

# *Walking in Quicksand*

## An exploration of trainee's experience of a five day residential training workshop

*Dr Ken Evans, Co-authors: Heath Abbott, Danica Abbott, Albert Albertson, Jean Allen, Micheline Barker, Georgia Carter, Hannah Clarke, Anastasia Gire, Sarah Horner, Christopher Journeaux, Lindi Lawrenson, Sarah Lee, Elizabeth Leech, Hildur Magnosdottir, Claire Mitchell, Clíodhna Smith. Co-Trainer: Joanna Hewitt Evans. Programme Manager: Annmarie Clarke.*

### Introduction

Between June 26 to 30th, 2013, sixteen Integrative psychotherapy trainees attended a five day residential training workshop to introduce them to qualitative research. The trainees were half way through the third year of a four year training programme run by the European Centre for Psychotherapeutic Studies, which is a European accredited training institute of the European Association for Psychotherapy and a Full Training Member of the European Association for Integrative Psychotherapy. This was the second residential workshop for the trainees following their first experience of one in June 2012, during their second year of training. The workshop was on this occasion primarily facilitated by Dr Ken Evans who has a particular interest in phenomenological and relational oriented research in and with groups (Finlay and Evans, 2009).

### Contract with the group

The workshop was a 'hands on' collaborative engagement involving all trainees as active co-researchers. Ken contracted with the group at the beginning that they would choose the research topic from a list of three suggested by the trainers or they could suggest another theme altogether if they wished. It was further agreed that Ken would publish the article in the European Journal for Qualitative Research in Psychotherapy, subject to peer review, and send each trainee a draft of the research article for their comment, prior to publication. All who engaged in the research would be acknowledged as co-authors of the article since they were the co-creators of the research.

### Background

Before engaging in the research Ken introduced a brief critical overview of the quantitative and qualitative research paradigms and the epistemological assumptions underpinning both. This would support a choice of research methodology(s) that were congruent with the epistemological assumptions underpinning integrative psychotherapy. Input and discussion of methods of data collection, analysis and ethical issues emerged as the research unfolded thus facilitating assimilation of theory on the back of practice.

In order to determine the theme for the research activity the group were invited to form four small groups and each take about forty minutes to identify a possible research theme. The importance of choosing a topic that would really engage them as integrative psychotherapists was emphasised so that their imagination might be stimulated and maintained.

One of the four groups was made up of the three male members of the training group, who also shared accommodation in a small house. The 13 women had bunk house accommodation in the five bedrooled farmhouse. The residential location is a small farm in a delightful and somewhat isolated rural setting two kilometres from a small French village. The farm maintains a flock of around 100 sheep.

Under the heading of 'An exploration of integrative trainee's experience of.....' the following three themes were suggested by the facilitator after consultation with the co trainer while a fourth (loss) was identified by one of the small groups, as possible areas of research:

1. An exploration of integrative trainee's experience of their first client.
2. An exploration of integrative trainee's experience of the current residential training in Normandy (12 members live in Jersey, one in the UK, one in Spain and two in Iceland).
3. An exploration of integrative trainee's experience of the impact of psychotherapy training on their partners or a significant friend.
4. An exploration of integrative trainee's experience loss.

After 40 minutes trainees were invited to explore how they arrived at their choice of topic. One group adopted a pragmatic approach thinking about a research topic in terms of efficacy of data collection, methodology, etc; a second emphasised their choice was influenced by passion for the topic together with critical reflection on the practical benefit to themselves, and how it might also benefit a wider audience; a third group was mindful of safety, i.e. what might 'kick off' negatively in the training group as a whole; the fourth group emphasised personal interest and value. It was suggested that each person choose a first and second preference and then engage in a group discussion at the end of which we would try and seek 'a common mind'.

The discussion began with a woman suggesting the 'boys' start but one of the boys objected saying he preferred they go last, because the last usually had a better chance of being chosen! This 'opening gambit' together with the issue of safety and negativity raised above was perhaps a foretaste of the trainee's experience of regression that was in the background at this stage but became more figural and vocal as the workshop evolved.

The theme of loss added to the list by one group was thought to be interesting but too general and ambitious.

Furthermore a trainee pointed out that some of the younger members had little experience of a loss of a significant other as yet so data collection would be minimal.

Some thought the experience of psychotherapy education on trainees partners or significant others might be inappropriate and possibly unethical given that information about their partners experience might be a breach of confidentiality since they (partners) were not at hand to be asked permission. Some thought researching the impact of their psychotherapy training on partners/significant others would be linked to their experience of residential training anyway.

