

**How do Clinical Psychologists make sense of their  
Early Attachments and their Work with Older Adults?**

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## Table of Contents

1. Abstract.....	4
2. Introduction.....	6
2.1. Background.....	6
2.2. Personal stance and epistemological positioning.....	8
2.3. Literature review strategy .....	9
2.4. Attachment theory.....	10
2.4.1. Background.....	11
2.4.2. Attachment behaviour .....	12
2.4.3. Internal working models.....	13
2.4.4. Measuring attachment styles .....	14
2.4.5. Attachment across the lifespan.....	16
2.5. Clinical application of attachment theory .....	21
2.5.1. Attachment and the therapeutic alliance .....	22
2.5.2. Therapist influences .....	23
2.5.3. Attachment and change in psychotherapy .....	25
2.5.4. Therapy in later life.....	26
2.6. Research question.....	27
3. Method .....	28
3.1. Why adopt a qualitative approach?.....	28
3.2. Interpretative Phenomenological Analysis (IPA) .....	28
3.3. Study design .....	30
3.4. Ethical issues.....	31
3.5. Participant recruitment.....	33
3.6. Quality standards in qualitative research.....	34
3.7. Data analysis.....	36
3.8. Statement of position in qualitative research .....	37
4. Results.....	39
4.1. Making sense of early attachment relationships.....	39
4.2. Developing identity in childhood and adolescence.....	46
4.3. Understanding of decision to work with older adults .....	52
4.4. Work with older adults as both challenging and rewarding.....	58
4.5. The person within the professional .....	65
5. Discussion .....	71
5.1. Revisiting the research question.....	71

5.1.1.	Making sense of early attachments.....	71
5.1.2.	Decision to specialise in older adults .....	74
5.1.3.	The work with older adults.....	76
5.2.	Implications of present study.....	78
5.3.	Methodological considerations .....	80
5.4.	Self-reflections .....	81
5.5.	Areas for future research.....	83
5.6.	Conclusion .....	83
6.	References.....	85
7.	Appendices .....	95

## 1. Abstract

**Background:** attachment theory provides an account of human behaviour across the lifespan, has a strong theoretical foundation and is clinically applicable. It is particularly relevant to older adults, who are often exposed to a greater number of losses. Despite a growing awareness of increasing life expectancy worldwide, services for older adults in the NHS remain under-resourced. However, increased exposure to death and loss in the work might result in clinical psychologists being more reluctant to choose this specialism and may raise issues about their own early attachment experiences. Therefore, it is important to understand how clinical psychologists approach the complexities of their work in light of their own early attachment experiences. Qualitative research of the lived experiences of clinical psychologists is sparse and to date there are no studies addressing this specific issue.

**Aims:** this is an exploratory study which addresses a gap in the literature. The aims are to capture the early attachment experiences of clinical psychologists specialising in working with older adults. It is hoped that the outcome of the study will shed some light on the characteristics of this under-researched group and how they manage the challenges of the work.

**Methodology:** a semi-structured interview schedule was developed to explore how clinical psychologists make sense of their work with older adults in light of their early attachment experiences. Interviews were carried out with five clinical psychologists working in specialist older adult services. The transcripts of the interviews were then analysed using Interpretative Phenomenological Analysis (IPA).

**Results:** the analysis of the five interviews yielded five main themes – *“Making sense of early attachment relationships”*, *“Developing identity in childhood and adolescence”*, *“Understanding of decision to work with older adults”*, *“Work with older adults as both challenging and rewarding”* and *“The person within the professional”*. Each of the main themes and their subthemes were supported by excerpts from narratives of participants' experiences.

**Implications:** this study highlighted several research and clinical implications. First, the role of non-parental childhood attachments in the development of internal working models is currently an under-researched area which may provide important insights into resilience factors in the face of childhood adversity. Second, clinical implications suggest that access to older adult work early on in the career of clinical psychologists may increase desirability of working in specialist services. Third, the study supports attachment theory as a useful approach to understanding

the work with older adults and as a valuable area for the professional development of clinical psychologists. Finally, systemic working with older adults remains an important part of the work which would benefit from further research in this area.

