self-esteem at a personal level and a sense of confidence and authority professionally. Group members experience the search for professional recognition and regulation as something of a battle. We are in a fight with ourselves, and with others. Some of us embrace the personal-political battle with gusto.

Lydia: When Amanda said I now understand that this is political, again I thought that it was never anything other than that. That comes from my own script... Everything I do has a political (2) basis... How else can I be in the world?

Ken: We've engaged in the battle by building the infrastructure, and by supporting various associations and increasing our training standards and recruiting people, training them.

For others, engaging the battle is more uncomfortable and the impulse is to want to withdraw. As Ablamozicz notes, "When a person's devalued or discrediting quality is exposed to the view of others, the subjective reaction against such an exposure is a desire to become invisible, to escape from the situation as soon as possible"(1992, p.41).

Anne: When it actually came down to the nitty gritty now of making a choice, “Do I participate?”, I immediately, it became: “No, its much easier to sort of ruminate in private rather than being public”.

Amanda: It seems like whatever world or sphere we're in, we actually ultimately end up fighting battles for something. And in this case it is kind of to get registered. And it sucks! And it does seem a bit of a contradiction against what we do as a profession.

Discussion

Issues around State Registration and accreditation conferring validation and credibility seem to be fundamentally intertwined with individuals' personal and professional self-esteem and nascent feelings of shame. Our findings suggest that if registration is granted, psychotherapists will feel personally valued and professionally validated. If registration is not granted, we get the message that we are not accepted professionally and feelings of: not belonging, ineligibility and self-doubt ensues. Powerful shame responses thus appear to be triggered – a process which itself generates further shame as personal and professional vulnerability is revealed. This whole experience is one which we wish to flee, or at least we go to some lengths to disguise behind anger or denial, for example (Halling, 1994).

Shame is intertwined with and permeates all four identified themes to do with issues around self-esteem, belonging, credibility and fight or flight. In this context, the theme ‘feeling proud-feeling shame’ seems particularly pertinent and could be seen as the primary, over-arching theme.

That shame responses have been triggered by questions of professional identity, and in the current climate of change, is perhaps not surprising. Halling (1994, p.75) has noted that in times of social change or isolation, “questions about personal identity take on an urgency that is not characteristic of periods of social stability when most people have a secure sense of belonging within their communities.” Such questioning generates self-consciousness – a core component of shame².

² Shame did not significantly impact the profession until the 1980's with publications by Kaufman, 1980; Wurmser, 1981; Nathanson, 1987 and Morrison, 1987. The 1990's saw further publications written from a gestalt and integrative perspective, notably Evans (1994) and Wheeler (1995, 1997). All the above publications shared a similar view of shame being commonly experienced as a basic flaw at the core of a person, accompanied by a deep sense of 'being wrong', and 'feeling worthless', “an inner revulsion against one's own existence”

While shame appeared ever-present in the focus group as major dynamic within each person (intra-psychic dimension) and between all members of the group (interpersonal dimension), the experience of shame among the group members can also be understood as paralleling wider professional processes. We suggest that the experience of shame at an individual level is likely to lead psychotherapists to feeling unworthy at a professional level, perhaps increasing a sense of reticence about pushing themselves forward towards professional registration. Taking a different perspective, to what extent do the individuals perpetrating marginalisation of professional sub-groups experience shame themselves, at the unconscious level, which they project on to others? These intuitive insights might offer a useful focus of exploration in a subsequent and further research endeavours.

Reflexive evaluation

We feel it is important to acknowledge, reflexively, our investment in the research. For Ken, in particular, the state regulation of psychotherapy is a lived experience. He, among others, lives, breathes, works and struggles with the questions and issues raised.³ Ken's passionate commitment provided the impetus for the research as a whole and specifically when we all agreed that Ken should take part in the focus group as a ‘talker’.

Prior to the research, Ken was already sensitised to issues around professionalisation, intergroup competition and social closure. It was not a surprise when these issues were raised, for example when Ken asked: “Coming from the (at the moment) somewhat more marginalized modality of psychotherapy – what role might it play for them—to try to keep us out?” It could be

(Evans, 1994, p. 103). In recent years there has been a steady and continued flow of publications on shame and related issues (Evans, 2007).