The two themes that drew a more or less equal measure of support were the trainee's experience of working with their first client and their experience of residential training. Support for the exploration of their experience of their first client highlighted the usefulness of this focus with regard to the case study required at the end of the final year. Support for the exploration of the residential experience emphasised the fact that 'we are all here', and 'it's happening now for everybody'. Another comment was that what we uncovered this year would be useful to reflect on for next year's residential.

With time moving on and a 'common mind' not being in sight it was agreed to put the issue to a vote which resulted in 8 for the residential and 7 for the first client. Fifteen trainees voted with one trainee preferring not to vote. Further discussion ensued but it became apparent the group were not going to reach a 'common mind'.

Ken had refrained from voting up to now but in the event of this outcome, and feeling some pressure (countertransference) he thought it wise to break the stalemate and after a brief discussion with Joanna and Annmarie, cast his vote for the residential. His decision was influenced, at the rational level, by the reasoning of a trainee who argued 'the residential... its happening now... and this would support a phenomenological enquiry'.

## Methodology and Basic Assumptions

As with a previous large group research exploration (see EJQRP Issue 6, 2012) the reader will notice that an important component of the research methodology is already unfolding in this invitation to the group to take responsibility for the choice of research topic. The approach to integrative psychotherapy of the European Centre for Psychotherapeutic Studies (hereafter Eurocps) is relational-developmental (Evans and Gilbert, 2005) and this relational bias is mirrored in our approach to qualitative research also. We undertake research with, as opposed to on, participants and seek the co-creation of knowledge. Qualitative research attempts to capture and explore people's experiences in terms of the meanings they bring to them while quantitative research mostly focuses on quantifiable, objective measures and behaviour (Denzin and Lincoln, 1994). Furthermore we mix qualitative methodologies blending approaches in order to further deepen the exploration of participants' subjective experience.

Specifically we mixed four approaches:

- Participant Observation
- Phenomenology
- Feminism
- Dialogical Gestalt

## Participant Observation

Participant observation requires we engage in naturalistic research *in situ* so that the research facilitator needs to determine beforehand the extent to which they will participate in the research activity, taking an insider or outsider perspective, or both. The degree and extent of participation-observation has practical and ethical implications. Ken chose to remain sufficiently outside the process to facilitate movement and maintain time boundaries, but at the same time engaged as fully as possible in the process to sustain a spontaneous and dynamic response to the group. The insider-outsider dynamic is in fact central to our work as reflexive practitioners, both as researchers and psychotherapists. Ken therefore tuned in to the experience of the group and tried to engage spontaneously with what was emerging in the process rather than rigidly pursue a pre-set schema.

## Phenomenology

The wide range of humanistic and integrative psychotherapies appear, to a greater or lesser degree, to be a form of clinical phenomenology (Yontef, 1993) to the extent that every psychotherapy session is a form of research activity where the client (and therapist) are supported and challenged to new awareness and insight. The phenomenological approach to qualitative research seeks to surface awareness of rich description's of lived experience. Phenomenological research through the practice of 'bracketing' attempts to

suspend presuppositions in order to surface what is actually 'here and now' uncontaminated by previous learning or knowledge. However this process is often misunderstood as an attempt to be more objective while in fact, what's being called for is a special, attentive attitude of openness and receptivity. The aim is 'to see through fresh eyes, to understand through embracing new modes of being' (Finlay, 2008, 29). Again we see a parallel with reflexive clinical practice.

## Feminism

The Feminist attitude of working to equalise power in relationships and the commitment to authenticity, extending to the appropriate use of self-disclosure in the service of contact and awareness, informs our approach to research and to psychotherapy. (Morrow, 2009).

## Dialogical Gestalt

Dialogical Gestalt therapy influenced by Buber's I-Thou attitude supports our intention to see the other as a person and not an object to be observed, categorized and predicted (Buber, 1923/2004).

Taken together feminism and dialogical Gestalt view human behaviour as having meaning and purpose. People's way of being in the world is their creative adjustment, i.e. their way of making meaning and surviving in the world. Even when a person's creative adjustments are dysfunctional in relation to themselves and/or others they may nevertheless be viewed as a constructive attempt to make sense of the world. Viewing defences as having purpose rather than simply being pathological enables psychotherapists and researchers to work *with* resistances.

Furthermore relational centred researchers accept that they are central figures in the research and will influence and actively and spontaneously construct the collection, selection and interpretation of data along with the co-researchers. Researcher subjectivity – called 'bias' in quantitative research - is inevitable, celebrated and considered an opportunity rather than a problem, (Finlay and Evans, 2009). Indeed we think all research is to a greater or lesser degree dynamic and co-created, a joint product of researchers and participants and the relationships that unfold.

