

STUDENTS' STORIES OF SELF CASE STUDY WHILE
LEARNING COGNITIVE THERAPY:
A NEW ZEALAND NARRATIVE STUDY

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Table of Contents

CHAPTER ONE: INTRODUCTION	1
LIFE IN A CAGE: THE INSPIRATION FOR THIS STUDY	1
<i>Self introduction</i>	2
<i>Introduction to Chapter One</i>	3
<i>Reflections as a tutor</i>	3
PRESUPPOSITIONS	4
DISCUSSION OF KEY TERMS	5
<i>Narrative Inquiry</i>	5
<i>Case study</i>	6
<i>Self case study</i>	6
<i>Cognitive therapy</i>	7
LITERATURE REVIEW	7
CONTEXT OF THE STUDY	8
BACKGROUND TO STUDY	9
<i>Cognitive therapy</i>	10
<i>Self Case Study</i>	11
<i>Introduction to the thesis</i>	13
<i>Overview of thesis</i>	13
CHAPTER TWO: BACKGROUND AND LITERATURE REVIEW	14
THE SEARCH PROCESS	14
ADULT EDUCATION	16
<i>Adult Teaching</i>	17
LEARNING PROCESS	18
<i>Transformational Learning</i>	19
<i>Levels of Learning</i>	20
<i>Barriers to Learning</i>	23
COUNSELLING TRAINING	24
<i>Place of research in counselling trainings</i>	24
<i>Research available for counselling training programmes to draw from</i>	25
<i>Empirical Research on Training of Psychotherapists</i>	26
<i>How Counsellors Relate to Knowledge</i>	26
<i>Stage Based Models for Counsellor Development</i>	27
<i>Cultural Identity</i>	27
<i>Teaching Counselling Methods and Skills</i>	29
<i>Personal Development in Counselling Training</i>	31
TEACHING COGNITIVE THERAPY	32

<i>Cognitive Therapy Training Research</i>	32
<i>The Value of Self Practice</i>	32
<i>Research on Self-Practice in the New Zealand Context</i>	34
<i>Model for Skill Development</i>	35
<i>New Zealand studies</i>	36
<i>Cognitive Therapy Training Research: Brief Programmes</i>	38
TRAINEES' PERCEPTIONS OF LEARNING COUNSELLING	38
TRAINEES' PERCEPTIONS OF LEARNING COGNITIVE THERAPY	40
CASE STUDY	44
SELF CASE STUDY	46
SUMMARY	48
CHAPTER THREE: METHODOLOGY AND METHOD	50
METHODOLOGY	50
QUALITATIVE RESEARCH	50
<i>Ontology</i>	50
<i>Epistemology</i>	51
<i>Study approach</i>	51
NARRATIVE INQUIRY	52
<i>Whose voice is telling the story?</i>	52
<i>Researcher's professional lens</i>	53
<i>Why use stories?</i>	53
<i>Form of stories and the temporal aspect</i>	54
<i>Narrative and self identity</i>	54
<i>Narrative voice and identity</i>	55
<i>Conclusion</i>	56
METHOD	56
<i>Introduction</i>	56
<i>Selection of Participants and Selection Criteria</i>	56
<i>Participant Information Sheets</i>	57
<i>Data Collection</i>	58
<i>Data analysis processes</i>	62
CHOOSING A METHOD OF NARRATIVE ANALYSIS	66
<i>Analytical Tool</i>	68
<i>Narrative form</i>	71
RESEARCH RIGOUR	74
<i>Ethical Considerations</i>	76
<i>Minimisation of risk</i>	78
<i>Commitment to Te Tiriti O Waitangi</i>	79
CONCLUSION	79

CHAPTER FOUR: CORE NARRATIVES	80
INTRODUCTION	80
TURNING THE BOLT: ANDY'S STORY	81
<i>Developmental perspective: Beginning place</i>	81
<i>Narrative voice</i>	82
<i>Plot direction</i>	82
<i>Turning point</i>	83
<i>Impact on sense of self</i>	83
<i>Core message</i>	83
COMING OUT OF HIDING: JAYNE'S STORY	84
<i>Developmental perspective Beginning place</i>	84
<i>Narrative voice</i>	84
<i>Plot direction</i>	85
<i>Turning point</i>	85
<i>Impact on sense of self</i>	85
<i>Core message</i>	85
LIFE IN A CAGE: MARY'S STORY	86
<i>Beginning place</i>	86
<i>Narrative voice</i>	86
<i>Plot direction</i>	87
<i>Turning point</i>	87
<i>Impact on sense of self</i>	88
<i>Core message</i>	88
THE MASK : MAURI'S POEM	88
<i>Beginning place</i>	89
<i>Narrative voice</i>	90
<i>Plot direction</i>	90
<i>Turning point</i>	90
<i>Impact on sense of self</i>	91
<i>Core message</i>	91
THE THAW: NELLIE'S STORY	92
<i>Beginning place</i>	92
<i>Narrative voice</i>	92
<i>Plot direction</i>	93
<i>Turning point</i>	93
<i>Impact on self</i>	93
<i>Core message</i>	94
I LIKE THINGS TO BE STRUCTURED: STACEY'S STORY	94
<i>Beginning place</i>	94
<i>Narrative voice</i>	95

<i>Plot direction</i>	95
<i>Turning point</i>	95
<i>Impact on sense of self</i>	96
<i>Core message</i>	96
BREAKING THE RULES: RACHAEL'S STORY	96
<i>Beginning place</i>	97
<i>Narrative voice</i>	97
<i>Plot direction</i>	97
<i>Turning point.</i>	98
<i>Impact on sense of self</i>	98
<i>Core message</i>	99
REVIEWING CORE NARRATIVES	99
<i>Beginning places</i>	99
<i>Narrative voice</i>	100
<i>Plot direction and turning point</i>	100
<i>Impact on sense of self</i>	100
CHAPTER FIVE: LEARNING COGNITIVE THERAPY	102
PRECONCEPTIONS OF COGNITIVE THERAPY	104
<i>Negative preconceptions</i>	104
<i>Changing counselling models</i>	105
<i>Positive preconceptions</i>	106
REASONS FOR CHOOSING SELF CASE STUDY	107
RELATIONSHIP WITH TUTOR AND THEIR TEACHING STYLE MAKES A DIFFERENCE TO THE LEARNING	108
CHALLENGE OF THE LEARNING	110
<i>Challenge to sense of self</i>	110
<i>Large content of information in cognitive therapy</i>	111
<i>Self discipline required</i>	112
<i>Past negative school experiences</i>	112
<i>Exploring feelings</i>	113
IMPORTANCE OF REPEATED PRACTICE	114
IMPORTANCE OF COUNSELLOR SELF DEVELOPMENT	116
INCREASED EMPATHY FOR CLIENTS	118
USE OF COGNITIVE THERAPY WITH CLIENTS	121
HOW DOES COGNITIVE THERAPY FIT FOR MAORI?	123
<i>Holism</i>	126
<i>Usefulness of cognitive therapy for Maori</i>	127
LIMITS OF COGNITIVE THERAPY	128
RECOMMENDATIONS FOR TRAINING	131
SUMMARY	133

CHAPTER SIX: THE EXPERIENCE OF SELF CASE STUDY	134
GAINING AN UNDERSTANDING OF THE PROBLEM	135
SAFETY AND TRUST IN THE TUTOR RELATIONSHIP	139
THE IMPACT OF THE ACT OF WRITING DOWN	140
SELF DISCOVERY THROUGH CHALLENGE	143
GOING INTO THE UNKNOWN	145
SEEING NEW POSSIBILITIES AND MAKING A CHOICE	148
PERSONAL DEVELOPMENT AND PERSONAL TRANSFORMATIONS	151
CONTINUED USE OF COGNITIVE THERAPY ON SELF	153
SUMMARY	155
CHAPTER SEVEN: DISCUSSION AND RECOMMENDATIONS	157
INTRODUCTION	157
DISCUSSION OF FINDINGS	158
SELF CASE STUDY OFFERS A UNIQUE LEARNING OPPORTUNITY	158
<i>Reflecting, self reflecting, reflecting in action</i>	159
<i>Temporal aspect of self case study</i>	160
<i>Development of empathy</i>	161
<i>Safety</i>	161
SELF CASE STUDY CAN BE A MEDIUM TO FACILITATE TRANSFORMATIVE LEARNING	162
COGNITIVE THERAPY CAN BE USEFULLY ADAPTED FOR MAORI	164
ADAPTATION OF COGNITIVE THERAPY TO SUIT MAORI	166
CHILDHOOD TRAUMA	167
THE VALUE OF BRIEF COGNITIVE THERAPY TRAINING	170
GENERAL IMPLICATIONS OF THIS STUDY FOR TEACHING AND LEARNING COGNITIVE THERAPY	170
STRENGTHS AND WEAKNESSES	172
SUGGESTIONS FOR FURTHER RESEARCH	175
IMPLICATIONS OF FINDINGS FOR COUNSELLING EDUCATION RESEARCH	175
SUMMARY	177
MY STORY	177
REFERENCES	179

APPENDICES	189
APPENDIX A: CASE STUDY ASSIGNMENT	189
APPENDIX B: BASIC ID	190
APPENDIX C: FUNCTIONAL ANALYSIS CHART	191
APPENDIX D: COGNITIVE CONCEPTUALISATION	192
APPENDIX E: ETHICS APPROVAL	193
APPENDIX F: INVITATIONS	194
APPENDIX G: PARTICIPANT INFORMATION SHEET	195
APPENDIX H: INTERVIEW CONSENT FORM	198
APPENDIX I: FOCUS GROUP CONSENT FORM	199
APPENDIX J: TRANSCRIBER CONFIDENTIALITY AGREEMENT	200

Figures

Figure 1: Progressive Internalisation.....	21
Figure 2: Marton et al's Six Conceptions of Learning	21
Figure 3: Comparison of Progressive Internalisation and Conceptions of Learning	22
Figure 4: Counselling Outcome Research (Lambert, 2002).....	25
Figure 5: Riessman's Levels of Representation in Research Process	63
Figure 6: Adapted from Lieblich et al (1998)	69
Figure 7: Themes from the experience of self case study	135

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a University or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed

Dated

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Abstract

This narrative inquiry study examines the stories told by seven adult students about learning cognitive therapy and how they experienced being both the subject and the writer of their own case study. At the time of being interviewed, some were completing a Bachelor of Counselling or Alcohol and Drug Studies, while others had completed their counsellor training and had employment in their profession. The students completing the Alcohol and Drug Studies are also trainee counsellors with a particular specialisation. All students completed a ten day, Introductory course in Cognitive Therapy.

There has been limited research exploring the learning experiences of students on a cognitive therapy training. There does not appear to be any research on either the use of self case study in Cognitive Therapy education or the student experience of self case study. The purpose of this study was two fold: firstly, to explore the students' perspectives on what it was like to learn cognitive therapy and secondly, to explore the students' experiences of completing a case study on themselves.

In this study, narrative interviews were used to invite participants to tell their story. The interviews were audio taped and transcribed. The participants' in depth stories when analysed, produced clear thematic content as well as unique accounts of personal learning journeys. Analysis involved rewriting each interview as a core narrative, structured to show each participant's position when they began learning, the essence of the story line, their unique voice, the plot direction, the story's climax, including the impact on their identity and finally, their core message. These narratives are represented by six short pieces of prose and a poem. The narrators and cognitive therapy are central characters in all stories. Thematic content was depicted as steps in a learning process. All core narratives were sent to each participant for checking that it captured their original story and its meaning.

The findings were that adult counselling students found brief introductory training courses in Cognitive Therapy to be very effective for enabling them to

learn the cognitive therapy model, to refine their cognitive therapy skills and to enhance their own personal development. Self case study has the potential to provide a complex, multi-dimensional learning opportunity facilitating deep learning. Self case study can result in transformative learning and the development of new stories of identity for the writer (and subject) of the case study. Individual student accounts suggest that Cognitive Therapy can be usefully adapted for some Maori and self case study can be a means of strengthening cultural identity. In addition, for some counselling student trainees, the process of doing a self case study may provide a means of working through childhood trauma.

The findings provide some preliminary support for including use of self case study within the counselling curriculum. Self case study can provide opportunities for deepening learning about theory and practice, which is all the more potent when related to students' own selves. Given support, students might be encouraged to complete self case study as a means of gaining significant personal development.

Such curriculum changes would require additional expertise on the part of counselling educators. The narratives analysed in this study suggest that particular support may be needed to enable the safe self development of students from ethnic minority groups and also to provide well for those who had experienced childhood trauma. This is recommended as an area for further research.

Given that Counselling education has the task of developing and preparing students for the Counselling profession, students' perspectives on this experience, are an important and relatively underdeveloped area of research. There is a need for further research specifically on students' learning experiences in Cognitive Therapy. Ongoing research is needed about the use of self case study as a learning opportunity for student learning and personal development.

CHAPTER ONE: INTRODUCTION

LIFE IN A CAGE: THE INSPIRATION FOR THIS STUDY

Here I am. I am 49, I have lived my life in this kind of cage and um then as I moved through from beginning to being relief, just relief and now I can start to live. I can start to be in this world with other people and start to hold my own, I can talk to somebody without being afraid.

This is part of a story from Mary¹ who was a student in my counselling course. Her story was the initial inspiration for this study and later she became a participant in this research.

I was standing at the photocopier on our campus as she walked past me in 2004. She looked really different with a glow in her eyes. Her whole demeanor was so changed that she was almost unrecognisable to me. I greeted her and exclaimed on her changed appearance. She excitedly began to tell me about the self transformation she had recently experienced. We sat together and she told me her story.

Ever since she was very small she had had little confidence and was unable to speak. More than this, there were huge fears which kept her from believing that she had rights or even the right to exist in the world. This experience continued for her whole life and so this was her reality. This way of being also became her children's legacy. She had resigned herself to this way of being until she studied cognitive therapy. This counselling approach opened her eyes to new possibilities as she realized how much had been missing in her life. Doing a case study of herself, revealed patterns that repeated over and over again and her eyes were opened wider. The more she saw and realised, the more frustration grew and the more she wanted a voice for herself. This desire grew to the point that she began taking steps including asking me for more resources. She looked for a cognitive therapy counsellor but had no success. Determination spurred her on to seek out a self help book called Social Phobia (Butler, 1999). She completed all the exercises in it. Little by little, she found her voice and she surprised herself by beginning to achieve impossible things. One

¹ Mary is not her real name and she has given permission for me to tell her story.

achievement was to diet and lose 20kgs. She became a new person in a new body. She then appeared on television to be interviewed about this feat. Next, she became a new mother as she encouraged her children to also develop their voices. She became a new daughter to her father letting go of the past and breaking years of silence. As she finished this dramatic and very moving story we started to wonder together whether other students had shared her transformative experience?

So this is how my research began.

I began by telling Mary's story as I felt very inspired and touched by listening to her experience. I was amazed about how the learning experience of cognitive therapy had been a catalyst for such significant life change. Our conversation kindled my interest in gathering more stories of students so I could hear their experiences.

Self introduction

I am a counsellor with 27 years of counselling practice who continues to practise counselling part time. I have found the career of counselling practice very satisfying and meaningful. I have felt privileged to watch and assist people to grow into their potential. I completed a Post Graduate Diploma in Cognitive Behavioural Therapy in 2001 and commenced teaching on a Bachelor of Counselling programme in 2002.

I have an interest in teaching and learning processes that assist the students in self development and to become competent practitioners. The experience of teaching adult students has been a real joy as I have watched and coached students to grow their confidence, knowledge and counselling skills. One of the ultimate satisfactions for me is listening to students describe each year of personal development. At our graduation ceremonies, I see these students as a gift to the community and feel proud of their huge achievements. I feel as though I am now part of the regenerative process in the counselling field.

I have taught the introductory paper in cognitive therapy for 5 years. At the end of the paper, each time as I marked the students' case studies I have been

excited to see their learnings became integrated through the writing of the case study.

As a tutor on a Counselling degree training programme, it was essential for me to professionally develop research knowledge and ability, so as to firmly ground myself in research. This requirement meant completing a Master's qualification. Given that I am employed as a counselling educator I wanted to make a pragmatic choice of topic that might usefully contribute towards student learning and teaching practice.

Introduction to Chapter One

In this chapter I will introduce my study and provide a background to this study. I will summarise the literature review to orient the reader to the limits of existing knowledge in the area of counselling education. I will show how my thinking led me to this research question. The study will be contextualised both in counselling education in New Zealand and internationally in the field of counselling and psychology education. I will then explain how I carried out the study including an explanation of specialist terms, a brief summary of methodology and method used. Finally, there will be an overview of the organisation of the thesis.

I will begin by giving my reflections as a counselling tutor.

Reflections as a tutor

As I marked the students' case studies each year a number of reflections and questions came to mind. I was interested in the students' whole learning experience of the paper but in particular the choice of self case study. I felt very curious as a teacher and as a counsellor about the nature of their experience. My interest had been further ignited by Mary's profound life changing experience. The experience of the self case study had inspired her to continue her self development throughout the following year.

I wondered about all aspects of this phenomenon of the act of writing a self case study.

My wonderings were: how students decided to write the case study on themselves versus a client, what emotions were 'stirred up' during the process and how it felt to commit one's life story to a blank page and see it written down.

Another wondering was around viewing oneself through particular theoretical lenses and how each different view made sense.

I then wondered about self learning and the change process that may have followed the writing down. I pondered on the experience of handing over oneself 'packaged' as a case study to a familiar authority figure who would read and mark this representation of the student. Then in considering this aspect, I wondered about emotional safety for students and how they managed this for themselves during the process of writing and delving deeper into themselves. I wondered about the power of this experience. I wondered about how the experience in its entirety was 'debriefed' at the end. Finally I wondered over time what happened to the learnings: were they integrated or forgotten? I also wondered whether significant others in the lives of these students actually noticed any change in them.

In having to choose a topic for a master's thesis I was particularly interested in the students' experience of self case study. I decided to explore both the overall learning experience of Cognitive Therapy and specifically, the experience of self case study. The reasons for choosing a narrative enquiry approach will be presented fully in Chapter Three.

PRESUPPOSITIONS

As recommended by Merriam (1998), before I began interviewing I completed a presuppositions interview. My main presupposition was that some kind of deep and meaningful personal change for the student must have occurred in writing a self case study. Given that the case study provided opportunity for detailed self analysis, I could not see how change could fail to occur for students.

I discovered prior to learning cognitive therapy myself, that I was very ambivalent, with a number of preconceptions about the approach. My expectations were that cognitive therapy might prove 'dry', meaning mechanistic with a 'manualised' approach to counselling. I worried that too much emphasis

would be put on thought rather than feeling and not enough care taken of the counsellor client relationship.

To my surprise, I found the experience of learning cognitive therapy liberating and I discovered many new skills which led to new ways of being in the world. Practising cognitive therapy techniques on myself did prove transformative. I found the ability to self observe and change my thinking gave me a whole new perspective. My familiar way of being had, at times, been one of being dominated by feelings where I had managed them by speaking them or writing them. These feelings influenced my reality. I developed a new balance of emotional and rational states which gave me a new perspective. I now had new 'tools' with which I could reorganise my thoughts, which meant I had a sense of more choice and control. I had a widened perspective and more possibilities for ways of thinking, being and acting in the world.

Therefore, knowing my own presuppositions and transformative experience, in my research interviews I attempted to take great care to influence their narratives as little as possible. I will now move my focus to introducing specialist terms used in this research.

DISCUSSION OF KEY TERMS

In the spirit of narrative and social constructionism, finite definitions are not as relevant as a discussion or explanation of how I intend to use particular terms in this thesis. These are the key terms and how I have used them. Some concepts will be discussed in more depth later in this chapter or in the methodology chapter. I will now describe terms used in this study.

Narrative Inquiry

Within the available approaches to qualitative research I chose the narrative approach, as it seemed the most suitable to gain an in depth understanding of the participants' lived experiences in learning cognitive therapy. Narrative inquiry is a broad area of research which is now used across many different disciplines such as literature, history, psychology and anthropology (Lieblich, Tuval-Mashiach, & Zilber, 1998).

There is debate within the area of narrative research about what narrative inquiry is and what a narrative consists of. I consulted several well known narrative texts for a definition (Clandinin, 2007; Clandinin & Connelly, 2000; Crossley, 2000; Lieblich et al., 1998). Whilst these texts agreed that narrative inquiry involves collecting stories (either written or oral) as ways of seeking to understand and explore people's lived experience, all texts were reluctant to define narrative inquiry. All texts devoted lengthy or detailed introductions to the explanation of particular concepts and philosophies of narrative inquiry. This process suggests to me that the underlying philosophy and context or discipline will determine how narrative inquiry is understood. For a beginning researcher this does create confusion in that the field is broad with differing philosophical positions and intent. There are however, some commonalities such as the function of stories in people's lives and what messages storytellers communicate about themselves as the narrator.

The story is viewed as a medium for humans to order and make sense of events, fulfilling a basic human need (Crossley, 2000). The way that a story is told, shows the narrator's identity (Tuval-Mashiach, 2006) and perception of events. Stories are always viewed in context and so are dependant on whom the audience is.

Case study

Traditionally a case study is a detailed analysis of a person and a particular challenge/problem/medical problem. The study provides a writer's account of a person's problem showing the problem development and change over time in relation to interventions aimed at reducing/solving the problem.

For the purposes of this research, I will be referring to case study as an in depth study of a person's relationship with particular problematic behaviours framed from a cognitive therapy perspective.

Self case study

In my research, self case study is defined as a case study analysis produced by a person who is both the subject of the study and the writer.

Counselling clients

In my study I have called people who receive counselling, counselling clients. The word 'client' suggests that these people pay for the counselling service. However, these counselling clients are mainly attending government funded agencies where the student counsellors in my study had student placements. Hence these people receiving counselling do not pay for the service. Therefore, although I did not feel satisfied with the term 'counselling client' I was unable to think of a more suitable description. None of the counselling students who provide counselling are employed in private practice as the term 'counselling client' might suggest.

Cognitive therapy

Cognitive behavioural therapy was developed by Aaron T. Beck in the early 1960s as a structured, short term, present-oriented psychotherapy for depression, directed towards solving current problems and modifying dysfunctional thinking and behaviour (A. T. Beck, 1964)

Cognitive therapy, cognitive behavioural therapy

In my study I have used the word 'cognitive behavioural therapy' and 'cognitive therapy' interchangeably. Changing behaviour as well as changing thinking, feelings and body physiology is all part of cognitive therapy.

Having explained the way the main terms will be used, I will now provide more background by summarising and introducing existing literature referred to and discussed in more depth in the literature review, Chapter Two.

LITERATURE REVIEW

I began by searching the term 'adult learning' as this is the model used in teaching adult counselling students. There is a large amount of literature on this subject. I eventually decided to focus on current teaching practices and learning processes in adult education, given my study is positioned in this context. I then searched transformational learning experiences. There is substantial literature in this area connected to adult learning.

In searching students' learning experiences of cognitive therapy, use of case study in teaching counselling, or the use of self case study in counselling

education, I found that there is very limited research in all of these areas. Therefore, the literature search for placing this study in context is broad and covers adult education, adult teaching and learning, learning process, transformational learning, counselling training, research and counselling, teaching cognitive therapy, research on teaching cognitive therapy, trainees' perceptions of learning counselling and cognitive therapy, case study and finally self case study.

Hence this study is important as there is currently such a lack of knowledge available from the student perspective on either the experience of learning cognitive therapy or the use of self case study. This study is one of very few to gather narratives from the student perspective on their experiences of learning cognitive therapy.

CONTEXT OF THE STUDY

This narrative inquiry was conducted in New Zealand in two cities with students recruited from both a Bachelor in Counselling degree programme and a Bachelor in Alcohol and Drug studies programme based at a New Zealand tertiary institution. There are two campuses with one being the main campus and the other a satellite campus. The satellite campus is a small campus with 15 counselling students and 20 alcohol and drug studies students enrolled in the programmes. Students enrol either fulltime to complete their degree over 3 years or part time to complete their degree over 6 years.

In stage one, a compulsory foundation paper is client centred practice where the philosophy of Carl Rogers and basic counselling micro-skills are taught by myself. The following year, most of the students will be enrolled in a stage two paper called 'Cognitive Behavioural Approaches' which usually has about 20 students. I have already taught these students and so have an existing relationship with them. Two of the students that I interviewed were from the larger campus. These students were different in that I had no previous existing teaching relationship with them before interviewing them.

The students are of mixed ethnicity New Zealand pakeha (European descent,) and Maori who are the tangata whenua (indigenous people of New Zealand). In New Zealand, part of the ethics approval process is to fulfill an obligation under

the Treaty of Waitangi for researchers to follow appropriate culturally sensitive processes both during the research and following the research.

BACKGROUND TO STUDY

Counselling outcome research has found that the quality of the client counsellor relationship is one of the primary components of a successful or satisfactory outcome (Lamber 2001).

Therefore, counselling training firstly prioritises the teaching of interpersonal skills aimed at creating a safe, nurturing relationship for another person so that growth can occur (Rogers, 1961). The qualities needed are unconditional positive regard, empathy and congruence. The core micro-skills of counselling are listening, reflecting, understanding and reflecting to provide a mirror and possibly alternative perspectives of a problem. Counselling trainees acquire these skills through both academic learning and practice throughout the year. Triads are used where one person takes the role of counsellor, one has the role of client (with a problem or dilemma) and the other is the observer of the process who gives specific feedback at the end. Video and audio taping are used as a means of providing feedback so the trainee can learn by watching themselves perform.

Given a counsellor's main 'tool of the trade' is themselves, ongoing self development is essential. Personal development means a counsellor has more skills to offer a counselling client and is a safer practitioner (Corey, 1996). One of the teaching methods to facilitate personal development is experiential learning. Experiential learning has been defined as "The process whereby knowledge is created through the transformation of experience" (Kolb, 1984, p. 38). Experiential learning provides opportunities for reflection, self reflection and critical thinking. These abilities are core skills of a professional counsellor (Brookfield, as cited in Irving & Williams, 1995). It is also acknowledged that each counsellor brings their own unique personality and style to a counselling relationship.

In New Zealand, the professional body for counsellors is The New Zealand Association of Counsellors. Ongoing professional development is an expectation for all counsellors and counsellors are required to be working under

supervision throughout their counselling careers (New Zealand Association of Counsellors, 2002). Counselling supervision is a means of supporting this process.

Another way of facilitating the learning of theory and practice is case study. Case studies can assist an understanding of people in contexts, the application of theory to practice, the development of case conceptualisation skills (Prieto & Scheel, 2002) and can provide opportunities for problem solving. Case studies of counselling clients are used in counselling texts and by tutors in their teaching practice. Trainees have to produce several case studies during their training for assessment purposes to show their developing competence in becoming a counselling practitioner. Self case study is used less frequently in counselling training and is not mentioned in counselling texts, or in counselling literature. I will now return to a fuller description of cognitive therapy.

Cognitive therapy

Cognitive behavioural therapy is one counselling approach derived from behaviourism which was further developed to focus on the area of cognitions, i.e. thinking and information processing (Rachman, 1996). It was initially developed as a structured, short-term, present oriented psychotherapy for depression (A. T. Beck, Rush, Shaw, & Emery, 1979).

Cognitive behavioural therapy is an educative counselling approach focusing on how thoughts influence feelings, biology, and behaviour in specific contexts. One of the basic premises of cognitive therapy is that it is not events that influence people but their perception of events.

Cognitive therapy is based on ten principles:

1. Cognitive therapy is based on an ever-evolving formulation of the client and his/her problems in cognitive terms.
2. Cognitive therapy requires a sound therapeutic alliance and emphasises collaboration and active participation.
3. Cognitive therapy is goal oriented and problem focused.
4. Cognitive therapy initially emphasises the present.

5. Cognitive therapy is educative.
6. Cognitive therapy aims to teach the client to be his/her own therapist.
7. Cognitive therapy emphasises relapse prevention.
8. Cognitive therapy aims to be time limited.
9. Cognitive therapy sessions are structured.
10. Cognitive therapy teaches clients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs. Cognitive therapy uses a variety of techniques to change thinking, mood and behaviour (J. Beck, 1995).

One of the most important principles of cognitive therapy is to teach people to become their own therapists/counsellors or to take agency, i.e. to become the hero in their own story rather than be at the mercy of, or limited by negative thinking, images or beliefs.

For my students, cognitive therapy is a distinct change of approach from the foundation counselling approach of client centred practice as it is much more directive, with an emphasis and expectation that clients will practice new skills in order to achieve their goals.

Teaching methods used in the course are: triads to develop cognitive therapy skills, demonstration audiotapes and videotapes, small and large group discussion, self practice using cognitive therapy techniques as homework, self reflection by journaling and group discussion, relaxation audiotapes to learn relaxation skills, local guest speakers with expertise in the field, live tutor demonstrations, visual sculpting of cognitive therapy theory and small group presentations using role play of techniques.

For final assessment, students are required to submit a demonstration tape and a case study (see Appendix A). They have a choice as to whether they use a client or themselves for the case study.

Self Case Study

In this thesis, self case study refers to an in depth assessment by each student of their chosen problem in order to gain a thorough understanding and then to intervene. The self case study shows how the problem originated, the effects of

the problem and its change over time. All of these aspects are viewed through a cognitive therapy frame.

The students were required to complete the following tasks:

1. Write an autobiography in the form of a life review which highlighted the context and development of the problem.
2. Apply principles of learning theory to the problem to explain what situations the behaviour occurs in and what factors maintain the problem behavior.
3. Apply Glasser's² ideas to hypothesise what needs the problem behaviour was attempting to solve.
4. Describe the influence of the problem over seven dimensions (according to Lazarus' theory)³ of the student's life. Set a goal for each aspect and produce a plan using cognitive therapy techniques to achieve the goal (see Appendix B: Basic Id).
5. Describe and explain at least three examples of a range of antecedents and consequences of the problem behaviour (see Appendix C: Functional Analysis).
6. Write a cognitive conceptualisation⁴ which conceptualised their self understanding of their problem using Beck's cognitive theory (see Appendix D).

Having introduced specialist terms used, literature review and background of this study I will now focus on my research question which is:

What are the learning experiences of students who have completed an introductory paper in cognitive therapy using self case study?

² William Glasser is an American psychiatrist with radical, anti psychiatry views who developed a counselling approach called "Choice Therapy". This approach emphasises people taking personal responsibility for meeting their needs for satisfying relationships.

³ Lazarus is a South African psychologist and cognitive therapist who developed an assessment encompassing seven domains of a person's life: behaviour, affect, bodily sensation, imagery, cognition, interpersonal relations, drugs and lifestyle.

⁴ Cognitive conceptualisation is a cognitive therapy 'map' which is an evolving hypothesis of the problem.

The question was kept deliberately broad to gather all information that the students wished to tell and so that my primary pre-assumptions that learning cognitive therapy is a transformative experience would be kept from influencing their narratives.

Introduction to the thesis

This interpretive narrative inquiry study explores how undergraduate students experience learning cognitive therapy. Stories are gathered through interviews with 7 New Zealand undergraduate students who had completed an introductory paper in cognitive therapy. Participants are self selecting and have been invited specifically because they have used self case study in their learning. The methodology chosen is gathering stories from individual participants as stories are seen as most suitable to bring forward accounts of in depth experiences

The main purpose of this study is to develop an in depth understanding of the students' perspectives on the experience of learning cognitive therapy and of applying techniques to themselves through self case study. It is hoped that this study will add to knowledge about student learning experiences. The results of these findings are expected to inform teaching methods and curriculum development in counselling education.

Overview of thesis

The second chapter will be a literature review that positions this study in context with international and New Zealand counselling literature. Chapter Three provides an outline of narrative methodology and the method by which this study was carried out. Chapter Four which presents the findings contains seven core narratives from each of the participants. Chapters Five and Six continue to present the findings, focusing on thematic content on the general experience of learning cognitive therapy (Chapter Five) and the particular experience of self case study (Chapter Six). Finally, chapter Seven presents and discusses the main findings from my study and their implications for counsellor education and further research.

CHAPTER TWO: BACKGROUND AND LITERATURE REVIEW

In this chapter my aims are to contextualise the research question “What is the experience of learning cognitive therapy and completing a self case study?” and to provide an overview of relevant research. The broad context for this research question is the field of adult education and within that, the arena of counselling, which then narrows down to training in counselling and then, specifically cognitive therapy.

Bennett-Levy is a British researcher and psychologist who will feature prominently in this chapter as he has been systematically researching the teaching and learning processes in cognitive therapy since 2001 (Bennett-Levy, 2001, 2006; Bennett-Levy & Beedie, 2007; Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003), focusing on how to effectively train cognitive therapists. Recently, he has developed a new cognitive model for the acquisition and refinement of therapist skills (Bennett-Levy, 2006). He is continuing this research in the training of cognitive therapists and most recently researched the students’ perceptions of competence during cognitive therapy training (Bennett-Levy & Beedie, 2007).

Firstly, this literature review will consider both the students as adult learners and the area within which they are being taught, focusing on the nature of the learning and teaching processes and the learning experience. The focus will then shift to the field of counselling education and consider the teaching methods employed in relation to the learning outcomes. This study will be situated in a New Zealand context. The place of case study in general training, and specifically in counselling training, will be briefly reviewed. A consideration of trainees’ perceptions of learning counselling will be followed by a review of recent research of the self practice of cognitive therapy techniques. Finally, the question of whether self case study has been used before in counselling education or related fields and the ways it has been used in teaching will be addressed.

THE SEARCH PROCESS

Before interviewing the participants, I explored the literature using the electronic data bases such as Ebsco host and Proquest to find out what other counselling

students had to say about their experiences of learning cognitive therapy. In the literature search I completed a broad search to attempt to maximise the links and used the key terms case studies, self, biographical, autobiographical, cognitive behavioural therapy and cognitive behavioral therapy. A search was carried out on the main data bases: PsychInfo, Cinahl, Amed and Ebsco Health. Firstly, I searched in the field of cognitive therapy, then counselling and then the related fields of psychotherapy and psychology. I found a limited number of studies, one of which was based in Australia (Bennett-Levy, 2001), one in Britain (Wills, 2005), one from Germany (Laireter & Willutzki, 2003) and one from New Zealand (Haarhoff & Stenhouse, 2004). The participants in four of these studies were psychology undergraduates and post graduate students in another. One New Zealand dissertation used counselling students. Some New Zealand literature was sourced relating to the relationship between counselling and culture which will contextualise this study in New Zealand.

Due to the limited studies found, I widened my search by moving away from the cognitive therapy field into the broader area of students' perceptions of their learning experiences in general counselling education. Again this search produced very little information; only one British study (Truell, 2001) and one American conference paper (Mancillas, 2007). The search was broadened further by including related fields of family therapy, psychology and psychotherapy which produced two further studies.

I broadened my search again by searching specifically for 'counselling education and experiential learning', 'self reflection', 'self practice of counselling skills'. This search produced a body of information which was helpful for this study. I chose some key articles consisting of experiential learning in counselling which led me back to the original educational theorists in the field (Dewey, 1933; Kolb, 1984; Schön, 1983).

A search of counselling and case studies produced a significant body of literature but did not produce detailed information on how case studies are used in teaching. In the specific area of self case study and counselling, no articles were sourced in the counselling field except one in the related field of vocational psychology by Prieto and Scheel (2002).

In this chapter, I use both the terms student and trainee. Student refers to adult learners involved in the learning process. The word 'trainee' more specifically suggests a person who is receiving training from a knowledgeable expert, e.g. a cognitive therapist, for the development of particular knowledge and skill.

ADULT EDUCATION

In contemplating my research question, I consider that it is important to first think about the students of counselling training. These people are generally mature adults with a wealth of life experience and often, previous careers. They tend to have reviewed their life direction and have decided to become counsellors based on the value they attach to making a contribution to society by facilitating change in people's lives (Skovholt & Ronnestad, 2003) . Other reasons given for becoming a counsellor are being driven by career direction or a striving for personal development and professional identity. These motivations for self development may be conscious or unconscious (Barnett, 2007) and trainees are often surprised by the extent of the personal changes that take place during their education.

For many adult learners, returning to education is anxiety provoking as well as stimulating. It is important that their learning experience is a positive one and their unique needs are catered for (Jarvis, 2006). Accordingly, adult education espouses principles that fit these needs including: respect for adult students; valuing and connecting with their previous knowledge; a framework of flexible teaching delivery which caters for individual learners; and an aim of producing independent, critical thinkers oriented towards lifelong learning. These aims also fit with the aims of counselling training to produce reflective practitioners committed to life long critical self reflection (Irving & Williams, 1995) and personal development. One of the ways of producing such practitioners is by using experiential learning (O'Connell & Smith, 2005). Experiential learning means 'learning by doing'. The learning process involves firstly, accumulating a knowledge base for understanding the required skills, then practising these skills and then reflecting on this application (Kolb, 1984).

Adult Teaching

Over the past three decades, the idea of what constitutes knowledge has moved away from the dominant influence of rational science and in the direction of post modern thinking. A post modern perspective purports that there are multiple realities with no 'single' right perspective and many ways of understanding, seeing or making sense of the world. The idea that there is one 'indisputable truth' is now debatable (Giddings & Grant, 2002).

Teaching has changed accordingly, in response to this changed concept of knowledge (Jarvis, 2006), primarily in terms of teaching style and method. The approach has steadily evolved from being 'teacher centred' to being more student centred as originally espoused by Dewey (1933), one of the pioneers of experiential learning theory. The traditional way of teaching was based on a belief in the teacher as 'expert', a person whose job was to channel his/her knowledge to the student which fitted with the idea of scientific knowledge as being more 'true' or 'valid' than other forms of knowledge. A student was seen as a passive recipient of information. A more student centred or learning centred approach is based on the belief that teacher and student mutually learn from each other. The teacher is seen as a facilitator or consultant who has expertise but is not expected to have 'all the answers'.