## **2. Introduction**

This research is an Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) study which explores the early attachment experiences of clinical psychologists working with older adults, and how they make sense of their work in light of their experiences. In the literature review for this study, no research was found specifically addressing this topic. It is hoped that the outcome of the study will shed some light on the personal characteristics of clinical psychologists working with older adults and the complexities of the work with this often neglected client group. Attachment theory was chosen as a framework for this research because of its applicability across the lifespan (e.g. Cassidy & Shaver, 2008). Specifically, the work that clinical psychologists carry out with older adults will be influenced by their own particular life stage and their attachment experiences up to that point. Attachment theory also has a strong theoretical foundation and is clinically applicable which makes it especially relevant when considering the interplay between client and therapist attachment styles, and the development of the therapeutic alliance (e.g. Obegi, 2008a).

First, I provide a background to the study with a rationale for choosing older adult populations and the importance of considering the experiences of clinical psychologists. In the next section I talk about my personal interest in the research and my own epistemological stance followed by a description of my literature research strategy. I then discuss the background to attachment theory and some key concepts in attachment along with research findings across the lifespan. The reason for this is to orient the reader to important issues that may arise when analysing the interviews of clinical psychologists in this study. This is followed by a discussion of the research relating to the clinical application of attachment theory, including the alliance, therapist influences and therapy in later life, before revisiting the rationale for the research question.

### **2.1. Background**

One of the challenges for people as they reach old age is tackling the impact of ageism in society. Older adults, defined as anyone over the age of 65 (Butler & Lewis, 1973), experience many issues not least having to adapt to forced retirement which often brings with it further problems such as fewer social contacts, loss of dignity and reduced income (Lalor & Ryan, 2011). In terms of health care, it is estimated that three quarters of clients in the NHS are over the age of 65, though funding for this age group only represents two fifths of total expenditure (Kaiser, 2011). Life expectancy worldwide is on the increase and in the UK alone it is estimated that the percentage of people over 65 will escalate from 16 per cent in 2005 to 23 per cent by the year

2045 (Sanderson & Scherbov, 2008). Typically, older adults are also exposed to a greater number of losses of significant attachment figures and have poorer health which can have a major impact on their emotional well-being (Lalor & Ryan, 2011).

Given the high prevalence of mental health issues among people aged 65 and over (Royal College of Psychiatrists, 2009), it is likely that psychotherapy with ageing clients will increase significantly in the coming years. One of the challenges of working with older adults is that, for the therapist, the client may represent (either consciously or unconsciously) their own attachment figures. For example, clients may come to represent grandparent figures for younger clinical psychologists in the early stage of their career while older clinical psychologists may associate clients with their elderly parents whom they may be caring for. Issues such as these can get in the way of psychotherapy as the therapist forms attachments with their clients which may represent a more caring role, rather than that of a professional attempting to stimulate change (e.g. Martindale, 1989; Quinodoz 2010). Clearly supervision plays an important role in personal and professional development and can aid clinical practice (Hughes & Youngson, 2009), however all too often the personal characteristics, skills and experiences of the therapist are ignored in psychotherapy research (Lebow, 2006).

There is overwhelming evidence that therapist factors (e.g. therapeutic alliance, personality of the therapist) play a significantly greater role in achieving positive outcomes (Cooper, 2008) though research looking at the *lived experiences* of clinical psychologists who work with older adults is almost non-existent. There are many reasons why people enter the psychotherapy profession, not least in part motivated by an attempt to resolve their own experiences of loss or trauma in childhood (Barnet, 2007). Given the issues recruiting people into work with older adults (Lee, Volans & Gregory, 2003), it is important to get a better understanding of why clinicians choose to work in this specialism and how they manage some of the challenges that this client group can evoke. For example, multiple losses are much more common among this client group and the attachment that clients form with their therapist is often very important, especially with clients facing actual or anticipated loss of a significant attachment figure such as a spouse or a partner (Evans, 2004). Therefore, it is important to explore how clinical psychologists manage this attachment and how they understand their work in light of their own attachment experiences.