Together with the group Ken worked flexibly, creatively and as much as possible spontaneously in response to the data which was collected in various ways:

Individual reflection, small focus groups, large group discussion and finally dramatic enactment.

## The process unfolds

In our research endeavour our aim was to find out more about how trainees experience the residential component of psychotherapy training. We hoped to be touched, surprised, to have our horizons expanded and our knowledge and understanding stretched. For this to happen trainees and trainers alike would need to be open to each other and accept with humility that we engage in the exploration from a relatively 'unknowing' position, guided by curiosity rather than judgement. We needed to be prepared to allow things to

spontaneously emerge in the intersubjective space between us all. All this proved to be a 'tall order' in the ensuing struggle to balance varying degrees of regression with reflexive 'adult' thinking!

## Data Collection and Analyses:

Ken first invited the group to work individually to reflect on their experience and to *describe* what it meant for them personally and then write down some of the key words or themes that encapsulated the main features of their experience, noting the impact on their whole personality. We define personality as the way in which a person organises the key components of their human experience - physicality, emotions, thoughts and behaviour (De Lise, 1991).

Each person then shared their descriptions in four small focus groups of one x three members (all male); one x five members, two x four members. Sixteen in all. Ken decided to engage in the process too, as did Annmarie, Joanna as much as possible given responsibilities for domestic issues to do with the residential that frequently required she time out of the exploration – a different kind of insider-outsider role.

## Struggle with regression

It became apparent that everyone seemed to be experiencing degrees of regression on the residential with a consequent struggle to retain their critical thinking.

Individual key words or themes included recognition of significant *emotions*:

anxiety, shame, vulnerability, irritation, feeling lost and powerless.

One person referred to 'strange *bodily* reactions' while another thought his body, mind and feelings were 'out of synch'.

*Thoughts* included fear of rejection, fear of abandonment, fear of looking stupid, being humiliated and of 'getting it wrong'. Fear predominated.

*Behaviourally*, there was a strong sense of wariness and caution....'how much shall I share'? 'How can I hide but not be seen to hide'? 'How can I survive this? There was a strong reaction of rebellion among some trainees against the 'rules' and dissatisfaction with sharing accommodation and domestic chores.

Interweaved among the above reactions trainees, generally speaking, held on to a *hope* and recognition that personal growth might emerge through risk taking and being available for contact, which required challenging life script and old dysfunctional patterns of behaviour. This *'faith in the process'* seemed to ebb and flow depending on what early childhood or adolescent memories were being stimulated by the residential living experience. For example the farmhouse with its dark oak beams and creaking floorboards while seen as cosy and inviting by some was for another reminiscent of a house lived in as an adolescent when they suffered a significant depression.

The groups were then invited to add to their data by identifying any triggers initiating their experiences.

## Triggers recorded included:

separation from home (*this was more an issue for the majority of trainees from Jersey where the programme normally runs and who are able to go home at night but not for four members who always flew into the Channel Islands from other countries (UK, Iceland, Spain)*)

The rules, confined living arrangements, sharing domestic chores, lack of home comforts, dormitory type accommodation, nowhere to go, touching unpleasant or frightening childhood and adolescent memories, recognition that residential starts well before the actual date as trainees feel anxious, dream and/or worry.

## Coping strategies:

Trainees then added further to the data by exploring in their small groups how they coped or managed the situation and subsequently shared this in the large group. The main coping mechanisms included:

Varying degrees of isolation and withdrawn, avoiding contact, disconnection, pretending to be present, rebelling openly but mostly quietly pleasing, looking calm and together on the outside, being wary and cautious, monitoring how much to share with others, loyalty to friends, loss of boundaries, feeling empty, body armouring, confusion and blaming self or others

Each small group then approached the 'findings' by separately writing their own group composite description of their experience of the residential drawing on the data they had generated. Significantly all the small groups recognised how the experience of the residential magnified and intensified life script and acknowledged that old patterns of thinking, feeling and behaviour from the past became powerfully influential in the here and now.

## Small Group composites:

1.