In teaching theory, a distinction is made between active and passive learning as previously explained. In an active learning context, the teacher is viewed more as a 'performer' in front of a class. This learning centred approach views the teacher as having the responsibility to creatively communicate to the student; in order to 'meet them' (Brockbank & McGill, 1998). This concept of the teacher 'meeting' her adult students means that he or she plans relevant learning opportunities (Wright & Alexandra, 2000) and facilitates an interactive way of presenting ideas that draws out responses from the students who are then encouraged to link the ideas to their previous knowledge in order to make sense of the information. The student is seen as being an active participant in the learning process. The teacher's task is to communicate effectively in ways that suit the student's unique learning needs (Jensen, 1988). In some academic settings, new students are offered a chance to explore their differing preferred ways of learning and studying through learning preference tests (Gardner,

1983). What this means for teachers is that they are expected to deliver information in a variety of ways such as using visual stimulation and use oral means such as story telling (Vella, 2002).

Furthermore, the literature on experiential learning agrees that learning from experience must involve making links between the doing and the thinking and that these processes facilitate 'deep learning' where 90% of what we both say and do is remembered (Brockbank & McGill, 1998). Deep learning can also be facilitated by the learners being involved in reflection and it has been suggested that teaching, as a profession should be founded on an approach of reflective practice (Schön, 1987). Deep learning may be relevant to this study as my study will be investigating learning experience which may lead to levels of learning. The literature search also produced a model which examines both the teaching and learning processes.

A process model for experiential learning in adult education has been developed by two professors Dean and Murk (1998). They show the roles of both learner and teacher in the setting up of experiential learning opportunities and then the steps that the learner engages in. These steps include involvement, learning by doing, reflection, making connections, generalising learnings to other settings and assessing the learnings.

LEARNING PROCESS

The literature on learning theory attempts to define what occurs for learners during the experiential learning process. Learning theorists agree that it is difficult to know exactly what process does occur and this is an area of knowledge which is still being developed (Jarvis, 2004; Le Cornu, 2005). Leading theorists in the education field, namely Dewey (1933), Kolb(1984) Schön (1983) and Jarvis (1988), have all written about how experiential learning assists the learning process by bridging academic and practical knowledge. Time is required for reflection and self reflection processes to link theory and practice (Schön, 1983).

Jarvis (1987) has focused closely on connecting time, reflection and experience as a central concept. According to Jarvis, another important concept in studying learners is the environmental impact and social aspect. This concept crosses

over into constructivist theory with the view of people 'as social animals' suggesting knowledge processes are social processes, based on particular assumptions pertinent to that group and that point in time. Furthermore, constructivist theory suggests that people construct reality between them and people are changed in the learning process. I find this idea interesting as Jarvis begins with the learners' biography as a start point and then, as he has speculated, that learning outcomes are integrated into the learners' biographies. He is focusing on how the resultant learning has impacted on the learners' biography that is 'self story' or sense of self. The concept of biography may be relevant to my study as the case study is a self case study, that is an in depth 'study' into the 'self' using biography.

Jarvis suggests that learners can be transformed by their learning which is a concept I will expand in the next section.

Transformational Learning

As adult learners, we are caught in our own histories. However good we are at making sense of our experiences, we all have to start with what we have been given and operate within horizons set by ways of seeing and understanding that we have acquired through prior learning (Mezirow, 1991, p. 1).

Transformational learning is a theory of learning developed by Jack Mezirow and it has contributed to the field of adult learning over the last twenty years. The theoretical background to transformational learning theory comes from a blend of constructivism, critical theory and deconstructivism in social theory and in all of the social sciences, law, literature, and art (Mezirow, 1991, p. xiii). This is a model for understanding how adult students think about their thinking. "The goal of transformational learning is independent thinking" (Merriam, 2004, p. 61). Critical reflection is therefore an essential element of transformational learning whereby adult learners are encouraged to think for themselves, challenging the 'status quo'. An analysis of power in relationships including the teaching relationship is a central idea. Simply put, the learner can be changed or transformed by their learning experience, especially if the adult student "experiences a disorienting dilemma usually triggered by a life crisis or major life transition" (Mezirow, 1995, p. 50) which facilitates a critical review of lifelong assumptions. Mezirow writes about people's need to make sense of their

experiences and links meaning making to the learning process. This theory can be applied to individual learners and their unique changes but given its theoretical basis in critical theory, it also has a focus on societal change although the latter is not the focus of this study.

Transformational theory is relevant to this study as there is a possibility that the participants in this study may have transformed their perspective by self reflecting on their beliefs and assumptions, and then being transformed as people.

Levels of Learning

By researching the components of the learning process, learning theorists have purported that differing levels of learning occur. These levels can be defined as surface and deep learning (Marton & Saljo, 1976). The theory is that rote learned information which is reproduced as knowledge is learning at a surface level which can be easily forgotten. On the other hand, deep learning is learning which cannot be 'unlearned'. The concept of the learner being changed as a person by their learning experience is an idea that is central to most adult learning theories. Internalisation of learning is a process that occurs with deep learning, where learning is taken inside the individual and is absorbed in a deep, meaningful way. The student has related personally to the learning which has been generalized to other areas of the student's life (Prochazka, 1995).

Le Cornu (2005) has expanded Jarvis's ideas on internalization as a part of the learning process and has produced concepts of deepening levels of internalization referred to as progressive internalisation. Her model is presented below. See Figure 1. It is followed by my critique.

Progressive Internalisation

Conscious awareness of an experience
Perception of different facets of that experience
Establishment of a relationship between individuals and the object of their attention (separate, connected....)
Reflection (focusing on the sign, (the text itself) and signified (the intentional content of the learning material)
Surface approach
Deep approach
Tacit knowing
Existential change

Figure 1: Progressive Internalisation
(Le Cornu, 2005p.15,fig.4).

For this study, I am interested in these concepts of differing levels of learning as I explore the learning of cognitive therapy which may similarly occur at differing levels for the students. The act of writing and processing a case study, for example, would likely involve some transformative process of 'deep learning' via a process of progressive internalisation.

A similar model of learning stages has been proposed by Marton, Reay and Dall'Alba's (1993, cited in Marton and Booth, 1997) who produced six conceptions of learning which are:

Conceptions of Learning

Increasing one's knowledge
Memorising and reproducing
Applying
Understanding
Seeing something in a different way
Changing as a person

Figure 2: Marton et al's Six Conceptions of Learning

Marton and his colleague Booth used this analysis to develop understandings of learners, whereas Le Cornu is describing the stages in deepening levels of the learning process. However, I see these two models as similar, and I will place them side by side (Figure 3) to see which point of progressive internalisation

might be understood to be similar to each conceptualisation of learning. My analysis of the stages where these two models may be seen to be similar cover the following ideas:

If a learner is consciously aware of having an experience and then considers or perceives different aspects of the experience, I consider that this awareness and perception of different facets of the experience will lead to increased knowledge. As the learner develops a relationship with the concept that they are learning about, they are relating to the concept and as they relate they are applying themselves to the concept. Reflection, where they focus on the sign and its representation, leads to deepening learning and understanding. A surface approach to learning is memorizing and reproducing without engaging with the concepts such as rote learning, whereas a deepening approach to absorbing knowledge involves taking the knowledge 'inside' and integrating it so that concepts are seen in a different way. Tacit knowing is a description of what occurs when the knowledge has become known and the integration of knowledge changes or transforms the person.

Progressive internalization (Le Cornu)	Conceptions of learning (Marton et al)
Conscious awareness of an experience	Increasing one's knowledge
Perception of different facets of that experience	
Establishment of a relationship between individuals and the object of their attention (separate, connected....)	Applying
Reflection (focusing on the sign, signified)	Understanding
Surface approach	Memorising and reproducing
Deep approach	Seeing something in a different way
Tacit knowing	
Existential change	Changing as a person

Figure 3: Comparison of Progressive Internalisation and Conceptions of Learning

When these two models, progressive internalisation and conceptions of learning are compared, there seems to be a similar process or stage based model for both. There may be a difference between learners, some remaining at a surface level, others progressing to deep learning. Jarvis (1998) has suggested that this is related to the relationship between experience and consciousness, where if a

lower level of consciousness is maintained then the knowledge does not become deepened into knowing. Hence these learners may not progress to the next levels of deep approach, tacit knowing and existential change. Other reasons for learners not progressing past surface learning will be reviewed in the next section 'barriers to learning'.

Barriers to Learning

Barriers to learning are learning conditions or particular obstacles preventing students from being able to learn at a surface or at a deep level. In this section I will focus mainly on the literature reviewing conditions of learning such as negative educational experiences, as well as a range of other significant barriers to learning.

Conditions which assist adult learning are essential because adults learn best when they are not under threat, or very stressed or under time pressure (Jarvis et al., 1998; Vella, 2002). As reported above, adults learn best when they are respected, feel confident and have their unique learning styles and needs catered for (Gardner, 1983; Jarvis, 1988; Jarvis et al., 1998; Schön, 1991).

One of the first significant barriers to learning for adult students can be earlier negative experiences in education. This formative experience can result in a negative attitude towards learning and lack of confidence which can be carried with them into adulthood (Jarvis, 1988).

A Lack of Trust and Safety

Learning can be difficult and progress slow if counselling trainees do not feel safe, with a sense of trust in their tutor. Schön (1987) wrote about the issue of trust in relation to the students being willing to trust the knowledge being presented to them and to be accepting 'for a time' of their position as one of 'reflective imitation'. This position requires the student to temporarily become dependant on the tutor. Schön emphasises that taking this position can be more difficult for some cultures than others particularly cultures deeply rooted in individualism. The ease of assuming this position is also dependant on how secure the student is within themselves in relation to whether they believe that, having mastered techniques, they can later place their own interpretation on the skills. If students remain in their 'defensive and resistant' stance, then the

engagement in learning can be blocked by this attitude as there is no willingness to be open to new possibilities or to go forward and 'test out' the knowledge.

Preconceived Ideas

According to the literature in adult education, difficulties in learning can be understood as 'non learning' or may present as difficulties in specific areas. The concept of 'non learning' includes taken-for-granted presumptions, non-consideration of ideas or rejection of information (Jarvis, 2004). These ideas will relate to counselling trainees' preconceptions of learning cognitive therapy which I will briefly mention here but expand upon later in the section about trainees' perceptions.

There are several aspects of the learning process in counselling training which can make the learning difficult such as: preconceptions concerning cognitive therapy (Gluhoski, 1994; Wills, 2007); the influence of anxiety related to performance of skills, for example, counselling micro skills (Daniels & Larson, 2001); and the change from one counselling model to another (MacKay, West, Moorey, Guthrie, & Margison, 2001; Wills, 2005). As has already been explained, once deep learning has occurred it is very difficult to 'unlearn', hence when counselling trainees change their orientation from one counselling model to another they can find the challenge a difficult one.

Having briefly reviewed some literature covering learning in the adult education field, I will now focus more specifically in the direction of counselling training.

COUNSELLING TRAINING

The relevant literature on counsellor training for this study focuses on: counselling research, counselling teaching research, counselling and knowledge, content in counsellor training, counsellor development, cultural identity and teaching within counselling. I will briefly present literature for each of these areas.

Place of research in counselling trainings

Some significant criticisms in the counselling literature are that counsellors tend to ignore research (Williams & Irving, 1999), are slow to produce research

(Manthei, 2004) and that counselling training needs to have a closer relationship with research to inform teaching content and methods (Mancillas, 2007).

Research available for counselling training programmes to draw from

A relevant fundamental question for counselling training is whether and how counselling is effective for clients? It is vital that counsellor educators link research about factors constituting change into their teaching. As Mancillas (2007) concluded, beginning counsellors can be so focused on mastering basic counselling qualities and skills that they can overlook other factors which influence change such as: counselling client variables including level of pathology, motivation for change, expectations for treatment, coping skills, personal history and other external resources (Lambert & Cattani-Thompson, 1996; M Lambert, 1992).

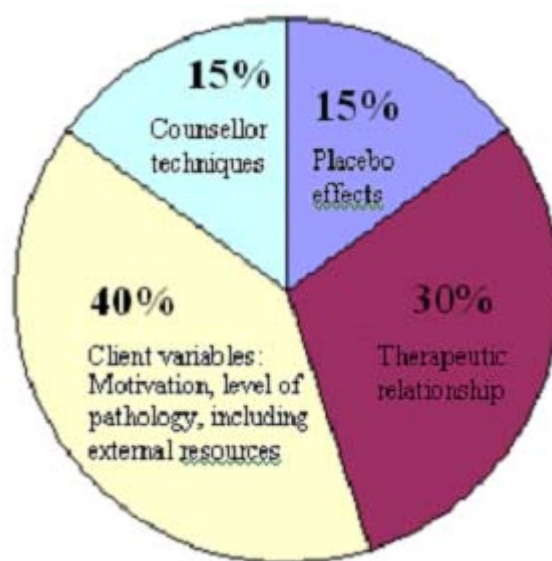


Figure 4: Counselling Outcome Research (Lambert, 2002)

Mancillas goes further in stressing the responsibility of counselling training to make this research available to counselling trainees so that they don't assume too much responsibility for the outcome of the counselling process.

In reviewing the research available for counselling training to draw from, it is important to consider the distinction between the research knowledge base for the outcome of counselling and the research knowledge base available to guide the educational process.

Empirical Research on Training of Psychotherapists

According to Lambert (2004), during the last 50 years there has been major growth in psychotherapy, including the development of new theory and new therapies, and a significant body of empirical research. This research has contributed to knowledge about understanding of what treatments work for particular client groups, under what circumstances, what the most important components of therapy are, and what make for characteristics of the most effective therapists.

Bennett-Levy (2006) discussed Lambert's view and commented "In stark contrast, the amount of theoretical development and empirical research on the training of psychotherapists has been paltry" (p. 57). He continued by explaining the reasons for this lack of research which include:

Methodological reasons, complexity of the training issues in that there are usually multiple trainers with different styles, trainees with differing backgrounds, length of training programmes and apparent difficulties in obtaining funding for training research which falls uncomfortably between psychotherapy and education. (Bennett-Levy, 2006, p. 58)

Despite there being so little research to guide counselling educators, they are expected to produce high calibre counselling students who are able to relate to knowledge in a 'flexible way.' I will expand on this idea in the following section.

How Counsellors Relate to Knowledge

The way that counselling trainees position themselves in relation to knowledge is vitally important as this informs both their counselling practice and their positioning in the therapeutic relationship. As well as acquiring knowledge and skills, counsellors need to learn how to wrestle with uncertainty and be able to 'go into the unknown' as they follow their clients into new spaces. For some trainees, letting go of 'certainty' is not an easy task. Counselling training needs to produce counsellors who are able to grapple with "the edge of knowledge" (Nelson & Neufeldt, 1998, p. 76). The personal quality of 'flexibility' is routinely assessed in beginning and completing counselling trainees, because if students lack flexibility and adhere to their own theories or agenda too rigidly, they can fail to follow the counselling clients' preferred direction (Argyris & Schön, 1987).

Stage Based Models for Counsellor Development

Skovholt and Ronnestad (1992b) completed a qualitative study interviewing one hundred professional counsellors in tracing their development over their life span. This study was a longitudinal, cross sectional study. The most important factor facilitating counsellor development was 'continuous professional reflection.' Ten years later Skovholt and Ronnestad (2003) reformulated the main findings and perspectives from their 1992b study and produced six phases of counselor development. Significant influences on professional development were: interpersonal experiences in the personal life arena (early family life and adult personal life) and the professional domain (relating with counselling clients, colleagues and professional elders). This particular study is important as it is the only one to have been completed on a group of counsellors who have reflected on their stages of professional development over their life span. The implications of this study to my proposed study may be that different participants could be at varying stages in their development as training counsellors and I am interested in self reflection and other influences in relation to their learning and professional development. I will now discuss the particular setting for this study.

Cultural Identity

In New Zealand, where my study is set, I have participants from a variety of different cultures and some of their reflections may be understood through their ethnic culture. Other aspects of culture are gender or age etc. This concept is supported by the review on the literature available related to Maori mental health in Aotearoa/ New Zealand (Agee, Culbertson, & Mariu, 2005).

Most counselling programmes have training in multiculturalism as part of their curriculum and increasingly in the United States there is a move to place multiculturalism at the center of counselling training (Midgette & Meggert, 1991). A criticism of counselling education is that insufficient focus is given to the impact of gender or cultural identity (Nelson & Neufeldt, 1998). Sue (1992) cautioned against the counselling culture transmitting the values of the dominant Western culture which tend toward individualism, independence and rational thinking. These values do not fit with collectively oriented minority cultural groups. To this end, trainees are encouraged to deepen their self

understanding in discovering the connection between their own cultural identity, their values and beliefs which influence their counselling practice or theories-in-use (Argyris & Schön, 1987). The premise is that if a person is not aware of their own cultural identity then they are not able to ask another person about their experience of culture. As Hirini (1997) wrote “a person’s identity is a multifaceted and dynamic construct” (p. 14). He expanded on this definition of identity by contextualising identity in social relationships and experience which are constantly changing.

New Zealand society is based on a bicultural contract, the Treaty of Waitangi, signed in 1840 between two cultural parties, the indigenous peoples known as Maori and the British crown, represented by British colonists. The principles of the Treaty of Waitangi are based on partnership, participation and protection of Maori knowledge and treasures.

Te Whare Tapa Wha is a Maori health model authored in 1984 by Mason Durie⁵. This knowledge is Maori knowledge where health is seen as a balance between wairua (spirituality), hinengaro (thoughts and behaviour), tinana (physical) and whanau (family and social). National Health policies in New Zealand have meant that this health model has permeated health and education throughout New Zealand (Ministry of Health, 2002). Therefore, these Treaty principles apply to myself in my roles as counsellor, researcher and counsellor educator. Health is part of counselling and Maori models of health are taught in counselling training programmes in New Zealand. A cultural counselling foundation provides a position in relation to how time, place, boundaries and connectedness influence counselling practice as distinct from Western counselling approaches (Durie, 2007).

One of the most recently developed guides for working with Maori mental health consumers is the Meihana model, which builds on the Te Whare Tapa Wha Maori health model (Pitama et al., 2007). The Meihana model is a specific assessment framework aiming to give a practice model based on Maori beliefs, values and experiences. There is a focus on whanau (extended family) as a

⁵ Mason Durie is a New Zealand psychiatrist who is also Maori.

starting point for understanding an individual and their problems within a family context. This model is relevant for my study as some of my participants identify as Maori and many of my students will either have a student placement or be employed in mental health settings working with clients who will be of Maori descent.

In returning to considering the limitations of cognitive therapy for Maori, Hirini (1997) discussed limitations of cognitive therapy for Maori from the perspective of the emphasis on the place of logic, and rational beliefs which may not fit with Indigenous people's world view. He views cognitive therapy as having a limited focus or language for the spiritual dimension which is a central concept as an indication of healthy functioning for Maori (Hirini, 1997). In the critique of the individual focus in cognitive therapy, an important point is that change is not always an individual responsibility:

Cognitive-Behavioural traditions do not account for situations where a client's issues of concern are not internal or person-bound. For example, community racism and consequent discrimination are often more important than internal cognitive structures in the counselling situation, and cannot be adequately addressed solely by internal change on part of the client (Cheatham et al., 1997).

The cognitive therapy model has also been critiqued for paying insufficient attention to gender (Lyddon, 1995). A person's gender determines their worldview and their lived experience, paralleling the influence of ethnicity and culture. However, it is beyond the scope of this review to delve into this important construct.

Teaching Counselling Methods and Skills

There seems to be general agreement in counselling education literature that counselling training draws on the principles of adult education (Jarvis, 2006) with an emphasis on experiential learning (Kolb, 1984). This is aimed at providing opportunities for self reflection which develops both the professional identity of the counsellor (Irving & Williams, 1995; Schön, 1983) and the practical skill base. However, what is missing, according to Bennett-Levy ((2006) are theoretical frameworks to give coherence and direction to the research endeavour. He stated that there is a lack of useful models of therapist

skill development to guide trainers apart from “some useful stage models of therapist evolution (Grater, 1985; Skovholt & Ronnestad, 2001) and the work of Binder (1999) on declarative and procedural knowledge” (p. 58).

For counselling education, training new therapists is a complex task which requires the balancing of many aspects. As previously mentioned in the section ‘levels of learning’, new counsellors begin their counselling training with differing levels of previous life experience, knowledge, skill and ability to communicate (Eriksen & McAuliffe, 2006). Some of these differences may include: positive or negative earlier educational experiences, personal life experience including earlier trauma, interpersonal perceptual ability, confidence in learning, ability to receive and learn from feedback and ability to analyse what is happening in front of them in the counselling process. Therefore, counselling training needs to provide opportunities for development at varying levels and to support trainees in this process. According to Bennett-Levy (2007) the ‘glue’ that brings all of these aspects together is reflection and self reflection.

Bennett-Levy (2007) stated

Perhaps the most widely quoted definition of reflection in the adult learning literature is that of Boud et al. (1985) who wrote: “Reflection is....a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations” (p.19).

He continued to explain that “essentially, self reflection is a meta cognitive skill, which encompasses the observation, interpretation and evaluation of one’s own thoughts, emotions and actions, and their outcomes”(p. 60).

Following several years of research into training cognitive therapists, Bennett-Levy has developed a model for trainers, which I shall present in further detail in the section ‘Learning Cognitive Therapy’.

Self reflection is often taught by means of using journaling over an extended period of time. The aim of journaling is to provide opportunities for trainees to practice and develop the skill of reflecting on significant events, followed by a deepening process where they question ‘What this means for themselves.’ Culbertson, (2007 November), speaking at a recent research conference, said

“We can’t take our counselling clients where we have not been ourselves”. Self reflection can support a self exploratory process. The ability of being able to reflect on practice is also a skill which safeguards the counselling client from harm by the counsellor, which fits with the counselling code of ethics (New Zealand Association of Counsellors, 2002).

Personal Development in Counselling Training

Two of the main means of achieving personal development are group process (Nelson & Neufeldt, 1998) and personal counselling. Personal counselling is mandatory within increasing numbers of counselling courses (Murphy, 2005). However, there is little research providing supporting evidence that personal counselling is effective in assisting personal development. Two studies which do support this concept are authored by Grimmer and Tribe (2001) and Murphy (2005). Both suggest that developing reflexivity is important for good counselling practice and that it can be developed through personal counselling.

Another related study by Mancillas (2007) examined beginning counsellors ‘perceptions’ of whether personal counselling makes trainee counsellors more effective as practitioners. In this USA study, 86 graduate students were interviewed and 86% of this group concluded that receiving personal counselling would make trainee counsellors better practitioners despite the fact that only 48% of these counselling students had experienced their own personal counselling.

One study which suggested that personal counselling may not necessarily make a significant difference to personal development is a study by Bennett-Levy (2001). Whilst this study primarily focused on the value and efficacy of self reflection and self practice of cognitive therapy techniques, there was also exploration of information processing involved during these processes which also applied to the benefit of personal therapy as a way of learning therapist skills. Bennett-Levy’s findings suggest that unless the person reflects after the counselling session, perhaps by journaling the process, then personal therapy may be an inefficient and expensive way to attempt to learn therapy skills.

It seems there is support for this conclusion in Britain as, in 2005, the British Association for Counselling and Psychotherapy made a decision to remove the

requirement for personal counselling from its criteria for accreditation. The requirement for personal counselling has been replaced with a request for evidence of “an experience or activity which contributes to your self awareness” (Barnett, 2007, p. 258).

TEACHING COGNITIVE THERAPY

A literature search found that although there is a growing body of research on cognitive therapy training over the last ten years, there is scant research specifically on effective teaching methods (Bennett-Levy, 2006). Several articles were sourced in the area of teaching cognitive therapy covering subjects such as brief training in cognitive therapy, teaching method, pre-existing attitudes towards cognitive therapy, self exploration and self practice for cognitive therapy trainees, the learning process and trainees’ self perception of competence. This section will be based on a review and critique of these published articles.

Given that the cognitive therapy approach is based on learning theory (Rachman, 1996), experiential learning is considered to be an effective way of teaching cognitive therapy. The self practice of cognitive therapy techniques has been supported by several leading theorists in this field; Beck (1995), Friedberg and Fidaleo (1992); Linehaan and McGhee (1994); Padesky (1996); Padesky and Greenberger (1995) and Safon and Muran (2001).

Cognitive Therapy Training Research

Bennett-Levy has already been introduced at the beginning of this chapter as a British researcher and psychologist dedicated to research in the cognitive therapy education field (Bennett-Levy, 2001, 2006; Bennett-Levy & Beedie, 2007; Bennett-Levy et al., 2003). Given that these studies focus on the self practice and self application of cognitive therapy by trainees, which is the same area of focus for this study, the findings will be presented in some detail.

The Value of Self Practice

Bennett-Levy’s qualitative study in 2001 focused on the use of personal experiential work in cognitive therapy training at post graduate level. This study is significant as it is the first study that systematically examined the value of practising cognitive therapy techniques on oneself. Bennett-Levy explored the

value of self reflection and self practice in training students in cognitive therapy. This study was essentially an exploratory study which had its methodological underpinnings from three sources: grounded theory, practitioner-researcher self-study and participative action research. All of these research methods are approaches which focus on the practice of practice. The participants were a convenience sample of 19 trainees in an undergraduate clinical psychology program who had completed a one semester training course in cognitive therapy. This group had mixed backgrounds; most were experienced counsellors with prior knowledge of cognitive therapy. A minority (5) had no experience of counselling and eight had no prior knowledge of cognitive therapy.

The study explored the trainees' experience of the cognitive therapy training which contained self practice of cognitive therapy techniques and self reflection on the practice of these techniques. This study did appear to be trustworthy as it included full descriptions of the study method and methodology which enhanced credibility, triangulation, the author had prolonged involvement with the study material for 18 months, and the authors looked for negative case analysis.

The results suggested that self reflection and self practice were of significant value to trainees and that they enhanced therapeutic understandings both professionally and personally. On a professional level, trainees had a greater appreciation of the role of themselves as therapist, the cognitive model and the processes of change. On a personal level, trainees developed a greater understanding of self and the view of cognitive therapy as a useful tool for personal change. Additionally, there were indications that self practice and self reflection may have had an impact on a therapist's skills. These are summarised by Bennett-Levy (2001): therapists skills increased in understanding how to apply cognitive therapy techniques, enthusiasm for cognitive therapy, a belief in cognitive therapy which was then communicated to clients, greater empathy for clients, a deeper sense of "knowing" the cognitive therapy practices and an increased awareness of therapist schemas. Trainees reported an impact of improved confidence and competence in their own abilities as therapists.

Laireter and Willutzki (2003) built on Bennett-Levy's research by focusing on self-practice of the therapeutic techniques and expanded to self-exploration of the person of the therapist. They saw these areas as the currently developing training element in the field of cognitive therapy training. Laireter and Willutzki's findings supported Bennett-Levy's (2001) study in that self exploration and self-practice are judged by trainee counsellors to be important components of cognitive therapy training. The results based on self report of trainees, have been summarized by Laireter as: trainees accepted personal therapy and self-directed experience as important training elements in cognitive behavioural therapy; trainees learnt a significant amount about behaviour therapy, its application, methods and strategies by applying it to themselves; trainees developed a higher level of self awareness and self reflection; trainees reported an improvement in interpersonal skills and this produced increased empathy and a better understanding of their clients.

A follow up study by Bennett-Levy in 2003 focused on mapping the impact of personal experiential work on cognitive therapy skills in a group of cognitive therapy practitioners. The results identified six areas of self reported skill enhancement. These were the refinement of specific cognitive therapy skills, an enriched communication of the conceptual framework of cognitive therapy, an increased level of attention to the therapeutic relationship, empathic attunement, therapist self reflection and therapeutic flexibility. The conclusions were that self practice and self reflection represent a promising training strategy for cognitive therapists (Bennett-Levy, 2003, p. 143).

Research on Self-Practice in the New Zealand Context

In 2004, an unpublished qualitative study conducted by Bev Haaroff and Linley Stenhouse in New Zealand focused on the effectiveness of self practice and self reflection as teaching components in a first level paper as part of the Massey University Post Graduate Diploma in cognitive behavioural therapy. These researchers were also interested in exploring the impact of practicing cognitive behavioural therapy interventions on oneself (as therapist) and then reflecting on the process.

Their study involved 26 students who were a wide range of mental health practitioners including clinical psychology interns, registered psychologists, psychiatric registrars, social workers, occupational therapists and registered nurses.

The method was that, as each component of the paper was taught, participants working in pairs, practiced the principle taught using their own personal experience. (They had been asked to choose a “problem” which caused a moderate emotional response). After they had completed the self practice exercise they were asked to reflect on it in writing. Questions guided them in this process. Haaroff and Stenhouse’s (2004) findings supported Bennett-Levy’s conclusions from the 2001 study in asserting the usefulness of including self practice and self reflection as a central part of cognitive therapy training. Specifically, the findings were: The analysis of the responses to the questions guiding self reflection very clearly showed how the self practice exercises firmly assisted the learning of specific cognitive therapy skills, which were deemed to be very important in the development of overall competency. As participants were able to try out the structure and conceptual components of the model this made sense and the belief in the model increased. Participants had a deeper appreciation for the therapeutic relationship and the role of the client in determining the outcome. One of the general conclusions from this study is the importance of cognitive therapy training programmes encouraging the provision of opportunities for trainee therapists to routinely practice self reflection and be aware of their own psychological process. They then need to make such self reflection a lifelong process.

Model for Skill Development

Building on his earlier research and seeking to fill the lack of teaching models to guide counselling/cognitive therapy trainers, in 2007, Bennett-Levy presented a new model of therapist skill development based on information processing theory. This comprehensive model uses three principal systems: declarative, procedural and reflective in explaining why different skills develop in different ways at different rates. He has explained the areas of knowledge that new trainees need to acquire :

- Conceptual knowledge refers to the basic theory and understanding of the therapy model
- Therapists from every counselling approach learn particular microskills. Some of these are generic and some particular to their orientation. Bennett-Levy includes the point that perceptual ability is an important and often neglected aspect of interpersonal skill.
- Technical knowledge refers to therapy-specific knowledge.

When new counsellors have a knowledge base in these three areas, then they are ready to begin applying this knowledge. New counsellors develop counselling skills through the practice, application and reflection both during the practice and reflecting after the practice. Hence, developing a reflective system is essential in integrating conceptual, interpersonal and technical knowledge with practice. The value of case study is emphasised for developing knowledge and skills.

New Zealand studies

In New Zealand, Judith Shinnick (2006) completed a dissertation which was a quantitative study measuring the effects of skills taught to 10 undergraduate trainees in cognitive therapy on the students' ability to regulate their level of anxiety and their perceptions of cognitive behavioural therapy as a valid and beneficial therapy. The results indicated that learning cognitive behavioural therapy did not have any significant impact on the trainees' ability to regulate their anxiety. However, there were some methodological difficulties with this result as there were some limitations with the questionnaire which prevented a range of valuable information being accessed which could have had an impact on the result. Maybe a more open qualitative study would have yielded different results. The second finding was that learning cognitive behavioural therapy did increase participants' knowledge and use of techniques including their confidence in knowledge and perception of cognitive behavioural therapy as a valid therapy for anxiety.

Finally, another New Zealand study was completed by Haaroff (2006) on the importance of identifying and understanding therapist schema⁶ in cognitive therapy training and supervision. The background to the study is the expansion of cognitive therapy over the past 15 years into the use with increasingly complex and chronic presentations such as personality disorders (Clark & Fairburn, 1997) and an identified link between the therapist's understanding and use of the interpersonal process and successful outcomes (Safran & Segal, 1996). The participants for this study were a mixed group of mental health professionals completing a 2 year part time post graduate diploma in cognitive therapy. Four groups of cognitive therapy trainees completed the therapists' schema questionnaire (Leahy, 2001). A pattern came forward which showed the therapist schema; "demanding standards", "special superior person", and "excessive self sacrifice" to be the most common schema identified in all four groups. The discussion was interesting as it suggested the importance of therapists being self aware, using self reflection and then being able to work with their own schema in the therapeutic relationship. There were helpful strategies suggested as ways of managing each of these schemas. Whilst this study does not directly relate to my study it may be relevant if self case study provides a learning opportunity for change at schema level.

In summary, there are very few studies focusing on the teaching or impact of self application of cognitive therapy but those studies presented do seem to agree that self application or self practice combined with self reflection is useful for cognitive therapy trainees. Trainees benefit both personally and professionally as they have a deeper understanding of theory to practice, belief in this counselling approach as being useful and by being in the client's shoes, have more empathy for people as their future clients. Lastly, their therapeutic skills improve from the practice of self application of techniques and they develop more self efficacy in being able to use cognitive therapy.

⁶ Schema or core beliefs are deeply ingrained beliefs about one's worth or loveability which can be positive or negative. The negative core beliefs are like a self prejudice and are usually not consciously known.

Cognitive Therapy Training Research: Brief Programmes

Cognitive therapy has a solid research base validating its efficacy as a counselling approach, a view recently endorsed in a review of cognitive therapy in Aotearoa/ New Zealand (Kazantzis, 2006). I am aware as a cognitive therapy trainer and therapist that public health systems are providing funding for this counselling approach. With the increasing popularity, there are increasing numbers of cognitive therapy trainings available. One of the questions worth researching is whether brief cognitive therapy training at undergraduate level can be effective for developing cognitive therapy practitioners. As this study is based upon a brief introductory course I was interested in the effectiveness of other brief trainings in cognitive therapy. Myles and Milne (2004) completed a quantitative study evaluating a new brief training programme in cognitive therapy carried out in the United Kingdom to explore whether such training could be effective for professionals. This brief training programme was delivered to ninety professionals. The study concluded that the training was effective as participants gained in knowledge and skills and generalised the knowledge to their areas of work. Their training did not appear to use self case study.

TRAINEES' PERCEPTIONS OF LEARNING COUNSELLING

There is very little literature exploring the area of how trainees talk about their experiences of learning counselling, in fact I could find only two such studies (Bennetts, 2003; Truell, 2001) in the counselling education literature. When I searched the related fields of psychology, psychotherapy and family therapy two further articles emerged. Three were British studies and one study was conducted by a New Zealand researcher. Other related studies sourced tended to focus on trainee experience of supervision of their practice rather than their original training experience.

One of the two studies sourced on counselling trainees is a qualitative study by Truell (2001) from New Zealand, which explored negative experiences related to learning counselling from the perspective of six students on a Diploma of counselling course in Britain.

Some of the findings relevant to my study were:

- Counselling training can cause significant disruption in the trainee's relationships with their friends and family. Trainees' intimate relationships change and sometimes there is a significant amount of conflict. Trainees often receive negative reactions from family and friends related to their choice to become a counsellor
- Counselling trainees report significant negative feelings during their training. Part of self awareness and self development means much self questioning which can be a very uncomfortable process.
- Trainees need a variety of supports to help reduce the negative effects of learning counselling, specifically classroom discussion and one-to one contact with a non-marking staff member and
- Trainees also considered personal counselling and focused supervision to be useful methods for harm reduction

The qualitative study on trainee perspectives (Nel, 2006) from a family therapy training course, supported all of the above findings. In the discussion section the author expressed disturbance that family therapy training could be disruptive for a trainee's own family and wondered about the responsibility of the training course. This wondering is an interesting ethical dilemma for training courses which has also come forward in Truell's (2001) study as evidenced by the recommendation for support for trainees.

The second study on counselling trainees by Bennetts (2003) explored the area of students' experiences of learning and perceptions of training on a person centred counselling course in higher education. The method used was an unstructured individual interview about students' learning experiences and a 2 hour focus group. Some of the findings that might relate to my study were: the counselling training and group work setting provided opportunities for making changes in thinking, feeling, behaving, and relating which led to transformational learning; disabling self-talk needs to be challenged so that development can occur; students evaluate themselves as professionals via internal and external frames of reference and so the process of change from student to counsellor varies between individuals. The findings from this study

that might relate to my study concerned the focus on students' self talk and opportunities for self transformative learning. The study seemed reliable in that the researchers' philosophy was made overt and findings were checked with participants in the focus group.

One other article (Barnes, 2004) was a review of the application of counselling self-efficacy theory to counsellor training and supervision. Whilst it did not directly focus on a trainee's experience of counselling training, this review of counselling self-efficacy and the relationship of this to counselling trainees' perception of their training and their competency, raised some relevant issues. One issue was that the social cognitive model of counsellor training suggests that a trainee counsellor's learning process and ultimately performance is influenced both by the counsellor training environment and trainee personal agency factors. Agency factors could be internal cognitive and emotional processes, including perceptions of anxiety, outcome expectations and self-efficacy (Barnes, 2004).

In summary, the small number of articles sourced on the subject of trainees' perceptions of learning counselling seem to suggest that the experience of learning counselling can be a stressful and anxiety provoking learning experience which can also have a disruptive impact on people's relationships as trainees undergo significant transformational personal development. Trainees do require support during counselling training.

TRAINEES' PERCEPTIONS OF LEARNING COGNITIVE THERAPY

The literature review found few articles related to trainees' experiences of learning cognitive therapy. Four articles were sourced in total; three British (Bennett-Levy & Beedie, 2007; Freiheit & Overholser, 1997; Wills, 2007) and one German (Laireter & Willutzki, 2003). There is an overlap between this section and the section titled 'Learning Cognitive Therapy' where trainees' perceptions are interwoven into the training and learning aspect. The focus in two of the articles was how preconceptions influence trainees' perceptions of learning cognitive therapy.

A review of the literature by Gluhoski (1994), found seven major misconceptions about the principles and theory of cognitive therapy. These are: cognitive

therapy focuses on techniques for immediate symptom reduction whilst ignoring personality reorganisation, cognitive therapy is superficial and mechanistic, cognitive therapy ignores the role of childhood experiences in determining adult psychopathology, cognitive therapy neglects interpersonal factors that contribute to and maintain psychopathology, the therapeutic relationship is irrelevant in cognitive therapy, the cognitive model does not address the motivation for maintaining problematic symptoms, cognitive therapists are only concerned with distorted thinking and view emotions as minimally important. This article by Gluhoski examined recent work in the literature and provided further explanations which refute each of these misconceptions. Some of the main emphases are: the importance of building a trusting therapeutic relationship, the evaluation of whether existing client interpersonal relationships are problematic and the value of schema therapy which is where cognitive therapy focuses on personality reorganisation and addresses childhood issues.