## 2.2. Personal stance and epistemological positioning

Three of my current areas of interest are attachment theory, older adult work and the therapist factors (e.g. Cooper, 2008) that are believed to play a role in effective psychotherapy. First, I have a personal interest in attachment theory and find the principles of attachment helps me make sense of my own childhood experiences. Attachment concepts apply to all therapy models (Cassidy & Shaver, 2008), and I use it to understand clinical issues in my work, such as the development of the alliance, dealing with ruptures and managing endings. My interest in older adult work has been influenced by my older adult placement which I found very rewarding. The placement was psychodynamic in orientation and prompted a great deal of reflection on my own experience of my grandparents. While growing up, I was very close to my paternal grandparents and they provided a *safe haven* from the difficulties sometimes experienced in my own family home. The third area of interest reflects my passion for studying the processes that make therapy effective. This comes from my belief that there is no utopian model of therapy that can be universally applied to all people.

My individual stance is informed by a social constructionist perspective which privileges the infinite ways that people make sense of their world. Although there is no one single way to identify a social constructionist position (Burr, 2003), my own understanding reflects a belief that there is no objective reality but rather people construct their own meanings from a process of engaging in a series of complex social and psychological interactions. Gergen (1985) proposes four common assumptions implicit in social constructionism including:

- a) A radical doubt in the taken-for-granted world
- b) Knowledge viewed as historical, socially and culturally specific
- c) Knowledge as not fundamentally dependent on empirical validity but sustained by social processes
- d) Descriptions and explanations of phenomena can never be neutral but constitute forms of social action which serves to sustain certain points of views to the exclusion of others

This perspective has instilled in me a belief in the importance of privileging the many ways that people construe their world and captures the essence of my position in this research.



### 2.3. Literature review strategy

It is important to emphasise that this is an *exploratory* qualitative study which aims to capture the *broad experiences* of clinical psychologists. The aim is not to say something about attachment with older adults *per se* but rather to capture a snapshot from the clinicians perspective. Specifically, it is concerned with how clinical psychologists understand their own attachment experiences and in which ways, if any, this informs their work with this client group. An extensive literature search was carried out to establish important developments in the fields of attachment, the helping professionals and work with older adults. The online databases PsychNet, PubMed and Web of Science were used as they are representative of the published literature in this area.

A number of subject terms were used in the search strategy including combinations of the following: attachment, psychologists, therapists, therapeutic alliance, therapeutic relationship, working alliance, helping professions, older adults and older people. This search yielded a large number of results which was reviewed and relevant literature was selected for the current study. Research relating to the theory and clinical application of attachment was considered which included quantitative and qualitative studies, and review articles. Many of the studies highlight the importance of attachment theory in advancing our knowledge of the processes of psychotherapy. An important article by Holmes (2010) used attachment theory to account for the different stages of psychoanalytic psychotherapy and argued that therapist understanding of attachment principles can direct therapy in helpful directions.

Several other studies have suggested that attachment theory can provide important insights into the processes of psychotherapy. For example, Smith *et al.*, (2010) reviewed studies looking at adult attachment patterns and the therapeutic alliance, and proposed that measuring attachment at the various stages of therapy can be helpful as poor alliance has been linked to increased rates of dropout in therapy (Shorey & Snyder, 2006). However, most of the literature on attachment and the alliance employs quantitative methodology to measure the extent to which attachment improves over the course of therapy. One of the drawbacks of this approach is that it does not explain how therapists address in-session *attachment behaviour* over the course of therapy. There were a few qualitative studies looking specifically at how therapists address the alliance, most notably Daly and Mallinckrodt (2009), and Mallinckrodt, Daly and Wang, (2008). These studies are discussed in more detail in the section entitled *attachment and the therapeutic alliance*.

Attachment is a two way process involving the interaction between client and therapist in the process of meaning-making (Holmes, 2010). Therefore, the attachment experiences of the therapist will also likely have an influencing effect on the therapeutic alliance (Daniel, 2006). In this literature search, a small number of studies were identified which looked at the attachment of various professionals including carers, case managers and psychologists, and how it impacts on their clinical work (see Daniel, 2006 for a review). Once again, all of the studies were quantitative with the exception of two studies which employed qualitative methodology (Rizq & Target, 2008; 2010). Although the studies by Rizq and Target (2008; 2010) were carried out with counselling psychologists, not clinical psychologists, they raised interesting questions about the role of the early attachment experiences of clinicians in their clinical work and the potential for therapy to enhance reflective functioning.