*The residential is an intensification of life. There are a vast number of triggers, such as rules, being separated from home and a decrease in personal and physical comfort. This concentrate of triggers results in the main themes in our scripts and the whole of ourselves vibrating at a higher pitch. Our bodies, minds, emotions and spirit experience the past traumas and unmet developmental needs and our defences are heightened due to our regressed state. If we examine these four elements of ourselves: Behaviourally our contact is inhibited by our enhanced creative adjustments; emotionally – anxiety, shame, vulnerability, fears of rejection and abandonment arise. And physically we manifest these emotional states. Spiritually we suffer.*

*The challenge and the struggle and the choices we make are about stepping into the unknown. When we experiment and explore with contact with one another, we have an opportunity to redefine and modify our boundaries. Our awareness and insights that come from this contact, and the contact itself, holds the potential for growth and repair.*

2.

*The predominant commonality among our small group was the spiritual achievement of meaningful contact with self and others. The interplay of creative adjustments resulting from individual scripts created emotions of isolation, powerlessness, rejection and abandonment. This left participants in a regressed or infantile behavioural state, which was exacerbated by the intellectual demands of the course, the environment and it's restricted freedom and limited amenities.*

3.

*Residential workshops intensify and magnify participants unique life scripts allowing an increase in personal awareness, growth and change. Change comes about through deepened contact with ourselves, the environment and others, an inherent human need. Shared experiences within the group and between individuals in the restricted environment require trust to facilitate good contact.*

*There are anxieties to deal with even before the residential as individuals anticipate and fear the emotional, spiritual and behavioural challenges that will come up. The fear of rejection and abandonment, the action of avoidance to hide from judgement and the vulnerabilities experienced in a group are profound. The explicit rules and confined living conditions, discomfort and chores tend to elicit feelings of powerlessness which can lead to irritation, rebellion and regression. The intense experiences of contact on a residential invites increased awareness of ourselves, possibilities of change and opportunities to challenge life scripts.. Through deeper contact we strive for contentment and fulfilment in our experience of being human.*

4.

This group took spontaneously created a small group composite in the form of a letter written to a son:

*My son, I want to share with you my experience of the last five days. I have been living in a shared house with other people all learning together. At times I have felt as though I am your age again, vulnerable and no longer in charge. This has made me anxious as I know you sometimes feel when we are all at home. To be this close to other people who are not family has questioned and challenged my boundaries just as we talk about what you can and cannot do at home. My thoughts and emotions have been challenged by this group, and son, I feel I have lost control of my environment.....The contact though has also been positive too and I have been challenged to make choices and consider the thoughts and feelings of others; something I do not think I do enough. This has made me feel as if I am growing and discovering needs that my parents did not provide. I have thought of you often and what you want each time I met someone or something different here. I am less likely to reject now but rather to consider. Our time here together and with you is a journey with many unique and inspiring experiences.*

*Hope you are well, Love Dad*

## Pause for reflection

While the above small group descriptions of trainees experience of the residential impressed as authentic there seemed a certain 'distance' between the reflections and the lived experience. Perhaps there was too

much attempt to understand the experience in terms of theory..... life-script, creative adjustment, contact etc. Something was missing. Intuitively, rather than from an informed or 'knowing' perspective, Ken invited the small groups to take an hour to create a dramatic re-enactment of their experience described in their small group composites and then present each to the larger group. This could take the form of mime, theatre, story-telling etc.

This suggestion was met with what seemed to Ken like a 'tsunami of resistance', spoken and unspoken, with few seeming to relish the idea. Nevertheless the small groups committed to the task, albeit with varying degrees of 'enthusiasm'.

Ken took this opportunity to read through his own individual description and by doing so he recognised he too was overly invested in cognitive reflection, thus:

*For me as a trainer and researcher the residential requires I hold the boundaries or frame and stay outside the experience and at the same time engage inside the experience as much as possible. This is akin to my role as a therapist, listening to the other but at the same time listening to myself and trying to understand what is happening between us. This can be very demanding.*

While the small groups were engaged in creating their enactments Ken re-wrote his description of his experience as a trainer in the residential in a more transparent and deeper way:

*I find I am questioning the value of residential training. Well not so much the value but the cost! It's damn stressful, physically, emotionally and mentally. I feel like a juggler trying to hold several balls in the air at the same time. Trainer (reflect don't react, explore the process, uncover the transference), farmer ( why are the dogs barking? why is that sheep sounding distressed?), maintenance man (sorry to trouble you but you the toilet blocked in the little house....\*!\*\*) father (good dad/mother - provider v bad dad/mother - setter of rules and limitations) all these projections....when to support and when to challenge, I think I'll stick to sheep BUT..... I admire the way every one is also working damn hard to process their experience. Despite falling in and out of script I respect the struggle and sheer fearful courage.*

*Living in a residential community and facing the 'demons' from history is no 'walk in the park'.*

*These are the kind of people I want to associate with and this is why I love what I do.*

*There is a concentration of learning on a residential (greenhouse effect) that is well worth the challenge and the stress. And anyway how I feel, the highs and lows , is just that ....how I feel, it's what it is. If let go my introjects, I don't need to do anything just accept it, treasure it even....now there's a thought! I am aware I just let out a long deep breath. I am in contact with myself.*

In his first write up Ken paralleled the process of the small groups and wrote in a way that was not *fully* inside the experience.