A study completed in Great Britain in 1997 by Stacy Freiheit and James Overholser sought to explore whether pre existing biases towards cognitive therapy would negatively affect knowledge and skill acquisition. In this study, 40 psychology graduate students completed a 9 month practicum in cognitive behavioural therapy. Before beginning the training, they were classified by their theoretical orientation into three groups, which were: cognitive behavioural, not cognitive behavioural and undecided. The trainees who initially entered the practicum without a cognitive behavioural orientation had significantly more negative pre-existing evaluations of cognitive therapy than those from a cognitive therapy orientation. However, the results suggested that all students gained significant amounts of knowledge, had greater positive attitudes towards cognitive therapy and used more cognitive and more behavioural techniques at the end of practicum than at the beginning. These findings imply that pre existing theoretical orientations may not significantly affect learning of cognitive behavioural techniques. It will be of interest to see whether students in my proposed study consider preconceptions and prior experience important enough to include in their narratives.

Frank Wills (2007) is a cognitive therapist from Bristol who has conducted a longitudinal study of counsellors learning cognitive therapy for the past 7 years.

His findings differ from Freiheit and Overholser's study in that he found preconceptions or prejudices about the model of cognitive therapy can influence skill development amongst a significant minority of trainee students. Interestingly, the group who had the most difficulty were the group of trainees who came from a person centred background. Will's research discovered that the group of trainees who had the most difficulty mastering cognitive behavioural skills were the group who had reservations about the principles of direction and structure in practice. Some trainees referred to the substantial effort they had made in learning listening skills where they had struggled to overcome a tendency to be directive. This finding may be relevant to the participants in my study as they are similarly required to change counselling models from person centred to cognitive therapy.

These two studies were both conducted over six and seven years respectively but had a different group of participants. Freiheit and Overholser (Freiheit & Overholser, 1997) tested clinical graduate psychology students whilst Wills (2007) tested a wider group of students who came from varied professional backgrounds such as nursing and counsellors. The measures were also different in that Freiheit and Overholser used a behaviour therapy survey assessing knowledge, attitudes and behaviours related to behaviour therapy. The test was given before the practicum training began and again on the last day.

Wills (2007) used a different measure. He gathered the ten principles of cognitive therapy training⁷ and operationalised these principles into an inventory which was administered to trainees three times: before training, during training and at follow up. He also interviewed trainees and compared responses to surveys with subsequent performance in cognitive therapy skills assessments. Unfortunately, Wills did not provide the questionnaire in his publication but it sounds as though his research may have been more in depth given he included an interview and applied testing a third time at follow up. He did not say when the follow up was completed but the gap between training and follow up may have allowed for trainees to have more time to integrate learnings from

⁷ The main principles of cognitive therapy are explained in chapter one, page 10.

cognitive therapy which may have significantly changed their attitudes in a positive direction.

Bennett-Levy and Beedie (2007) completed a qualitative study which explored the trainees' perspective on the development of competence. This study used a grounded theory methodology and involved twenty-four trainees on a one year part time training course who completed a self rated assessment of competence six times during the course. They also gave their attributions of what experiences might have added to increases or decreases in self perception of competence. The results were: self perception of competence did increase significantly over time but there is considerable variation across skills and between individuals. The trainees' qualitative data was developed into a model which suggested that the main influences on self perception of competence were new learning opportunities: (acquiring knowledge, implementing knowledge, external evaluation, experiences with clients), self reflection on performance, increased understanding of the standards required of a cognitive therapist and emotional state, in particular, emotionally relevant memories and current stress.

In the discussion section there were some interesting suggestions for cognitive therapy trainers such as the potential usefulness of predicting fluctuations in self confidence during training as normal when learning cognitive therapy and that knowledge about what is expected from a cognitive therapist will change over time.

Having presented the small body of knowledge on trainees' perceptions of learning cognitive therapy, this literature review shows the limited research available to inform the development of cognitive therapy training programmes. In summary, the studies sourced on the subject of trainees' perceptions of learning cognitive therapy suggest that preconceptions of cognitive therapy can have an influence on the learning process so it is useful to make these ideas overt. Changing counselling models is a significant task for counselling trainees. Finally, a trainee's perception of competence changes over time.

I will now focus on the use of case study in counselling training.

CASE STUDY

Essentially, having trainees learn to organize and structure their written case documentation can help them, in turn, to organize and structure their thinking regarding how they conceptualise a case (Prieto & Scheel, 2002).

Case study methodology is widely used in counselling and in many other disciplines such as business, medicine, law and teaching. There is a large body of counselling literature focusing on case studies in the counselling field. Counselling researchers consider case study provides opportunities for counselling trainees to exercise 'clinical reasoning' which helps them conceptualise, bridges the gap between theory and practice and enhances 'deep learning' (Ramsden, 1992; Wasserman, 1993). Despite the agreement in the counselling literature about the usefulness of case study as a teaching method there were few journal articles specifically written in relation to the use of case study as a teaching tool.

Krieshok and Pelsma (2002) examined how the use of case studies during training can serve to locate vocational psychology within counselling psychology. Although this article has a different focus from my proposed study, the authors raise some interesting and salient points about the use of case study in teaching as well as using self case study. Given this article is one of the few I have found to have taken a detailed look at the use of case studies in training, I shall present their points in some detail.

Krieshok and Pelsma (2002) stress that the most productive time for use of case studies is when students are in training. This is because students are being regularly challenged to consider new perspectives and so they tend to be open to this learning opportunity. Hence, early in students' training is a productive time to use case study.

Krieshok and Pelsma (2002) write about case studies as stories which invite students to consider people, their lives, events and the 'lived out' story of a process over time. They link case study methodology in recognising "humans as active agents in the construction of their own realities rather than simply existing in some objective reality" (Krieshok & Pelsma, 2002, p. 834). The relevance of this point to my study is that case study methodology fits very

comfortably with narrative research methods given that I am gathering participants' stories of their experience of completing their case studies.

Krieshok and Pelsma use case studies to gather students' initial perceptions of the vocational psychology field as they begin their training and they have gathered a list of students' typical concerns. This aspect may be relevant to my study as similarly I may hear my participants' initial impressions and concerns about cognitive therapy at the beginning of their learning experience. Krieshok and Pelsma then use case studies as a means of answering student concerns and explain how case study methodology addresses student concerns as they begin training. These reasons are: Work stories are life stories. Their essential point here is that 'The stories of work in people's lives cannot be told without telling the stories of their whole lives (Krieshok & Pelsma, 2002, p. 837) . Similarly in the case study that the participants in my study complete, there is a biographical aspect spanning their whole life to provide a context for the development and place of the chosen 'problem behaviour'.

Secondly, case studies can be used for learning content, one case at a time. The authors emphasise that, although the main reason for use of case studies is not as a teaching tool to facilitate particular content, each time a student uses a case study, they do learn certain typical small amounts of specific content. This learning can assist them as practitioners to build mastery and then subsequently confidence to be able to start working with clients with these particular difficulties. This premise may also apply to the students in this my study. After having mastered cognitive therapy techniques on themselves, they may be able to then generalise them to counselling clients.

Thirdly, case studies use stories and true stories are never boring and quite often hopeful. The premise here is that case studies as representations of real stories are interesting and often have good endings which can raise hope. Even those without good endings can tell a detailed and interesting story about why the endings happened the way they did.

Krieshok and Pelsma (2002) use case studies to encourage 'a cross-curriculum focus' which requires students to use conceptualization skills in applying various theories, understanding assessment data, providing potential treatment plans

and developing potential treatment techniques. The participants in my study similarly complete all of the above but the difference is that they use self application of techniques.

One criticism raising the limitations of using case studies as a teaching method is that traditionally, case based research is not viewed as scientific by many in the family therapy field, due to the lack of controlled conditions and objectivity (Dattilio, 2006). Another criticism is that the learning can be limited when a particular theoretical perspective is taken such as an individual one versus a systemic or constructivist position in relation to a problem (Lyddon, 1995).

SELF CASE STUDY

To infuse story into the training process is to anchor theory and information in compelling human experience (Krieshok & Pelsma, 2002, p. 845).

I found no studies which focus specifically on the use of self case study as a means of learning counselling or cognitive therapy in the field of counselling education nor in the closely related fields of psychology and psychotherapy.

Krieshok and Pelsma's (2002) article, discussed above was the only article sourced which included self case study in a related field. One of their rationales for the use of self case study is: "We are only as good at applying interventions and theories to others as we are at applying the same to ourselves" (p.839). The students completed a self case study in relation to their own work skill sets in the context of the whole of their work experience in their life, applying various career theories and interventions to their own lives. The students learnt about practical skills and then identified, catalogued and discussed these with others. They chose different work contexts which were important to them. Next they were required to synthesise all aspects and produce a list of occupations that match their skill sets and chosen work contexts. Finally, they have to go out of the classroom and into the work environment to speak with workers who are actually doing an occupation which is closely related to their list.

This use of self case study relates to my proposed study, as my students have completed an introductory course in cognitive therapy. The subject area is different but the developmental levels are both introductory. The introductory

course that I teach has similar aims of using the self case study which are: for students to apply techniques from various theories (J. Beck, 1995; Ellis, 1997; Glasser, 1998; Lazarus, 1989) to a particular chosen problem. This problem has to be contextualised within the whole life story of the student. My students learn practical skills and practice and reflect upon the self application. Presumably within Krieshok and Pelsma's (2002) self case study in the discussion, the students are reflecting on the self application of skills. In their study where their students are required to synthesise all aspects (by producing a list of occupations that match their skill sets and chosen work contexts) my students are required to synthesise all aspects of relevant personal information by writing a self conceptualization and treatment plan for themselves. The possible difference between these two self case studies is that my students have had a significant amount of self practice and self reflection of technical skills in the classroom on which to base their self case study.

Krieshok and Pelsma (2002) considered ethical implications for self case study important enough to devote a section to these matters in their article. The ethical issues mentioned are: the amount of self disclosure and emotional safety for students in relation to the risk of revealing more than they feel comfortable with. The content of this discussion focuses on: skills, interests, effect of their upbringing and cultural heritage. The course facilitators speak directly to their students about only disclosing what they feel comfortable doing but even then some students go to depth on their personal experiences. These facilitators state that they take the same care of the students' personal information as they would with vocational counselling clients' records and so they are modelling respect for their students.

Krieshok and Pelsma (2002) described the benefits of self case study as follows: students gain insights about themselves in relation to vocational experiences and they gain in skills and build self efficacy which they can transfer to their eventual clients. Additionally, they view self case studies as a very effective means of allowing students to actively practice the skill of conceptualising which places demands on the students to move beyond mere learning of theory and assessments into the soul of work in people's lives. Finally, Krieshok and Pelsma (2002) view case study as a very useful and

flexible learning tool which can suit differing students' differing learning styles as there is open class discussion (for extroverts) and practical application for students who are more oriented towards 'doing' or practical skill application. Although their ideas come from their teaching practice and not as research, this article offers a lot of careful analysis and useful observations about the use of case study in teaching. They recommend more empirical evidence is required to determine how the learning from case study takes place. Krieshok and Pelsma's (2002) conclusions about the benefits of self case study align with my expectations, as I, similarly expect my students to gain insights about their own beliefs and behaviours as well as gain in skill development through the self practice and they may then perceive themselves as able to transfer these skills into their counselling practice.

SUMMARY

This literature review began with a broad look into the background of adult education, philosophy and teaching practice for adult students. It then focused on learning and the learning process which included barriers to learning and the differing levels of learning. This literature review has found that the use of experiential learning theory is securely embedded into counselling education and cognitive therapy training with the aim of producing reflective practitioners (Schön, 1983). In the cognitive therapy field, the self practice of cognitive therapy is viewed as important for learning and self reflection is essential for counsellor self development (Bennett-Levy, 2001). However, there is very limited research available to base the teaching of cognitive therapy upon and even less from the trainees' own perspectives of the learning process. A more recent development in the cognitive therapy field has been the examination of therapist beliefs and the impact of these on their counselling practice. Whilst this focus could be viewed as a more in depth examination of therapists 'self' or closely held beliefs and views about the world, I have not discovered any research which might take a more holistic view where the trainee completes a case study on themselves. There is an extensive amount of literature on the use of case studies in both counselling education, counselling field and in cognitive therapy field related to clinical case studies, but these case studies are written about the 'other' who is usually a counselling client or a patient versus the self

or the writer or the trainee. A broadened search into the area of vocational psychology produced one article written about the use of case study and self case study in training.

The lack of research on the use of case study and self case study in the areas of counselling and cognitive therapy education suggests that research in this area could be valuable to teachers and practitioners. It is hoped that this study on the experience of learning cognitive therapy and of completing a self case study may provide some small assistance towards creating a broader research base for educators to draw from.

CHAPTER THREE: METHODOLOGY AND METHOD

METHODOLOGY

In any research it is important to assist the reader to make sense of the study and assess its credibility. Qualitative research must consider two philosophical concepts, ontology and epistemology, which underpin methodology (Denzin & Lincoln, 1994; Parse, 2001). Accordingly, I will begin with a brief description of qualitative research including explanations of ontology and epistemology and then focus on the narrative inquiry approach including methodological underpinnings in relation to this particular study. An explanation of the methodological assumptions used should show the reader how methods used suited the purposes of the study and research question.

QUALITATIVE RESEARCH

Qualitative research is an approach to research that grew out of dissatisfactions and limitations with positivist research, quantitative research. Concepts of 'reality and truth' according to this paradigm were challenged including the notion that independent "things" existed in the world which could be objectively researched and reduced to numbers. According to Denzin and Lincoln (1994)

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them (p. 2).

Qualitative research is based on different assumptions from quantitative in the areas of interpretation, human action and the purpose of the research. While quantitative attempts to predict and control, qualitative attempts to understand people's inner worlds and experiences which are viewed as subjective, always located in time and context (Pinnegar & Daynes, 2007). Within qualitative research there exist differing paradigms and narrative inquiry sits within a post modern framework.

Ontology

Ontology refers to our most basic beliefs about what kind of being a human is and the nature of reality (Giddings & Grant, 2002). Narrative inquiry comes from

the ontological perspective called constructionism which is post modernist in that 'truth' is viewed as socially constructed between people and this representation of reality is always historically and culturally situated in context (Gergen & Gergen, 1986).

Truth is seen as subjective and open to interpretation in that there are multiple realities not one 'right' objective reality. The notion of truth is that it is an ever changing, shifting, evolving phenomenon in time, hence this study is a representation of certain aspects of people's experiences at a particular point in time. This ontological perspective of what constitutes 'reality' is captured in one of the participant's rhetorical question at the end of the research interview "*But did I make this whole thing up?*"⁸

Epistemology

Epistemology is the theoretical perspective on knowledge: a way of looking at the world and making sense of it. It involves knowledge and embodies a certain understanding of what is entailed in knowing, that is how we know what we know (Crotty, 1998, p. 8). The epistemological assumptions determine the relationship between the researcher and researched. This is an important premise as this relationship can influence the findings of a research study, so the nature of this relationship must be made transparent in qualitative research.

Study approach

For my study, qualitative research seemed best suited as my aim was to develop an in depth understanding of my participants' lived experiences of a particular phenomenon. I planned to use a narrative inquiry approach with a radical critical perspective. I chose a critical perspective as I was particularly interested in transformative change through the process of critical reflection (Mezirow, 1991) The radical aspect refers to the need to focus on the researcher and researched relationship which is important because the participants had been my students (Giddings & Grant, 2002). I had had a position of power over the students given that I taught them and assessed their work. I was interested in hearing their perspective of learning cognitive therapy

⁸ Through out this thesis, I have used italics on the participant's words to inform the reader that the participant is speaking.

and the experience of writing a self case study. I had had the privilege of reading their in-depth self case studies submitted for assessment at the paper completion. I considered it essential to focus on the power in the researcher-researched relationship so as to ensure that the 'researched' had the best opportunity to have their own voices heard. Therefore, students were recruited with whom I no longer had a teaching relationship.

NARRATIVE INQUIRY

Narrative inquiry is one of the approaches to qualitative research, which sits within the interpretive paradigm. The term inquiry indicates an in depth investigation or exploration into events and how people have made sense of them.

Narrative researchers use narrative in some way in their research. Narrative inquiry embraces narrative as both the method and phenomena of study. Through the attention to methods for analyzing and understanding stories lived and told, it can be connected and placed under the label of qualitative research methodology (Pinnegar & Daynes, 2007, p. 5).

Hence narrative researchers both collect stories as research data and analyse these stories in a narrative frame which involves examining the content and form of stories.

The interpretive process refers to how the knowledge is produced: the end product of analysis where the researcher has represented the analysed data in such a way that something new is created that is different from, yet attempts to be faithful to, the data in its original form (Sandelowski, 1995). However, interpretations always have their limitations and will only ever be one version or understanding of what the participant originally meant to express.

Whose voice is telling the story?

In educational or training fields of psychology and counselling the literature tends to be dominated by the voices of 'therapist/counsellor experts' and much less so, students' or trainees' voices (Bennetts, 2003). It is vitally important to understand students' stories of their learning experiences and personal development, given the main 'tool' the trainee counsellor uses is themselves.

Hence learning about the nature of these learning experiences is important for counselling educators.

If counsellor educators are able to better understand this process then they will be better equipped to teach counselling students. In explaining my choice of perspective and method I am making my researcher positioning explicit in keeping with principles of integrity within the narrative frame.

Researcher's professional lens

The researcher must be aware of their own assumptions and how these may influence the data gathering and analysis. My professional lenses are those of an experienced counsellor and one from a post graduate qualification in cognitive therapy. I will go on to explain in more depth later in this chapter how these two lens may have influenced the research data gathering, presentation and analysis of findings.

Why use stories?

Narrative inquiry focuses on narratives or stories of people's lives. The reason for collecting stories as data for research is that stories can be seen as representations of people's lives, perspectives or understandings of their experiences. People tell stories about themselves in order to make sense of events (Bruner, 2002; Crossley, 2000; Gergen & Gergen, 1986). "Telling oneself about oneself is like making up a story about who and what we are, what's happened, and why we're doing what we're doing" (Bruner, 2002, p. 64).

In this study, I am referring to the term 'stories' as a conversation where I invited the participants to tell me about their own understanding of their learning experiences of cognitive therapy and what it was like to write a self case study. People feature as both the heroes in their own stories and narrators, so the narrators are both telling the story and acting in the story. Similarly, as people write a self case study they are both the writer and the focus of the case study. Hence stories seemed especially fitting as an oral 'form' and then the written (transcribed) form of exploring the experience of writing a self case study.

Form of stories and the temporal aspect

Gergen and Gergen (1986) asserted that essential ingredients of a good narrative are: it has a stated goal or valued end point, that events are structured in such a way that they show a sense of coherence and it has a sense of movement or direction through time. This idea certainly fits with a case study where the whole purpose is to show coherence (relating counselling practice to theory) over time and in relation to a particular development. The idea of 'plot' is the series of events or story line which unfolds over time. Traditionally a plot has a beginning, middle and end. In these research interviews, participants often did not tell their story in an ordered chronological sequence of events, therefore it was up to myself as the researcher to present them in an order which fitted a temporal frame.

In examining the plot structure or form of stories, Gergen and Gergen have developed descriptions of differing 'plot directions'; the progressive, regressive and the stable plot line, which all relate to the goal of the narrator. Given that I was interested in researching 'change over time' via the learning process, these considerations of narrative form related to plot direction seemed pertinent to this research.

Given my main aim was to develop an in-depth understanding of my participants' lived experiences, the 'moral' of the story or core message seemed essential to examine to learn as much as I could from their accounts. Similarly the participants were prepared to 'give' generously of themselves to inform and wanted to give messages to future students and recommendations to enrich the training programme. In reflecting further on form as a means of communicating meaning and expression I was particularly 'tuned to' hearing metaphors as representations of 'word pictures' and word repetitions to emphasise experience.

Narrative and self identity

The stories produced for this study are essentially introspective in nature, so I thought it essential to discuss the connection between narrative and self identity. Bruner, primarily a philosopher, an educationalist and psychologist with an interest in narrative psychology begins with the position that:

There is no such thing as an obvious and essential self to know, one that sits there ready to be portrayed in words. Rather, people constantly construct and reconstruct themselves to meet needs of situations we encounter, being guided by memories of the past and hopes and fears for the future (Bruner, 2002, p. 64).

Hence Bruner held the belief that there is no essential fixed self, rather the 'self' is a fluid moving sense of a person which constantly varies, dependant upon who is the audience one is performing or narrating for. Time provides the space within which identity is created. Crossley (2000) linked identity with time, as when people tell stories about themselves these stories are always related to a dimension of activity, a sequence of events which occurs over a period of time.

Bruner also described the process of constructing oneself in relation to time and space.

Self making is a narrative art ...which is from both the inside and the outside. The inside of it, we like to say in our Cartesian way, is memory, feelings, ideas, beliefs, subjectivity. Part of this insideness is almost certainly innate and species specific, like our irresistible sense of continuity over time and place and our postural sense of ourselves. But much of self making is from outside in-based on the apparent esteem of others and on the myriad of expectations that we early, even mindlessly, pick up from the culture in which we are immersed (2002, p. 63).

I found Bruner's 'inside and outside view' useful to this study as the 'inside' aspect spoke to me of the self case study process and the 'outside' aspect reminds us of the post modern perspective that this self making is always situated in context. The particular context for this study was a researcher-researched relationship where we had been in roles as tutor and student.

Narrative voice and identity

There is no story without a narrator with a voice who uses language to tell his story. Engel (1999) stated:

Narrative voice refers to the notion that every story is expressed through a person and through that person's use of a medium, language. The person speaking and the language he uses shape, colour and highlight the events and ideas being described. The style and genre in which he tells his story express who he is as an individual as well as how he fits into his culture (p. 53).

This quotation speaks to the importance of the form of stories (previously discussed in this chapter) and how this shows the personality of the narrator. Hence these aspects of form: voice, beginning place, plot direction, turning points, self and narrative and core message are included in the model of narrative analysis used in the following section.

Conclusion

In this section on methodology I have discussed how a theoretical framework and assumptions inform the research approach, which should assist the reader to make sense of the research process and findings. I have discussed my choice of research methodology to show the reader how a narrative approach fits with the purpose and the context of my study.

METHOD

Introduction

The researcher has several different roles during the research, which are interviewer (or data collector), audience (to listen to participant's stories,) interpreter (to interpret stories), writer (to rewrite stories to represent research) and evaluator (to evaluate what stories mean). In the first section of this Chapter, I discussed the philosophy behind narrative research and now I will show the methods used to carry out the research. I will include information about recruitment of participants and selection criteria, preparation for the interviews and collection of data, followed by data analysis, writing up of results and finally rigour and ethical considerations. I have attempted to make all of these processes clear and transparent to the reader.

Selection of Participants and Selection Criteria

The sampling method used was purposive as I aimed to select information rich cases for an in-depth study to examine meanings, interpretations, processes and theory (Rice & Ezzy, 2005). I had an interest in the students who used self case study in learning cognitive therapy. Hence I selected this particular group of people to provide an in depth view of the experience of writing a case study on oneself.

I decided to advertise this research by posting out invitations (see Appendix F) to all 26 students enrolled between 2004 and 2006 who met the criteria. These

undergraduate and graduate students were a mixture of students enrolled for either a Bachelor in Counselling or a Bachelor of Alcohol and Drug studies.

The criteria for participating were:

1. The students had completed an introductory paper in cognitive therapy between 2004 and 2006.
2. The students no longer had a student-tutor relationship with myself.
3. The students had chosen to use themselves as a self case study for final assessment in the cognitive therapy paper.

In deciding to invite both groups I knew that I would receive more participants enrolled for the Bachelor of Alcohol and Drug studies as I do not teach the Bachelor of Alcohol and Drug Studies students at stage three level but do teach the counselling students in their third year which excluded a whole student cohort. Therefore there was a larger group of Alcohol and Drug studies students who fitted the criteria, as the cognitive therapy paper is taught during the second year of the degrees. I received four participants from the Alcohol and Drug Studies group and one from the Bachelor of Counselling.

As I wanted my sample to be more representative across both degree trainings, I sent a further twenty invitations to counselling students from 2006 in another city. I received two more participants from this group making a total of three Counselling students. Everyone who wanted to take part in the study was able to do so and I had a total of seven participants. Rice and Ezzy (2005) consider six to ten participants are sufficient for an in depth qualitative study so the number of seven participants is considered adequate for the purpose of this study.

Participant Information Sheets

I included a full participant information sheet with all invitations.(See Appendix G). After participants agreed to take part, each was sent consent forms for the individual interview and focus group, that I planned to facilitate, to sign and post back to me. (See Appendices H, I). Before each interview began, I showed each participant the information sheet again and checked whether they had any questions.

Data Collection

Interviewing

Before beginning the interviews, I prepared in two ways by familiarising myself with the process of narrative research interviews and by completing a pre-understandings interview. As an experienced interviewer in counselling settings, I viewed my skills as both an asset and possibly a hindrance. Mishler (1986) emphasised that in a traditional interview setting, the interviewer 'trains' the interviewee to provide specific information by giving non verbal cues. In this 'power over' relationship, the interviewee tries to please the interviewer. Having been familiar with this role for assessment purposes, when I worked in mental health, I was very conscious of not wanting to replicate this practice. As I read, I felt keenly the responsibility as a researcher to do my utmost to conduct the interviews in such a manner that my voice was not privileged over the participant's voice. I was aware of not wanting my non verbal and verbal responses to significantly influence the interview direction. I spent a substantial amount of time thinking about how to conduct research interviews differently from counselling interviews and focused on the differing purposes. Josselson (2007) wrote:

All interviews are interventions. Unlike the therapy situation, where the task of the intervention is to effect change in the participant, the research situation treats the interviewee as the expert, with the task being to effect change in the interviewer's understanding of the phenomena of interest (p. 546).

This quote reminded me to view my participants as experts who would teach me as the researcher. I was also interested to reflect on Mishler's (1986) premise that:

Research interviews can never fully represent a participant's reality due to power in relationship, research setting, interpretation and limits of transcripts of taped interviews which can omit subtle nuances of language-tone, pace, breath and non verbal communication (p. 59).

As I considered the possible effects of power in the research relationship, I liked Mishler's view of participants as intelligent 'informants' with the researcher seen as reporter. However I was mindful of the social context which accords the

researcher more status and power than the researched. I noticed that several of the participants asked me “Is this what you want?” either at the beginning or during the interview. Mishler describes the research conversation between two people as an evolving co-production. I now conclude that it is inevitable that I would have had some influence on the content of the research interviews due to our past teaching relationship. However, I attempted to minimise this influence as best I could by saying very little and actively restricting my facial expression to try to convey an open attitude towards hearing any information that they chose to tell me.

Pre understandings Interview

As outlined in Chapter Two, I participated in a ‘pre understandings’ interview as recommended in qualitative research. Merriam (1988), for example, urged that clarifying researcher bias from the outset is vital to assist the reader in understanding the researcher’s position and any biases that may impact on the study.

The pre-understandings interview showed that I had developed clear assumptions from my own personal experience of learning cognitive therapy. My own experience had followed a process which was initially one of questioning the efficacy of cognitive therapy, but over time, with practice this therapeutic approach became very much an empowering transforming experience for me. Having had such a positive experience myself, it was very important to attempt to not allow my own experience to influence the research interview or process of analysis. Hence it was vital to have my interviews and analysis checked by my supervisor and to use continuous self reflection throughout the research process by writing reflections in a research journal.

As revealed in Chapter One, I had also been influenced by an earlier informal conversation with an ex-student in 2004 who strongly conveyed how personally transformative the learning experience and self case study had been for her. The other assumptions of my own that I knew I had to attempt to put aside were any attachment to gathering ‘evidence’ of the effectiveness of my teaching methods during the paper. Initially, I had planned to use semi structured questions but considering the pre understandings I decided to use an

unstructured interviewing style to aim to take a position of being open to any information or story that my participants chose to tell me. Apparently these dilemmas are quite common in qualitative research but rarely are they written about. "Writing about them is one way of using researcher reflexivity" (Lieblich et al., 1998, p. 66).

Choosing the place and time to interview

Given that I had been the participants' tutor, I decided that it would not be appropriate to interview at my place of work, which had been the participants' student campus and thus a place where I had been in an authority role over them. Therefore I asked them where they would feel most comfortable in a place of their choosing, whether at their home (also to save travel expense), work or in a community centre office. Similarly, I attempted to fit into their schedule as much as possible. Several of the participants chose Sunday as the most convenient day. This choice of day was interesting in that it seemed to be a quiet day with time and space for reflection.

After reflecting on the first interview, noted in my research journal, I noticed that my anxiety of wanting not to influence interview direction and to privilege the participant voice had perhaps led me to feeling or appearing somewhat 'forced/frozen' in these efforts. Similarly my first participant seemed somewhat anxious that they had presented the 'right' required information for the research. I did not feel satisfied with how the interview ended and so, having discussed this with my supervisor, I decided to conduct further interviews slightly differently. As explained in the methodology chapter, this study is being conducted from a critical perspective where power in researcher and participant relationship is acknowledged and made overt. In subsequent interviews I spent time chatting for up to 20 minutes before turning the tape recorder on. I wanted to ensure that we were both relaxed and I was conscious of being a 'visitor' to their home. Before I turned the tape recorder on, I was explicit about our past tutor-student relationship, in an effort to further orient participants to my changed role from tutor to researcher where I would be learning from them. My opening interview question was a broad question:

“What was it like to learn cognitive therapy and in particular, what it was like to write a case study on themselves? I gave them three different points in time where they could choose to begin. “Begin anywhere you like such as when you began the paper, as you completed the paper or as you were writing the self case study.” My last statement was: “ I will say very little except to clarify understanding and I may record your non verbal expressions as you talk”.

In keeping with the philosophy behind narrative methodology, which views researcher and researched in collaboration together, after the tape recorder was turned off I thanked them for their stories. Then we had a conversation, in a ‘debriefing’ way with mutual self disclosure. Josselson (2007) suggests that an interview should always end in this way because inviting participants’ reflections on the experience is also a way to begin saying goodbye. These conversations were less formal and I hoped were an acknowledgement of what I had learnt from them. I offered each participant a copy of the transcript and asked them to choose a pseudonym.

Mishler (1986) asserted that as part of the empowering process, research should benefit participants too. In most of the interviews, telling their stories seemed to be an empowering, insight gaining, exciting event, which had the effect of opening up future options for participants.

Focus Group

Four out of the seven participants were interested in attending the focus group which was conducted 4 months after the individual interviews. I prepared myself by reading Rice and Ezzy (2005) about how to run a focus group and discussed my opening statement in research supervision. The focus group also seemed to be a natural next step as several participants had commented during their individual interviews *“Do others feel like this?”*

The use of a focus group fitted the critical frame for my research, as the purpose of this forum is that the group process may free the participants to speak more openly to each other than they could in the individual interviews with the researcher. The focus group followed the individual interviews so that each participant’s personal narrative would be less likely to be influenced by the group conversation. Ezzy and Rice (2005) suggested the dynamic interaction of

focus groups produces different dimensions of understanding as participants are stimulated to analyse their own views more intensely than an individual interview. Despite only three group members being able to attend⁹, a productive, thoughtful conversation ensued. The group chose to meet on a Saturday morning on campus. I set up the environment to provide a relaxed atmosphere to converse over morning tea. The focus group was not representative of the study as it included three participants from alcohol and drug studies and no participants from the counselling training.

The focus group was audio taped and transcribed by hand by myself, since I could recognize which voices were speaking during the focus group. Given that I had transcribed each word by hand meant that I was very familiar with the words and themes. After several further readings of the data, I decided to use thematic analysis as I was interested to use the focus group as a means of triangulation to see whether different thematic data emerged.

Analysis seemed to show that largely the same themes as in the individual interviews came forward. Sometimes gaps in stories were filled in such as participant's previous experience with cognitive therapy before the paper. The theme of empathy for counselling clients was deepened and developed through the group discussion. Also the limits of the students' knowledge were made more overt as was their difficulty applying cognitive therapy with people who had more immediate needs such as food and housing. Their desire for further cognitive therapy training in their third year was repeated.

I did not present the findings of the focus group separately but wove them into presentation of the findings from the individual interviews.

Data analysis processes

I will now describe the steps that the 'raw' text as data is taken through in narrative analysis. These processes inevitably influence and perhaps change the meaning of the original story. After the story has been told or 'performed' in

⁹ On the day one participant had a work crisis and for the two participants in another city, it was too far to travel.

front of the researcher, the story then is taken through several processes before being represented back to the reader.

These processes are shown in a diagram taken from Riessman. (1993, p. 10)

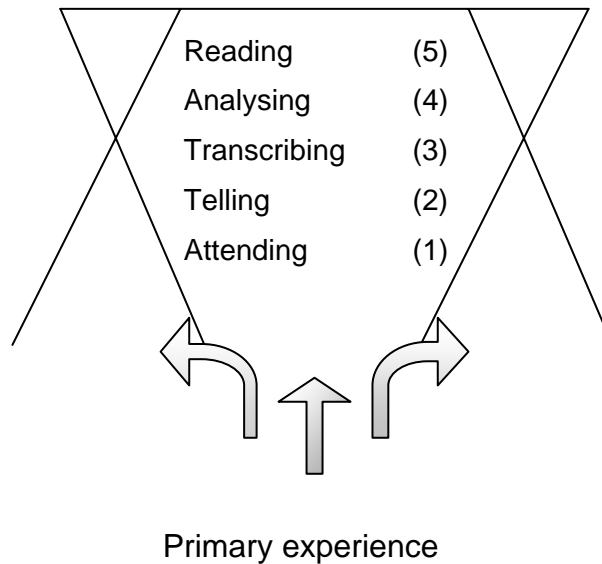


Figure 5: Riessman's Levels of Representation in Research Process

In the attending to experience (1), the narrator attends to a selection of aspects of their total experience which is their first representation of reality.

In the telling (2), the text is constructed together by the researcher and participant and the content of the telling is influenced by the researcher's responses to the story. In the transcribing (3), there is a possibility that vital non verbal communications are omitted which means that in the written version, certain emphases are not included. This action changes the story since the teller's highlights or important moments may not be apparent. For example during their interviews, two of my participants became quite sad with tears so I stopped the tape recorder briefly to allow them time to recompose themselves. They did want to continue the interview. This does not show in the transcripts.

As Riesmann (1993) wrote

Although our goal may be to tell the whole truth, our narratives about others' narratives are our worldly creations. Meaning is fluid and contextual, not fixed and universal. All we have is talk and texts that represent reality partially, selectively and imperfectly (p. 15).

In the transcribing (3) the transcriber may miss subtle nuances where words and breath are used in certain ways to convey meaning. In the analysing process (4) researchers bring their own understandings to the text, which act as a lens that the researcher views the story through, e.g. my lenses would be that of a professional counsellor, a cognitive therapist and a counselling tutor, a counselling client as well as a mother and a wife. "Researchers report "what the text says to us" (Gadamer, 1975 cited in Clandinin (2007)).

The fifth and final stage is the reading of the researcher produced text by the reader where again the reader brings their own experience to the text and the text is understood through the readers' previous understandings which may lead to an alternative interpretation of what the text meant.

Data Analysis

Narratives are interpretive and in turn, require interpretation. They do not speak for themselves or provide direct access to other times, places or cultures. Our analytic interpretations are partial, alternative truth that aim for believability, not certitude, for enlargement of understanding rather than control (Stivers as cited in Riessman (1993).

There are no set methods of narrative analysis which is both daunting, bewildering and potentially liberating for the novice narrative researcher. When I searched in narrative literature, including the latest edition of Handbook of Narrative Inquiry: Mapping a Methodology (2007), I found that there are many differing ways of conducting narrative analysis with different emphasis placed on narrative structure or form. The analysis can be loose and intuitive or very structured but must be systematic and understandable to the reader.

Managing the Data

Narrative data analysis can involve reducing the data and reinterpreting it in order to present an analysis of material being explored. After having my interview audiotapes transcribed by a transcriber who had signed a confidentiality agreement (See Appendix J) I commenced with a proof reading, to check transcripts against audiotapes and to begin to familiarise myself with the data. Preliminary analysis involved repeated readings to attempt to understand the 'whole' of the interview and to immerse myself in the data. Sandelowski (1995) warned against moving too quickly to any conclusions or

incomplete understandings, emphasising that the researcher needs to keep an open mind with each reading. However, this act triggers analysis and an analytic structure is often the basis for interpretation. She suggested initially extracting facts or storylines from the interview.

Following Sandelowski's advice, I analysed the first interview by examining both content and form. I commenced by listing themes, which were determined by the most important and emphasised concepts conveyed by each participant. Themes were not carried over from one transcript to another, I attempted to start 'fresh' each time. I then wrote a story line for each narrative, containing plot direction, noting the participant's use of language (metaphor and repetition) and their story characters. Given the story was an introspective exploration, the main character was the protagonist who tells a story of encountering cognitive therapy. After carefully attending to each narrative, 'cognitive therapy' clearly emerged as a central character for the stories.

The initial analysis for the first interview, was carried out simultaneously by two other thesis supervisors independently and their analyses were compared with my own. The themes and participants' story lines produced, were very similar which proved reassuring in terms of rigour.

I began considering a systematic way of managing and analyzing the data.