As can be seen from this review, there is strong support for the role of attachment in providing a framework for understanding the therapeutic alliance and the processes of psychotherapy. However, most of the studies explore the client attachment experience while the attachment experience of clinical psychologists has been largely ignored. Moreover, no studies were found which addressed this issue in light of the work with older adults. Qualitative studies have a particular utility in being able to provide interesting and novel perspectives on areas which have not been previously explored. Given the absence of studies in this area, the present study aims to advance the field of attachment by addressing a gap in the literature.

#### **2.4. Attachment theory**

The present study applies attachment theory to the experiences of clinical psychologists at various stages of the life-cycle. This includes exploring the influence of significant attachment figures from childhood and adolescence, and the extent to which they feel these experiences influence their work with older adults. It is therefore helpful to introduce the reader to important attachment concepts as it relates to this study. This section begins with a brief history into the development of attachment theory, followed by a discussion of attachment behaviour and the related concept of internal working models. Some methods and issues relating to measuring attachment is then introduced before moving on to current theoretical advances in attachment across the lifespan. This summary is not a comprehensive review of attachment theory but rather an overview of relevance to this study. For a more comprehensive overview of the theoretical and clinical application of attachment, interested readers are referred to the *Handbook of Attachment* by Cassidy and Shaver (2008).

### 2.4.1. Background

#### *The early work of Bowlby*

The founding father of attachment theory, John Bowlby, first became interested in researching the effects of family experience on the developing child in 1929, while volunteering at a school for maladjusted children. More than a decade later, at the Child Guidance Clinic in London, he chose as his special area of interest the effects of removing a young child from their home environment. This event he believed had a major impact on the child which could easily be researched and for which preventative measures might be possible (Bowlby, 1979). His early essay entitled 'Forty-Four Juvenile Thieves', compared 44 Child Guidance Clinic cases to controls and found a remarkable correlation between levels of delinquency and a prolonged separation of six months or more from the mother or foster mother, during the early years (Bowlby, 1944). The outcome led Bowlby to speculate about the importance of recognising the link between early experience and later personality. Bowlby proposed that human behaviour is governed by a tendency to develop attachments with significant others. The function of this is to alert attachment figures to the presence of threat or danger (Bowlby, 1988).

#### *Mary Ainsworth*

Bowlby worked very closely with American psychologist Mary Ainsworth and together they spent almost 40 years researching child development and the role of attachment. In the course of her investigations Ainsworth noted qualitative differences in child attachment behaviours which related to variations in the behaviours provided by caregivers (Grossman *et al.*, 1995). Ainsworth is credited with several key ideas in attachment including the notion of a caregiver providing a *secure base* from which an infant can explore his or her environment. An infant who is securely attached can readily rely on the caregiver as a *safe haven* to return to in times of distress, fear and perceived threat (Ainsworth *et al.*, 1978). Importantly, the caregiver is able to provide security through *attunement* to the infant's distress. Attunement refers to the degree to which a primary caregiver is able to tap into the infant's emotional world, and mimic facial expression and physical activity in ways that are not identical but 'in tune' with the infant (Stern, 1985).

The early work of Bowlby and Ainsworth was instrumental in highlighting the link between childhood attachment and later psychological development. However, the over-emphasis on the role of mothers in these studies was potentially stigmatising and did not take into account the

broader influence of other attachment figures. Also, the notion of *maternal deprivation* was not clearly defined and relied on observation of behaviour in a social context with limited consideration to other broader environmental factors, such as the impact of poverty.

#### **2.4.2. Attachment behaviour**

Bowlby (1969/1982) coined the term *attachment behavioural system* to refer to the process by which infants seek and maintain proximity to their significant attachment figures. In childhood, attachment behaviours are likely to occur when the child is in danger, fearful or distressed, while in adulthood such behaviours are likely to be exhibited in times of excessive anxiety or duress (Bowlby, 1988). Bowlby (1980) argued that a disruption to the attachment behavioural system, in early infancy, led to lifelong enduring problems for later attachments. Key to the healthy growth of the infant is mother *sensitivity* in the first years of life and this is seen as crucial to the formation of infant secure attachment (Bowlby, 1988). As securely attached children move through the lifespan and into adulthood they learn to utilise attachment behaviours in their adult relationships by seeking help at appropriate times when distressed and in need of support and reassurance.