In contrast to the initial small group composite write-ups the small group enactments were astonishing not so much for content (anxiety, shame, fear of rejection) and the impressive performances, but rather because of the quality of engagement and the level of contact . Each enactment seemed to more authentically capture the experience at a level deeper and beyond the words contained in the small group composite descriptions. It is perhaps in the nature of enactments that to be meaningful they need to be entered into fully. The trainees 'let go' and shared their lived body experience in the process of enactment. They 'showed themselves' beyond the written word. They were more fully present with the whole of themselves, body, mind and emotions. I felt inspired by their courage.

In a written reflection of the workshop several weeks a trainee/co-researcher writes:

On day 2 of the workshop "my regressed state meant that I could not

stand back from myself and use my awareness to propel me along..... However after our performance, I felt that I had experienced something quite profound. For me, I think it was about trust- that I could trust what has been, what is and what emerges- that all my experiences, uncomfortable feelings, indeed quite agonizing feelings, were and are part of the process".

## Discussion

The large group discussion was organized around four questions

How would we conceptualise (understand) the experience of residential training from an integrative theoretical perspective?

What are the implications for our clinical practice?

What are the strengths of the research?

What possible themes or topics may have been stimulated for further research?

Before addressing these specific questions the group were invited to give spontaneous general feedback.

## Trainees:

Residential training takes you to places you might not want to go. I came to this workshop thinking I was OK and in a better place but it's not true and this is a bit of a shock.

Regression provokes feelings of shame with a desire to withdraw, hide or become invisible or look clam on the outside. (Kaufman 1980/1989; Lee 1995/96; Yontef 1993; Evans, 1994/2000/2005; Robine,1991/98) (references added by Ken Evans).

Residential training takes you back to the past and it is difficult to know what is projection and what is not.

No candles in the bedrooms (*fire risk*), shut farm gates after passing through (*protection of farm animals*), share domestic chores (*to support the group*), monitor intake of alcohol (*self and other protection*), sleeping in dormitories, invites feelings of oppression and rebellion when regressed rather than be seen as appropriate boundaries when in a more adult mode. (Italics insert the reasons for the 'rules', added by Ken).

The residential is like walking on quicksand.

I realise the unsafe places are actually inside us.

## Trainer ( Ken Evans):

I experience the projections, positive and negative, powerfully at times but I am aware of maintaining an attitude of tolerance and patience, of I-Thou, holding the boundaries and supporting exploration within the boundaries." For me this is a safe place to encounter the past and perhaps this is part of the dynamic. If this were truly an unsafe place then we would know how to defend ourselves perhaps even leaving the workshop to return home.

Paradoxically safety is a threat. Safety and permission 'to be' can be a juxtaposition that is disarming and

threatening because it invites and tempts us out to step beyond our defensiveness and be present, authentic and self-actualising. This has not always proved wise in the past.

In the enactments and since I experience a difference in the group, more open, present and contactful. I am left feeling respectful of the way we have struggled with the conflict between life script/ creative adjustments and being present that residential living and working evokes in us all.

## How would we conceptualise (understand) the experience of the residential from an integrative theoretical perspective?

There was some overlap between this question and implications for clinical practice.

Trainees:

The structure of each day offered a degree of reliability and safety while we struggled with going into and out of regression. This underpins the necessity of an effective therapeutic alliance if the client is going to take risks in their exploration.

We have been more present on the fourth and fifth (final day) of the workshop suggesting that time is needed for trust in the therapeutic/training alliance to unfold and strengthen.

Trainer:

Therapy is thus akin to a slow cooking oven rather than a microwave.

Trainees:

Theoretical knowledge is no guarantor of efficacy of practice. The past is always present in the ground and can become figural and sometimes overwhelm the present.

Awareness is not enough and healing is not automatic upon greater awareness.

We need to work and re-work 'our stuff'.

Taking in (internalising) the therapeutic relationship goes beyond simple experimentation.

Without working on our feelings we can never be present.

Ultimately the residential ( like therapy) is not my actual family. I have more equality here than I ever had at home.

Holding on to some adult ego is necessary in order to learn.