I reviewed the list of themes that had emerged from the seven transcripts. From the first transcript, consistent themes had come forward which were:

- Preconceptions and previous experience of cognitive therapy
- Reasons for choosing self case study
- Challenge of the learning
- Relationship with tutor and teaching style makes a difference to the learning.
- Importance of repeated practice
- Increased empathy for clients
- Importance of counsellor self development

- Depth of learning
- Limits of cognitive therapy
- Use of cognitive therapy with clients
- Cognitive therapy is a huge area of knowledge
- Future learning of cognitive therapy and finally
- The experience or process of writing the self case study

I developed a list of 9 sub themes under the heading Experience/process of self case study. This list was as follows:

- Struggle
- Challenge
- Support required
- Surprises
- The impact of act of writing down
- Altered perspectives on self
- Safety and trust in tutor relationship
- Personal transformations and personal development
- Continued use of cognitive therapy on self

CHOOSING A METHOD OF NARRATIVE ANALYSIS

Given that such clear themes had immediately emerged, I was initially tempted to present this information from a categorical perspective. However, as Riessman (1993) asserted, narrative analysis is an opportunity for examining the different ways that the story teller chooses to tell their story so the telling of the experience is represented not only by the content of stories but also in the story form.

I now had a volume of information which seemed to be indicating a clear direction for the thesis structure. The themes which provided structure and direction for this study had emerged from the data which fits with how narrative research proceeds.

Lieblich et al (1998) suggested that in narrative studies the researcher usually does not have a prior hypothesis but by the process of the researcher reading the collected material, particular directions tend to emerge from the study and then a hypothesis is formed.

Clandinin and Connelly (2000) captured my confusion at this point with their understanding that: “the researcher has a dilemma of whether to present overall themes at the expense of richly textured, unique stories which honour participants’ experiences” (p. 142). They posit the concept of narrative writing happening within a three dimensional narrative inquiry space, containing the field texts past (where there has been connection between researcher and researched with a story produced), writing as a researcher and writing for the audience in the future. I could relate to their idea of tensions pulling between each of these dimensions as I wanted to represent my participants’ voices in a manner that was as ‘true’ to their felt meaning as I could, yet also wanted to offer credible, useful information for my audience of readers. Hence, the pull towards the ‘safer’ and more quantitative territory of categorical perspective.

Next, I turned to Lieblich et al (1998) for further guidance in considering content versus form of stories. As I compared stories, I began noticing developmental differences related to beginning places of the learning and integration of theory with practice. I therefore thought the developmental aspect was important to include in the content aspect of analysis.

Lieblich et al (1998) helped me determine how to proceed from this point, by providing their four cell matrix model. This model was a means of bringing my insights about form and content together. Lieblich et al (1998) summarise their four cell matrix model combining content and form. They have conceptualised content as being ‘categorical-content’ which is commonly known as ‘content analysis’ in which defined categories of the studied topic are produced. The holistic-content mode of reading uses the whole story of a person and focuses on content. The researcher takes specific sections of the story and analyses that part in relation to the story as a whole. This type of reading is commonly used in clinical case studies. They say that a categorical approach to analysis may be used when the researcher is primarily interested in a phenomenon

shared by a group of people. I did have this primary interest in common aspects of learning cognitive therapy. In presenting these themes drawn from learning cognitive therapy, I attempted to use as much participant description as possible. The representation of different participants in the findings does not appear evenly distributed as some of the speakers were more voluble and articulate than others.

To read an interview to examine form Lieblich et al (1998) conceptualise use of categorical form which focuses on 'discrete stylistic/linguistic characteristics of defined units of the narrative'(p. 13), e.g. metaphor, passive or active utterances. Holistic form is found by looking at plots or structures of complete stories. They go on to say that a holistic approach is preferred when a representation of a person as a whole is desired, i.e. her development to the current position is what the study aims to explore. However, they also comment that content and form overlap and it is somewhat artificial to separate content from form. I decided that I wanted to examine both: to gather themes from seven participants about their general experiences of learning cognitive therapy and to hear each individual participant story as a whole to examine: their place of beginning the learning, their unique account of personal process and the way they choose to represent themselves and experience through story. I wanted to honour each as a story complete in its own entirety and gain an in depth understanding from each participant which is the aim of qualitative research.

Analytical Tool

I found the aim of analysing both content and form required a lot of thorough and careful thinking. In trying to hold a frame containing both these dimensions to suit my particular study, I adapted the analytical tool from Lieblich et al (1998).

I drew a diagram of two overlapping circles of content and form that is presented in figure 6.

Four cell matrix model

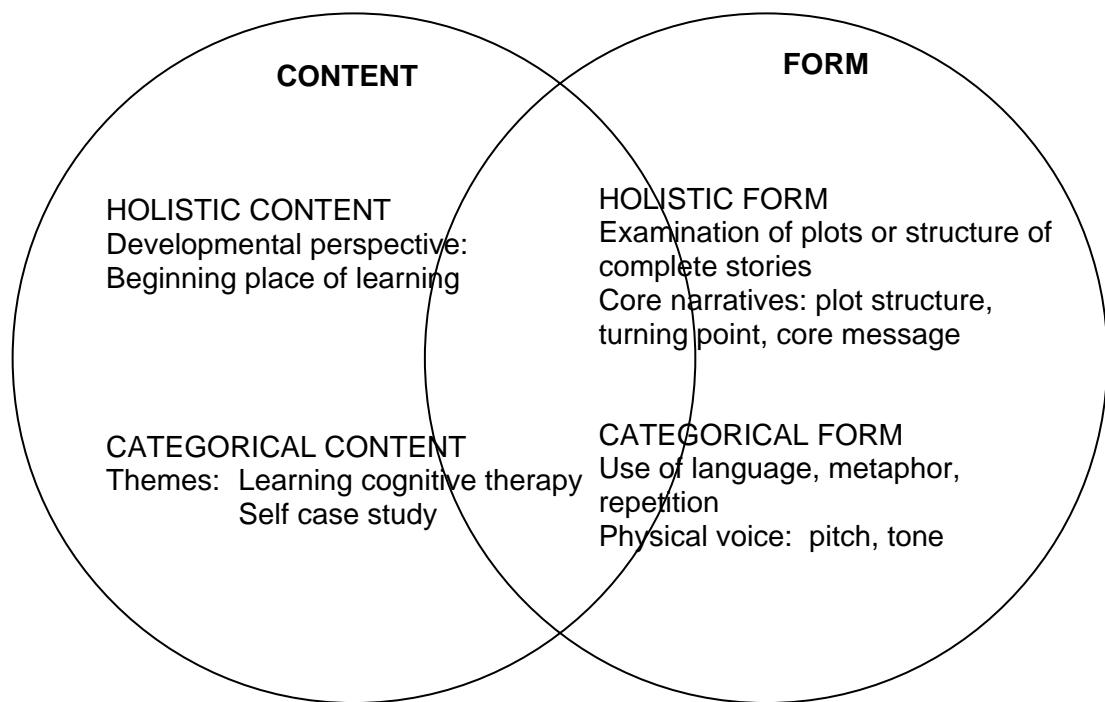


Figure 6: Adapted from Lieblich et al (1998)

In considering how to represent the data from each participant, I liked the idea of using an encompassing core narrative to represent what the story is about by showing each person's voice, character, story line and use of language. I again turned to the literature for assistance and read Riessman (1993) who described the core narrative as "a kind of radical surgery, as a way of rendering 'the whole story' into a form that allows for comparison" (p. 43). Core narratives are a means of initially reducing the interview data to a skeleton plot so it may be seen more clearly. I had wanted to use core narratives to show unique stories but it seemed that I could also compare and draw out themes between people. This idea suited my aim to allow information to emerge from the data itself after I had rewritten it into a different form as a core narrative. Riessman continued saying that "material, excluded from the core, such as evaluation can then be reintroduced, to interpret the variation in meaning of apparently similar plots" (p. 43).

I followed this idea by firstly paring down the story to a skeleton story line and then after rereading the interview I attempted to use participants' own metaphors and try to include as much of their own characteristic voice, tone and use of language as I could by writing a short piece of simple prose to

encapsulate all of those elements. As recommended by Ely (2007) I decided to centre the participant as the main voice and remove my voice as the researcher in these stories. I also decided to write in the first person as this was how the participants had spoken to me during the interview and because a first person story is more powerful than a third person account. These short stories had the major protagonist, cognitive therapy as a central character and the difficulties or adversities as an entity. They essentially told the tale of the hero who meets cognitive therapy, his/her initial reaction to cognitive therapy, the encounter with her, the battle between the hero and adversity aided by cognitive therapy, and the outcome. I found myself choosing to use a technique from narrative therapy where I 'externalised' (Carey & Russell, 2002) the adversities or problems even though this had not been the case during our research interview. Given that many participants had faced life long serious difficulties, I wanted to portray the size of them and externalising seemed to fit this aim. Mary's story (which introduced this thesis) lent itself to this approach as, although she didn't specifically say that she had trouble breathing, this interpretation seemed to fit with her fearful experiences. When I sent the core narrative to her for checking, she was satisfied that this analogy rang true. Once I had a real feel and sense of knowing each interview, the writing of core narratives came easily. This suggested to me that perhaps Kleinman's (1988) more intuitive approach to understanding meaning of narrative plots suited me, plus I had had extensive practice in attempting to understand people's stories through my ongoing work as a counsellor over many years.

Another form of presenting participants' stories is poetry. This idea derives from Dennis Tedlock's (1983) suggestions that poetic form enables one to get away from "the distortion that occurs when oral narratives are translated to prose" and to retain the flavour and cadences from the narrators' speech and pauses and inflections. One of the participants' use of repetition, rhythm of words, pauses, emotion and imagery suggested poetry to me. After I re-listened to the interview, I was so struck by the beauty of her expression that a poem flowed out onto the page.

Poems streamline, encapsulate, and define, usually with brevity but always with the intent to plumb the heart of the matter; to bring the reader to live the emotions, the tone, the physicality, the voiced and not-voiced moments (Ely, 2007, p. 575).

To check whether I had interpreted the stories in keeping with the participants' experiences, I sent the core narratives to each participant for checking. I was somewhat apprehensive as I sent these rewritten stories off. I wondered what words to use to ask their opinion.

Clandinen and Connelley (2000) suggested the question is not so much "Have I got it right?" as asking a more global, human question of recognition, e.g. "Is this you? Do you see yourself here?" I asked them "Does this core narrative capture your story and meaning?" Or "Does this story I wrote, sound close to your experience?"

Citing Paton (1990), Sandelowski (1995) wrote:

Qualitative research interpretations illuminate and often provide a vicarious experience by making the familiar more familiar (eliciting the often-cited shock of recognition), making the familiar strange, and/or by revealing what is hidden (p. 372).

Narrative form

According to Lieblich et al (1998) the assumption surrounding narrative form is that:

the formal aspects of structure, as much as content, express the identity, perceptions and values of the storyteller. Analysing the structure of the story will therefore reveal the individual's personal construction of his or her evolving life experience (p. 88).

I will now explain how I used questions to analyse form using core narrative, narrative voice, plot structure, turning point/transition and impact on self.

Early in the process, I developed questions encompassing these areas in my analytical tool which were:

1. Core narrative: What is the story about?
2. What is the starting place for the learning? (Developmental perspective)
3. Narrative voice-What is the overall tone? What characteristics of the hero stand out?

4. What is the plot structure? (Looking for change over time)
5. What is the nature of the turning point or transition?
6. What is the impact on sense of self?
7. Core message-what is the point of the story?

Core Narrative

The question 'What is the story about?' refers to the entire interview. Core narrative (as explained above) is a method of data reduction where the overall interview is reduced to a skeleton plot to enable the researcher to see it more clearly. I have reduced each interview and then rewritten each in an interpretive form attempting to capture the essence and then have enriched it by using prose and each participant's metaphors.

Plot direction/what kind of a story is this?

One question was what kind of story is this? This question refers to the type of story and the way the sequence of events proceeds. Does the story line proceed in a progressive, stable or regressive direction? Gergen and Gergen (1986) define a progressive narrative as a story where "events are linked in such a way that one steadily progresses towards a goal" (p. 27). These authors view a regressive narrative as a story where the narrator is describing moving continuously away from the goal or "valued state" and a stable narrative is conceptualised as a narrative that "links incidents, images or concepts in such a way that the protagonist remains essentially unchanged with respect to evaluative position" (p27).

I asked myself: Are there obvious high and low points? How is change over time shown? Is this story credible with a sense of coherence in that it all ties together in some way?

Narrative Voice

Narrative voice is a key concept in narrative research, as we ask who is telling this story. Who is speaking and what are the unique qualities of that voice? Engel (1999) wrote that: "Narrative voice refers to the notion that every story is

expressed through a person and through that person's use of a medium, language".(p. 153)

Engel (1999) and Wortham (2001) proceeded further in developing the idea that the way people narrate stories about themselves expresses who they are and how they fit into their culture. Hence the concept of voice is linked to how a person chooses to present self. Clandinen and Connelley (2000) viewed 'voice' in a broader sense as belonging to the participant or researcher or communities of each. They considered use of silence as a construct of what is not said or is excluded to be important. Crossley (2000) preferred to use the term narrative tone referring to the manner in which the story is told, in an optimistic or pessimistic tone and what imagery is used. I decided that I wanted to attempt to show some of the main characteristics of each narrator (in relation to their story) including their physical voice with the sound and voice inflections.

Turning Point

This relates to a sudden, marked sharp point in a story where there is an obvious change point for the participant. The participant may express shock, surprise and emotional release. This change may be like an educational outcome of 'getting it', i.e. grasping a concept (C. Hocking, personal communication, June 5th, 2007) and it may also be an emotional process where there is relief in that people can 'move forward' and be different. This new understanding provides alternative options which are generally liberating.

The context for a turning point in this study may be that the person has wrestled with a number of issues over a period of time, possibly their entire life, and this is a moment where there is a coming together or integration of factors which allow or support the person to move in a new direction.

Transitions differ from a turning point and are more of a slow, gentle, bend showing more of a gradual movement of change from one place to another. As I drew my visual representations of the changes, I discovered sudden turning points and slow bends.

Impact on Self

At these turning points or after these transitions, the person has a different view of themselves. There is the sense of having come through a journey or process enabling a review of themselves in their lives. This new discovery or outlook is significant and cannot be unlearned. There are both internal and external changes, i.e. the person thinks differently inside their own head and views themselves differently looking outside of themselves and back at themselves (Schultz, 2001).

Core message

What is the narrator wanting to tell the listener/reader? As Sarbin (1986) explained:

the narrative is a concrete example through which the point is made in detail, the same point that is prefigured and partially expressed in the talk that surrounds the story (p. 238).

Sometimes narrators make their points obviously and sometimes the point is presented in a more subtle manner. Using narrative analysis, I have attempted to extract the point of each participant's story and have presented them in Chapter Four.

RESEARCH RIGOUR

Ezzy and Rice, (2005) reminded us that conducting qualitative research is a privilege and the onus is on researchers to deal with their participants with integrity, honesty and fairness. Within these concepts is rigour, which aims to ensure that research is trustworthy and credible. From a post modernist perspective the concept of rigour is problematic and complex. "There is now awareness that the process of research itself does not simply produce descriptions of reality but should also be understood in some senses to construct reality"(J. Elliott, 2005, p. 154). To ensure rigour from a post modernist perspective, Denzin and Thomas (1998) made two main recommendations which are using thick description to interpret data and a strong focus on researcher reflexivity. Techniques to ensure rigour could also be divided into theoretical, methodological and interpretative rigour (Rice & Ezzy, 2005). I will

expand on each of these ideas and include researcher reflexivity and thick description within these concepts.

Firstly, theoretical rigour will be addressed in my study in having a 'fit' between the research question and methods proposed, methodology, the underlying theoretical perspective behind the methodology and the epistemology informing the theoretical perspective (Crotty, 1998). Secondly, to ensure methodological rigour, I will carefully document methodological processes and procedures including field notes, and keeping a researcher journal making explicit the processes involved in arriving at the conclusions. This is important for the study to have credibility in the eyes of the reader and other researchers. I used unstructured interviews and a focus group as a means of addressing triangulation, which was collecting data from several different sources so as to attempt to add to the study's credibility.

Interpretative rigour may be the most difficult aspect of rigour which qualitative researchers need to address. How do we as researchers 'truthfully' represent our participants' stories? Reflexivity refers to the researcher being 'self aware' at all stages of the study as to how their own experiences and beliefs may influence the research. As previously mentioned, I arranged an interview concerning my 'pre-understandings' before embarking on the research process. These assumptions were made explicit and written into the research in chapter one. In reading the transcripts, I watched for my own emotional reaction on first readings which if unrecognized, could unduly influence my interpretation of the interviews (J. Elliott, 2005). Using external ongoing 'checking processes' such as my supervisor was a means of attempting to be accountable for my interpretations of the text. I kept a reflective journal or post interview log after each interview as recommended by Lieblich et al (1998) and this helped me to make explicit my impressions of how I interpreted the data. The reflective journal is part of rigour in qualitative research as an audit trail to show all steps and to make transparent my thinking.

Checking with participants by sending core narratives or a poem was another means of attempting to ensure rigour¹⁰. The responses I received were largely favourable *“You have completely understood me, that is soo me. You have totally managed to take my whole life and write it. I am touched and have kept a copy”*.

And

Wow, I had tears. This is sooooo how it was. I have printed them both off to show my girls.

Wow!...that’s amazing....presented externally it gives it so much clarity...thanx so much for that....’The story is great.” “Thank you the poem looks great.

Some were more circumspect *“I think you have captured the essence well. Again, it’s very different seeing it spelled out in front of you than speaking the words. Nicely written.”* One participant did not think I had represented her story in the manner that she meant it and so she rewrote aspects of the core narrative which I edited incorporating her exact words.

In the thesis, I have attempted to provide adequate amounts of text from the participants for other researchers to check and to further ensure interpretative rigour. Hence there are three chapters of findings. Thick description refers to a rich and thorough description of the research setting or context and the transactions and processes observed during the inquiry (Polit & Hunglar, 1985). I attempted to give a full description of the research context and processes during the inquiry. The reader should be able to assess whether the study can be transferred to other settings, i.e. whether it could be relevant to another group of students using self case study.

Ethical Considerations

There are several ethical considerations when planning a qualitative research study. The main overarching one is that qualitative research deals with human subjects who must be treated with dignity, respect and not be harmed in any way. The standard ethical considerations are informed consent, preservation of

¹⁰ Each participant was sent their core narrative that I had written to seek their opinion as to whether they were satisfied with it as a representation of their story.

anonymity and privacy, minimisation of harm and maintenance of truthfulness in the study. Before beginning this study I sought ethical approval from the Auckland University of Technology Ethics Committee. This was granted on 16th November 2006 (see Appendix E).

Ethical considerations do not stop however, after ethical approval has been granted. This is not a straightforward matter given qualitative research concerns in depth investigation of humans and their meaning and experience which is collected and then represented in a static written form. Josselson (2007) explains that one difficulty is that the qualitative researcher is in a dual role. They are in an intimate relationship with the participant (normally initiated by the researcher) and in a professionally responsible role in the scholarly community. The interpersonal ethics required in these two roles clash as each role has a different purpose. The first role as interviewer relies on the development of trust and safety so that the participant is able to share very personal details of their lives with the interviewer. The role of the professional researcher is about presenting knowledge to a scholarly community to add to specific areas of knowledge. The researcher's intent and purpose in dealing with participant disclosures has now changed and becomes very different from where the research began as in an intimate relationship with the participant.

The inherent dilemmas present in these two researcher roles are symbolised in the contract for informed consent. The ethical dilemma for the researcher is "What is the participant actually consenting to?" The explicit contract is that they will agree to be interviewed and taped and will have their anonymity preserved as best as possible throughout the research. The implicit contract between researcher and participant relates to the rapport and trust the participant has given to the researcher by gifting a rich and precious story which now needs ongoing care and compassion as the researcher decides how to present this story in the research.

Presenting the findings brings whole new areas of ethical dilemmas which are intertwined through the researcher's intent which may be to give voice to an unheard voice or may be more focused at interpreting in relation to existing knowledge in the field or may be a combination of both positions. At this point

neither the participant nor the researcher know what future direction the research will take including presentation of participants' personal stories so how can the participant agree to an unknown process? Thus, consent has to be construed as an aspect of a relational process, deriving from an ethic of care rather than rights (Gilligan, 1982).

Josselson (2007) makes one suggestion; that there could be two phases of the consent process one at the outset and the other would concern how the information will be dealt with in the future. Sending core narratives back to participants for checking is seen as one way of 'getting around' these obstacles. However, this practice is somewhat limited too due to the power dynamics between researcher and researched and the unsettling nature of reading about oneself from another's perspective. I certainly found myself cognisant of all of these ongoing ethical dilemmas at each stage of the research process. I used my research journal and supervisor to constantly check decisions and procedures. One of these dilemmas was the unexpected event of coming into contact with a participant at our small campus and realising how much continuing attention was required to ensure confidentiality. Another moment was when colleagues asked me questions about my research in a way that would identify a participant. Also I was aware of confidentiality in relation to electronic copies of core narratives and whether the email address was a 'safe' one. Another concern related to childhood sexual abuse being revealed by several participants in the interviews. Whilst this finding was potentially very useful in the research on the other hand I was keenly aware of wishing to protect their anonymity with this sensitive information. Many ethical issues arising mirrored those of counselling practice and I discovered that an ethical attitude was required through out the research and will be needed in future dealings with these participants' stories.

Minimisation of risk

The participant information sheet (Appendix G) provided information about possible risks and stated that if necessary, the participant could have one free counselling session. After each interview, I made contact to thank participants and no one requested the option of counselling. Participants seemed to have found the opposite that the interviews, as they looked back were very useful

rather than upsetting. One of the key risks was that participants would be identifiable and this risk had been written in the participant information sheet. During the writing up of the findings I attempted not to quote verbatim from participants which would specifically show that they were discussing childhood sexual abuse to try to not link this part of their history with them.

Commitment to Te Tiriti O Waitangi

It is essential to consider the three principles of the Treaty which are participation, protection and partnership. Before interviewing I gathered demographic data discovering that two of my participants identified as Maori. I was guided by the participants' wishes as to how to conduct the interview and appropriate protocol for the setting. I had arranged a pan cultural consultant who reminded me to ask participants if they would prefer whanau¹¹ or a friend as support person to be present at the interview. Neither participant chose this option. One of my participants talked about a Maori world view, particularly during the beginning of our interview, and as she became focused on her own internal process, I enjoyed her use of words and imagery during our interview and attempted to stay as close to her use of language as possible in presenting the findings.

It is important to consider how the findings can benefit Maori and how the information is returned to the Maori arena so I spoke to this particular participant about being guided by her as to how to disseminate findings so they could be returned to her community. I would be willing to visit and speak locally if this is desired, yet am conscious of the need to protect her privacy.

CONCLUSION

Given that qualitative research involves a close relationship with participants who are the subjects of the study, in this Chapter on method I have attempted to weave ethics and rigour throughout the discussion. In the next chapter I will proceed to present the findings in the form of seven core narratives.

¹¹ Whanau is a Maori concept meaning 'Family'.

CHAPTER FOUR: CORE NARRATIVES

INTRODUCTION

As described in the method chapter, I have taken each story and reduced it to a 'core narrative'. Completing this process was one of the most enjoyable parts of writing this study. I loved being immersed in the participants' worlds and completing the interpretive task of crafting these stories and poem. I took great care with this process and checked with the participants as to how these stories resembled themselves. I agree with Margot Ely's premises that "This business of creating forms that come closest to the essence of our understandings and presenting them in trustworthy ways is a crucial, ongoing, interactive dance" (Ely, 2007, p. 568).

I also appreciated her view that in the end the way we (researchers) choose to present our findings is important in that people need to want to read what we say so "Toward that aim, our reports must glow with life"(p.569).

These core narratives contain a story line with plot direction, narrative 'voice' meanings and a discussion of the way each participant has positioned themselves as character in their own story. Hence, I am including content and form in my analysis of the interview stories.

In my analysis, sometimes I have deliberately chosen to use a present tense for effect as I am wanting the reader to read as though the story is actively happening in front of them as a series of events or process. I hope the core narratives "glow with life!"

As well as the more creative aspects of creating core narratives I drew on my 'analytic tool' which involved all the areas just mentioned through the following questions:

1. What is the starting place for the learning? (This is to gain a developmental perspective.)
2. Narrative voice. What is the overall tone? What characteristics of the hero stand out?
3. What is the plot direction? (Looking for change over time.)

4. What is the nature of the turning point or transition?
5. What is the impact of the turning point on sense of self?
6. Core message. What is the essential message?

I will now present core narratives from each participant to hopefully let these stories 'speak' to the reader as I endeavored to allow them to 'speak' to myself as the researcher.

I will begin alphabetically with seven core narratives from Andy, Jayne, Mary, Mauri, Nellie, Stacey and Rachael.

TURNING THE BOLT: ANDY'S STORY

Buddhism took me on a ten day retreat where my mind opened like a window to see thoughts pass in and out. Hence cognitive therapy made sense to me before I began. I was intrigued to see what I would discover about myself through self case study. I thought that it is useful to know oneself before one tries to help others know themselves. I had been controlled by perfectionism all my life. He made me over prepare, win awards, be sick and run away. Others have warned me about him but he had me so locked into position that he did not let me see or believe them. Cognitive therapy was very determined too, whilst I wrote my self case study. She gave me eyes to see what others had seen about me. She still persisted with more and more practice until finally I turned a bolt to unlock myself. She helped me review my life. Relief, understanding and self forgiveness floated me upwards. From there I watched other families and I realised that they could relax. Now I can too and I'd like to gift this vision to others but I don't know how yet.

Sometimes though, one eye shuts and I wonder again if I made the whole 'truth' up?

Developmental perspective: Beginning place

At the beginning of Andy's story, he described having been to a Buddhist retreat prior to the cognitive therapy paper. This experience was really useful as he focused on how one's thoughts can influence one's feelings and perceptions.

Andy had had a prior interest in learning cognitive therapy stimulated by his meditation practice. He could see a relationship between the concepts of cognitive therapy and meditation. Given that Andy sees himself as an analytical thinker, an emphasis on cognitions suited him.

Narrative voice

The overall tone of Andy's voice is very energetic with a huge drive towards his own self development. His actual physical voice has a warm tone and a deep base, which regularly bubbles over into laughter at his own predicaments.

He features as the hero in his story, where he takes on life long struggles with anxiety and perfectionism. He researches these adversities from many angles via the case study. His strength is his commitment to engage with new ideas in order to acquire new knowledge. He also has a clear sense of the limits of his knowledge and what else he has yet to learn. He is a character guided by values to help others.

He had prepared for our interview by rereading his self case study and he had obviously been reflecting on this experience before I arrived for the interview.

Plot direction

Andy's story moves around in time from present to past and future. The story begins in a progressive direction where he narrates a story of insights gathered from his experience of the Buddhist retreat. The plot then continues in both a regressive and stable direction as Andy retrospectively describes having led a 'restricted' life spending many years battling anxiety and perfectionism. He enlists other people (work colleagues, psychologist, psychiatrist and his parents) to help him in his quest but he does not believe their observations of his extreme behaviours. The plot changes to a course of decline or regression, as he seems set on a course of disaster. This direction leads to 'burn out' as well as drug use to cope.

Then the character of cognitive therapy enters. Andy is willing to learn from her and he certainly does. (I do not know why I gave cognitive therapy a female gender nor perfectionism a male gender. Perhaps this was in keeping with archetypes from myths where the 'enemy' is often depicted as male and female characters are often depicted as life bearers who can physically produce 'new life' and hope with this new beginning).

The plot direction resumes a progressive direction, with the introduction of meditation and then turns sharply upward at the time of him completing the self

case study. It then drops as he questions *“But did I make the whole thing up?”* and then resumes a steady upwards progressive direction as Andy integrates new knowings and acts in accordance with them.

Turning point

There is a sudden story turning point which emerges from his review of the case study. At this point of review, he ‘sees himself through others’ eyes’ and begins to significantly re evaluate what he is doing and thinking in the world. *“I turned the bolt.”* He seems to be alluding to a shift in his entrenched beliefs. At this moment, he makes new realisations, which change him forever. He is now able to make choices whereas before he did not know or see choices. He views the self case study as the catalyst for this. He says *“It didn’t actually change until I looked over my case as I was writing it and I thought ‘It is really, really you and this is why it is you and this is how it is you and you don’t actually have to be like this.’* He clearly described a process of coming to an understanding, owning his responsibility for this process and then seeing choices, to continue or to choose to be different.

Impact on sense of self

Andy is now in a new position of being able to make choices about how to be in the world. He thinks differently about himself and his expectations change so anxiety lessens. He worries less and does not over prepare. He feels less stressed and manages time differently. Prior to these changes he had described the pace of his life like *“river rafting under water”* perhaps meaning very turbulent and impossible to keep on course. He now has a sense of being in charge of himself. There is emotional release as he goes through this process.

Core message

The essential message is his absolute willingness to be fully committed to and engaged in a life long journey of self development. His experience of self case study was that it had a profound and liberating impact on how he is in the world. He knows that ‘reality’ is subjective and he continues to wrestle with this concept. He believes self development is essential for counselors so that they are more effective in helping others. He views self development as a life long process.

COMING OUT OF HIDING: JAYNE'S STORY

I thought that I did know myself. I was cautious of cognitive therapy. I hid part of me from her but she was very persistent. She refused to allow me to smudge things. I was scared and shocked by what I had hidden. I used to put myself out of myself but the self case study shocked me back into me. She kept me safe and made me really look back over my life at patterns. I wrote and thought, and as I did this, a new me came into focus. Cognitive therapy challenged my defenses and brought everything up to the surface. She was a catalyst who made a new knowing happen quickly with bells and whistles going off. I decided to accept this knowledge and went to get help to continue my journey. I got stronger and I still am becoming stronger. I respect others who have been on this path.

I hadn't ever had such a good look at me. I really looked and now I am glad that I have. I can show others too. However, I think cognitive therapy needs to focus more on people's strengths as we do have huge resilience as well as spirituality. I do still keep her close to me and she helps me regularly with my thinking.

It is important not to hide and let past hurts affect you. I suppose that I used courage but as a counsellor if you expect others to come out of hiding, then you should stop hiding yourself too.

Developmental perspective Beginning place

Jayne had completed a degree in counselling which took her four years. At the time of being interviewed, she had been working in the counselling field for three months. She had completed the cognitive therapy paper in her second year of training.

Narrative voice

Jayne's voice is one of wonder and excitement with new discovery. She tells of her enormous journey of self discovery during the counselling training and the challenges the process brought forth. Her speech is rich with metaphor, e.g. "I couldn't smudge the facts," "A lot of bells and whistles went off."

She is a person committed to the value and practice of self development who is very much focused on ethical principles. For example, she speaks of the counsellor accountability for facilitating a safe process for counselling clients. She frequently moves around in her story from narrating about herself to regularly imagining how a client might feel. During the interview, she was

coming to realisations in front of me as she narrated and had moments of emotion where she would stop to resettle herself for a few minutes.

Plot direction

The plot direction begins in a progressive direction showing personal growth made during the entire counselling training. Then plot direction drops down a little as she describes feeling cynical with difficulty shifting from a person centred practice approach to the more directive and structured style of cognitive therapy.

As she tells about using herself as case study, there is a sudden, sharp continuation of plot direction in an upwards, progressive direction. Next, the direction dips down again as she describes the limitations of cognitive therapy.

Turning point

The case study is a process where she tells of initially writing the case study as a fictitious person but then the third person account turned into herself. *“Bringing parts of myself together and then it hit me ‘Oh my God that was me!’ that was my story.”* She describes being shocked, confronted, then accepting of this new knowledge. She then made a decision to face things that had previously hidden from herself and pursued personal counselling.

She says that the structure of cognitive therapy enabled her to feel safe to proceed on a journey of self development.

Impact on sense of self

She describes the case study as a catalyst for bringing parts of herself altogether and of breaking through her defenses. She makes a decision to proceed further into the unknown which did require support. Her story tells of how she subsequently sees herself as a stronger person who does not now need to hide and who is more equipped to assist others on their journeys.

Core message

The core message from Jayne’s story is that personal self development in counsellor training is essential. Honesty and emotional safety are important conditions for self development. This requirement is confronting and challenging so counselling trainees may need support. She is glad that she chose self case

study and views this opportunity as contributing to significant personal development.

She sees clear links between counsellor self development and counselling competency.

LIFE IN A CAGE: MARY'S STORY

My life was spent inside a cage but I did not know I was inside it. I had no voice to sing with and I couldn't fly. I thought that cages were safe and I couldn't see the bars as I was so used to them. Yet there was such a deep yearning for words and notes. Time went on and the more years that I was inside, the harder it became to breathe. I took substances to help me carry on.

Cognitive therapy arrived and shook the bars, which frightened me and excited me. I decided to get to know her more. Over time, breathing got easier which gave me hope. She showed me the size of the cage and beckoned me to the door. She showed me my wings and how to make small fluttering movements. I had to practice a lot, over and over the same movements. Excitement turned into wonder as I found the door myself. Surprisingly quickly I lifted off and flew for the first time. I felt so relieved that I sang with joy. Hearing my voice fills me with amazement and now I have a place in the world. I took my girls with me.

I left fear, anger and grief behind in the cage.

Now I take cognitive therapy back inside and show others small flutterings which do become strong. It is wonderful to be able to fly and I would like to stretch to further horizons. I know I can now.

Beginning place

At the time of the interview, Mary had completed a three year training in an alcohol and drug studies degree and had been working in the field for eighteen months. She didn't mention any previous experience with cognitive therapy. She described initially feeling some resistance and had doubt as to whether this "head stuff would work?"

Narrative voice

Throughout the interview, Mary's voice is full of emotion and joy about her learning experiences and newly discovered potential.

She makes a clear delineation from 'life before' when she was more of a victim/survivor of life's circumstances, resigned to her lot, to 'life after' the self

case study where she has agency in her own life. She, too, offers lots of metaphor in her story and the one which really stood out for me was *“I had spent my life in a cage”* as this implies she had been ‘locked up’ for most of her life. This metaphor offers stark contrasting description to the position she is in now. Her actual voice is often expressing excitement and there is a lot of movement in her story. As she narrates, she gesticulates with her hands, often demonstrating progress by moving her hands from one place to another.

This is a dramatic and exciting heroic story of transformation which follows her movement as victim or survivor to powerful hero.

Plot direction

The storyline begins at a high point as Mary describes what she now is able to do that she had never dreamt of as being possible. She tells me of all the wonderful changes she has made stimulated by the case study on herself.

The plot direction is then steadily progressive as she tells the story of how she and other students practiced cognitive therapy both in class and out in placement with their alcohol and drug clients. Slowly but surely, over time and with repeated practice, she began to see results from using cognitive therapy and so her view of it began to change to a positive one. She said *“I realised that it (cognitive therapy) had a lot to offer.”*

Then, in speaking about the life review, the plot direction changes to a regressive direction as Mary describes overwhelming life difficulties beginning around age four until fifty years old. She then again returns to all the enormous personal gains accomplished and so the plot direction climbs up again in a progressive direction as she describes all the personal changes she made.

Turning point

The case study was a vehicle for showing her how big her problems were and how she could change. Developing the insight of alternative ways of being was liberating for her. She discovered hope and what this meant to her.

The turning point was a very dramatic, deeply transformational experience that catapulted her into enormous personal change.

Impact on sense of self

Mary was liberated from being very fearful and she became an entirely new person who could act completely differently in the world. The impact on her person was like a rebirth, like being able to start life again. She describes being able “*to begin to live, to start to be in this world and speak without fear*”. The story included huge emotional release where she ‘let go’ of fear, anger, grief which she had carried for all of her life. Additionally the form of her physical body is completely changed as she has shrunk her body size dramatically.

She is now able to offer much to others (recovering addicts) and is very inspired and inspiring to them.

Furthermore, she spoke of creating a new “legacy” for her daughters to draw from hence she is modeling her new ‘self’ as a new mother.

Core message

The core message is that using cognitive therapy and self case study has the potential for dramatic self transformation even against significant life long, hurdles. Mary’s message is that cognitive therapy is enormously effective with anxiety and can free people to be able to live without fear.

THE MASK : MAURI’S POEM

*I had already met you sometime back
so I was open to what you bring
but I held the question I always hold
how does that look in our world?
How to integrate hinengaro with holism?
How can this fit?
translation
at grassroots level*

*Head, heart, hand
what has always been,
has always been,
has always been
I put on the happiness mask
and wrecked some hearts
as
The issues kept coming back around,
coming back,
coming back
and coming back around
I looked all the way back to my small self
And the faces who had held hope
Raw courage
To stand still and look
Then I saw the light
I chose
To shed the mask and leave behind those things
That had followed me for so long
My world is still filled with light*

Beginning place

Prior to her counselling training, Mauri has worked as a counsellor for many years. She had had some previous exposure to cognitive therapy during her years employed as a counsellor. She continued working part time as she trained only giving herself one year (stage three) fulltime in her study. She completed her counselling degree in four years.

Mauri completed her degree in counselling the year before the interview. She completed the cognitive therapy paper in stage three, not stage two like the other participants. Therefore, she had a solid theoretical base for learning

cognitive therapy and she had an extra year of learning the person centred approach prior to learning cognitive therapy. Since qualifying with her degree in counselling she has been working as a counsellor for the past six months.

Narrative voice

The overall tone of Mauri's narrative voice is one of incredulousness at the enormity of the personal journey. Her choice of language is rich with metaphor, e.g. "*translation*" and "*grass roots*". She repeats certain phrases for emphasis, e.g. "*The issues kept coming back, coming back and coming back around again.*" There is a rhythm in her words, which gave a sense of flow and music to her story. I noticed this rhythm and had an immediate desire to represent the interview in a poetical form.

In this review, she depicts herself as the courageous hero in her story who always had some agency in her life and who had the good fortune of adult figures watching over her. She has a clear focus on her strengths and resilience saying "*Although it was really hard and painful, there were good things to come out of struggling with these things such as achievement.*" She portrays herself as someone persistent, who despite tough adversities never stopped fighting for a better life. Her story is a hopeful story of redemption.