³ Ken is currently the Registrar of the European Association for Integrative Psychotherapy (EAIP) and also near the end of his second three-year term as President of the European Association for Gestalt Therapy (EAGT). In this latter capacity especially he travels widely in Europe and is frequently invited to participate in dialogue between government departments and psychotherapy organisations, between closely related and competing occupations and sometimes between competing psychotherapy organisations within the same modality. He is a member of a team of seven psychotherapists who form the Political Group responsible for creating and evolving strategy on behalf of the Humanistic and Integrative Section (HIPS) of the United Kingdom Council for Psychotherapy (UKCP). He further represents UKCP, along with Peter Stratton on Improving Access to Psychological Therapies (IAPT). IAPT is concerned with workforce and related issues with regard to the provision of psychological therapies within the National Health Service in the UK. Recently (May 2008) he submitted a doctorate thesis to do with the professionalization of psychotherapy in Europe between 1987 and 2008.

argued critically that Ken subtly influenced the direction of the focus group so as to reflect the issues which were currently taxing him. The group members did not particularly follow Ken's lead, however. They seemed more concerned to examine their own personal meanings reflexively which, we feel, enhances the trustworthiness and credibility of this explicitly subjectively-orientated research.

A further strength of the research is the way we were surprised at the power of unconscious processes which were unexpectedly revealed during data collection. Of particular note is how the shame experiences were shown to parallel the wider field. One example of this was when Ken had initially suggested, rather apologetically, that the focus group convene in the lunch hour, so as to limit any disruption of the personal and professional development remit of the group. All other participants expressed their preference to include the focus group exploration in the scheduled work time. Subsequently, while sharing two historical experiences of feeling marginalised Ken expressed shock, amazement and anger as he realised that he had internalised the oppression of these historical experiences. He had been trapped within a parallel process whereby he mirrored his own sense of marginalisation by unwittingly marginalising the focus group by suggesting that it be subsumed within a lunch break, outside the main agenda! This was a clear and dramatic example of the influence of unconscious forces on the research endeavour.

Given Ken's investments in the research topic, it is not surprising that he experienced a sense of 'unbounded chaos' when it came to analyzing the data. He was challenged to ring-fence his responses to ensure a focus on the data emerging just from the group rather than the wider professional arena. (It was for this reason that we focused primarily on the data provided by the talker-participants in the group). However, we recognized the powerful impact of what was in the field, consciously and unconsciously, and its influence on the research endeavour. We saw that it was essential for Ken to dialogue in 'supervision' with Linda to contain emotions. We cannot stress too strongly our belief that it is necessary to process any data, and the research experience as a whole, in dialogue with another who is attuned to the layers of meaning and unconscious processes. Indeed we consider supervision of the researcher's unconscious experiences an ethical requirement of relational-centred qualitative research, beyond what may conventionally been considered appropriate and sufficient (Finlay and Evans, 2009 *Forthcoming*; Gilbert and Evans, 2000).

For Ken and Linda, and all our research collaborators, engagement with this research has proved moving and challenging, both personally and professionally. Personally, all of us have been touched by the shame that is inherent in a regulatory process characterised by issues of professional rivalry and competition, potential restrictive practice and attempts at 'social closure'. Professionally, we all have been challenged to think more deeply about what is our individual and collective response(s) on behalf of ourselves, the profession and the public recipients of future mental health provision in the United Kingdom.

Conclusion

This paper has attempted to describe some of the subjective meanings about statutory regulation around, focusing on the experiences of a handful of person-centred, gestalt and integrative psychotherapists. Relational-phenomenological analysis has revealed the relevance and pervasive power of shame processes. While formal registration offers professional rewards around belonging and status, and it may help psychotherapists to feel personally valued and professionally validated, a shadow side lurks. If registration is not to be granted equally to practitioners of different modalities, certain groups will get the message that they are not accepted professionally, and shame and self-doubt is likely to ensue.

The professional identity and future of psychotherapists are at stake. Therapists working across the different modalities have a choice to make about their responses to regulation now and in the future. One crucial step to be taken is to explicitly and reflexively recognize ways parallel processes may be playing out in the political arena. Who else is better placed to interrogate the figural significance of these parallel processes? If these parallel processes can be brought into the open, perhaps then the 'slings and arrows of outrageous fortune' might be opposed and, even, ended.

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Appendix

Transcription key

Italics : indicates emphasis

(3): indicates number of seconds of pause

... : indicates missed words or noise

intrusion [] : indicates interruptions from others

() : indicates significant non-verbal