Trainer:

It is important to grow the capacity to be both inside and outside (or alongside) our experience, especially during the therapeutic engagement. To experience what it is like to lose our ground, or almost lose it, and then to remain sufficiently present to try and reflect on what is happening to oneself, the client and the process between us. This is perhaps the most relevant component of a residential experience as it brings each of us into a more intense contact with our past alongside our desire to function professionally in the present.

We need to be inside the experience but sufficiently separate it to *work things through* rather than *act them out*.

## What are the implications for clinical practice?

Trainee:

Anxiety and stress fuel early attachment patterns with a consequent 'living in the past' rather than in the 'here-and now'. Building a good therapeutic alliance is a must if there is to be growth.

I appreciate more clearly the ongoing struggle between transference and countertransference....it's inevitable.

Living out of script is a false security.

We grow through risk taking.

An earned secure attachment really is *earned*.

Being present requires we be real and authentic – an ethical requirement?

## Strengths of the research

Trainees:

Relational centred research requires a high degree of emotional literacy in order to explore in depth (a strength and a limitation)

We are supported to explore something we are actually living in a hands on and meaningful way.

A closed group helps share the process.

We can 'bounce off' others and be inspired by one another to go further and deeper.

Walking in the quick sand is different from merely talking about it.

Commonality of experience is a form of verification.

This experience and our discussions feels credible because of our authenticity (though a struggle at time) our openness and our willingness to be vulnerable.

Being a co participant feels more congruent than being observed as an object or statistic.

## Limitations

Trainees:

Does subjective reflection (individual and small/large group) 'stand up'? Is it credible, trustworthy?

Maybe, maybe not, but qualitative research 'serves the subject' while quantitative research can 'squeeze the subject' to fit the methodology. There needs to be a very careful evaluation of the theme or topic to be explored in relation to the emotional literacy of the prospective research population. This can be an advantage as well as a disadvantage.

Qualitative research of this kind can be time consuming (5 days!) and costly.

might have explored gender difference and cultural variations given that several European nationalities present.

## What research themes or topics may have been stimulated as a result of this exploration of the residential training?

Trainees:

Addictive behaviour emerged for some people during the residential workshop, eating, smoking, drinking alcohol. Any or all might be fruitful areas of research.

An exploration of the experience 'meeting at the contact boundary of therapist and client.

An exploration of the meaning of 'sulking'.

The impact of debt on the therapist, professional and personal.

Exploration of the influence of past depression. The experience of working in private practice as a new therapist.

The experience of working in public or voluntary agencies as a new therapist.

A comparison of both of the above.

The impact on therapist and client of working from home.

## Concluding Reflections

Six weeks after the workshop 12 of the 16 trainees emailed their personal reflections on the residential and some of the salient content is summarised below:

"I saw how our life scripts inhabit and dominate our co-created roaming in insecurities. The need to be accepted and the fear of rejection. The need for contact and the fear of isolation. The residential gave me the opportunity to gradually face and dissolve a part of the shame that is associated with feeling like this and enabled me to be more open at the boundaries of contact".

"Being in a microcosm of a macrocosm on a residential workshop, seemed somewhat more intense when under the microscope of research..... anxieties lessened when I realised that there were commonalities to

our experience as a group and this in turn left me feeling less isolated”.

The research focus “deepened my awareness and helped me conceptualise the process and how it had impacted me in the moment, as well as how I might take this information forward and utilise it for my own self-development, as well as within the therapeutic relationship”.

“I have struggled, at times, to fully appreciate what has seemed to me the rather vague term, contact, but to go from none to so much helped me to grasp this concept with a new found sense of learning. What made it special was the dove-tailing of learning and sensation, to feel my way through the conversations and the interactions in the rare context of male contact. Further, that the contact challenged and denied the unconscious pre-conceptions it appears I held. I met two entirely different people; new people”.

“Hung, drawn and quartered can’t be worse than this,

Endless ruminating when I’d rather dismiss,

The things that caused me pain, and then I forgot,

You want me to talk about them,

I would rather not.

Lost and isolated with no way to call home,

Feeling like I’m seventeen and I am all alone.”

“After an initial resistance to the research topic I got stuck in. I was afraid of what would come up between individuals and mostly afraid of any criticism of me. When altercations did crop up I found them excruciating and unnerving”.

“For me, that option (residential) meant delving deeper into my reasons for not wanting to be there in the first place, so to spend the next 5 days potentially looking at that wasn’t something to relish. The lead researcher (Ken) had a vested interest in the outcome portraying the residential experience in a positive light. For me, there may be more validity to the research, if the research was led by an independent person in order to account for the possible bias involved. I also feel that the research conducted could be followed up with some quantitative questionnaires, perhaps based on the themes identified through our work”.