Plot direction

The plot direction proceeds in a strongly progressive direction with positive preconceptions about the learning, the impact of the case study and other positive factors. Then the plot direction takes a more low level, progressive course as she speaks about difficult childhood events and then again returns to a sharp turning point upwards as she narrates all her new ways of being in the world.

Turning point

Mauri described going through a powerful and dramatic transformative process triggered by a detailed life review as part of the self case study. When she looked back through her life all the way to three years old, she re experienced events with imagery and smells. She saw the faces of people, who had been with her to help in difficult times. She spoke of how illuminating it was to understand the origin of early conditioning and core beliefs. With the structure of

cognitive therapy holding her safe, she was able to go back in time and look from an adult position to her child self to make sense of beliefs that she had had all her life. This was a “*raw, powerful moment*”.

She realised that she could choose to be different, in her thinking and in her relationships. This knowledge of choice was very empowering.

I have understood my core beliefs and dispelled them. This has made a huge difference to my happiness on a surface level but also on an internal level. I no longer need to cover up or manipulate situations to try to make myself feel better. It was a healing point.

Impact on sense of self

Mauri said “*One of the greatest learnings was the self case study which had a profound impact on me.*” She told of writing things down which she had never divulged before. Seeing the origin of core beliefs and how they had shaped her beliefs and view of herself was a ‘*revelation*’. This was a very emotional moment (within the interview too) as she saw how she had managed to continue achieving things despite the huge adversity. One of the most profound changes to her sense of self was that she does not need to hide or control situations to feel better. Her sense of happiness has spread though her and provides a balanced more content self. She has new ways of self reflecting and viewing herself.

She has now made significant improvements in all her close relationships including the one with her partner. Her partner is now also completing a self case study to further self understanding.

Core message

Mauri’s essential core message is that self reflection and self awareness is a vital part of counsellor training. Despite her having had many years of personal counselling, the self case study was the particular catalyst to assist her to make the most significant progress with life long difficulties. This experience was powerful and life changing. Having a tutor that she knew and trusted was important to her. Cognitive therapy can be translated and used with Maori in their own setting. She views timing as important in readiness for making personal change.

THE THAW: NELLIE'S STORY

I first met cognitive therapy in a rehabilitation treatment center. She scared me silent. I had been intimately acquainted with my best friend addiction who had been with me for twenty five years. I struggled to give her up as she had protected me from demons for so long. I have now given her up but demons still taunt me. I kind of blame cognitive therapy. She has tried and tried to show me that demons can be shrunk, but fear still freezes me sometimes. Fear stops me from asking for help from tutors but my class mate really helped me. They both made me practice fronting demons which can be an overwhelming task.

Sometimes the struggle grinds away second by second and I just want to give up. Somehow I keep on. Inadequacy and stupidity could be the worst for keeping me down.

Cognitive therapy is a help but she is such a hard task master. She makes me write, reflect and then it all becomes clearer to me.

I would say to others to keep practising on yourself as much as you can and you will get amazing results.

But after all this, the thaw has begun, so even though I want to sometimes, I can't go back now.

Beginning place

Nellie had been a resident in an addiction treatment centre where a cognitive therapy approach was used, so she was familiar and practiced with the concepts. Therefore, she expected to have a sense of competency in this paper so she was surprised when this did not happen. Nellie describes completing the academic training in alcohol and drug studies as an ongoing struggle, compounded by slowed mental processes from many years of drug abuse and times of “freezing up.” Nellie completed cognitive therapy at stage two in her third year of training.

Narrative voice

The overall tone of Nellie's voice is one of a survivor who finds the learning process laborious and painful. As she speaks, she regularly loses her train of thought or has difficulty expressing herself. She speaks of ongoing internal struggles which detract from her being able freely assimilate information. She is definitely the hero in her story as she keeps fighting to learn against these overwhelming odds. She tells of a classmate who gives her great support. She has moments of clarity and expresses enthusiasm “*Cognitive therapy is so*

simple that it's amazing and in the writing it does become clearer". Nellie mentions her self case study but only in a brief passing way. She also comments that she would have liked more assistance in her learning.

Plot direction

The plot direction is slowly progressive with a start, stop tentative quality. The plot line takes a regressive turn when Nellie becomes overwhelmed with fear or painful feelings and shuts down. This process also happens in the interview and we turn off the tape recorder twice when she takes time to recompose herself or loses concentration. Nellie describes using drugs for many years to block out feelings and cognitive therapy reconnects her with feelings especially when she committed feelings to paper. Focusing on feelings was a real challenge. The plot line resumes a progressive direction when she 'picks herself up' and decides to continue or tries again. The overall plot direction continues to be progressive.

Turning point

This change is a gradual, slow transition. Nellie has significant personal issues impacting on her during study, which complicate progress, and she makes use of the case study as an opportunity to help herself through these obstacles. She says *"I discovered a lot about myself and my relationship with the case study."* Nellie speaks of the need to use self discipline to reap the rewards of cognitive therapy and to keep moving through the transition.

Impact on self

Self case study helped Nellie to develop self understanding and clarity which helped her to make important life changes. She has understood the origin of the negative ideas she has developed about herself from a very early age. This knowledge can at times render her vulnerable to the point of being overwhelmed and alternatively is a source of strength for her.

She says that she currently uses journaling to work through her own processes and will then use cognitive therapy, which keeps the self learning going. When she writes about herself, she becomes clearer in her thinking about what is happening for her. Seeing herself described in writing captures a description of herself.

She is somewhat amazed at her recent achievements. She has a view of herself as not disciplined so she implies that she could still develop herself more fully. Essentially, she has more options in her life now and more resources to 'keep on track'.

Core message

Learning cognitive therapy can be a very challenging and difficult especially if the learner fears painful feelings re emerging during the learning process. Learners need help and support as they learn. However, cognitive therapy can be very beneficial but needs repeated practice. The more people practice, the more gains will be made.

I LIKE THINGS TO BE STRUCTURED: STACEY'S STORY

I looked forward to learning cognitive therapy as I am an analytical thinker and so I expected it to suit me. Surprisingly, the learning was really difficult. I struggled and struggled to identify, connect with content which to me, did not seem to be very clear. I was not used to the teaching style the content was taught in, I wished that I could have a more practical, simple, step by step guide telling me what to do and how to do it.

I also struggled with how to integrate client centred practice into cognitive therapy and how I could work in the best way for my clients. In the end the student in me got on board enough to pass.

I chose myself for the self case study initially as an easier option but again it wasn't like that. I found it difficult to look back and fit old patterns together but came to a better understanding which was useful.

I think I have gotten the grasp of the basics now but I still struggle with a good understanding of CBT.

In retrospect, I think the timing of the paper and my developmental stage of learning was important with the content. Maybe stage three would have been better than stage two for learning cognitive therapy.

I now find that I can offer the little I did grasp of the paper with clients and hope that is enough for them.

Beginning place

Stacey completed the cognitive therapy paper in stage two. She found difficulty relating to the concepts, teaching style and changing counselling approaches from client centred practice. In her own words, it was perhaps "too soon" for her

in her stage of development to be learning cognitive therapy. She also had trouble securing a student counselling placement and subsequently wondered whether to proceed with the counselling training. However, she had also been looking forward to this paper and had already read the course book before the paper began. During stage three she secured counselling employment as she continued part time with her studies. The interview took place in her third year of training.

Narrative voice

The overall tone is one of surprise that the learning process was such a struggle with fewer gains achieved than expected. Disappointment is implied rather than stated. She does say that she and other students would have liked more cognitive therapy taught in stage three. At times, she wonders whether to give up. Despite these hurdles, she is the hero in the story as she valiantly continues on and she gets to the end eventually. She is clear about and the limits of the knowing. She does worry about the best 'fit' for her counselling clients. She now commits herself to offering the gains she made to these counselling clients which *"makes the learning more real."*

Plot direction

The plot direction begins at a high point with her describing having very positive expectations of how the cognitive therapy paper would be. She had a prior interest and expected the paper to suit her analytical style. The plot direction then sharply changes course to a regressive direction with her with the personal account of the struggle to understand cognitive therapy. She says *"I found the actual learning quite difficult, the way it was delivered did not fit with my learning style and I found it really hard to pick out points that I identified with."* The course of the story remains in a stable direction as the hero struggles to make sense of the learning. At the end of the story, there is a gradual bend upwards as she does make some gains from the learning and is now able to use aspects of cognitive therapy in her counselling role.

Turning point

There is eventually a progressive shift at the end which is a, slow bend showing a gradual transition. This curve is shown by her words *"I found it difficult to look*

back and fit old patterns together but came to a new understanding in the end which was useful.”

Impact on sense of self

The self case study does not appear to make a significant impact on her sense of self but it has facilitated a process of self reflection which is seen as useful and continuing. Stacey mentions some personal gains made from using her own issues to practice on. She says *“I accepted this awareness and will be able to use it for the future.”* Part of the shift, is the ongoing development of Stacey’s professional identity. Stacey is engaged in a search for the best fit of particular counselling models she wishes to implement in her practice. She also likes to *“put her own spin on things”* so perhaps over time with practice she will be more easily able to do this with cognitive therapy concepts. She is regularly using aspects of cognitive therapy such as scaling questions and links between thoughts and feelings in her counselling practice which suggests she has a sense of beginning competence. The relationship between herself and cognitive therapy is tentative and new. Similarly, her own professional self sounds early in development.

Core message

Cognitive therapy can be hard to grasp especially when a student is at an early stage in their own self development. Changing counselling models from client centred practice to cognitive therapy can be a real challenge which can detract from learning cognitive therapy. The tutor’s teaching style makes a difference to students being able to understand new information. A clear structure and direction can aid learning.

BREAKING THE RULES: RACHAEL’S STORY

Students need practice opportunities, so I offered to let a student practice cognitive therapy on me. This was life changing which really excited me. Anxiety had many rules for me but got stopped in her tracks. She planned a return though. Meantime I found more confidence which made me think cognitive therapy was simple and easy. A beginner can practice and get results.

Anxiety did make a come back with procrastination and nearly stopped me in my studies. So I decided to do a self case study to explore procrastination. This decision was carefully weighed up considering my safety about how much to reveal. There are layers

in cognitive therapy and you don't have to dive in. Learning how to be with ourselves is important before helping others.

I broke anxiety's rules and discovered fun again. She is a twinkle in my eye and now that I have her, I never want to lose her. She guards against burn out. I hope to have her forever as I realize that I can't do things without her.

Cognitive therapy has really helped me but one has to keep a view of the wider picture. It is a risk to write a self case study and trust it to your teacher.

Beginning place

Prior to the cognitive therapy paper, Rachael had received eight to twelve sessions of cognitive therapy. Therefore, she was very familiar with the theory and practice. She had "*found it life changing*". Rachael was in her second year of training in the alcohol and drug studies degree when she completed the cognitive therapy paper. At the time of interview she had completed her degree and had been employed in the addiction field for the past eighteen months.

Narrative voice

Rachael's voice is full of excitement about cognitive therapy and her past positive learning experiences. She enjoyed the range of theorists and one particular framework enabled her to appreciate her own sense of fun. Her physical voice is very quiet and difficult to hear at times but is reflective with a gentle sense of humour.

Deciding how much of herself to reveal in the self case study was one of the most challenging part of the learning. She saw this act as a risk to her emotional safety in the student-tutor relationship. Being a resourceful and pragmatic person, she decided to make use of the newly learnt cognitive therapy tools to successfully rationalise these fears.

She has a clear belief in cognitive therapy both for herself and for her counselling clients. She would like further learning and is considering future training.

Plot direction

The story begins with the ease of using the structure of cognitive therapy to "*get quick results.*" The story continues on a positive, progressive direction

emphasizing the positive gains of using cognitive therapy with clients. The cognitive therapy approach was Rachael's main approach during this year. When Rachael decided to complete a self case study, this decision was very carefully considered in relation to her trust and safety in how much of herself to reveal. Perhaps the plot direction slows and changes to more of a gradual curve. After she resolves this dilemma about safety, the plot continues in a progressive direction. During the interview, Rachael barely mentions her self case study.

Turning point.

The turning point is abrupt and sudden as Rachael rediscovers the role of fun in her life. She said "*I had a light bulb moment in terms of it [reasons for procrastination] making sense.*"

From listening to Rachael's story, I have the impression that whilst the self case study was certainly useful, it was not as positively experienced as the previous experience with cognitive therapy. She said that this initial experience as a counselling client had "*hugely increased her confidence*" and she realised that she did not have to be "*at the mercy of her thoughts.*"

Rachael is narrated as the hero in her story who braves fears about 'turning herself in to a tutor' to be both 'known and graded.'

Impact on sense of self

Learning cognitive therapy suited Rachael's own cognitively oriented way of being. Rachael rapidly acquired a sense of competence. She found the structure of cognitive therapy provided a sense of safety and control. She used cognitive therapy on herself and on her counselling clients with good results so her professional identity was strengthened. She spoke about enjoying taking the time to self reflect and self develop through completing the self case study. In relation to discovering her need for fun, "*this is a really important part of who I am.*" So this suggests that she rediscovered fun and this reaffirmed this part of her identity and way of being.

The other important aspects were learning relaxation and reflecting on self care for herself.

Core message

The core message is that cognitive therapy is simple to learn and a novice can get good results quite quickly. The structured approach makes for a safe process as *“people don’t have to dive in”*. Trust and safety are issues that can arise when a student writes a self case study and hands it to a tutor. Having ideas from a range of cognitive theorists is useful in providing an opportunity to broaden one’s view of oneself. She would recommend self case study to others and reassures them that they will be safe, that the tutor will not break boundaries by discussing their case study with them.

I will now summarise each of the discussed sections in the analysis of narrative form.

REVIEWING CORE NARRATIVES

Given that I began all my research interviews with a broad opening question and then gave few prompts, I was amazed at the in depth stories that I was privileged to hear. These narrative accounts were rich with story and form. During the story telling, the narrators were all re-experiencing their experiences as they spoke them out to me as their audience. I was in awe.

Whilst, initially, I wished to value each story in its uniqueness, my perception was that there were many similarities and few differences in story lines.

I will briefly reflect on some of the similarities and differences which will be enlarged upon in the following chapter on findings.

Beginning places

Participants brought differing beginning places to begin their learning of cognitive therapy. These differences were both in number of years of counselling training and in previous personal exposure to cognitive therapy. At the time of interview some were continuing their counselling training whilst others had completed training and were employed. The length of time in employment varied from six months to eighteen months. I wonder if this made a developmental difference and those participants who had completed their training had had more time to integrate concepts.

Narrative voice

All participants were central characters or heroes in their own stories, given that I was focusing in on their own version of events as they learnt cognitive therapy. I noticed that they all were persistent despite huge and at times over whelming life obstacles. They never gave up. Four participants had had child hood trauma. There may be others but they did not say so. Furthermore, they all sounded quite optimistic in that none were embittered by events outside of their control. They were all dedicated to continuing self development as shown by them choosing self case study. They all expressed the idea that completing the self case study was very personally challenging and that they could definitely not hide anything. This implies that the structure of the case study was very rigorous in being a catalyst for bringing issues to light. Having said that, all participants were willing to engage in this process.

I noticed that almost all participants spoke of their belief that self development is an essential part of counsellor development and competency. It seemed evident to me, as their audience that they deeply believed this concept and this idea had been further strengthened by their transition through a process of personal change.

Plot direction and turning point

Plot directions, although varied in starting places, mostly followed a similar route of having a low point or regressive direction with life hurdles and many years of significant struggles. These struggles had led several into drug use as a coping mechanism. There was for all an upward turn with the counselling training and point of self case study which culminated for all in a transition. For three participants Nellie, Rachael and Stacey this was a gradual transition and these same three gave less emphasis to the self case study during the interview. For Andy, Mary, Mauri and Jayne this was a sudden, dramatic point of change which was described more like a shock with emotional release.

Impact on sense of self

Everyone had experienced a sense of being very challenged either by changing counselling models or having aspects of themselves revealed to themselves that they had not seen before. They all had a new view of themselves and their

capabilities by the end of their story. They all went through a self transformative process both personally and professionally. They were all able to see choices that they had not thought possible before. Most were very excited and some less so-it was as though that moment had passed by the time of interview.

All but one participant mentioned that they continue to use cognitive therapy on themselves regularly.

CHAPTER FIVE: LEARNING COGNITIVE THERAPY

In Chapter Four, I began by presenting the findings in the form of seven core narratives, one for each participant, to preserve the shape and focus on the form of their individual narratives. In Chapter Five and the following Chapter Six, I will continue to present the findings from this study but I intend to now show different aspects of the analysis using a format involving two groups of themes.

In Chapter Three in the section on method, I wrote that common themes concerning the overall experience of learning cognitive therapy and the specific experience of writing a case study on oneself emerged from the transcripts at an early stage. These chapters focus on those two themes. I have made a list of sub- themes under the heading Learning Cognitive Therapy and the heading Writing a Case Study on Oneself.

In this Chapter Five, I will introduce each theme and illustrate it with excerpts from the participants as well as provide observations and analysis from my researcher perspective. My hope is to provide thick description from participants to illustrate each theme as fully as possible.

I have organised the list of themes to represent a process of learning. In their interviews, the participants tended to approximately follow this order in the way that they chose to introduce topics in their narratives. I will begin at the very beginning of the learning, with participants' preconceptions of cognitive therapy, followed by their reasons for choosing to complete a case study on themselves rather than a client. I will continue to enlarge on the relationship with the tutor and the impact on their learning. I will focus next on general challenges they had with the learning and the importance of repeated practice in order to learn the cognitive therapy techniques.

The importance of counsellor self development is next, which then links to the understanding of client experience under the heading 'increased empathy for clients'. The practical application of cognitive therapy for clients follows, including the question How does cognitive therapy fit for Maori? Finally, participants spoke about some limitations of cognitive therapy from their

perspective and some made recommendations for future cognitive therapy training.

There will be some overlap and repetition between the themes presented in this Chapter Five and the next Chapter Six. For example, the theme 'relationship with tutor' is expanded upon twice but with a general description in this chapter of the match between tutor and participant learning style. Chapter Six shifts to focusing specifically on trust and safety in the tutor-student relationship. Similarly, 'challenge of the learning' is repeated twice with different emphases in each of chapters Five and Six.

Below, I orient the reader by listing the themes which emerged concerning learning cognitive therapy.

1. Preconceptions of cognitive therapy
2. Reasons for choosing self case study
3. Relationship with tutor and teaching style makes a difference to the learning
4. Challenge of the learning
5. Importance of repeated practice
6. Importance of counsellor self development
7. Increased empathy for clients
8. Use of cognitive therapy with clients
9. How does cognitive therapy fit for Maori?
10. Limits of cognitive therapy
11. Recommendations for cognitive therapy training.

I will now introduce each theme and provide excerpts from the participants as well as provide my interpretation from a researcher perspective. The first heading, preconceptions of cognitive therapy, has already been briefly written about in Chapter Four in the core narrative written for each participant.

PRECONCEPTIONS OF COGNITIVE THERAPY

All of the participants had been previously trained in the Client Centred Practice approach. All mentioned either positive or negative preconceptions prior to the learning or as they began the learning and so no participant had a neutral attitude. It seems significant that all participants chose to talk about their preconceptions, clearly viewing them as important in the learning process.

Negative preconceptions

One of the participants brought a strongly negative preconception to the learning. She expected that the learning would bring forward painful emotions, based on her previous personal experience of cognitive therapy. It seemed that she had several significant learning barriers such as fear and difficulty understanding concepts and perhaps these barriers disadvantaged her by creating anxiety which did not facilitate a clear path for the learning (Schön, 1987).

Nellie said:

Because it is cognitive I had this fear that it was going to bring up stuff that you know that I knew was going to be painful as well...I was fearful of actually doing this paper.

Another participant expressed a concern that cognitive therapy may overly focus on the cognitive aspect to the detriment of depth of emotional content.

Mary said:

I remember thinking at first 'Oh my goodness! this head stuff'...[because I am really attracted to the opposite of that]...and at first having trouble getting my head into it, I had some resistance I think...because I didn't think it would work...as I believed ...you have to go right inside and go way further than this...And then as time went on I found myself kind of using it...and getting good results with clients.

This idea is consistent with trainees' reservations in other research (Persons, Etkin, & Madan, 1996) where trainers have discussed trainee's typical concerns about cognitive behaviour therapy from a psychodynamic perspective. However, as Mary began to practice the model over time and received feedback from counselling clients, she saw this counselling approach as useful and

changed these concerns. This fits with a basic premise of cognitive therapy to “test out beliefs” to discover whether they are “valid” (J. Beck, 1995, p. 154). The concept of change (or plot development) over time also fits with people’s stories which move forward towards a goal; in this case repeated practice of therapy techniques to see results (Tuval-Mashiach, 2006).

Changing counselling models

The two participants who had difficulty changing counselling models talked about how the cognitive therapy model conflicted with their belief systems about counselling.

Jayne:

At first I found it went quite, it was in conflict with some of the approaches to the the client centred approach that we’ve been taught and grounded in. ...Initially I remember thinking, ‘well this isn’t very humanistic,’ you know, some of the rational emotive stuff... I think I even remember making comment about, ‘Well how can just changing your thinking make a difference?’

Similarly, although Stacey looked forward to the cognitive therapy paper, she had difficulties adjusting from learning the person centred approach to the more directive style of cognitive therapy:

I was really looking forward to the paper because the little bit that we covered in the first year...in the counselling theories... because I am a thinker and an analytical person as well as a heart person and I sometimes struggle with how to connect the both of them ...

She spoke about being oriented to a non directive person centred approach so transitioning into a more directive style of therapy was a challenge as she tried to find a position that she could take without giving clients answers. “*Being direct in CBT was challenging for me after having CCP [client centred practice] pumped into us for one and a half years*” She spoke about having to adopt a more directive style during the taped demonstration to to pass the paper, but that she did not feel comfortable nor as though she had integrated the new concepts sufficiently at that stage.

Positive preconceptions

As stated in the introduction, three of the participants had very positive preconceptions, related to their own experiences of encountering cognitive therapy personally or within the counselling field.

Mauri, Andy and Rachael all came with such positive expectations.

Mauri said:

CBT sort of was um is a model of working that I have seen over the years as a counsellor and have grasped some of the concepts and knew that it fits, as well, with the way that I worked anyway.

Here Mauri spoke of her previous experience and familiarity with the approach which impacted on her interest in beginning the learning.

Similarly, Andy had a prior interest in cognitive therapy and positive preconceptions of the approach.

I had read something about cognitive behaviour therapy before the paper came along um so I always interested in that ..and it fits with my idea of how people work, like their minds work, um so I was really interested to see what the actual nuts and bolts of it were.

Rachael was also excited about the learning experience as she had previously used cognitive therapy on herself. Her initial expectations had been that it would not be useful but instead she “*had found it life changing.*” She reflected:

Because I had a counsellor who worked in that way a few years prior, so yes, I was excited to learn about the way she had done it...it was very practical from day one.

Conclusion

All participants had strong preconceptions about learning cognitive therapy. Three of the participants had very positive expectations towards learning cognitive therapy and four of the group had doubts and concerns about learning this counselling approach. Some of their reasons for positive expectations were based on previous exposure to cognitive therapy and sometimes the reason was an ‘expected match’ between cognitive therapy theory and their own understanding of how people think. Often, after beginning the learning, they quickly changed their views either to a more positive view or to a more negative view. This change of attitude appeared influenced by: seeing helpful results

from cognitive therapy, adaptation to changed counselling approach or ongoing difficulties with changing counselling models from client centred practice to cognitive therapy. This finding is consistent with Wills' (2005) longitudinal study on counselling trainees' attitudes towards learning cognitive therapy.

REASONS FOR CHOOSING SELF CASE STUDY

Participants had various reasons for choosing to complete a case study on themselves rather than a counselling client. The reasons they gave, ranged between "*being too lazy to use a counselling client,*" "*running out of time with only an evening to complete the assignment*", pragmatism and wanting to make the most of the learning opportunity for developing further self understanding. If they had used a counselling client for a case study this would have involved two tasks which were firstly finding a person (counselling client) with whom they had had a long term relationship and secondly seeking verbal and written permission from this person.

Here, Jayne described choosing herself as an easier option.

But it was only because I was being lazy really that I chose myself. I didn't have to do any research. I could just, yeah, do it at home. Probably the night before knowing me.

Similarly, Andy made his choice based on available time but also based on his hope of gaining further self awareness which would benefit him in his counselling practice.

I chose myself simply, it was actually a matter of time really, um, I knew myself best so it was easy to take myself as a case study but also because I was interested in what I might come up with...the more I know about myself..., the easier it is for me to work.

Later in the interview he also talked about his doubts concerning his own lack of proficiency and the possibility that a client may have difficulty identifying their feelings. Hence as he saw himself as a novice practitioner in the area of cognitive therapy skills, he decided self case study was a safer choice than using another person.

So thought was 'Well I am not really proficient at the technique so therefore what I've got to do this with somebody else [versus

himself] and I know that they aren't probably really clear about their own process either I am going to end up somewhere that is going to be problematic or wrong or difficult right?'

This decision that he made, fits with one of the fundamental ideas in counselling and cognitive therapy, which is that it is beneficial to practice cognitive therapy techniques on self before practicing on someone else (J. Beck, 1995).

Other participants were keen to use self case study as a means of changing one of their behaviours such as procrastination, eating habits or shyness.

Rachael:

I was procrastinating really badly... at that point in my study and I thought it might be interesting to explore my procrastination.

Mary also saw the ease of 'having herself there all the time to refer to'.

I thought this [the self case study] would be a lot easier because I have got myself there all the time to do it with...and this [shyness] will be a useful thing to try it out on.

Conclusion

Participants gave a range of reasons for choosing to use themselves as the subjects of their case studies. Three of them saw this as an opportunity for personal development as well as completing their assignment. They viewed choosing themselves also as a practical decision in that they always had themselves available as the subject. The others mainly cited 'laziness' as the initial reason and to avoid the task of finding a counselling client. However, these participants also seemed to be suggesting that they may personally benefit from completing the self case study.

RELATIONSHIP WITH TUTOR AND THEIR TEACHING STYLE MAKES A DIFFERENCE TO THE LEARNING

This area is very relevant but difficult to analyse given that I, as the researcher, was the ex-tutor of most of the participants. In my study, I was focusing on each participant's experience of learning cognitive therapy and the phenomenon of self case study. Within these broad areas, several participants did choose to briefly address the topic of student-tutor match. Hence I gathered scant information for this area and deliberately did not seek out personal feedback

about teaching styles. I will refer to this further in my discussion chapter. However, I wanted to include some excerpts as this is an important topic. All students know that they can relate and learn better from some teachers than other teachers.

The participants who chose to speak about this area, were clear about the impact of their relationship with their tutor, the tutor's teaching style and whether or not there was a match between them. One participant described how a prior relationship with the tutor and familiarity with the teaching style made for a comfortable learning experience where she felt free to question, reflect and relate to the teaching. Mauri:

And I knew ... the style of teaching and that made it so much easier to get into the subject and to really kind of challenge myself...

Stacey, on the other hand, had a very different experience where her learning style was not well matched with the tutor teaching style

I found the actual teaching quite difficult. The way it was delivered didn't fit right with my learning style and I found it really hard to concentrate and pick out points that I identified with..and um I like structure and I like to know what the outcomes are going to be clearly for the day or the paper

Other students also mentioned the impact of the tutor's teaching style and how the teaching could have been improved.

Nellie:

I would have actually quite liked to have had more of the groups stuff, like more hands on stuff on it. For me personally, clearer examples and illustrations of what to do.

Here, Nellie has described her difficulties with learning and said how she would have preferred the teaching to be delivered in a way that enabled her to get a better 'grasp' of the ideas and practice. She also spoke about what a significant risk it was for her to give an ex-tutor feedback for improving teaching. Another participant described feeling anxious when she was about to be watched by the tutor when she was practicing cognitive therapy techniques. The effect of anxiety and performance feedback on counsellor trainee's sense of competence

has been researched and fits with Mary's experience (Barnes, 2004; Daniels & Larson, 2001).

Mary said:

I enjoyed the classes, enjoyed your tutoring for sure. I remember the role plays...when we both had turns [being client and counsellor]. Those were really really useful. I remember thinking 'oh I won't get this right' and then you came around one day and I thought 'oh my God! I don't want Niccy to hear me' [practice] and you said 'Oh that was great' and I thought 'Oh phew, so I got it'....

Conclusion

Most participants connected easily with their tutor's teaching style and had a perception that their own learning style was matched. This fit made for more ease of hearing information and enabled them to make sense of information being taught. Other participants, who did not experience such a match, subsequently viewed and experienced the learning process as a struggle. This lack of 'fit' had a negative impact on their learning. Overall, these participants seemed to be saying that the relationship with their tutor and the tutor's teaching style does make a difference to the learning experience and process.

CHALLENGE OF THE LEARNING

The theme of 'challenge' emerged immediately during the interviews and I noticed that the word 'challenge' was one of the words used most often by all participants. Hence this particular theme was one that stood out in this study. Participants also focused on the overall challenge of training to be a counsellor. Several differing areas of challenge were: challenge to; 'sense of self', self discipline, the volume of information, past negative learning experiences and the focus on feelings. I will attempt to leave the individual personal challenges for the next chapter although there will be some overlap between this section and the section in the following chapter titled 'Self discovery through challenge.'

Challenge to sense of self

Participants seem to have sensed a lot of pressure and demands, both personally and related to their developing professional identity. Their experience is certainly mirrored in the counselling literature which says counselling trainings are expected to produce highly developed individuals who are advanced in

achieving their potential, and are capable of acting professionally toward clients (Bennetts, 2003, p. 305).

In the learning process, certainty can provide a sense of safety. Perhaps when students realised that the first challenge was to have to learn a new counselling approach when they had spent one year mastering another model of client centred practice, this demand felt difficult for them.

Here Jayne expresses her views about feeling challenged:

The whole counselling curriculum in general is really challenging on your own sense of self, and I think the CBT [cognitive behavioural therapy] paper really challenged that the most in terms of, 'Oh well what do I believe? Am I humanistic? Am I cognitive? Um, what does that mean about me as a person? What's my own style?'

Furthermore, Jayne focused towards the particular personal challenge posed by the self case study:

Then with the case study, yeah that was really quite challenging, because you looked at your life history and yourself in a really kind of black and white way. It just brought everything up to the surface.

She seems to be explaining this concept with the use of metaphor 'Looking at oneself in a black and white kind of a way' and possibly suggesting that she could not soften or 'smudge' facts. This was a challenge where new self knowledge had been produced from completing the self case study.

Large content of information in cognitive therapy

Several participants spoke about the challenge in managing the large content in the cognitive therapy paper. This paper was timetabled into a relatively short time, with one or two days in class per week over 3 months. During the remainder of these weeks students had other papers and were managing other commitments such as their counselling placements and paid employment. Andy explained:

There was a lot in it and we had to go through a hell of a lot really quickly ... it is difficult to keep a thread on it when you do a block and then a month later, but..., the real problem it is such a huge subject and its so much to read.

Self discipline required

A requirement of learning cognitive therapy is repeated practice of techniques such as writing thought records and doing 'homework' tasks. These tasks require mental effort to understand and conceptualise, much like the counselling client is required to do. For some participants, this challenge was harder than for others.

Nellie said:

I struggled with the whole concept of it [practicing cognitive therapy techniques] when I was in treatment and I think generally just quite as an addict, recovering addict or being as an addict I tend to procrastinate on everything and I wanted to always take the easy way and so writing it down and doing the daily thought record that we had to do.

Similarly, Rachael focused on how there is a 'lot' to do, to consider and a 'lot' of effort required.

There is a lot of writing involved and homework involved, there is a lot to think about...and I had to do lots of work as well.

Past negative school experiences

For Nellie, negative school experiences and the idea that she was stupid made learning difficult. She was also scared that painful feelings might re emerge during the learning. This participant mentioned cognitive impairment as a result of many years of drug addiction which she compared to having a difficulty like literacy.

When I was doing the paper at class ...I used to feel really depressed doing it. My head would say 'You have got to get this,' you know, and I really, I really would feel so despondent and I would think... 'What I couldn't actually get' and yet it was quite simple, ... the whole process of it is actually amazing and I understand that side of it now but when I do, I really struggle with that, you know, feeling of feeling inadequate all the time... It is really a big part of who I am and um so CBT was quite a challenge really.

Stacey experienced the learning as a challenge. I have already mentioned in the previous section how the tutor's teaching style did not suit her. Here, she spoke about how she would have preferred the information to be delivered.

Looking back on how I found the actual paper ...it was a challenge because I think it wasn't clear to me. ...I want to know what CBT is in a nutshell and I didn't get that and ...I am a lot better with that now since I realised that I am not going to get that ...but ...it was a challenge beyond the basic fundamentals.

So she is perhaps speculating that when information is not presented to her in a way that she can clearly understand, she has difficulty connecting and understanding the information. This has a limiting impact on how much mastery she can achieve. Her experience could be supported in the literature in adult education on differing learning styles (Gardner, 1983).

Exploring feelings

For counselling students who have been more cognitively oriented during their lives, exploring feelings regularly could be an unusual and possibly uncomfortable experience. This is a challenge to proceed into the process of regularly becoming aware of their own feelings, naming them and exploring more deeply into these feelings.

Mauri:

CBT was difficult for me when I was training because there were lots of exploring the feelings you know and all those things which I you know would tend to stay up here,[she points to her head] so CBT was quite strong in kind of figure out things and strategies.

Conclusion

Many participants felt very challenged by learning cognitive therapy for a range of reasons. Some experienced difficulty changing counselling models which led to a questioning of their own beliefs about the best way to facilitate change in people. Three participants mentioned the vast volume of information they had to grapple with during the paper. Some of these personal challenges covered self discipline, facing up to difficulties and cognitive effort required to make sense of the learning. One of the principles underlying cognitive therapy is an expectation that counselling clients be actively involved from the outset (J. Beck, 1995) and I wonder if this too was the experience for these participants as they engaged with the learning.

IMPORTANCE OF REPEATED PRACTICE

Whilst most participants articulated clear conscious awareness of the importance of practice and repeated practice, some implied a less conscious understanding of a link between practice and growing understanding. The link was described metaphorically by Andy who actually looked “*and could see the lines*” or Rachael who talked about actual practice of cognitive therapy on herself and with clients which she referred to as “*it became second nature to be using it on myself.*” Participants commented on the effort required for practice and named the practice ‘homework’ as the cognitive model does. Rachael, for example said: “*There is a lot of writing involved and homework involved, there is a lot to think about*”. One participant emphasised the contribution of time to practice in that repeated practice does need to happen over a period of time which fits with the narrative concept of change over time (Tuval-Mashiach, 2006). Several of the participants commented on the benefits of practice of the cognitive therapy techniques which they had found benefited both their learning and achieved results. Jayne said:

I think it was more of when I started practicing it with my clients that I noticed how effective it can be. Then I started using it on myself and I often challenge my thinking now.

Several participants chose to mention the importance of practicing in a range of settings not only the classroom. Nellie said

And there is a lot to learn about CBT you know, ...and I think you have got to be quite disciplined ...and that's when the benefits from it, the rewards from it, can be so um significant...Practicing and just not even in class but outside class. Its something that I found that if had constantly just kept trying to do it I would have understood it a lot easier.

The concept of continued practice over time was also considered important. Mary for example, said

I remember doing some of the things several times...and just thinking ‘Oh well. You know, I have done that, but then it was ‘Do it again’.

The participants also noted that in class the focus had been experiential and was very much on trying out the method, i.e. experiencing the cognitive therapy

approach. Jayne emphasised her appreciation of the opportunity for self practice during class and seemed to be commenting that self practice helps understanding.

We made our own goals didn't we and we brought back...each week and tried to..., figure out what it was, what different thinking areas were getting in our way, or yeah, it was a very experiential class, yeah. That's the best way

Mauri expressed a similar view, saying that she used CBT on herself often to examine irrational thinking and now, after repeated practice this has become automatic.

...have control of your thinking and stuff and we can change that thinking or we can check it out first, check out. Actually it has become quite common language for me to be able to state 'well what is [the] evidence?'

Other participants seemed to have a less conscious experience of the link between practice and developing understanding of the cognitive therapy model. Andy for example, did not specifically mention actual practice, but he suggested that he had been practicing conceptualising of cognitive concepts, repeatedly, through his thinking until the cognitive theory made sense to him.

Conclusion

Most participants referred to the need and benefits of repeated practice of cognitive therapy techniques to assist mastery and learning. Repeated practice over time was an important element so they seemed to be suggesting continuing the practice was essential. This understanding matches the finding in cognitive therapy research that homework is an integral, not optional, part of cognitive therapy (A. T. Beck et al., 1979). The participants have specifically mentioned the practice of thought records to change thinking; goals related to a behavioural change; linking thoughts with feelings, body sensations and with behaviours; role playing and the writing of a cognitive conceptualisation on self. Furthermore, they have alluded to cognitive practice within their own thinking (or self reflection) as a way to steadily gain an understanding of the cognitive theory. Hence this repeated practice through changing thinking is also practice which is not directly visible.

IMPORTANCE OF COUNSELLOR SELF DEVELOPMENT

Most participants mused on the theme of personal development at some stage during their interviews. Most were keen to do so but for some participants, personal development was expected to be unsettling or a risk. Counselling literature has found that self reflection is essential to this professional development process (Bennett-Levy, 2001; Schön, 1983). The self case study also raised self awareness about deeper personal issues, which then showed a need for personal counselling. Given there is ongoing debate in counselling literature over the benefit of personal counselling, it is very interesting that these particular participants expressed such a belief in the personal benefit of trainee counsellors undertaking their own counselling. Furthermore, one participant did actually begin personal counselling after the self case study. I will now proceed to show some of their musings.

Andy introduced the importance of counsellor self development at the outset of the interview by saying *“To see what my process might be this was so important to [do]. I guess to try and do that work as part of my degree.”*

Some participants focused on the benefits for self development through self awareness imposed by the self case study. This is illustrated by Rachael.