Expanding Bowlby's attachment behavioural system, Heard and Lake (1997) introduced the concept of attachment dynamic which stresses the more fluid nature of attachment behaviour. This approach adopts a systemic view of the self in relation to others and places an emphasis on the interrelated nature of attachment behaviour within a care seeking framework. Rather than attachment behaviour either being activated or not, this perspective describes how attachment behaviours can occur in people who are otherwise securely attached when faced with situations of such intensity that warrant its activation. In relation to this study, older adult narratives of loss in the therapy room may result in the eliciting of attachment memories in clinical psychologists and activation of their own attachment behaviours. For example, a clinician working with a client who unconsciously represents a grandparent figure may be reluctant to discharge the client long after the therapeutic benefits have been realized.

One of the issues with attachment theory is that past research has tended to focus on the role of attachment behaviour in dyadic relationships rather than exploring the function of attachment in different situations. The approach introduced by Heard and Lake (1997) addresses this issue by suggesting that attachment behaviour functions along a continuum and has the potential to influence behaviour in a broad range of social contexts. However, much of the past research has tended to explore the unidirectional influence of attachment behaviour (i.e. the impact of one

person's attachment on another) as opposed the bi-directional nature of attachment. This study aims to address this by exploring how the behaviour of clinical psychologists both influences, and is influenced by, their past experiences.

### **2.4.3. Internal working models**

A related concept to the attachment behavioural system is what Bowlby (1988) termed *internal working models* (IWM's). These are essentially cognitive representations of how an individual relates to the self, others and the interactions between the two (Cobb & Devila, 2008). Bowlby (1988) described IWM's as mental models about the world which influence our ideas about how things have worked in the past and what might work in the future. Repeated interactions with a primary caregiver and other attachment figures gives rise to beliefs which become internalised within the attachment behavioural system and influence what we do, say, think and feel. IWM's are not entirely understood though it is believed that significant childhood attachments influence core personality development (Howe, 2011). As a result, individuals tend to approach new situations with pre-conceived ideas, behavioural biases and interpretative tendencies (Sroufe *et al.*, 1999).

IWM's of attachment are generally categorised along two dimensions: anxiety and avoidance (e.g. Brennan, Clark & Shaver, 1998). In attachment terms, anxiety refers to concerns about the availability of attachment figures while avoidance is defined as a discomfort with close relationships. Typically, highly anxious people have a low threshold for attachment behaviour activation and tend to make frequent use of *hyperactivating* strategies to manage anxiety such as seeking close proximity to attachment figures and the need for reassurance. In contrast, avoidance people exhibit the opposite, with a *deactivating* of attachment behaviours characterised by avoidance of proximity seeking (Cobb & Devila, 2008).

IWM's develop usually within the first five years of life and influence the thoughts, feelings, emotions and behaviours in close relationships across the lifespan (Bowlby, 1988). These ways of interacting, often referred to as attachment styles (Bartholomew & Horowitz, 1991), are believed to be derived from memories of interactions with significant attachment figures and are relatively stable though are amenable to change through new attachment interactions (Bowlby, 1969/1982, 1988). According to Collins and Read (1994) attachment is most usefully viewed as a dimensional construct which considers other attachments in a hierarchical framework to include peers, relatives and romantic partner as well as parental attachments.

Clinical psychologists can become significant attachment figures for their clients and have the potential to influence and alter existing IWM's through the dynamic created in the therapeutic relationship. However, there is still much research needed in this area to establish how such changes occur, the role of the clinicians in eliciting such changes and whether they are maintained over time. Also, it is not clear whether, and to what extent, changes in IWM's can be generalised outside of the therapy room. It is hoped that the exploratory nature of the present study will provide some important clues about the nature of IWM's and its application in clinical psychology work.

#### **2.4.4. Measuring attachment styles**

In this section, I look at ways of measuring attachment in childhood and adulthood while focusing on two approaches namely, the *Strange Situation* and the *Adult Attachment Interview* (AAI). These measures are important because they have been instrumental in the development of attachment theory and both have been used extensively in the identification of patterns of attachment from observations and descriptions of attachment behaviour. For example, the Strange Situation was the first to assess attachment behaviour in childhood while the AAI has been the driving force behind the application of attachment theory in adult populations.