“I felt excited about the topic of the upcoming workshop from the beginning, but only when the facilitator offered to literally co-create a research, which I sensed as very inclusive, I could fully engage with the process”.

“A red thread through the phenomenon was “intensification” of experiences because of the residential nature of the workshop. It is my notion that the felt intensification was one of difficult experiences. It was

the opposite for me. As a non-resident in Jersey I feel alone after the workshops and mostly I only see either the composed or the painful parts of the people but not the everyday parts that still are important for bonding as well. In France I enjoyed more contact and experienced many parts that I had formerly not seen in the others”.

“Conducting research on a residential about the experience of being on a residential added a further dimension of entanglement that resulted in an even greater lack of clarity for me. How can I have any unbiased insight about MY self as a research instrument with regard to MY lived experience of the residential that is part of the research? Even writing the title for this reflection was confusing! My interpretation of my self will always be biased not objective. Or am I missing the point here – is that the very nature of qualitative research?”

“As these five days evolved, I have being confronted with my main creative adjustments, my main behaviour patterns and my worse fears”.

“Concentrating on the ongoing process of being on a residential workshop gave a very special value to the experience. I felt extremely aware of my own process and, at the same time, of the whole experience of being on this project with others”.

“Having this common goal and being inside of this living experience, strengthened the group. At least it was my feeling around the group process. Even the practicalities of the every day life at the farm, and lack of comfort, somehow faded in the background, and our contact became figural, central to this common endeavour”.

“At the end of this five day residential workshop I felt not only excited and pleased about our findings, but also enriched by this healing experience of non-competitive, generous and creative approach to collaboration and research”.

“The fact that we were looking into our experience of a residential course, while on a residential, in the ‘here and now’ somehow felt so powerful, far more real than a case study – it was tangible, omnipresent. Like sharing ghost stories in the dark, in the depths of a haunted castle – there was no escape – we had to face our demons.....”

“Before our exploration, I felt alone in my child like ego state, unaware of my false projections dancing a greater insecurity upon me..... The subject matter allowed me to further my contact with the group – to understand that my fear was shared – we all regressed somehow – or allowed ourselves to get caught up in the cross fire of ours or others projections. I felt a sense of camaraderie – we had all experienced some form of regression to an unsafe place- this environment seemed to magnify our historic experience and force a repetitive compulsion – a means of keeping safe – hiding, pushing away – acting out – I was not alone. Somehow this made my emotions permissible – it was OK – no I was OK.”

“I felt relief that this exploration was conducting in my third year – I am in such a better place than last year. I don’t think I would have been able to step out of my child ego state last year”

“During each residential I have aspired to achieve meaningful contact – this historically has been inter-

rupted by my need to withdraw, which has repeated or paralleled a past isolation. This topic enabled me to make contact where I would have previously withdrawn”.

“I felt this was an excellent topic in the third year when we are all starting to push the boundaries on what is felt to be safe”.

## Reflections of the lead researcher

“At times during the residential I was strongly aware of the pressure of receiving myriad projections as good or bad authority, which inevitably touched my own history. Holding the projections and maintaining an I-Thou attitude left me sometimes wondering whether the residential experience was worth the cost. Far easier to teach, experientially and didactically, on a day to day basis and with access to as much or little withdrawal in the evenings as I needed to hold and maintain a grounded sense of self.

However the value of a residential is that it removes us from the day to day securities and comforts of our own home. It takes us all, trainers and trainees alike, beyond our comfort zone and into an interplay with our individual histories which then in turn intermingle, at a conscious and unconscious level, with the histories of others. The subsequent sometimes intense struggle not to be driven by the past and repeat insecure attachment patterns and dysfunctional thinking (introjections/projections) and act out dysfunctional behaviour (isolation/deflection./ retroflection/confluence) is sometimes won and sometimes lost. Residential training provides a challenging foretaste of what can happen in therapy when unconscious or out of aware processes are driving the therapeutic endeavour. It can be uncomfortable but do we ever change from a position of comfort? Not in my experience.

As the collaborative research clearly demonstrates residential training during this particular five day research workshop intensifies experience, provokes a conflict between our past experience ( and defensive attempts to maintain the false security of the status quo) and our present aspirations (and the possibility of reparation). A residential training experience is ‘not a walk in the park’.