I guess self awareness kind of makes it, it is easier to improve. I guess I am aware of where I am....and it seems to be something that's recognised by the client.

Also by Nellie:

I think once again to when it comes down to working with clients, you know you have got that direction [yourself] that you can do with a client when you have done a case study on yourself and you understand it that much better and you understand how beneficial it is for yourself so you are aware of, you know, the benefits for a client.

Jayne focused on the reasons why counsellor development is so vital:

I think any counsellor, you know you're taught, you know if you're going through any personal stuff, you really need to get it addressed, too, because it affects every part of your work.

In contrast, Rachael spoke about her initial reservations about the risk of self development.

I am not someone who does a huge lot amount of self examination, so I found it quite difficult to do that, as an assignment, and I think that is why I did it, because I thought 'I am doing this [counsellor training] for three years, I will give it a go, kind of put myself out there'.

Despite her fears and ambivalence, Rachael did decide to take the risk and chose to do a case study on herself, expecting some kind of personal development.

Jayne viewed the self case study as being the catalyst for bringing forward the need to pursue further self development through personal counselling.

Jayne said:

Just by going through [the self case study format] um, how this [the problem] affects all those different areas, it's like 'Wow well, yeah. That's why I might be like this, in this situation, and that's why I have a couple of difficulties in these areas', you know.

The shock of Jayne's new realisations are expressed by her metaphor "It was a lot of bells and whistles kind of went off that flagged, yeah actually I need to do some work (counselling exploration) around this."

Perhaps this thorough assessment through the cognitive therapy self case study is what can make the difference for productive personal counselling for counselling trainees. This particular participant was very clear about the reasons to be engaged in counselling, rather than completing a required number of personal counselling hours as part of a counselling course requirements or for registration for a counselling membership body. In the next quotation Jayne acknowledges the usefulness of personal counselling. Her views are consistent with Grimmer and Tribe (2001) and Murphy (2005).

I think that going through my own counselling has taught me perhaps even more about how to be a counsellor than actually the counselling training, yeah. It's interesting how it comes out in the, not so much the CCP [client centred practice].., it's in the cognitive class that brought it ['issues' she needed to confront].

Conclusion

Five out of seven participants chose to reflect on the place of personal development for training counsellors which seems significant. They made the link between counsellor self development and counsellor practice, deciding that the more self aware a counsellor becomes, the more they have to offer counselling clients. Professional development was viewed as an essential, life long process which is consistent with the counselling literature (Skovholt & Ronnestad, 1992b). As Jayne concluded: *“That’s the realisation I’ve come to, you know my work, my own personal work is a lifelong journey and I’m resigned to that fact, yeah.”*

INCREASED EMPATHY FOR CLIENTS

The counselling client perspective was a theme that most participants reflected upon. This perspective was viewed mainly through the participants’ own experiences of practicing cognitive therapy on themselves and included various dimensions such as: reading their own case study, making sudden gains in self awareness, recognising how thinking drives people’s behaviours, the place of hope and understanding of the change process, all of which contributed to an increase in empathy.

In the focus group, Rachael spoke to this point:

It [self case study] gave me ...an understanding of what it is like for anyone [a client] that I am going to try it [cognitive therapy] on at some point in the future...

Nellie agreed and expanded on her understanding of the development of empathy for herself as a counsellor. She said that if she is able to understand the underlying core beliefs that drive a counselling clients’ behaviour, then this understanding makes empathy come more easily.

And I think too, that is kind of relevant when you are working with clients to understand that..., underneath all of this that motivates them to do this behaviour that they have created for themselves you know, through survival technique ...‘um this appears to be an underlying, you know, issue maybe of some core thing (belief) going on.’ It makes it easier to empathise with them.

Rachael agreed:

It does, when people present themselves with behaviours and situations that can be hard to listen to I guess, where other people might find it easier to be judgmental but I guess if you are aware of those underlying things ... And that's working and it does make it easier to sort of understand.

When she described the possibility of a counsellor being judgemental of their counselling clients, I am assuming she might be referring to her work with people with alcohol and drug addictions who can, at times, behave in morally reprehensible ways towards other people. The idea of self understanding leading to increased empathy and being able to be less judgemental of people was also raised by Mauri:

So it is that whole empathy for, you know, all this learning in myself and thinking I have been in counselling for 10 odd years you know. Some families never ever looked at themselves you know. What ever hope do they have of changing? Or of living in a different way? You know? So this gives me a bit of a empathy. Being able to come from a place of working along side and with, and you know as opposed almost a place of judgment, you know with some families. Particularly when having to make some important calls like care and protection calls and all those sorts of things. Yeah, definitely a different level...of my approach to counselling to people and young families.

From my perspective as a researcher, the development of empathy is guiding Mauri in making critical decisions in the lives of adolescents and their families. Her own personal change has also benefited her understanding of families by adding a developmental perspective to her counselling work.

Jayne described how powerful the experience was of reading her own self case study and then fluidly shifted to wondering how this experience of a client reading their own counselling records would be.

Yes, really powerful [Her own experience of reading her own self case study]. Then you know I'm sitting and thinking, 'Now gosh! How would it be for a client? You know? Who hasn't had the training, you know? The information to decipher all this information or make meaning out of this. How it would be for them to read their notes?

My interpretation of her wonderings here was that she pondered on the topic of counselling notes as records. She has linked her own experience of writing a self case and reading it back, '*Hugely triggering*'. I think she is alluding to having felt unsettled or very upset at times, during the process of the writing and the reading about herself. Later in the interview she developed these ideas further.

You know you might, sometimes I'm thinking well you can see the links to clients, you know patterns and things that you can bring out. I guess again it's highlighted the real sensitivity about doing that.

Niccy: Sensitivity about?

Jayne:

Bringing into awareness something of somebody that they haven't thought about before....Then yeah when you're doing it for clients, it's to be really sensitive about pointing those things out, but it can also be really powerful for them, too. It's that context again, making some understanding...

My interpretation of Jayne's words are that they suggest she has had an experience of gaining self knowledge through the self case study quite suddenly and found this somewhat of a shock. She appeared to be identifying with counselling clients and is essentially giving the message to 'Take care', to 'Be sensitive' to how counselling clients may feel if counsellors point out behaviours or aspects of themselves which have previously been unknown.

Mary says that she can relate her own experience of using drugs to deal with anxiety to her clients' addictions. Through using cognitive therapy on herself for anxiety she has developed more of an understanding (and empathy) for her clients and now teaches them cognitive techniques for dealing with anxiety.

Yeap, I use it at work now...I use CBT for stuff like social anxiety which is a lot of what leads, like what led me into some use back then. I certainly couldn't walk into a party without having a smoke and a drink in the car before I went in years ago. um, that's what leads a lot of guys into using, anxiety in general you know.

Conclusion

Most participants discovered that having completed significant personal development by writing a self case study led to increased empathy towards their

counselling clients. This finding is consistent with current cognitive therapy research on trainee development (Bennett-Levy, 2001; Laireter & Willutzki, 2003). The participants all made a clear link between understanding of self, to understanding of others and this knowing gave them a fuller appreciation of counselling clients' struggles. Having more empathy meant they had less judgemental thoughts and considered how to be more sensitive and transparent with their counselling clients. Subsequently, the participants were able to take this new perspective and compassion into their counselling work, to perhaps connect more deeply with people and make critical decisions on matters such as safety issues in a more informed, empathetic way.

USE OF COGNITIVE THERAPY WITH CLIENTS

Most participants were regularly using cognitive therapy with their counselling clients. All participants chose to speak about this area, but their experiences differed. This inconsistency appeared to me to be connected to their stage in their professional life when they began learning cognitive therapy and their years of experience of working in the counselling field. The participants who had had more practical experience of working in the counselling field used cognitive therapy with clients more often.

Mary spoke of the usefulness of cognitive therapy with people who have come off addictive drugs and who are left with high anxiety levels.

Yes, yes, and so the anxiety is kind of right in their laps, you know so they're 'ripe for the picking' as such because there's the anxiety and they are not using [drugs] ...and so they have got this huge anxiety... Yeah, and I notice that it is a theme ..., using that CBT method, ABCDE method is only a shortened version really of the 7 column thought ...and there again learning that they have got a thought before they have got a feeling, it is huge thing ... and so learning to track it and challenge it [the thinking that causes the feeling of anxiety] and that is, I think it's one of the biggest tools.

Mauri spoke of how she regularly used cognitive therapy in her work with adolescents and how useful cognitive therapy is with anger.

Niccy: So the kids respond to that and away you go?

Mauri: And well they get it [understand] you know and it is easy for them to follow...like one kid that I worked with ...and he is starting

to get into that pattern of asking himself 'What's the evidence that all this is true?' ...he is not fully there yet, but he is able to stop himself at the point of the thought and work it out there before it gets down to that ['that' meaning "nutting off" at a teacher].

Like Mauri, Stacey found cognitive therapy useful to assist clients make connections between their thoughts, feelings, body sensations and behaviour.

Because now I use aspects of CBT in terms of scaling questions ... that connection between the thoughts, the emotions and the actions of how they influenced and interact with each other. I used that as a kind of a wondering with clients

Mauri also explained how she uses another concept from the case study which is the question "What is the function of the dysfunction?"

I was using that language all the way through the [self] case study about 'Well what is the function of the dysfunction?' ...and it has almost become a part of the way I think now, you know?

Mauri has clearly found this concept really useful in helping her to understand her counselling clients. In contrast, two participants were not using cognitive therapy with their clients for two reasons: lack of opportunity and lack of competency. Whilst Rachael had frequently used cognitive therapy at the time of learning it, at the time of our interview, she rarely used cognitive therapy. The explanation she gave was that she is not currently employed as a counsellor.

But different focus now, maybe, I guess now I am not employed as a counsellor...even though my role takes in counselling...I would like to do it more

Andy told me of an occasion where he did attempt to use cognitive therapy with a woman client but he did not think he had enough knowledge to draw on to enable her to understand the concepts.

She said that she had gone to some meeting ...and people were hugging and ...she said she hated the hugging and she had to run away at a 100 miles an hour and as soon as she got outside in the street and started smoking a cigarette and got away she felt much better and I said "Hang on, you know, can you see that it is kind of like?... There was the anxiety there, you drank to get rid of that and then there is anxiety here and you sort of rushed out of and it is about people being close to you or being intimate or giving, you know", and she kind of, just, it had just slid right past her... she couldn't join the dots up and I thought 'if only she could see the

fact that the driver in both cases was actually the anxiety and that was what she was running away from.’ Now how do I show her that? How do I teach her or how do I show her how to get her to understand from inside out ...

Again, in the focus group he said

I guess it gave me the tools to kind of like think I could do this again on my own at some point in time... I don't know. I have to spend more time practicing.

Conclusion

Several participants described having developed a cognitive therapy framework of understanding their clients which included beginning to be able to cognitively conceptualise (this was written about in the section Developing Increased Empathy for Clients), by identifying core beliefs in context of life stories and asking “What is the function of the dysfunction?” They used a range of different techniques which included scaling feelings (to measure intensity), thought records, (to change thinking), relaxation, connecting feelings with thinking with body sensations with behaviour, ABCD (tool to look at connections between thoughts, feelings and behavioural consequences). Six out of seven participants did describe regularly using cognitive therapy techniques with their counselling clients. Five of them were pleased with the result, which implies a degree of competency and confidence.

HOW DOES COGNITIVE THERAPY FIT FOR MAORI?

As a tutor, I have regularly raised this question in class, so as to learn from the class and to encourage them to consider how cognitive therapy may or may not fit for Maori and other ethnic minority groups. Hence I was delighted when two of the participants who offered to take part in this study identified as Maori. I saw this as an opportunity to enrich the findings of this study with their perspectives.

A fundamental question that arose early on in this area of research was the difference between the Indigenous worldview and knowledge paradigm and the Western paradigm. Mauri sums it up: “*How was I going to integrate that [cognitive therapy concepts] with a holistic way of working?*” A holistic way of working refers to a Maori way of being and approaching counselling practice.

This question is a philosophical question embracing many dimensions, some of which are: identity, meaning, spirituality and standing in the world.

One of the possible limitations of this research is my own cultural identity as predominantly Pakeha, as I look at this study through my own cultural lens. Given that these interviews were conducted in English, this may have disadvantaged any participants who could have expressed their ideas with more ease if they were using Maori language. However, I will do my best to present my understandings and interpretations in a manner that closely represents the participant's original meaning of their words.

One of the central themes that immediately came forward was translation. This translation appeared to mean the process of translating concepts of knowledge and language from a Eurocentric (or Western) worldview into an indigenous worldview. There were three stages in this cross cultural translation process. Firstly, the student had to understand the theory herself, then make a translation from a Western world view to a Maori world view and then a further, more 'localised' translation, of finding another language to suit a particular client group, for example gang members.¹²

Mauri was the participant who spoke the most about her experience of being Maori and of having wrestled with the question of "How does cognitive therapy fit for Maori?" At the beginning of her interview she said:

I was almost like translating as we went along you know in my head, the way [the tutor] was explaining it I would think 'How would I explain that to the clients that I see?'

...[for] Maori people particularly, first and foremost and adolescents for my place of work you know. But at the time that I was studying I was working in a Maori organisation and all types of Maori you know and stuff, so I was kind of in that frame of mind, so 'How would I translate this language that was being taught here?' and 'How does this affect you know the way that we as Maori work?' You know it is quite directive, it is quite cognitive, you know, well, you know you are always in the mind and ... 'How was I going to integrate that with a holistic way of working?'

¹² Gang members refers to people who belong/identify with a particular group who have their own codes of conduct, dress, possibly membership badges, businesses.

Given her employment at that time was in a Maori agency, it seemed that this setting gave both an opportunity, and a heightened awareness of cultural identity and immersion in that world from which she would view cognitive therapy from.

When I, as the researcher, asked her about the nature of this experience, as she answered, I had the vision of her being a bridge between two worlds asking herself many questions as she sat in class. Perhaps the broader philosophical question “*How does it look in our world?*” was the first question, followed by searching for words to match concepts, to bring them across from one worldview to another.

Her words “*all types of Maori*” perhaps suggest she is emphasising Maori people are all unique. Maybe “*all types of Maori*” could also refer to differing levels of cultural identity as suggested in literature on identity (Manna, 2002). Here Mauri expands on her experience in class:

N What was that like? [the translation]

I think what it was like for me was it was a process of translating into two worlds and it was a process of ‘What aspect do I feel that would go well? What aspects? Or what sort of activities or tasks? Like the home work type of things, how to explain CBT, you know, and the language and all that stuff. Translating that, I was doing lots of translating. It was OK, it was easy for me because I think I do it all the time anyway and that was translating culturally, across the cultures. This is kind of what they are saying this kind of language, this kind of world, but ‘How does it look in our world?’ and ‘What reference can we make to some of these concepts to places in our own world?’ It was not a struggle.

Then she spoke about the next step in the translation process where she refined the language further to suit a particular client group.

Yeah and how it might look to other Maori clients, particularly at the time with working with women... and men... and so, and the language that would have to change you know, grass roots kind of language, ‘...about CBT and I was thinking um, you know ‘OK what is the kind of language I would use with this gang member sitting opposite me?’ you know. That was what was going on lots for me while I was sitting in class...And that was the challenge, was the translating. I have got the concept, I got the concept. Now, it was my job then, to teach those concepts to or to use

those concepts for people that probably another step removed from probably wanting to understand it, you know. Yeah. That was that.

On re-reading this transcript, I was struck by the consciousness and energy required to live in two worlds. The question “*How does this seem in our world?*” seemed to suggest a travelling into one reality and then consciously going back to another world to look through Maori eyes and make meaning. There seemed to be a fluid, practiced ability to travel between two places whilst holding connection with her identity of being Maori. A further step to be considered, was whether this particular client group had the desire to want to understand, which made the task of communicating the concepts even more challenging. Mauri clearly viewed herself as a representative for her people who had the responsibility of gathering knowledge to translate it into Maori concepts and language and then return this knowledge to benefit her people.

Holism

In returning to the fundamental question of ‘*How to integrate that [cognitive therapy concepts] with a holistic way of working?*’ it seems to me as a researcher listening to Mauri, is that one of the ways that she does this is by listening to Maori people’s stories. In narrative psychology, stories are seen as a form for expressing people’s identities (Bruner, 2002; Gergen & Gergen, 1986; 2006). Analysis of the form of stories gives a view of the ‘whole’.

Mauri:

Even when I think about it probably has because just automatically I would in some informal way go through that kind of process with my clients, my family and ...hearing their stories,... You know counselling, not specifically CBT, [which I don’t think I am] but when I look at how I am, look at, analyzing the whole thing, my client’s story and stuff, it is pretty evident that I do, you know, do the CBT thing.

Here, Mauri told me of how she listens to families tell their stories, and in this process, she is collecting information in story form and then it seems to me she is using a cognitive therapy lens to interpret aspects of these stories. It is interesting that she is one of the few participants in this study to use the word ‘story’ in relation to listening to her counselling clients. Her style of counselling

seems to fit with the narrative principle that personal narratives are people's identities, e.g. (Bruner, 2002; Gergen & Gergen, 1986; Tuval-Mashiach, 2006).

Usefulness of cognitive therapy for Maori

Two participants have successfully used cognitive therapy with Maori clients and gave examples. Mauri said:

It has been really useful for my people,. ..but really, we are focusing back on the power of the talk, you know? You have control of your thinking and stuff and we can change that thinking or we can check it out first, check out, actually it has become quite common language for me to be able to say 'Well, what is the evidence?'

Mary has also found that cognitive therapy seems to fit Maori clients well.

Particularly men, and particularly Maori men for some reason. Like I would put it out and they would pick it up and they would take it away and they would use it and bring it back the next week and say 'I did this,...But it worked, it really did work and it seemed to create the new base for new, you know new behaviours, new ways of thinking and they would stick with that.'

It seemed that Mary 's experience was one where Maori men engaged easily with cognitive therapy concepts and had substantial gains in learning new ways of thinking and behaving which were sustained over time.

One participant who identified as Maori did not specifically speak about the question of how does cognitive therapy fit for Maori? Maybe not speaking, related to a number of possible reasons such as her own stage of development and competence or her own stage of cultural identity or safety with myself as the interviewer.

Conclusion

Cognitive therapy was first developed by leading theorists Albert Ellis, Aaron Beck and Arnold Lazarus initially for the American, English and South African populations. Generally speaking, cognitive therapy is based on Western scientific principles which are the division of the whole into parts. Usually these concepts do not fit comfortably with a Maori world view or Indigenous perspective which more tends towards a holistic perspective (Durie, 2007) where breaking things (thoughts, feelings, behaviour and body sensations)

down into separate parts goes against seeking answers by looking outwards to wider dimensions. However, in this particular study, two of the seven participants have specifically found that aspects of cognitive therapy can be really useful for understanding Maori and using techniques to assist change. It seems that using a story form for Maori, may be a way of blending a holistic way of counselling and the more structured form of cognitive therapy.

LIMITS OF COGNITIVE THERAPY

There's a soul, there's a spirit, there's something there that you can't quite analyse, you know. Yeah, when you take that away, that whole aspect, and you've just got the data it can be, yeah, quite harsh.

This excerpt from Jayne clearly suggests her view that cognitive therapy emphasizes rational knowledge to the detriment of the spiritual dimension. This criticism that cognitive therapy places too much emphasis on the place of rational thinking at the exclusion of context has been written about in literature 12 years ago (Lyddon, 1995). Generally towards the end of interviews, some participants spontaneously reflected on the limits that they saw in cognitive therapy as a counselling approach.

I will begin by presenting some of their broader philosophical concerns about the cognitive therapy model and then shift the focus to some of the more practical details of implementing this counselling approach.

Rachael critiqued Beck's cognitive therapy model.

All I discovered I guess doing that cognitive therapy way...the negative things that I told myself, and counteracting that, so whereas this other way [Another theorist called Glasser] kind of got me the positive things. So it was much less¹³ problem focused....but also kind of recognising what people do want, so yeah the needs and desires rather than change.

¹³ Glasser was mentioned in footnote 3, chapter one. He is an American cognitive therapist who trained as a psychiatrist. He has written several books on Reality therapy and Choice therapy. He is known for espousing radical views of not believing in psychiatric diagnosis and being anti medication. He takes a position that people must be responsible for achieving their basic needs for connection with others. (Glasser, 1998)

Hence, Rachael seems to be stating her preference for Glasser's theoretical approach of emphasising people's meeting their needs in relationships rather than Beck's focus on negative thinking.

Jayne expanded on Rachael's idea as she stated her preference for more focus on resilience. She also pondered whether the context for problem development is sufficiently attended to.

Jayne:

It's hard to put into words. Like you've got your five part model and in the larger aspect, you bring in your spirituality and your culture and all those things, but it doesn't seem to have a huge influence on the work. Whereas I think the DBT [Dialectical behaviour therapy] does. Yes, it [cognitive therapy] can be quite clinical I guess.

Niccy : Clinical meaning?

Clinical as in strategies, techniques..., without feelings...and without the spiritual aspects and how that influences so much of people's lives and who they are. Going through that case study,... it did seem clinical, it was in black and white it was written. I guess it's like, you look at the medical notes, psychiatric notes, you know that could be quite, clinical harsh, it doesn't have a huge context or, it's like labels without bringing the person or the human into it. It didn't look at your strengths so much, too,... There's a huge amount of resilience there, because hey look I managed to get through my second year of my counselling degree, I must have done something right, you know, and I'm functioning

Her concern about the over emphasis on 'data' collecting to measure problem behaviour, at the expense of broader considerations certainly has been a criticism of behaviourism which historically contributed to the merging of behaviourism and cognitive therapy (Rachman, 1996). Although spirituality is acknowledged in cognitive therapy, Jayne did not think there had been enough emphasis on this aspect of humans which somehow 'takes away humanness'.

I will now shift my focus to the discussion of practical difficulties of applying cognitive therapy.

In the focus group, Andy, Rachael and Nellie discussed the difficulty of using cognitive therapy to sufficient depth if clients are in crisis, have urgent needs or leave counselling as soon as they stop using drugs.

Rachael.

CBT works quite well for that kind of crisis management way of being, when it works in the behavioural level but it still, if somebody has got that underlying schema it is difficult to get them to do lots of things to reduce their drinking because, ...whatever is fuelling it is still there so I think it does work on the top level. But I think it works best when you do address the real core beliefs.

Rachael spoke about client motivation. "Sometimes they are not going to be forthcoming."

Then Nellie said:

That is right, yeah they have got no boundaries, but they have got lots of walls. They are going to use a lot of those walls to protect themselves.

Rachael focuses on the difficulty when there is limited time available with a counselling client.

I was thinking that is a common thing that A & D [Addicted and dependant] people don't stay, they don't stay for long, so how do we make CBT applicable?, ...how do we give people tools that they can take away if they are only going to see us two to three times?

Rachael referred to the fact that some preparation is required before a cognitive therapy session (e.g. rereading theory, photocopying exercise forms, arrange a white board, organising a relaxation tape with tape recorder) which sometimes made her less likely to use it.

yeah I would like to ...[use cognitive therapy], just about being busy and getting everything prepared before, [the client comes] sometimes I haven't always had it [prepared] and then I think 'I haven't got it' (and she implies she has therefore decided not to use cognitive therapy techniques.)

Conclusion

Four participants have devoted some time to considerations about situations where they see cognitive therapy as being limited. They spoke about theoretical

limitations such as this counselling approach is not sufficiently strength based or oriented towards human spirituality. Interestingly, the most recent developments in the cognitive therapy field have evolved in exactly this direction which focuses on resilience (Padesky & Mooney, 2006). One participant appreciated Glasser's ideas as he focuses on human need for fulfilling relationships to meet needs of love and worth. They also raised several practical difficulties in using this method such as preparation time, needing certain equipment, having limited counselling sessions, some crisis situations and when counselling clients lack motivation for change.

RECOMMENDATIONS FOR TRAINING

Most participants chose to reflect on their recommendations for cognitive therapy training. This was one of the main topics of discussion in the focus group. All participants were very clear that they would have liked further training in cognitive therapy in the third year of their counselling training because they lacked competence to practice and they recognised the limits of their knowledge from an introductory course. Two participants said that they had spoken to their contemporaries who similarly, had desired further training in cognitive therapy.

Stacey said:

I think it would be useful for me if we um maybe had an introductory in the second and then a bit more in the third year to help implement it... But I know for me,...I would just do as much as I need to pass the paper so that I can get my degree... now I am in a job ...And CBT is great and I have faith that it is, but I don't know enough about it to implement it.

It seems to me that, whilst she can see the potential benefit of cognitive therapy, she views herself as not yet competent to use the approach with confidence. At one stage, she decided to acquire enough knowledge to pass the paper but later, her motivation increased as she gained employment as a counsellor.

Rachael also spoke about her desire for further training which was supported by other students.

I really kind of grabbed onto CBT, I really like it. I think it works ..and I want to get more of it as a student, but then, I think 'There

is a lot of other approaches that we were taught as well and I guess they can't teach us everything' ...I have heard from other people [students] that they would have liked to have more [cognitive therapy], so we all seem to be really attracted to it.

Two participants commented on how they thought reviewing the learning content would be very beneficial.

Stacey said: *"The readings were useful and that has reminded me that I should probably go over those."*

In Andy's interview he mentioned the desire for further training several times with varying ideas about how this could be achieved.

It might have been nice if there had been time to carry on the process after the paper ...probably a helpful way to do that would be to diarise it and to keep kind of linking back to the paper itself, while it was fresh.

He also had a further idea *"like trainer wheels for awhile so you can actually get up and go with it"*. This suggestion of 'trainer wheels' perhaps suggests a concept of students having some support whilst they are at a novice stage of development with cognitive therapy. This idea is a practical one which could also be achieved through finding a counselling supervisor with a cognitive therapy orientation or by a tutor setting up an interest group after the cognitive therapy paper to support the students in their continuing practice. Andy also suggested the use of teaching videotapes for refreshment of techniques. His keenness to continue having input, related to how he viewed cognitive therapy as being a central aspect of his counselling work

It is one of those modalities, that appears to be, like it might be core, like it is core and so if you are going to carry on doing what you are doing for any number of years, I suppose you will go away and train yourself.

In the focus group discussion, Nellie made the point that the students may not actually require new knowledge, they more require help to refine what they have already learnt and then integrate this knowledge into developing their own style.

It is about your own understanding, isn't it? And so you are incorporating it into your own, um theory, so you are not actually

getting, like an additional paper that goes in deeper. Just refining the outline that we have actually learnt in the CBT paper.

Conclusion

Participants have recognised that cognitive therapy is a vast area of knowledge that “one could spend one’s whole life learning”. They also have some sense of where they are at in their own development as students of cognitive therapy. Many reported using cognitive therapy techniques on a regular basis, both on themselves and with their counselling clients. Most students could clearly see the need for further training in cognitive therapy, whether within the degree or after the degree training. Most appear keen to pursue this if available. They have also spoken about the need to return to cognitive therapy theory to reread and to allow time to practice and integrate their knowledge and eventually adapt the theory to their own style.

SUMMARY

In this chapter, I have presented findings from seven interviews and a focus group on the experience of learning cognitive therapy. I have introduced 11 themes under the heading: Learning Cognitive Therapy. I selected these themes as they seemed to stand out and were emphasised by several participants. These themes were: preconceptions of cognitive therapy, reasons for choosing self case study, relationship with tutor and teaching style makes a difference to the learning, challenge of the learning, the importance of repeated practice, the importance of counsellor self development, increased empathy for counselling clients, how does cognitive therapy fit for Maori? Depth of learning and cognitive therapy is a huge area of knowledge, limits of cognitive therapy and finally, recommendations for cognitive therapy training.

The next, Chapter Six will present findings from themes concerning, specifically, the experience of self case study.

CHAPTER SIX: THE EXPERIENCE OF SELF CASE STUDY

The research question for this study was “What was it like learning cognitive therapy and completing a self case study?”

Following on from Chapter Five, where I presented 11 themes under the heading of Learning Cognitive Therapy, in this chapter, I plan to focus on a detailed consideration of the act of completing a case study on oneself and what the experience was like for the seven participants. As in traditional case study format, the headings tell a story of change over time. The process starts with a beginning scene for the story, in which the participants tell of a personal struggle with a specific difficulty. These difficulties are the problems that each protagonist has chosen to look at through a cognitive therapy lens. The process moves on, to describe the ways they have applied cognitive therapy techniques to themselves. This self practice often initiates personal change. In examining the transcripts, eight themes came forward. They were:

1. Gaining an understanding of the problem
2. Safety and trust in the tutor relationship
3. The act of writing down
4. Self discovery through challenge
5. Going into the unknown
6. Seeing new possibilities and making a choice
7. Personal development and transformations
8. Continued use of cognitive therapy on self

These steps to learning could be viewed as a staircase, in order to show a process beginning with the general learning of cognitive therapy, moving through a process which graduates upwards, leading to personal development or personal transformations, and finally to integration, where the cognitive therapy techniques may be regularly applied to self. All of these steps happen on a foundation of trust and safety in the tutor relationship. However, the issue of safety and trust is more relevant for some participants at a later stage, as they begin to write the self case study so I have drawn it in twice. Obviously,

participants do not necessarily proceed through these steps in a linear fashion as there is constant overlap between steps with personal development threaded through out the steps. The separation of steps is somewhat artificial but is a way of showing these differing themes. Below is a diagram showing the steps in the staircase.

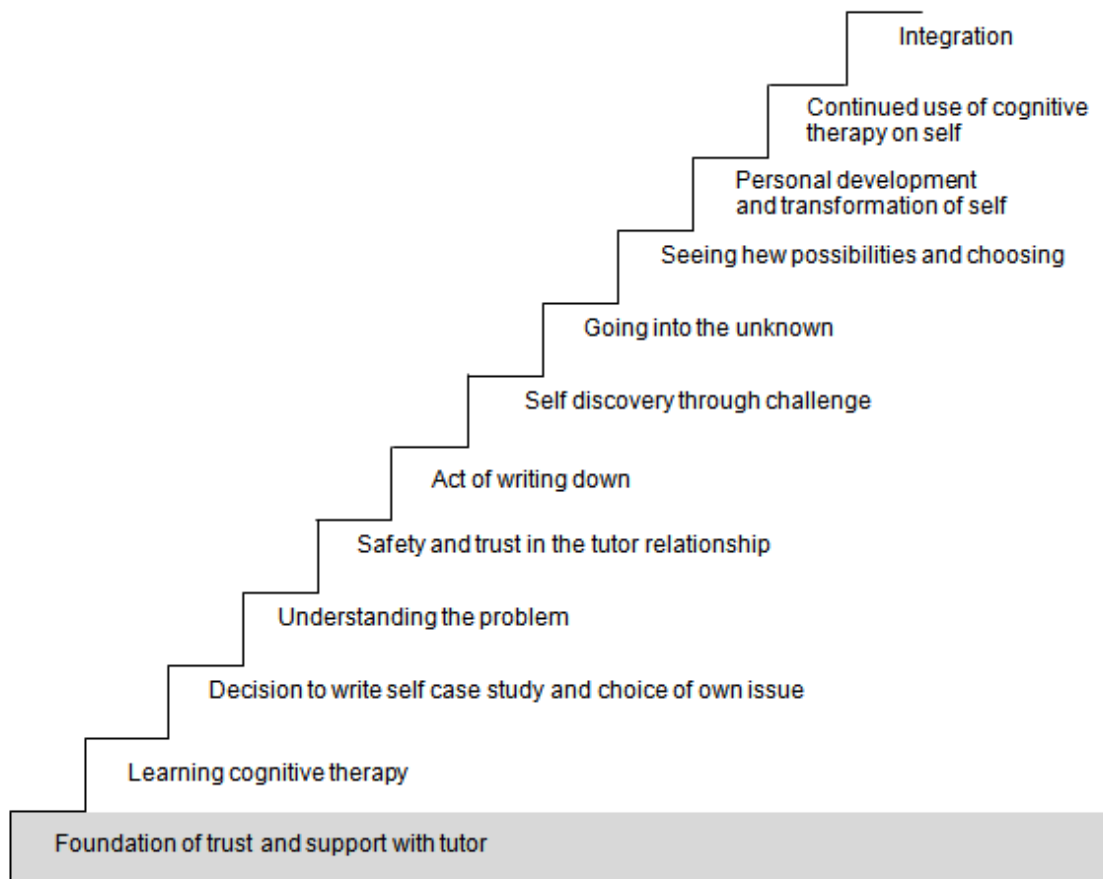


Figure 7: Themes from the experience of self case study

In this chapter, I will provide verbatim quotations from the participants to support the themes which emerged. I will show similarities and differences between participants experiences and provide my interpretations of what their words might be saying.

GAINING AN UNDERSTANDING OF THE PROBLEM

Under this heading, I have included the participants' struggle with their chosen problem, which sets the scene for the case study. Given that participants were required to view the problem over the course of their life, they gave detailed histories and descriptions on their daily experiences of living with particular

problems. These problems were: anxiety, social anxiety, fears, perfectionism, and procrastination.

Although childhood sexual abuse was not the focus of the case study, for three participants, this issue emerged through the self case study. The structure of the self case study helped them to identify childhood sexual abuse and review the effects. All of this group of participants processed this issue and each of them made significant progress. To protect the confidentiality of these participants I have not included excerpts which specifically identify this process. However, I do see this finding as important and I will return to further analysis of this topic, in the discussion chapter.

I will now return to show some excerpts where participants speak about realising how much their various difficulties have impacted upon them. As they reflect and write about the effects of the difficulties each participant is growing in self awareness.

Mary, for example, has described the limitations of anxiety and being resigned to this way of being. She had lost hope for change.

I thought 'This is me, that is how it is, that's O.K and I can live in my world and be alright with that'. So I had really given up thinking that that would change for me and I had all sorts of reasons, that, that was like that, and justified them. I guess ...doing that study, not only showed me my problem, but showed me how big it all was.

As I listened to the transcript of her spending over 20 years wishing to be able to voice her opinions, I felt very touched and struck by the power of anxiety in people's lives.

I must have been about 27 and um so [voice sounded yearning] wanted to do this group [personal development group] and just, so wanted to be part of this group and having all this stuff I just wanted to talk about and couldn't, you know, and it was sort of like every time I wanted to put something out [speak] having this block in the way and shaking, literally shaking and um sweating.

Mary saw the fear of judgment as central to the anxiety and in looking back, perhaps she feels some regret at wasted opportunities as she expresses anger and sadness.

Alright on a one to one...but never in groups, people I didn't know, um, people I felt who [seemed to be judging her] ...well that was part of the social anxiety of course, but just all the years, ...so it [case study] took me on a journey... all of what it had meant over the years sort of came back and yeap, anger, sadness.

Similarly, Andy narrated how he realised, during the writing of the self case study, the extent to which anxiety limited his work performance. He also feared being judged by others. He used perfectionism to cope with the fear of failure. In linking his behaviour with feelings and beliefs, he saw how he became a workaholic for many years and also used drugs and alcohol to cope.

A *All through my life it [anxiety] had driven me towards drugs and alcohol, um ...towards situations where I could compete to a level where I would win ..So therefore I stayed away from areas where they were outside my comfort zone and went towards areas where I knew that I could super achieve, even if it was ...being a garbage man...It was critical that I excelled,...because everyone in our family excelled...Not to excel was a failure, you know, of massive proportions. Then I saw, all that, linked in with being a workaholic um the number of hours that I worked and you know the awards that I had gotten...and how I approached my family system and everything suddenly just clicked into place and I could actually see.*

In contrast, although Mauri also struggled with perfectionism (as a way of managing negative core beliefs)¹⁴, as she wrote about the problem's impact, she also saw the positive aspect and gains of being perfectionist.

When I see what I wrote down, it was quite negative, but not negative that but when I looked back the things that came out of every incident, all the learning that I got out of that, is ultimately, there were 2 pathways that I could have chosen and I constantly choose because of my core belief, ...so hard to gain..., praise and affection, and love ...that a child needed in a positive way. So, in some ways I saw that the core belief has got me to where I am today. I became quite a high achiever and quite a perfectionist... and so that I keep thinking 'That is a bit of blessing in disguise'...and the core belief probably stuffed up quite a few of my relationships with family and partners, on the other hand it also had got me to being very successful and very um comfortable and

¹⁴ As footnoted previously in chapter 2, page 37, core beliefs are deeply ingrained beliefs about one's worth or loveability which can be positive or negative. The negative core beliefs are like a self prejudice and are usually not consciously known.

having options in my life, because I was able to strive to achieve academically.

Fear of being judged negatively was a common thread woven through participants' stories. Nellie described struggling with fears as she was learning cognitive therapy. She would have liked more help and instruction, but was afraid to ask questions in case she was judged negatively by others.

Not being able to ask and that fear of, sort of looking like, I really don't understand this ...because I might look like the absolute fool. Everybody else understands it, but I won't know what everybody else thinks, but my head is telling me that 'Everybody else understands but why can't I get it?'

As I re-read this story, I reflected on how tortuous and disabling fears can be and their subsequent impact on student learning. This excerpt links to a basic principle of adult learning theory which (similar to counselling process) is for the tutor/counsellor to attempt to provide a safe, supportive learning environment to facilitate the learning/counselling process (Dean & Murk, 1998).

As Jayne reflected and wrote, she found that acknowledging the extent of the problem was unsettling as she had not viewed the issue from so many different perspectives before.

It was quite interesting, it was quite an eerie experience, mm. Yeah. And when you look at it, in the context of survival, love and belonging,... you can see how much it would affect, well it did affect me, you know in so many different areas,...power, freedom. Yeah. Gosh, I haven't even, really, I hadn't even thought about it, that this [case study] was the catalyst until now, mm...Yeah, because it is very confronting, as I said earlier, you know because you're analysing yourself.