##### *Measuring attachment in childhood*

Undoubtedly, Ainsworth's most significant contribution to attachment theory was the development of the *Strange Situation* procedure which was developed from her observations of mother-child interactions in naturalistic settings. In the strange situation the child is placed into a novel environment and the interactions with the primary caregiver are observed to establish attachment behaviour in unfamiliar situations (Ainsworth, *et al.*, 1978). This procedure led to the detection of three distinct attachment categories, each associated with a distinct mother-child interaction style (Wallin, 2007). *Secure* infants had an equal propensity to explore and feel safe in the presence of mother, to become distressed when separated and almost immediately reassured upon her return. In contrast, *Avoidant* infants seemed rather blasé in the strange situation and were unmoved by mothers departure or return. The third pattern was *ambivalent* of which Ainsworth identified two types: angry and passive. Those that were angry initially exhibited protest upon mothers return before becoming soothed while passive ambivalent infants seemed resentful but remained close to mother (Ainsworth *et al.*, 1978).

Although the Strange Situation has been extensively used as a research tool, it is not without its criticisms. In particular, the classification of attachment is based on brief observations in unfamiliar settings and does not necessarily relate to attachment behaviour in other, more familiar, environments. Also the focus on dyadic interactions raises questions about its validity in different cultures, such as Japan, where childcare is often shared amongst different family members. Furthermore, measuring attachment according to discrete classification (i.e. 'secure' or 'insecure') has limited clinical application as it is not sensitive enough to detect subtle changes in attachment behaviour over the course of therapy (Solomon & George, 2008).

### *Adult Attachment Interview*

One of the most important developments in the field of adult attachment theory and research was the development of the *adult attachment interview* (AAI, Main, Kaplan & Cassidy, 1985). The AAI is a semi-structured questionnaire consisting of 20 questions relating to attachment experiences. Many of the questions relate to an individual's experience of primary caregivers and about thoughts and feelings concerning their influence on their adult personality. Other topics include how they perceive current relationships with primary caregivers and future hopes for their own children (Main, Hesse & Goldwyn, 2008). The AAI was initially developed as a measure to predict infants' attachment to their parents by analysing parental accounts of their own attachment experiences. The outcome of the AAI is believed to represent particular 'states of mind with respect to attachment' (Main, Kaplan & Cassidy, 1985). Initially three categories were identified and a further two were later added including secure-autonomous, dismissing, preoccupied, unresolved/disorganised and cannot classify (Main, Hesse & Goldwyn, 2008).

An interesting finding from studies using the AAI is the remarkable correlation between child attachment classification in the Strange Situation and parental states of mind using the AAI (e.g. Fonagy, Steele & Steel, 1991; Ward & Carlson, 1995). Dialogue in the AAI are concerned with the notion of *narrative coherence* in relation to the description of attachment rather than the actual content of the interview. Many studies have consistently demonstrated that parents of children classed as insecure using the strange situation procedure typically map onto the corresponding adult states of mind using the AAI. In contrast, parents of children classed as secure maintain discourses which are coherent and collaborative with associated higher levels of psychological functioning and emotional health (Main, Hesse & Goldwyn, 2008).

The AAI is time consuming to administer and score, requires researchers to be trained in its use, and suffers from the same issues associated with the *classification* of attachment. Several self-report questionnaires have been developed which are quick to administer and measure attachment along a continuum. For example, the Relationship Questionnaire (Bartholomew & Horowitz, 1991) is a commonly used measure based on a bi-dimensional model of attachment: *secure, fearful-avoidant, preoccupied, dismissing avoidant*. Self-report questionnaires have useful utility in clinical practice as they can be administered alongside other therapy measures, are quick to score and can detect changes in attachment over the course of therapy. However, the validity of self-report measures has been questioned as attachment is often thought to be an unconscious and automatic process which does not lend itself to such conscious reports of attachment behaviours (Smith *et al.*, 2010).