Similarly, holding and maintaining an I-Thou attitude when a client is ‘acting out’ of awareness and inviting repetition of their history is also ‘not a walk in the park’. It requires we develop the capacity, over time and with experience, to hold the process and tolerate ‘not knowing’ what’s going on without unwittingly acting out in turn (Casement,1985). The therapist task is to uncover what historical dynamic is being replayed and find a way of offering a reparative experience. In order to do this the therapist has to be able to invoke their

capacity for critical reflection...what is going on for me, the client, and between us? The capacity for reflexive thinking, especially when experiencing disturbing emotions and thoughts that shake up our sense of groundedness requires we grow our capacity for simultaneously being inside and outside the research and our clinical practice. This is probably the most important characteristic of a relational oriented researcher and psychotherapist. 'It's what we do' (EJQRP Issue 6, 2012).

What I am wanting to convey here is eloquently summarised by two trainees/co-researchers writing their reflections on the residential research workshop several weeks after the residential ended:

"I was a researcher immersed in the data.... I could honestly and openly contribute. I could step outside of my personal experience and somehow lift above. It was almost as if I was able to observe myself – from the outside and laugh at my meagre attempts of self preservation and the need to control as much as was possible in an environment of powerlessness. I could see all the ribbons of projections and all the emotional regressions without participating in them – it was a spiritual experience. I wasn't bound by my emotion; I was the fly on the wall. I was able to witness the interruptions to my contact and that of my colleagues without being held ransom. It gave me the distance I needed to heal..... It was as if I had been made privy to the trip wires and land mines that are usually hidden. I could see repetitive compulsions being co-created around me, but as a researcher I wasn't getting embroiled."

"Suddenly, I just got it, there and then- by performing in a group in front of all my peers! The freedom to be me was back and my creativity alive once more. And then, doing the intellectual data analysis .....felt like the easiest thing in the world. I see now, that as a researcher, just moving along with my own process, not resisting what was going on for me, was integral to being a researcher and the research. I feel proud that as a participant and as a researcher I could immerse the whole of my self into the process and be reflective as I did so - or indeed, reflect more thoroughly afterwards."

## *Bibliography*

- Buber, M. (1923/2004) *I and Thou* [Trans. W. Kaufman]. London: Continuum
- Casement, P. (1985) *On Learning From The Patient*. London: Routledge.
- Denzin, N.K and Lincoln, Y.S. (1994) Introduction: entering the field of qualitative research, in N.K. Denzin and Y.S. Lincoln (Eds.) *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- De Lise, G. (1991 'A Gestalt Perspective on Personality Disorders', *The British Gestalt Journal*, 1 (1),42-50.
- Evans K.R. and Gilbert, M., (2005) *An Introduction to Integrative Psychotherapy*. Basingstoke, Hampshire: Palgrave Macmillan.
- Evans, K. (1994) Healing Shame: A Gestalt Perspective, *Transactional Analysis Journal*, 24 (2)
- Evans, K. (forthcoming Autumn 2012) Humour in Gestalt Therapy, translated by Mme. Rosine Fievet and to be published in French by the *Gestalt Society of France*.
- European Journal for Qualitative Research in Psychotherapy, Free downloads in *Research Page* of [www.eurocps.eu](http://www.eurocps.eu)
- Finlay, L. (2002a) "Outing" the researcher: the provenance, principles and practice of reflexivity, *Qualitative Health Research*, 12(3), 531-545.
- Finlay, L. (2002b) Negotiating the swamp: the opportunity and challenge of reflexivity in research practice, *Qualitative Research*, 2, 209-230.
- Finlay, L. (2008) A dance between the reduction and reflexivity: explicating the "phenomenological psychological attitude", *Journal of Phenomenological Psychology*, 39, 1-32.
- Finlay, L and Evans, K (Eds) *Relational-centred Research for Psychotherapists: exploring meanings and experience*. Wiley-Blackwell.
- Kaufman, G (1980) *Shame: The Power of Caring*. Shenkman, Cambridge
- Kaufman, G. (1989) *The Psychology of Shame*. Springer Publishing Co., New York.

Lee, R.G. (1995) GESTALT AND SHAME: THE FOUNDATION FOR A CLEARER UNDERSTANDING OF FIELD DYNAMICS. *British Gestalt Journal*, 1995, Vol4, No 1, 14-22. Lee, R. & Wheeler G. (1996), *The Voice of Shame, Silence and Connection in Psychotherapy*, San Francisco, Jossey-Bass

Robine J.-M. (1991), "La honte, rupture de confluence", in *Gestalt*, 2, pp.19-34: revised version in Robine (1998)

Yontef, G. (1993) *Awareness, Dialogue and Process. Essays on Gestalt therapy*. Highland: NY Gestalt Journal Press.