Conclusion

Participants chose to focus on lifelong fears and anxiety in their case study which had often significantly held them back in their lives. It seemed to me that participants were often initially surprised at the impact of the problem, as they had never completed a 'life review' before, so completing this part of the case study gave both a retrospective 'long exposure' as well as a 'snapshot' in time of the problem. As they reflected and wrote about the impact of these fears, they could begin to see the limitations and the ways that they had coped or adapted, e.g. alcohol, drugs, procrastination, comfort eating, avoidance,

workaholism. This was the beginning of their self awareness which was somewhat of a shock and perhaps unsettling for some, as well as hopeful for others.

SAFETY AND TRUST IN THE TUTOR RELATIONSHIP

Most participants chose to mention the importance of safety and trust in the tutor relationship to enable them to confront themselves. Five participants specifically spoke of safety and trust in the tutor relationship so that they could divulge intimate, sometimes never disclosed before, personal information in their self case studies. One participant who described having difficulty learning and connecting to the tutor also gave a less detailed personal account of herself and her own process within the research interview. Maybe participants who felt more comfortable within the tutor relationship were able to take more personal risks with greater gain.

Mauri made the connection between feeling safe and consequently being able to challenge herself.

Epecially the things that I wrote down that were quite um, personal ..and I was happy to actually go to that level of depth because of the person [tutor] that was reading it and if I didn't know ...and trust [that tutor]... as much as I did, I don't think, I wouldn't have shared as much.

Mauri has said clearly that she could not have disclosed to the depth that she did, had she not had trust and safety in the relationship with the tutor. Hence by choosing to complete a self case study, the participants were risking being vulnerable and testing out the trustworthiness of the tutor.

Rachael wrestled with the scary decision to reveal personal details about herself and reassured herself about confidentiality by not identifying herself. She also reflected on the potential personal benefit and on balance decided to take the risk.

It was, in some ways it was quite hard, because I thought 'Well, I am putting all of my personal information into my assignment and how much do I want to do that?' But then I thought 'Well, I re-name myself anyway and I don't actually have to say it was me' ...I realised that there was more benefit in it than there was discomfort.

At the end of Rachael's interview, she advised future students that they can choose how much personal disclosure to make and that the tutor will keep the boundaries around confidentiality.

Everyone has different reasons why they might not want to do it, but if the reason is fear of disclosure, [which possibly was mine], then there is no fear of that happening because it is an essay and it goes to the tutor and comes back again. There is nothing to worry about, I guess it depends on what people choose. I guess as a student anyway, you already know what you use and what you need and what you don't use in class, what you disclose, so it is the same, just because it is a piece of paper that you write, you have got the same rules around that.

In my tutor role, I found her ideas a helpful reminder that I could make explicit to the students that their self case study would be kept confidential and would not be spoken about between myself and them unless they initiated a conversation.

Conclusion

By choosing to complete a self case study, the participants were risking being vulnerable and testing out the trustworthiness of the tutor. Five participants chose to address this topic directly. Trust and safety was seen as important so that students could enter a process of self development through the self case study.

THE IMPACT OF THE ACT OF WRITING DOWN

Several participants did speak about the physical act of writing the case study. I was interested in their experience of being both the subject of the case study and the writer of the case study. I was intrigued how participants were able to move around in time as they described writing about themselves in the third person (to achieve an objectified look at themselves) whilst having a present moment experience of being emotionally involved, and then they stood back from the written text and reviewed themselves, much like a reflective journal process. It also seemed, that in the process of being both the subject and the writer that this process could be likened to self therapy or being one's own counsellor which is the ultimate goal of cognitive therapy.

As previously mentioned, one part of the case study required the students to essentially write an autobiographical review of themselves. They used three

different theorists' ideas to look at themselves (J. Beck, 1995; Ellis, 1997; Glasser, 1998). For most participants, they did describe writing a detailed personal history and reading it back as a powerful experience which added depth to their learning.

Jayne said:

When you look at your own information like that, you're reading it, it is almost like it could be another person, it could be any case study about anybody, but it's actually about you...Seeing your story written out with so much thought like that, um yeah it had never really occurred to me to look at myself really with that much depth before. Um, you know I'd had a bit of counselling here and there, but I hadn't really gone through much at all. It was easier to focus on others than it was on myself.

Jayne's last statement shows how counselling trainees who are required by their counselling training to complete personal counselling are able to complete this task but not gain in depth learning or personal change (Bennett-Levy, 2001). Moreover, as she freely admits, it is easy to avoid facing one's own issues by counselling other people. However, she described the experience of 'being challenged' many times by the structure of the case study.

As described in chapter Four, Jayne had begun writing the case study by writing about a fictional character but as she wrote more detail she became shocked that she was actually writing about herself.

I think that experience, yes because, yeah it was someone else originally, 'I'll just make it up,' then that kind of hit me as like, 'oh my God!' Yeah, so that third person thing was real to begin with, but then it shifted into me. So it kind of evolved.

Mauri describes a similar experience of being 'pinned down' or challenged by the detailed, structure of the case study even though she had had long term counselling.

It was a powerful journey really,...I have been in counselling on and off for 10 years and um haven't quite taken that detailed journey back in counselling. So having to go through the case study and kind of, from birth and ...right from childhood you know and [consider] what was going on environmentally in my life ...it made me kind of look through things in quite a lot of detail.

This detail enabled her to see more of herself over time.

I saw a pattern, as I look back, as you do... That was really useful ...to actually see it, like that and to follow that. Really, that was pretty powerful, actually a revelation and then the part of the assignment where we had to um then had to analyse that and to look at all those events and actually look for the core belief.

Next, she told the story of re-experiencing childhood events by going back through time and space with accompanying images and senses as she remembered and wrote her autobiographical section. She was the only participant who chose to share this experience in such vivid detail of what had happened to her as she wrote. This suggested to me that she is open to letting herself be taken by the emotional process and was possibly re-experiencing it as she told me her story. Possibly the previous 10 years of counselling has prepared her to being able to involve herself so fully in her process. This also suggests that she was able to do this because she felt safe and secure. Several participants commented on how 'safe' they felt within the structure of cognitive therapy. Safety is essential for in depth development and I will write further about this concept under one of the next headings. Mauri remarked:

We are telling some of the events that brought back some strong emotions at the time, you know, and so kind of put me back into that time, space and place.

Andy also linked this 'deepening' process with the writing. Here, he describes the process of writing about himself and reading over what he had written and in the reflecting making new realisations.

I have known about that before, like a long time and you know, read about it [having a perfectionist attitude] and thought 'Well that is me' and the therapist has told me that. That is me, but it didn't actually change until I ...I looked over my case, as I was writing it and I thought 'It is really, really you and this is why, it is you and this is how, it is you.'

Conclusion

Under this section entitled The Act of the Writing Down, I have observed most of the participants have mentioned the physical writing and becoming involved in a reflective process. This process involved self analysis and emotional processing which occurred simultaneously as they wrote. Following writing, as

participants read back over their words and reflected, in this process, often spontaneous new realisations swept them into a new place with 'deepened' self knowledge. Several of them have referred to this process as being very powerful. This next section entitled 'Self discovery through challenge' overlaps with this section just concluded and focuses on the 'challenge' experience.

SELF DISCOVERY THROUGH CHALLENGE

All the participants encountered their thinking and view of the world as being challenged. This is important in both the learning process and change process. It may also be testament to their willingness to accept new information, reflect upon it and be in process with unsettling emotions along side. In the second part of this section, I have included excerpts where participants have described this willingness to engage and what happens to them. This process shows them as willing to be open to discomfort, to wrestle with new concepts and to make shifts in new directions. There is overlap between challenge and choosing new possibilities (next theme) as one comes out of the other.

Jayne described the impact that the structured assessment of the case study had on her view of herself.

*When you're going to do a case study it's, **every** aspect of **all** different parts that you haven't really thought, you wouldn't have thought about or brought up, if it wasn't that you had to write this case study... Then it's like, 'OK, well where did it start? what happened?' you know, yeah. Parts that you would never have even thought about.*

As I re-read this part of her transcript, I reflected again, what a thorough assessment tool the self case study is. Considering this, and the concentrated time span (of having completed her case study in one evening), I wondered whether some participants had been through a process of rapid change which may have been better if they had had more time to absorb new perspectives more slowly.

Stacey was surprised by the challenge of the self case study:

It was more difficult than I thought it would be, to look back at my history of eating and comfort eating... where it came from and my patterns around that and what I used it for and when it was useful

...so actually doing the case study on that was really, was helpful, it was challenging.

After being challenged with new perspectives, both Mary and Andy described how the self case study made sense to them and how a different 'self understanding' became 'internalised' as part of themselves.

Here are fuller descriptions of this internalisation process.

Mary

As I started to do it [write self case study] I started, it moved from a head level to more of an internal level where I was beginning to actually therapise myself. ...I was beginning to work a process, um an internal process for change..., so on one hand, I was doing an assignment and on the other hand I was also, ...resolving a process of resolution I guess, um it is hard to put into words, parallel process, I reckon.

Andy

It internalised it, yeah, I knew it would do that. That's one of the reasons why I wanted to do it like that, because I knew that would happen. I knew, if I did it with someone else then it wouldn't actually mean that much to me or as much to me, yeah, yeah.

Andy spoke to the significance of this discovery being his own and how if someone else had told him (as many others had), that he would not have been able to believe or trust them. He had to make his own self discovery.

Conclusion

In this section on 'self discovery through challenge' all participants clearly described a process where their thoughts, beliefs and view of themselves were challenged. They essentially told a story of this experience, the shock of it and the learning. Then, they described the change process. My understanding of what they may have meant is that a significant 'shift' in understanding and knowledge had occurred for them in the process of writing down. This change was one of a shift from an academic or 'head' level knowledge to one where each participant 'took charge' of the knowledge and applied it to themselves.

Mary commented:

"I was beginning to therapise myself...by resolving a process of resolution".

This experience fits with the ultimate goal of cognitive therapy which is for the client to become their own counsellor and apply techniques to themselves. It also fits with the literature concerning transformational learning experiences (Mezirow, 1991) where the learner is challenged by the learning and is able to wrestle with new information and in the process reviews their beliefs and adjusts them to fit with new knowledge. Emotions may accompany this significant shift.

GOING INTO THE UNKNOWN

Part of personal change requires the courage to go into new, unknown territory. Having support is a vital part of assisting this change process. Four out of seven participants considered this concept of support important enough for them to choose to speak to this idea of 'how to hold themselves' as they go through an unsettling process of change, into new, unknown territory. In considering this idea, the issue of responsibility came forward and was discussed by participants.

This idea raised, relates to a fundamental ethical principle in counselling of 'Do no harm' during the counselling process and could also be related to the educational process. In working to this principle, a counsellor is required to be aware and check with a counselling client as to their need for support (usually emotional support but perhaps for information, resources).

Jayne:

I wonder whether it isn't something to be aware of, when, you do case studies on yourself, to make sure everyone has got that extra support around them, and how you [tutor] would know that if things were coming up for somebody in class?

Then she decided that this is also the student's responsibility, given personal development is an ongoing process throughout the counselling training.

I was trying to make reference to keeping the students safe, if they're going to be confronted and triggered, but that's going to happen continuously through the course ...There is a responsibility on the student to make sure that they do get good support, you know when they're doing personal work or they get good counselling.

Rachael similarly, raised the need for support and expressed her belief that this was the student's responsibility to arrange for their needs to be met. For herself, the case study had stimulated her to think in new ways which she had not expected. Her view was that it is important for students to act on this and ensure that they keep themselves 'safe'.

I guess it [the case study] can bring up things that, ...aren't expected ...but we all know that. We had to take care of those things as they arise. Anyway that can happen, yeah that can happen in a counselling session anyway, so we know what to do when that happens, ...so definitely about taking care about yourself, making sure that you are safe.

My understanding of her meaning is for students to anticipate 'these changes of direction in understanding' and to manage the process "So we know what to do" so that they do not become 'overwhelmed' by new thinking and they can continue their development. An example of this was telling me how she used cognitive therapy techniques on herself, as she wrote her case study on herself to manage her own fears of revealing herself. Here is what she said:

Thinking about um the rules [beliefs] that I live by and you know, and so I had realised what was informing that fear. I could change my thinking around that too, and so yeah, in that way, it became really useful... I am doing an essay [case study] about myself and having fears about it and using the information to challenge the fears.

Mauri supported herself by using cognitive therapy techniques, to manage unexpected memory and imagery accompanied by 'raw' emotions, as she wrote her self case study. She was able to keep herself present focused rather than regress.¹⁵ So it seemed to be a common experience that participants were managing to position themselves simultaneously as the subject and as their own counsellor, holding themselves in the process, as they wrote. Mauri:

I think that um it was the overwhelming emotions that were connected to the time that came to the forefront when writing ...like I talked about the time when I was 3... and then emotion came up, when remembering that. But what I was able to do, was

¹⁵ Regress is a term used in psychotherapy which means that an adult who is remembering an early childhood memory may also feel the same feelings and behave as they felt at this same chronological age.

to put it back and leave it there in context. So it was almost like I was looking there and I could see the young child ..., even though I was having a present experience of it, some tears and stuff to look back, it was back there. I was able to keep it there, you know, I didn't go into some kind of you know regression

At the end of this excerpt, she told the story of her adult 'counsellor' part of herself speaking to her 'small child self' during the writing.

*I just thought 'This is a memory, you know, I will work through this, **this** is the stuff, I can change this core belief'. Then I could see.*

It seemed that as she had managed to stay in the emotional and cognitive process, a much deeper self understanding became apparent to her. This understanding was the origin of early central 'core beliefs' at a young age. With that new knowledge, she then could see new possibilities for herself and she had hope for change.

As I listened to this vivid account, I felt completely in awe of how she was able to use her 'adult self' using cognitive therapy theory to instruct herself simultaneously to move between her adult and child selves to continue the process. Perhaps this experience shows how the structure of cognitive therapy can 'hold' counselling clients even when they are experiencing powerful feelings and reliving early childhood memories. Or perhaps this depends on the particular person's strength or analytical orientation as she had said that she is a "very analytical thinker".

Nellie emphasized the need for support in several aspects, during the learning process and generally in her life, as she was in the midst of difficult times. She referred to a fellow student who gave her support by questioning her thinking:

I suppose I had a lot of support from Paula,¹⁶ who worked on me on a cognitive way, she is one of these people that will just come and go "Well, you know, is that a rational thought?" She would always challenge everything, you know, because at the time, I was going through a lot of personal stuff you know and my confidence was really at an all time low

¹⁶ Note this is not her real name so her confidentiality and Nellie's is kept.

Conclusion

In writing a case study on oneself, it is likely that the student will emerge at the finish, a changed person in some way. Engaging in this change process can certainly be challenging and 'un nerving' especially if a person has thought in certain ways for many years. The usual 'ways of thinking and being' may not be helpful but they are familiar, 'safe' and known. Several participants have raised the issue of safety as they were 'confronted' or faced with going into the 'unknown'. Other supports mentioned were a fellow student and also the role of the tutor in relation to preempting this need for students was discussed. I was interested to hear from several participants about how 'safe' the structured approach of cognitive therapy makes them feel to experiment with new ways of being. It seems to me that this is a real advantage of this particular counselling approach which perhaps assisted them to be able to 'go into the unknown'.

SEEING NEW POSSIBILITIES AND MAKING A CHOICE

I was curious as to how the use of the structured format of the self case study might open up new possibilities, much like the counselling process aims to do. In gaining fresh perspectives, this seemed to bring about a choice point which could facilitate a change point or transition. I had an image of students looking at themselves, like holding a crystal up to the light. There was often a surge of energy which came with this moment, a sense of hope and the words "power", "empowering", "life changing" were used.

Mauri described : "*This was a revelation!*" She told a story of what this meant to her.

I had believed this was kind of like my character ...but when I looked back, I was thinking ..'These are core beliefs, reinforced by some of my conditioning' ..so I could change that. Then when I look back and um.., I actually got to change some it was quite empowering.... I always sort of knew, as a counselor, we had the tools of how to do that.

Niccy: Sounds like you saying that you realised that you had a choice?

Mauri: *Yeah that is right, I mean like I could change, I had the power to change.*

My understanding of her words is that she had previously believed, the way she thought was a permanent, unchangeable part of her character. However, when she 'looked back' on her self case study, she realised that her view of herself and the world had been shaped and reinforced by core beliefs formed at an early age. Given these beliefs were beliefs, she could actually choose to think differently and not believe them anymore. She sounded really excited and delighted at this possibility.

Similarly, Rachael spoke of her excitement as she too had learnt to change her thoughts at a much deeper level of core beliefs.

It was life changing-realising the difference between thoughts and facts and knowing that. Just learning to see my thoughts just come and go ...I don't have to be at the mercy of those thoughts... the belief, the core belief and I could view the world differently ...I got so much confidence from it. It was quite incredible. Such a difference and so quickly too.

Similarly, Jayne repeatedly exclaims "Wow!" and also uses the word "empowering" related to becoming aware of her own patterns of behaviour. This awareness resulted from reflecting on what she had written down in the case study on herself.

In the interview her face was full of amazement as she told me about this moment of realisation.

*I actually found it quite empowering the study, you know, it's wow, God **that's why**, ah, aha I'm not, you know, completely dysfunctional.*

This last sentence implies that she has made a profound discovery, which makes sense to her. It seemed to have given her a new view of herself which is that she was not 'completely dysfunctional'. Probably she now understands a context for herself ,for particular difficulties she has had.

Nellie gained self awareness about central relationships in her life:

Doing the paper, I discovered so much more about ...particularly with my relationship with my ex husband um, why I stayed in that relationship and you know the conditioning,...you know rewards and the reinforcements.

Rachael saw several new possibilities for herself and was specifically inspired by using Glasser's ideas. She spoke about using thought records¹⁷, a conceptualisation¹⁸ and she reconsidered her quality of playfulness being a valid need.

I found the process really interesting as I had done thought records before but I had never really looked at my procrastination, so it felt familiar doing it but I had to look at it from a different angles...But just the process of doing the conceptualisation made things really clear, you know. Seeing what you thought and the rationale about what I am thinking.

I found that really useful because I had never thought about, you know, that I am quite a playful person but I had never considered that this was valid.

She describes the moment of self understanding and making a choice to rearrange her time and priorities.

I can remember having a light bulb moment ...in that it's not a lot of fun to do things that I don't want to do. And it made me realise that I do need to schedule in more fun. Rather than thinking 'I am studying and doing all the other things in my life.'

She also refers to self care and the use of physical relaxation.

Self care is really important and I found the relaxation really useful...if your body is relaxed then your mind is relaxed.

Conclusion

Generally, participants saw many new possibilities in ways of thinking, feeling and behaving which significantly changed their view of themselves and their capabilities. There were no participants who did not choose to move forward into these new possibilities and many seemed to feel liberated. Being the writer of their own case study it seems that they had created this opportunity as though they were the masters of their own destinies. Alongside the excitement, came the surge of energy and movement which I shall show in further detail under the next section personal development and personal transformations.

¹⁷ Thought records are a cognitive therapy 'tool' used to review unhelpful thinking and replace the most unhelpful thought with a more rational thought. This tool requires repeated practice to be effectively learnt. Changing unhelpful thinking tends to lead to a decrease in negative or upsetting emotions.

¹⁸ Cognitive conceptualisation has been previously explained on footnote 4, chapter one. .

PERSONAL DEVELOPMENT AND PERSONAL TRANSFORMATIONS

There is definitely overlap between the previous section, seeing new possibilities and choosing which has resulted in personal development discussed in this section. Personal transformations and personal development have emerged in this chapter as the results or outcome of the self case study. As mentioned in Chapter Four on core narratives, for some participants, personal development was a steady transition leading to being able to live life in a different way and for others there was a more sudden, dramatic turning point. Participants described this shift as an experience where they were personally transformed in some way. The participants who had experienced a profound personal transformation were excited about this experience and tended to tell this story early on in the interview. The nature of these interviews was intense with words liberally ‘tumbling out’ with a rush to tell these stories. These excerpts are often the climaxes in their narratives where they have spoken about the benefits of completing a case study on themselves.

Here are parts of Mary, Andy, Nellie and Mauri’s stories.

Mary:

I suppose for me though the highlight was doing my own case study and I am just so grateful that I did that, as the social anxiety was about as big as it could have got, and growing. For me it was just it was the break through and that’s changed my life, its changed, it has enabled me to work where I am, it has enabled me to be in groups of people, um it has changed every part of my social self ...and my children ...its huge it is enormous.

Mary sees completing the case study on herself as the “highlight” of learning cognitive therapy because she had an experience of profound personal transformation which has now enabled her to live her life in an entirely new way. She achieved this change through repeated practice which required persistent effort on her part.

Similarly Andy shares her sentiments.

It is a difference, it is good and I figured that it is only just that I can’t think of anything else [apart from the self case study] that has happened to me that would have changed my attitude like that.

Mary described the difference in her attitudes and behaviour and the new resulting behaviour.

*Thinking ... 'speak now, get up and speak.' ... I do it all the time at work, I have to get up at graduations, I did staff training for two days, ... **I can do this** ... and my connection with people, with whoever I am working with or putting information across is just so strong, I can use humour, I can use myself now, ... I always used a persona or who I thought I should be who I tried to be, who I thought would be alright for these people, but not now and I am O.K. Yeah I will just do it and ... it is wonderful, absolutely wonderful!*

Similarly, Mauri agreed about the profound learning gained from the self case study.

*One of the greatest learnings I got out of ... the case study and it has been probably been quite a profound learning point for me in my own development... I mean like I could change, I had the power to change, It has made a huge tremendous difference in my level of happiness and well being in my life... On a superficial level, ... very happy you know, because of the external things, actually achievements. But internal happiness, ... but to actually **believe** in it is a different level of happiness. I identified the core belief, what it was and to actually to be able to challenge it and so with the evidence says that that is not true, which changes the emotional reactions for me in lots of situations.*

Like Mary's experience, Mauri spoke of not having to 'pretend' anymore, to try to be, or act as she believed others would want her to be. One of the profound changes is that she has developed a self belief which depended on her own evaluation rather than on how she imagined others evaluate her.

For Nellie, her experience was similarly, one where she had learnt to challenge negative core beliefs. She described being able to be different, in seeking help when she needed it, rather than being silenced by the fear that she would be judged negatively.

Nellie:

After I had written my journal and tried to understand where it [negative core belief] was coming from... Now I can actually move onto the next step which is taking it to ... my supervisor in placement and you know discussing it with him, so that in turn, helps me to put it in its place. So ... I know where it is coming from

and ...it is not a rational thought at all. So that's side of CBT that I have learnt in the past that has been so beneficial in my life.

Conclusion

Many of these participants have achieved 'life changing' personal development and personal transformation as a result of completing a case study on themselves. Given that the paper was taught at an introductory level, it seems that they have learnt to apply a range of cognitive therapy techniques to themselves and have achieved change at several different levels of thought, including the deepest, at core belief level. In my opinion, this would account for the profound nature of the change which participants said has made them so much happier, able to be themselves and now they have a knowledge of much expanded abilities where they are not held back by anxiety. Additionally, by completing the self case study, three out of seven participants made significant progress with the issue of childhood sexual abuse. They encountered the event, recognised the effects on themselves including the origin of their beliefs. They chose change and moved through an emotional process where they 'let go' off the past and unhelpful ways of thinking about themselves. They told these stories with a lot of emotion.

Overall, their personal transformations have far exceeded what I might have expected from a ten day paper in cognitive therapy taught at an introductory level.

CONTINUED USE OF COGNITIVE THERAPY ON SELF

I was curious whether participants would have connected enough with Cognitive therapy, to continue to use techniques on themselves after completing the paper. I wondered whether the learnings gained, would have become integrated or forgotten. Six out of seven participants spontaneously told me that they still regularly use cognitive therapy techniques on themselves in various settings such as the workplace, at home, in social settings and even within their families with partners and other family members.

Rachael said:

But I would like to do it, [use cognitive therapy on herself] because those tools... once they are learnt, they stay, and they are so easy

to use. Especially.. coming up with alternative thoughts and "What's the evidence?" I can think of lots of times when I could find some use for that.

Rachael seems to be attributing the simplicity of the techniques to making them amenable to ongoing use for herself. She seems to also be making the point that once learnt, this knowledge stayed with her and is easily accessible in a range of situations. Mauri also said that she uses cognitive therapy on herself on a daily basis and that it has become integrated into her thinking. Like Rachael, she used the key question from cognitive therapy "What's the evidence?" (for thinking in this way.)

Here, it seems to me that she has integrated the learnings as she says

It is a part of me everyday, maybe it is because I work and use the tools of this everyday but it has transferred into my life, you know, into my personal life and it is almost an automatic way of thinking now.

When she said that "it has become almost an automatic way of thinking now" this shows me that she has thoroughly learnt to observe, recognise and refute unhelpful thinking patterns. She has benefited from so much repeated practice that this process has become 'a part of her'. She found cognitive therapy so useful that she has even taught these techniques to her partner with the result that their relationship has been much improved. This act could be seen as indicating how useful cognitive therapy techniques are for couples.

Similarly, Mary spoke about the benefits for her relationships within her family and how she has taught her daughters by modeling behaviour.

I see my daughters you know, so that is a legacy that they have got ...one of them, one of them is over it, [social anxiety]. She has moved on from it ...but Anna's ¹⁹ starting but um that's being part of that learned behaviour that they have taken from me, both of them and ..it is huge. It is huge. And I guess for them to, in as much as they learnt that behaviour, by me modelling different behaviour which I certainly do these days.

¹⁹ Anna is not her real name. Her name has been changed to protect her confidentiality.

Jayne also spontaneously told me about her regular use of cognitive therapy.

I do use CBT [cognitive behaviour therapy] a lot on myself, on my irrational thinking, often catching my thoughts out. "How useful is this to be thinking this?" I practice it a lot, I think in the A and D [Alcohol and drug] field it's really good. It's a really good method to use....Every time you do it, you know, the more that you become affiliated with the methods and the techniques...the more that you know that it works for you.

Andy also described an attitudinal change in himself.

I am much more inclined now to think before I start something like this project... I normally would have angst it over and this time I will just get it done with the best ability that I can and that's it. And that's how it is going to be and that is fine, so I have a much more relaxed approach to that which is really helpful.

Conclusion

Six out of seven participants have maintained their learnings and regularly still use cognitive therapy techniques on themselves. As in the last section, their achievements have exceeded my expectations. They attribute this ability to the simplicity of the model and the success they have had from seeing cognitive therapy techniques work. One of my interpretations is that the completed learning is on an experiential, deep level, involving self reflection and personal change which has permanently changed them and they cannot unlearn this knowledge.

SUMMARY

In Chapter Six, I have shown both excerpts from participants' experience of writing a case study on themselves and my understandings of their excerpts related to the themes. I have structured this chapter by dividing the themes (which appeared from narratives) into eight sections which included: gaining an understanding of the problem, safety and trust in the tutor relationship, the act of writing down, self discovery through challenge, going into the unknown, seeing new possibilities, personal development and transformations and continued use of cognitive therapy on self. I have attempted to give my understandings and interpretations of their experiences. In the following chapter on discussion of findings I will expand on my understandings so as to make sense of these findings and those findings in Chapters Four and Five.

I will discuss these findings further in Chapter Seven, the Discussion Chapter.

CHAPTER SEVEN: DISCUSSION AND RECOMMENDATIONS

In this final chapter of this thesis, I will draw together the main findings from my study. In this discussion, I will include my reflections on the findings and weave implications for research and counselling training through out this chapter.

In this study, I wanted to explore, from counselling students' perspectives, the general experience of learning cognitive therapy and in particular the experience of completing a case study on oneself. Trainee counsellors' perspectives have rarely been heard in counselling education (Bennetts, 2003) and so, by gathering these in-depth stories from the seven participants, my study has added knowledge to counselling education. I have not been able to find any other published studies which have investigated self case study as a form of experiential learning.

INTRODUCTION

My pre-suppositions interview revealed that I, personally, had found learning cognitive therapy a very positive and transformative experience. Working as a professional counsellor, I often use the cognitive therapy model with counselling clients and have regularly received positive feedback from them about the usefulness of cognitive therapy.

In my first year of teaching cognitive therapy to a group of undergraduates in 2003, I received feedback from one of my students ('Mary', whose story was the inspiration for this thesis) that her life had been totally transformed by learning cognitive therapy and, in particular, by completing a case study on herself. Therefore, I began this study with an awareness of the possibility that other students may have had a transformative experience.

In the previous chapter, it became evident that most students were transformed by the self case study either in a steady, continuous way or through experiencing a sudden dramatic shift. These changes were more tumultuous than I could have imagined, with four participants also identifying and becoming aware of the impact of childhood trauma as they wrote their self case studies. I will discuss this change further on in this chapter.

DISCUSSION OF FINDINGS

The main findings from this qualitative study are:

1. Self case study has the potential to provide a unique learning opportunity encompassing many dimensions and facilitating deep learning.
2. Self case study can mean transformative learning and the development of new stories of identity for the subject and writer of the case study.
3. Students perceive that cognitive therapy can be usefully adapted for some Maori and self case study can be a means of strengthening cultural identity.
4. Counselling student trainees can process childhood trauma through the medium of self case study.
5. Brief introductory training courses in cognitive therapy can enable students to perceive they have learned the cognitive therapy model, refined their cognitive therapy skills and enhanced their own personal development.

In this chapter, I will further analyse and discuss these findings.

SELF CASE STUDY OFFERS A UNIQUE LEARNING OPPORTUNITY

It is not by looking at things, but by dwelling in them that we understand (Polanyi, 1983).

In my study, I was particularly interested in the students' experiences of using 'self' in their learning. For most students in this study, using their own biographies and practising on themselves did seem to offer a powerful experiential learning opportunity. This learning opportunity encompassed 'doing', (self practice of cognitive therapy techniques), reflecting, self reflecting and reflecting in action.

Secondly, and also very importantly, self case study offers a whole view of a person in the temporal dimension within which these experiential learning processes to occur. Thirdly, the use of self case study by trainee counsellors means that having been through the change process themselves, trainees are much more able to identify with this experience counselling clients which builds

empathy for their counselling clients. Finally, trainees spoke strongly about the need for a sense of safety as a necessary condition to enable personal development to occur. I will now proceed to discuss what these findings mean in relation to student learning, previous research and the implications for teaching counselling.

Reflecting, self reflecting, reflecting in action

Participants commented on the actual physical process of writing a self case study and emphasised the power of this learning process. It seemed they had new dimensions of experience as they were simultaneously being the author, the subject of the writing, reflecting on the process and being their own counselling client. Their involvement in this process of writing, reflecting and rereading both deepened their self awareness and their understanding of the cognitive theory.

This perspective of slowing the process down and simultaneously self observing whilst in action is one that Schön (1983) had developed in his research of reflective practitioners. I believe that these dimensions of both being actively involved in the process of self application of techniques and slowing down the process by self reflecting and writing is what makes for such a powerful learning experience.

Furthermore, this process is also reflected in the cognitive therapy technique of the use of thought records to change unhelpful thinking. In a similar process of examining unhelpful thoughts, counselling clients use a writing process which again allows time to slow down the usual thought process and also provides space for self reflection (Bennett-Levy, 2003).

By gaining a different perspective, students were able to process strong feelings which were resolved through this self practice. This learning process provided opportunity for deep learning and personal transformation. I shall expand on the depth and transformation in the following section.

The students' experience fits with one of the basic principles of narrative psychology which is that individuals understand themselves through the medium of language, through talking and writing and it is through these

processes that “individuals are constantly engaged in the process of creating themselves” (Crossley, 2000, p. 10).

These findings on the gains from self case study as an experiential learning opportunity are consistent with the research from Bennett-Levy (2001), who has completed longitudinal research on the value of self practice and self reflection during cognitive therapy training. My study expands on Bennett-Levy’s (2001) study as his study did not use self case study. My study adds these deeper dimensions of self reflection which I shall discuss further in the following section on the transformative potential of self case study.

Furthermore and importantly, these results also fit with Bennett-Levy’s (2006) theoretical model for the acquisition and refinement of therapist skills where he posits that the central binding agent that brings all the elements together is self reflection. My findings substantiate earlier published research: that the use of self case study overlaps with the value of case study in counsellor training (Prieto & Scheel, 2002) but, when the focus is on oneself rather than on another person, this adds a deeper dimension with more opportunities for self reflection (Bennett-Levy, 2001)

Prieto and Scheel (2002) have also written about the use of case study to strengthen trainee’s ability to conceptualise and suggest that in the writing the trainees also learn to organise and structure their thinking. My findings suggest participants in this study similarly learnt to self conceptualise through self application and recording which gave them a deeper knowledge of cognitive therapy theory. The students perceived that they were then able to ‘generalise’ knowledge of theory and skills into their work place. These findings match another study focused on training cognitive therapists (Myles & Milne, 2004).

Temporal aspect of self case study

Case studies have the potential for illuminating change over time through the continuing story. Using narrative research suited my purpose of exploring the temporal aspect of change, as this dimension is important in offering information and meaning in relation to this study. The positioning of the narrator or writer in time, where they can simultaneously take a past, present and future view of self, offers a unique place to stand while gathering new understandings. In one

sense this positioning offers an 'inside outside' perspective (Bruner, 2002) as students constantly "attempt to dominate the flow of events by gathering them together in the forward – backward grasp of the narrative act" (Carr, 1986, p. 62). In my study, this process of gaining understanding or 'making sense' happened in action both as students wrote their case study and as they narrated the story through the act of writing. An aspect of this process of gaining understanding or developing 'insider knowledge' is also imagining how this process is experienced by students' future counselling clients.

Development of empathy

Self case study can provide a unique experiential learning opportunity where counselling trainees can be encouraged to do self exploration, whilst also solidifying their understanding of the theoretical learning of the model. This self practice assists them in identifying with the counselling client experience. Participants in my study developed more empathy for their counselling clients. This concept of the trainee developing more empathy for the counselling clients' experience during self practice and self reflection substantiates other earlier cognitive therapy training research (Laireter & Willutzki, 2003).

This finding concerning the development of counselling trainee empathy is a very important consideration related to counselling effectiveness outcome research (Lambert & Cattani-Thompson, 1996).

Recent research in the counselling field has restated the idea that all counselling and psychotherapy that facilitate a process of change have 'learning as intrinsic to the process of therapy'(Rose, Loewenthal, & Greenwood, 2005). This is interesting as this idea suggests that the change process mirrors the learning process. This concept applies to my study as the participants were in a dual role, one role being a student learning the counselling method and the second role being a counselling client receiving counselling from themselves through self practice.

Safety

When I reconsider the concept of audience, my reflections now, are that writing of the self case study was an intensely intimate and personal process for participants. Participants revealed themselves to themselves as the 'first

audience' yet also knew that they were going to 'go public' to a second audience of myself as the marking tutor.

Several of the participants said that the structure of this cognitive therapy approach helped them to feel 'safe' and I would speculate that in feeling safe they could then challenge themselves to further self development. The theme of students having a sense of safety was very important in this study as it provided a foundation for personal development. This finding fits with the needs of adult learners (Dean & Murk, 1998; Jarvis, 1987; Schön, 1983; Vella, 2002), cognitive therapy study on self exploration (Bennett-Levy, 2001; Haarhoff & Stenhouse, 2004) and use of self case study with vocational psychology students (Krieshok & Pelsma, 2002). The structured approach of cognitive therapy and emphasis on the therapeutic relationship links to Beck's ten principles of cognitive therapy discussed in chapter one (J. Beck, 1995).

SELF CASE STUDY CAN BE A MEDIUM TO FACILITATE TRANSFORMATIVE LEARNING

Human learning is a combination of processes whereby whole persons construct experiences of situations and transform them into knowledge, skills, attitudes, beliefs, values, emotions and the senses, and integrate the outcomes into their own biographies (Jarvis, 2004, p. 111).

My reflections on the use of self case study as a medium for change, learnt by completing this research, led me to conclude that self case study does act as a powerful catalyst to facilitate change. One of the strengths of self case study is the autobiographical aspect, as the telling of one's life story is a powerful exercise. During this process, students completed a self review which provided new perspectives and opportunity for change as contextualised within the course of their whole lives. As Ricoeur (1986) wrote: "Self comes into being only in the process of telling a life story" (p. 132), which seems to be saying that it is only in the act of storying our whole lives, that we become aware of and create ourselves. Therefore, selecting which aspects of one's life to narrate is an important decision and participants were assisted with these decisions by the structured aspect of the exercise.

The original aim of the exercise was to produce a case study for assessment to determine whether students had attained a level of proficiency in the cognitive

model of counselling. The self case study was like a 'showcase' or 'story' of their own journey, and encompassed theoretical and conceptual learnings including practice examples. Completing the required tasks within a cognitive frame, provided coherence for their stories and contextualised their life story.

Writing a life review is not an ordinary daily activity, and for many participants perhaps this was the first time that they had self reflected upon themselves and committed their self analysis to paper. In writing three self conceptualisations from the perspectives of three different theorists (Beck, Glasser and Skinner²⁰), participants were imposing order upon and making sense of their lives. This is one of the primary uses of employing a narrative form for human expression: making meaning (Crossley, 2000).

For most participants, writing their life review, was the point at which their learning about themselves deepened significantly and became 'internalised' (Prochazka, 1995). The concept of internalised learning as a deepened quality of learning gained from experiential learning is often referred to in the literature (Jarvis et al., 1998; Le Cornu, 2005; Prochazka, 1995). Most participants specifically chose to describe this learning process with these actual words '*internalised*', '*owned*', '*it (knowledge) moved from a head level to more of an internal level*'. I found this fascinating and their words suggest to me that this new knowledge is integrated and has become part of themselves. As Marton & Saljo, (1976) writes, the knowledge has become knowing which is tacit knowing. This integration of knowledge has a transforming effect on the person whereby their sense of self is irrevocably changed.

Further 'evidence' of the depth of this change, from a cognitive therapy theoretical perspective, was that three participants changed their core beliefs. Change at core belief level is at the level of personality change and, according to cognitive therapy research, usually takes six to twelve months of sustained review and experimentation with developing more balanced core beliefs (A. T. Beck, Freeman, & Davis, 2003). I think this finding is very significant as it

²⁰ Skinner experimented with animal behaviour and developed the concept of operant conditioning which explains reasons that people are motivated to continue a behaviour.

suggests self case study is also a catalyst which can facilitate changing core beliefs.

From these seven narratives, it seems that undergoing self case study in the context of a counselling training can be challenging, stressful, liberating and hugely transformative for students. The level of self transformation can be at the level of personality reconstruction which is very significant. This knowledge implies that the selection procedures of counselling students for training is very important so that sufficiently resourced candidates are chosen and students are advised about what to expect during the training. These findings show how students are required to be resilient in persisting with the demands of self development and this implies that counselling educators need to be aware of the self development journey for students and support them accordingly. With regard to the process of a student completing a self case study, counselling educators need to take the same care as they would with a counselling client since although the main purpose is for student learning and assessment, the personal process for the student may be very similar to that for a counselling client but without the direct support of the counsellor.

COGNITIVE THERAPY CAN BE USEFULLY ADAPTED FOR MAORI

I just found my way of doing it and um that has worked well for me just being able to utilise it and use the strategy and some of the concepts and some of the theory in my way. It has been easy to do actually.

This quote above came from Mauri.

I have taken time to draw implications from the findings for Maori participants in this study. Although this study has involved a small number of Maori participants, it offers a beginning to the kind of focus needed in counselling education to meet the needs of this particular group of students. These findings may also benefit other students from other ethnic minority groups.

One of the findings concerned the effort, time, and patience required for cross cultural translation of concepts from a largely Eurocentric theoretical perspective into an indigenous people's environment and language. On the positive side, the translation process can be viewed as an identity strengthening

exercise because in the process of contemplating the questions “What does this mean for Maori?” or “How do these ideas fit for Maori?,” the student is having to stand in their own Maori world view and figure out their position in relation to these questions. Being aware of the differences between two world views can bring forward a stronger sense of identity. As Crossley said: “When personal narratives are spoken out loud to an audience, these stories are a medium through which meaning and identity are reflected. In the telling of the stories, the narrator’s identity can be strengthened or changed (Crossley, 2000). This finding also fits with the emphasis on strengthening cultural identity which is an often recommended approach to improving Maori mental health (Manna, 2002).

From this research, it could be extrapolated that this same translation process used to make sense between two belief systems, is most likely happening for other students from a range of minority cultures. If this process is difficult, then this could present a significant learning barrier.

The implications of this translation process for research is that time, space and resources are required to support these students to succeed in their educational endeavors. In a sense, these students who are Maori may be completing ‘double the learning’ as compared to other students who do not have to translate concepts into their world view. More critically, with regard to providing equal participation for Maori counselling trainees (ref NZAC Code of Ethics), if this educational process is not understood (Love & Waitoki, 2007) and appropriately supported by educationalists then the Maori students will succeed less often and then the Maori community will not have the same access to trained Maori counsellors. This study gives some insight into this process. Counsellor trainers need to have sufficient cultural knowledge (Love & Waitoki, 2007) in an attempt to understand which aspects of cognitive therapy training may present obstacles for students who are Maori and support them accordingly. Similarly, educational institutions need to provide cultural consultation, training and support of educationalists to assist the building of cultural competency. Hence these students may require alternative, flexible ways of having knowledge presented or the opportunity to create meaningful understandings linked to their own indigenous knowledge bases. Perhaps this could involve the layering of indigenous models of health or connecting side by

side so as to make sense. The tutor could simply ask students for their cultural perspectives (including gender) on a regular basis which would provide a window into diverse world views for all students. The students can then take this knowledge out to their counselling clients who are from multi cultural backgrounds. Such an approach would promote a process of mutual learning.

ADAPTATION OF COGNITIVE THERAPY TO SUIT MAORI

I was interested in how one Maori participant related the concept of holism to the cognitive therapy training. This is a central question in the counselling and psychology world in terms of understanding how to meet needs of indigenous people (Durie & Hermansson, 1990; Hirini, 1997). For the particular cognitive therapy introductory training course that this study is based upon, cognitive therapy was largely taught from an individual perspective.

One Maori participant used a systemic focus for this individually focused counselling approach both in her self case study and in her client work. In the self case study story she presented herself always 'in relation to other people'. In her counselling practice she understood individual people's problems 'in relation to' their wider families.

In the counselling literature, one of the key principles in working with Maori is about strengthening cultural identity (Manna, 2002). So perhaps the fact that Mauri, (one participant) used stories is significant in this regard of focusing on identity. When she said '*not specifically CBT*', perhaps this shows that she has taken cognitive therapy concepts and integrated or modified aspects that suit her style or a more holistic way of being. It sounds perhaps more of a weaving of story telling with the traditionally more directive, structured style of cognitive therapy.

The implication of these findings for research and counselling education are: there must be consideration of a systemic perspective in training for students from collectively oriented cultures. This concept is consistent with the most recent Maori practice model (Pitama et al., 2007).

The other Maori participant has found cognitive therapy less useful but this may be related to other factors. These factors might include: her stage of counsellor

development, her ability to translate concepts, her capacity to take on this extra workload, her fluency in things Maori or what she was prepared to divulge to me. She herself has not made any specific mention of the impact of culture either on the learning process or on the current integration of concepts and use with clients.

CHILDHOOD TRAUMA

In my study of seven participants, four participants disclosed childhood trauma in their self case studies and three chose to speak of the impact of the experience of childhood trauma in the research interviews. It seemed that three participants had had prior knowledge of childhood trauma and, for one, the self case study was a catalyst for remembering for the first time. This was a finding I did not anticipate, despite the prevalence of childhood trauma amongst counselling trainees.

A literature search on this topic found women mental health professionals have a higher prevalence of childhood sexual trauma than women working in other professions (D. Elliott & Guy, 1993). These researchers discovered that 43.3% of female mental health professionals had survived childhood sexual molestation compared with 31% of other women professionals. This particular study was carried out on psychotherapists who are a different, yet closely related, group to counsellors in their professional orientation.

This finding firstly raises the following questions for me as a researcher and counselling tutor: what is the incidence of counselling trainees with trauma in their backgrounds, and what does this mean for counselling trainings?

One obvious implication from this finding for tutors is that the knowledge of the likelihood that childhood trauma may also emerge for future counselling trainees who decide to write a self case study. For some, they may be remembering childhood sexual abuse or may be choosing to disclose to another person for the first time in their lives. They may then be 'in process' with this issue. For counselling tutors, I think the counselling ethic of confidentiality and counsellor responsibility to 'do no harm' applies, as in a counselling relationship. I think the tutor needs to be direct in advising trainees that if they are considering writing a case study on themselves, unexpected information about themselves may

come forward and necessitate seeking support. This support may be required during the writing of the self case study or afterwards, possibly in the form of either beginning or returning to personal counselling.

The recommendation from Elliot and Guy's (1993) study of mental health professionals compared with non mental health professionals regarding childhood trauma and adult functioning is for training programs to directly address abuse specific concerns within the curriculum. In particular, Elliott and Guy (1993) are referring to the issues of counter transference for abuse survivors being addressed. For students in my study, at stage three level of their training, they have the option of completing a paper called 'Historical sexual abuse'. This paper contains assessment and beginning skills for counselling of abuse survivors. However, this is an optional paper and for some trainees, the paper in cognitive behavioural approaches may be the only paper during their training which carries the possibility of them being confronted with their own history of sexual abuse. Self case study can be an opportunity for students to consider childhood trauma which is an important part of personal development in counselling training.

In listening to the three participants who chose to be explicit about their trauma history, I was fascinated at the potential of a self case study as a catalyst or tool, which can seemingly facilitate remembering and recovery from childhood sexual abuse. It seems that a self case study can be effective for yielding constructive healing in a surprisingly short amount of time. This is an important finding as self case study as a healing medium, could benefit other women with childhood trauma in an effective and efficient way. However, I acknowledge that these people were a particular group of people who had reached a stage of development where they have been ready to choose to train as counsellors. Furthermore, they have completed one year of counselling training which is typically described by counselling students as a hugely significant time of personal development. Therefore, this particular group of people had already completed significant personal growth in counselling training and also in personal counselling, which may have prepared them to take this next step of addressing childhood trauma via their self case studies.

An important context for addressing childhood trauma was that several participants emphasised the importance of safety and trust both in the student-tutor relationship and within the structured approach of cognitive therapy. Being safe made the process easier to be involved in for these students who were childhood trauma survivors. They said clearly that, had they not felt safe and trusted the tutor, then they could not have disclosed childhood trauma nor been able to process it through the self case study.

My study offers support for the idea of women writing their own stories and the self application of cognitive therapy techniques to oneself within a supportive relationship with the tutor. Writing versus speaking of sexual trauma can be a powerful means of accessing memories and feelings to facilitate a healing process for women (Pearson, 1994). Faira and Belohlavek (1984), cited in Pearson, suggest story writing can enhance communication between client and counsellor particularly with clients who have difficulty expressing themselves verbally (Pearson, 1994, p. 34). I suspect that counsellors trained in sexual abuse typically tend to keep their focus firmly on their clients as opposed to taking time to complete research in this area. This observation is supported by Pearson (1994), who noted that there is a gap between the practice and research available about the effectiveness of particular treatment techniques in the sexual abuse area. Perhaps this finding could provide a small addition to the sexual abuse field of counselling in that this writing approach of self case study could be investigated further and put to use. However, given the participants in my study had reached a certain level of self development, I would be cautious in recommending that other women use this technique as the writing could also easily be overwhelming.

Having discussed specific findings from my study including the areas of learning, transformative learning, the context of brief cognitive therapy training, suitability for Maori and for survivors of childhood trauma, I will now move to discussing the more general implications for the teaching and the learning of cognitive therapy.

THE VALUE OF BRIEF COGNITIVE THERAPY TRAINING

One of the clear findings from this study is that most students who completed a self case study believed they mastered the cognitive theory and skills to a level of competency which enabled them to integrate and use skills on a regular basis both personally and in their workplaces. This achievement has exceeded my expectations for a short introductory training course. However, I have no means of knowing how well they are implementing cognitive therapy with their counselling clients. This finding is incidental to my research questions but nevertheless useful as an indicator for future research.

It seems that the findings from my study are consistent with Myles and Milne's (2004) finding that shows brief introductory training in cognitive therapy can be very useful. The content of the introductory training in cognitive therapy in my study had similar content and applied hours to Myles and Milne's study, with forty hours covering core cognitive therapy theory and techniques for anxiety and depression. My findings expand upon theirs as my study included self case study. My participants' subjective view of the depth of their learning and self transformation was these changes were significant for an introductory level training course.

GENERAL IMPLICATIONS OF THIS STUDY FOR TEACHING AND LEARNING COGNITIVE THERAPY

The research question in this study was "What was it like to learn cognitive therapy and to write a self case study?" A very clear set of themes came forward and these themes were consistently discussed by all participants. These themes concern both the teaching and learning processes for students of cognitive therapy. It is important to note that the participants of this study were mature students with at least three decades of life experience and previous careers.

One of the first themes concerned preconceptions towards learning cognitive therapy. All students had preconceptions which affected how they initially engaged with the learning. The implications of this for tutors is that these preconceptions need to be made overt to give the student an opportunity to voice and explore negative preconceptions, as recommended by Wills (2007).

However, most of the students 'tested' out their preconceptions and changed their minds. This finding is consistent with Freiheit and Overholser's (1997) findings that pre-existing theoretical orientations may not significantly effect learning cognitive therapy techniques.

The next theme was that students had to change counselling models in order to learn cognitive therapy, which is a significant task. Changing of counselling models can bring about an identity crisis for counselling students who are in the process of developing their professional identities and tend to do this by aligning themselves with a counselling approach (MacKay et al., 2001). It is common for counselling trainees to feel anxious, wish for certainty and have a preference to align themselves with a particular counselling model to give themselves a beginning professional identity (Risq, 2006). Again it is probably advisable for tutors to make this challenging process overt for students so that they can understand that other students have also found this process difficult.

Some students have learning styles which are not met by their tutors teaching styles. The implication of this 'mismatch' would be the need for clear communication between tutor and student so that a compromise can be reached to support the student in their learning. Given the relationship is inequitable, it would be up to the tutor to initiate some general feedback process from students at the beginning of the teaching.

My research shows that there is definite value in the self practice and self reflection within cognitive therapy learning. This practice and reflection draws together theory and practice skills and facilitates personal development for students. Personal development is an important and significant task for counselling students and is experienced by students as challenging, liberating and stressful. Truell (2001) therefore recommends that counselling students receive support from a non marking staff member and Bennett-Levy (2001) similarly suggests support be provided for students involved in self practice and self reflection of cognitive therapy. A trusting relationship with a tutor makes for a better and easier learning process. Interestingly, the participants in my study seemed to be 'held' by both the tutor relationship and the structure of cognitive therapy. The context for them was that they had already achieved a certain

level of self development by their second year of training and they had been in small classes of 24 to 30 students which may have influenced their relationships with their tutors. Despite the students communicating their realisation of the breadth and depth of the cognitive therapy field, most students believed they had mastered sufficient competence to generalise their cognitive therapy skills to their work place. Although actual mastery was not addressed in this study, this finding suggests that students had developed a perception of competence. This perception of mastery suggests again that brief and applied introductory cognitive therapy trainings can be very helpful for counselling trainings. Furthermore, most students requested further cognitive therapy training be made available in their third year of counselling training.

STRENGTHS AND WEAKNESSES

Having presented general implications for teaching and learning of cognitive therapy from this study, I will now consider some strengths and weaknesses of this study. One of the main strengths of this qualitative study is the use of a narrative methodology to gain in depth student perspectives on their experience of using self case study to learn cognitive therapy. This study has produced and explored seven powerful narratives where participants gave very full accounts and delved into many dimensions of their learning journeys.

Gathering these seven narratives has been important as there are very few studies which present counselling students' perspectives on training. For counselling educators to better understand their students and teach effectively, they need to listen to their students and change their teaching accordingly. My own teaching has changed as a result of completing this research and I shall expand on this towards the end of this chapter. There is a lack of teaching models to guide trainers in training counselling and cognitive therapy students (Bennett-Levy, 2006). The findings from this study may make a small contribution to how self case study and case study can be usefully used in counselling education. As commented by Mancillas (2007) and Manthei (2004), counsellor training often does not pay sufficient heed to research; this study is directly related to counsellor training and so provides a valuable opportunity to use research in planning counselling curriculums.

A further strength of this study is that it was conducted with a reasonably diverse group as the participants were mainly female but included one male. They came from both a counselling and alcohol and drug studies training and were an ethnically mixed group aged between late 20s and 50 years.

In considering how to 'bring together' concepts of narrative research and cognitive therapy theory in this discussion chapter, I reconsulted Crossley who wrote "The actions and sufferings of life can be viewed as a process of telling ourselves stories, listening to those stories and acting them out or living through them"(Crossley, 2000, p. 51). In my view, these concepts of narrative psychology fit comfortably with the broad premises of cognitive therapy that focus on learning and relearning through trying out living, because in telling and living our stories and retelling our stories we are learning or storying ourselves.

To sharpen this focus further, cognitive therapy focuses on people's perception and the ensuing 'self talk' which is, in essence, 'self storying' and meaning making. The listening to the self story is the believing in self talk (or in a particular self story) and acting as if these beliefs were true. Living through these stories could relate to people living out their core beliefs. (To remind the reader, core beliefs are deeply held beliefs which act as a screen or filter to the world and so provide an often biased view of reality.) It is how the people see the story or event which determines what it means to them, and stories or self talk are a vehicle for understanding and self understanding.

In the desire to make sense or meaning out of events, narrative fits with the underlying premise of cognitive therapy theory, which is that people are not disturbed by events themselves but by the view that they take of events (Kelly, 1955). Thirty years later, Carr (1986) recognized the more complex nature of the place of the context in which people understand their reality. Carr wrote: "Lives are told in being lived and lived in being told "(1986, p. 61). This idea could relate to the students' simultaneous roles of being the subject of story (case story) and writer (narrator) of story.

This study clearly gives a rich account of the benefits of self case study as an experiential learning opportunity. The use of story form has given the participants space and a position which allows them to speak from many

different perspectives including the temporal dimension as, in the narrating, the participants were 'making themselves' up in time and across time as they looked back over their lives. The students showed how they had integrated learnings which they will carry forward over time into the future. Narrative inquiry is particularly well suited to assist identity development as, in the telling of stories, people learn who they are and who they are becoming. The analysis of story form gave more information about the impact of self case study on the self or the person of the story teller. The core narrative that was written for each participant was returned to them for checking that they were satisfied that their words had been represented accurately. Six participants were satisfied and several had strong emotional reactions such as tears. These emotional reactions suggest to me that the narratives did resonate well with the participants. One person rewrote parts of her core narrative.

The main weakness of this study, as with all qualitative studies, could be the self selection of participants. This study is only a representation of a particular group of people who were counselling trainees in their second year or were counselling graduates. While the participants were a purposive sample of 'experts' on their own experience, they chose to be involved in this study so perhaps they had had particularly positive learning experiences of counselling training which they wished to share or a particular loyalty to me as a tutor. The reasons others declined participation is unknown.

A second possible weakness is the pre existing relationship of myself as the tutor to most of the participants before taking the researcher role. It could be argued that possibly the participants would have been influenced by my dual role in wanting to please me as their ex-tutor in their selection of stories for me to listen to. As one participant said "*This is hard for me to say this to you as you were my tutor*" (as she gave a critique of the teaching of the paper). However, two participants did not have a previous teaching relationship with myself and they still gave very rich accounts and also a critique of the teaching.

A further weakness could be that the self case study was written to be marked to pass a cognitive therapy paper which could have influenced the way it was written. In the words of one participant "*But did I make the whole thing up?*" It

could be speculated that had the self case study been written purely as a personal self reflective exercise which was not to be assessed, the experience of the students would possibly have been different. However, it is not possible to judge what those differences might be. For example, people might reveal more if their self case study would not be read by someone else, and thus learn more about themselves. Alternatively, some people might not complete the study in such depth, if that was not required to pass the paper. Further research could be undertaken to explore this aspect.

Finally, given that the research methodology is constructivist, I acknowledge that this study could only be ever a partial representation from my researcher perspective of stories told to myself as audience, at a fixed point in time. This means that this study could be interpreted from many other different perspectives and has been influenced by the person of the researcher that I am, my professional background, presuppositions and relationship with the participants. As Riessman (1993) wrote “Ultimately, of course, the features of an informant’s narrative account an investigator chooses to write about are linked to the evolving research question, theoretical/epistemological positions the investigator values, and, more often than not, her personal biography” (p. 61). Had I interviewed the participants on a different day they may have told different stories, so this study does not lay any claim to any fixed ‘truth’.

SUGGESTIONS FOR FURTHER RESEARCH

Further research could explore the use of self case study in counselling training in other models of counselling approaches such as psychodynamic or narrative therapy, to find out whether self case study has the same impact on counselling trainees as in this study. Further research could also explore how cognitive therapy fits with collectively oriented cultures.

Finally, further research could examine the use of self case study as a means of healing for childhood trauma.

IMPLICATIONS OF FINDINGS FOR COUNSELLING EDUCATION RESEARCH

This qualitative study has explored student perceptions of learning cognitive therapy and completing a self case study. The findings have produced a wealth

of information about the nature of students' learning experiences and self development from their learnings in cognitive therapy.

The literature review emphasised that counselling students' voices have rarely been heard or represented in print. Hence these findings are a rare and valuable opportunity. Therefore, this study is important in hearing from the students themselves, as the consumers of the counsellor education system as well as the new practitioners who will professionally contribute to the community. The challenge for counselling educators is how to listen to this particular group of students and accordingly implement findings to enhance future teaching practice. To promote the integration of these findings in counselling education some suggestions are made.

1. Counselling education could gain by including use of self case study into the counselling curriculum. Self case study can provide opportunities for deepening learning about theory and practice, which is all the more potent when related to students' own selves.
2. Students could be encouraged and supported to complete self case study as a means of gaining significant personal development. Personal development assists professional development and this development is a priority in preparing students to offer effective counselling for their counselling clients.
3. Counselling educators need to be aware of potential learning barriers for counselling students such as insufficient acknowledgement of the place of trust, safety and confidentiality in the tutor-student relationship as well as attention to diversity within the classroom. This awareness needs to be reflected in teaching practices by checking with students about teaching style. The cognitive therapy approach provides safety by its structured approach and emphasis on client's own goals. Hence this counselling approach provides inherent support for counselling students so this particular counselling approach seems useful in this regard.
4. Counselling educators need to be culturally competent and provide space and listen to student minority groups to learn from them how they adapt

cognitive therapy approach into their own cultural worldview and counselling practice.

5. Counselling trainings often have a primary academic focus, but counselling educators need to be mindful of the consistent demands on students for personal development and treat students with the same ethics of care as counselling clients. Counselling students require emotional support during training.
6. Childhood trauma is likely to come forward for a significant number of students in counselling training and if self case study is utilised so students need to be well prepared for this event and encouraged to process it as they are able.

SUMMARY

This qualitative study has explored the experiences of seven students in order to better understand what it was like to learn cognitive therapy and to complete a self case study. In counselling education, experiential teaching methods are regularly used but not systematically explored in depth from the students' perspective. I have not been able to find any previous studies which have explored this area of counselling education. From the students' narratives the main findings are: Self case study can open windows into new possibilities, offer hope and give energy for developing new identities, as well as strengthening aspects of one's existing identity such as ethnic identity. Identities were also 'freed up' such as those students who processed and left behind the effects of childhood trauma. Students experienced new ways of being in the world, which added depth to their learning experience of cognitive therapy. These learnings from self case study can add to perceptions of competence

MY STORY

As much as the narratives have influenced and shaped participants' lives and identities, completing this study has shaped and influenced my own identity as a researcher and teacher. Participants' compelling stories of personal change have hugely enriched my teaching practice. Their stories have leant a sharpened edge to my belief in the possibilities for self development within Counselling Training Programmes. In practice, this means that I continue to

expect, encourage and support my students to develop self awareness and to make change but as a result of this study, I have a greater depth of understanding of their courage, excitement and the resilience required for this task. I stand in awe in the enormity of their achievements and have more of a sense of the trust they place in their teachers as they go through their own journeys. I continue to receive their trust but perhaps hold it more lightly. I can now be more overt about child hood trauma being a shaping developmental influence for a number of students. I can acknowledge this possibility more easily and not be tempted to shy away from this area. I certainly continue to encourage this area as one to be explored. I have clearer eyes regards Indigenous Counselling models and main stream Western world views. I listen differently when Indigenous students offer their ideas on holism and counselling. I can translate these concepts more fluidly as I teach and finally, I have a sense of a more solid and yet more tenuous research base to stand on, as I invite students to encounter all kinds of knowledges.

In summary, I am grateful to my students in this study who have generously taught me a deeper understanding of their student world and experiences in it.

These findings from this narrative study can be added to the scant research available from counselling student perspectives. The results could be used to inform counselling training curriculums and could add to counselling education knowledge of the usefulness of self case study as a powerful experiential learning tool that can lead to significant self development.

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APPENDICES

APPENDIX A: CASE STUDY ASSIGNMENT

Cognitive Behavioural Assignment Case Study 2000 words

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1) Basic client data (Client's permission, personal data-name, DOB, age, gender, address, marital status, dependents, religion, ethnicity, current living situation.	/2.5
2) Client history, time line (past to present, family, education, occupational history, social relationships, other relevant data) highlighting 'target problem' behaviour.	/5
3) Individualised theory. Regarding the person's problem behaviour(s); it should explain how, why, where? With whom problem behaviour(s) occur/start/happen and what is maintaining them using principles of classical and operant conditioning.	/10
4) Needs hypothesis Using Glasser's theory of basic needs. How might the client's target behaviour be attempting to fulfil their basic needs? What is the function of the dysfunction?	/5
5) Functional analysis: a) Form (as discussed during the course- please make sure that you include as many relevant antecedents and consequences as possible-people, places, situations, emotions).	/5
6) Identification of problems, goals and intervention plans (please use BASIC ID format).	/17.5
7) Cognitive conceptualisation Use Beck's cognitive conceptualisation diagram to complete your cognitive conceptualisation of the client.	/5
Comments:	Total /50

APPENDIX B: BASIC ID

CBT ASSESSMENT OF PROBLEM			
	Problem/Description	Goal	Intervention or Plan
Behaviour			
Affect			
Sensation			
Imagery			
Cognition			
Interpersonal			
Drugs/Lifestyle			

APPENDIX C: FUNCTIONAL ANALYSIS CHART

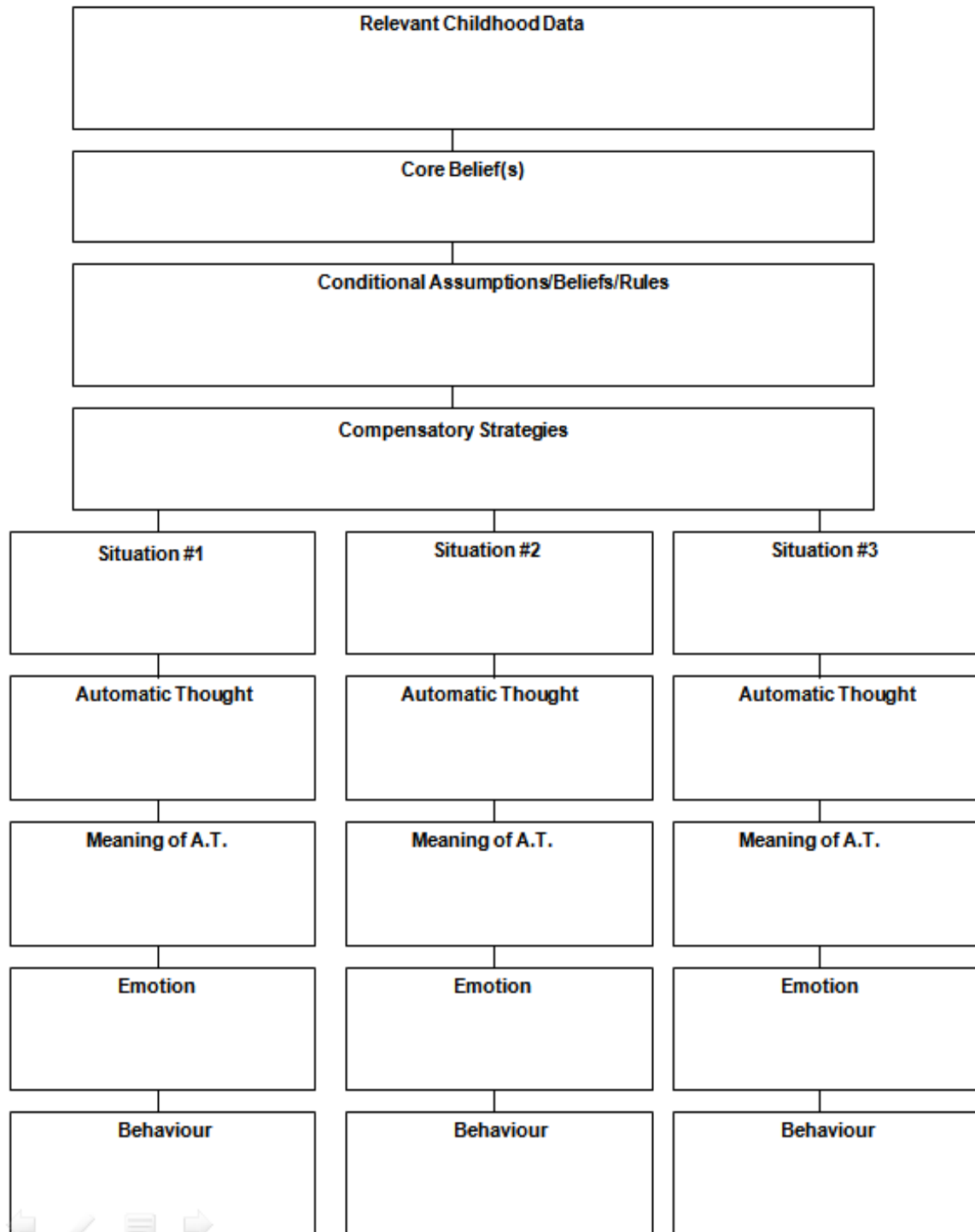
Functional Analysis Chart

Antecedents			Problem Behaviour	Consequences		
Emotions	Thoughts	Situations		Emotions	Thoughts	Behaviours

APPENDIX D: COGNITIVE CONCEPTUALISATION

Client : _____ Diagnosis : _____ Date : _____

Cognitive Conceptualisation Diagram



APPENDIX E: ETHICS APPROVAL

MEMORANDUM

To: Jan Wilson –Supervisor for Niccy Fraser

From: Madeline Banda Executive Secretary, AUTEK

Date: 16 November 2006

Subject: Ethics Application Number 06/180 **Learning cognitive therapy: a narrative study of New Zealand undergraduates who have completed an introductory paper in cognitive therapy.**

Dear Jan

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEK) at their meeting on 11 September 2006 and that as the Executive Secretary of AUTEK I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEK's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEK's meeting on 11 December 2006.

Your ethics application is approved for a period of three years until 15 November 2009.

I advise that as part of the ethics approval process, you are required to submit to AUTEK the following:

- A brief annual progress report indicating compliance with the ethical approval given using form EA2, which is available online through <http://www.aut.ac.nz/research/ethics>, including when necessary a request for extension of the approval one month prior to its expiry on 15 November 2009;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/ethics>. This report is to be submitted either when the approval expires on 15 November 2009 or on completion of the project, whichever comes sooner;

It is also a condition of approval that AUTEK is notified of any adverse events or if the research does not commence and that AUTEK approval is sought for any alteration to the research, including any alteration of or addition to the participant documents involved.

You are reminded that, as applicant, you are responsible for ensuring that any research undertaken under this approval is carried out within the parameters approved for your application. Any change to the research outside the parameters of this approval must be submitted to AUTEK for approval before that change is implemented.

Please note that AUTEK grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at charles.grinter@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the Committee and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely
Madeline Banda

Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Niccy Fraser niccy.fraser@weltec.ac.nz

APPENDIX F: INVITATIONS



Invitation

You are invited to participate in a research project on students' experiences of learning cognitive behavioural therapy.

I would particularly like to hear from those students who chose to use themselves for the case study. I am wondering about what this experience was like? I am hoping to interview counselling students who have completed the cognitive behavioural approaches paper at Wellington Institute of Technology between 2004-2006. I am undertaking this research as part of my Masters in Health Science degree but also expect that knowing more about students' experiences will assist the teaching in future.

Your involvement would be an individual interview with myself for 60-90 minutes and/or a focus group of 60-90 minutes. Both interviews are audiotaped so that I don't miss anything and for purposes of writing up experiences in a format using themes. If you would like to participate you are most welcome.

We would arrange a place for the interview which would suit you and I am happy to travel to you.

I have included full information with this letter.

If you think that you might be interested, then you are most welcome to phone me on 0800 WELTEC toll free or 09 9158936 to discuss this possibility further or email me at niccy.fraser@weltec.ac.nz.

Thanks for considering this invitation.

Niccy Fraser

APPENDIX G: PARTICIPANT INFORMATION SHEET

Participant Information Sheet

Date Information Sheet Produced:

4/5/07.

Project Title

Learning cognitive therapy: A narrative study of New Zealand undergraduates who have completed an introductory paper in cognitive therapy and who have used self case study.

An Invitation

I am inviting you to participate in this study as you have completed an introductory paper in cognitive behavioural therapy at Wellington Institute of Technology between 2004 –2006. Please read this sheet and if you think that you would like to participate please phone me on 0800 WELTEC, 09 9158936 or 09 3689594.

Your participation is voluntary and you can withdraw at any time.

This research will contribute to my Masters in Health Science degree from Auckland University of Technology.

What is the purpose of this research?

The aim of this project is to add to knowledge about student learning, inform teaching methods and curriculum development.

I think it is important for student learning experiences to be heard as then tutors can develop a more in depth understanding of these processes. I am really interested in your experiences and reflections as you have practised cognitive behavioural therapy techniques on yourself.

There is currently very little research on students' experiences of learning cognitive behavioural therapy.

This research would add to knowledge in this field and would be presented to cognitive therapy conferences.

How was I chosen for this invitation?

I chose you as you met the following criteria:

1. You have completed an introductory paper in cognitive behavioural therapy between 2004-2006
2. You chose to use yourself for the final assessment case study in the cognitive behavioural approaches paper.

If you meet this criteria and would like to take part in this research please read on.

What will happen in this research?

You can choose to be individually interviewed by myself in Wellington and whether to take part in a small focus group with 4-7 other students in Auckland.

In the individual interviews I will interview each person for approximately 60-90 minutes. With your permission, I will tape the interview and take notes. I will then have the interviews typed up, and condensed, and will send you two copies. One is for you to check and return to me, the other is for you to keep if you wish. After this, I will analyse all of the interviews and look for themes. When I put everything together, the thesis will be a combination or excerpts from your stories, and a discussion of themes I have seen in the stories. There will also be theoretical information about the research processes and the reason why I chose to do the study this particular way.

What are the discomforts and risks?

When talking about personal stories of your learning experiences of cognitive behavioural therapy it is possible that you may have some discomfort or unsettling emotions. This might happen at the time of the interview or afterwards. During the interview you have the right to decide how much detail that you want to go into or not. If you tell me things that you later regret you have the right to delete these parts of your story.

If required, a free counselling session will be made available so you can talk to a counsellor about any issues that may come out of the interview.

What are the benefits?

This study will give you the opportunity to share your experiences from your point of view. People often find this a very empowering experience. You will also have the opportunity to talk with other students about your experience and hear their perspectives.

Counselling tutors in counselling education will benefit from your story as they will develop a better understanding of students learning experiences. This knowledge will assist teaching methods and curriculum development for future students.

How will my privacy be protected?

You will be asked to provide a pseudonym, a name which will be used when writing up your story. All the information that you give me will be kept in a secure place. For example, while I am doing the study, your tapes will be kept in a locked cabinet in a locked building, as will the computer discs being used. Following the study, my supervisor is required to keep all the information in a locked place for six years, and it will then be destroyed. If you withdraw from this study, your information will immediately be destroyed. You need to be aware that I cannot guarantee your anonymity. Given that your personal story will be quoted in the thesis, it is possible that someone who knows you will recognise your story.

Your privacy can also be protected by you choosing a time and place for the interviews that suits you.

If you do choose to participate in the focus group then the other group members will obviously know who you are.

What are the costs of participating in this research?

For the individual interview the main cost of participating is your time. I am happy to interview you in your home if that can be a quiet place and is convenient for you. If not, we can decide together a venue which you would be comfortable to use.

For the focus group in Auckland the cost would be travel and accommodation.

What opportunity do I have to consider this invitation.?

If after thinking about the information on this sheet, you are interested in being a part of my research, I would be delighted for you to contact me as soon as possible.

How do I agree to participate in this research?

After you have contacted me by phone or email, I will send you a consent form to complete. Then we will arrange an interview time.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Jan Wilson, jan.Wilson@aut.ac.nz (09) 9219999 ext:7808

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz , (09) 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Niccy Fraser

Niccy.fraser@weltec.ac.nz

Ph: Wk: (09) 9158936

Wk: (09) 3689594

Project Supervisor Contact Details: Jan Wilson, jan.Wilson@aut.ac.nz Ph:(09)9219999 ext:7808.

Approved by the Auckland University of Technology Ethics Committee on 16/11/06 , AUTEK Reference number 06/180

APPENDIX H: INTERVIEW CONSENT FORM

Consent Form

Project title: Learning cognitive therapy: A narrative study of New Zealand undergraduates who have completed an introductory paper in cognitive therapy.

Project Supervisor: **Jan Wilson**

Researcher: **Niccy Fraser**

Y I have read and understood the information provided about this research project in the Information Sheet dated 6/12/06

Y I have had an opportunity to ask questions (by phone or email) and to have them answered.

Y I understand that the interviews will be audio-taped and transcribed.

Y I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

Y If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.

Y I agree to take part in this research.

Y I wish to receive a copy of the report from the research (please tick one): Yes
No

Participant's signature:

.....

Participant's name:

.....

Participant's Contact Details (if appropriate):

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 16/11/06 AUTEK Reference number 06/180

APPENDIX I: FOCUS GROUP CONSENT FORM

Consent Form

Project title: Learning cognitive therapy: A narrative study of New Zealand undergraduates who have completed an introductory paper in cognitive therapy.

Project Supervisor: **Jan Wilson**

Researcher: **Niccy Fraser**

Y I have read and understood the information provided about this research project in the Information Sheet dated 6/12/06.

Y I have had an opportunity to ask questions (by email or phone) and to have them answered.

Y I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.

Y I understand that the focus group will be audio-taped and transcribed.

Y I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

Y If I withdraw, I understand that while it may not be possible to destroy all records of the focus group discussion of which I was part, the relevant information about myself including tapes and transcripts, or parts thereof, will not be used.

Y I agree to take part in this research.

Y I wish to receive a copy of the report from the research (please tick one):
Yes No

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 16/11/06 AUTEK Reference number 06/180

Note: The Participant should retain a copy of this form.

APPENDIX J: TRANSCRIBER CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

Project title: Learning cognitive therapy: A narrative study of New Zealand undergraduates who have completed an introductory paper in cognitive therapy.

Project Supervisor: **Jan Wilson**

Researcher: **Niccy Fraser**

Y I understand that all the material I will be asked to transcribe is confidential.

Y I understand that the contents of the tapes or recordings can only be discussed with the researchers.

Y I will not keep any copies of the transcripts nor allow third parties access to them while the work is in progress.

Transcriber's signature:

.....

Transcriber's name:

.....

Transcriber's Contact Details (if appropriate):

.....

.....

Date:

Project Supervisor's Contact Details (if appropriate):

.....

.....

Approved by the Auckland University of Technology Ethics Committee on 16

November 2006 **AUTEC Reference number** 06/180

Note: The Transcriber should retain a copy of this form.