Despite its limitations, there have now been over 200 studies using the AAI across a broad range of settings and populations (Bakermans-Kranenburg & van Ijzendoorn, 2009). While this has significantly advanced our understanding of adult attachment behaviour, it is surprising that only a few studies have used qualitative methods to explore adult attachment in clinical practice. As previously mentioned, the AAI relies on the concept of *narrative coherence* in the description of attachment experiences, to identify mental representations of attachment. In contrast, more exploratory approaches, such as IPA, rely on *meaning-making* to compare and contrast individual experiences of attachment. These differences provide a strong argument for the present study and for future research into the personal experiences of attachment.

#### **2.4.5. Attachment across the lifespan**

As previously mentioned, clinical psychologists working with older adults will be influenced by many factors including their own life stage and attachment experiences up to that point in their career. This may result in clinicians having differing levels of awareness of the impact of their own early attachment experiences and how this influences their work with this particular client group. In this section some of the processes which occur at the various stages of the lifespan are discussed in order to provide a foundation for understanding some of the issues that may emerge during the interview stage of this study.

##### *Childhood*

Young children quickly learn what we like and what we dislike, but they have not the necessary psychic apparatus always to carry out our wishes in our absence. Short of



terrifying a child into inertia, the disciplining of young children is doomed to failure and those who attempt it to exhausted frustration

(Bowlby 1979, p. 14)

Ainsworth *et al.* (1978) believed that infants develop mental representation of the world based on the availability and sensitivity of primary caregivers. Caregivers who mirror the mental state of their child give the message that their inner world is valued and hold some significance (Fonagy & Target, 1997). Meins (1999) uses the term mind-mindedness to describe caregivers who are interested in what their children are thinking and feeling and seek to share this understanding with them. This includes offering psychological sense-making which helps children regulate their emotions through the ability to understand confusing feelings. Caregivers who are mind-minded are happy to explain what is going on to their children in terms of their own and others psychological states, and tend to have children who are securely attached (Howe, 2011).

One of the criticisms of earlier research is the over-reliance on mother attachment while the role of fathers has been largely neglected (Quiery, 1998). Another issue relates to the specificity of attachment relationships (usually mother or father) which has been used as a measure of attachment when in fact there is little evidence that these attachment behaviours generalise to other relationships (Goodwin, 2003). Moreover, there is evidence from the strange situation scenarios that the attachment behaviours between mother and father can be quite different from one another (Bretherton, 2000). More recently, studies have started to emerge suggesting that fathers play a pivotal role in the development of IWM's.

In a recent review on the subject, Bretherton (2010) argued that the role of fathers differed from mothers, though was equally important with a greater emphasis on empowering rather than soothing. In childhood, sensitivity is crucial though insufficient as children also need to develop a sense of mastery in order to feel empowered when exploring from the safety of their attachment figures (Slade, 2008). Similarly, lack of sensitivity from the fathers can result in the development of insecure attachment styles. For example, a study of children of fathers who engage in frightening interactions with their infants and were insensitive, showed high levels of emotional under-regulation at 24 months and attentional problems in school aged 7. However, the effects were mitigated by those fathers who showed frightening behaviours but also remained sensitive to the child's emotional state (Hazen, *et al.*, 2010).

## *Adolescence*

As a child moves into adolescence, the function of the attachment system changes to reflect broader interactions within a social context. Adolescence is a dynamically changing and challenging time which brings with it not just problems associated with biological changes, such as puberty, but also attachment crisis associated with separation and loss as the child becomes more independent and contemplates leaving home (Moretti & Holland, 2003). These kinds of transitions can also result in problems such as depression for those with insecure attachments as the adolescent faces loss of physical proximity to significant attachment figures (Rosenstein & Horowitz, 1996).

The AAI was introduced as a move 'towards the level of representation' to explore the way attachments are represented in the mind of the self and others (Main, Kaplan & Cassidy, 1985). This emphasis on the meta-cognitive ability to reflect on internalised attachments typically occurs in teenage years which makes the AAI applicable from the age of adolescence onwards (Main, 1991). Given the research showing strong correlations between parental AAI states of mind and infant strange situation attachment style, one might expect measures of attachment representation between primary caregivers and their adolescent children to be equally strong (Allen & Miga, 2010). However, a study comparing adolescent states of mind with that of his or her mother's, found poor correlations across several factors including mother attunement to teens thinking, how both related to disagreements, perceptions of maternal support and teen lack of idealisation of mothers. Furthermore, comparison of adolescent AAI status and measures of peer functioning (e.g. teen popularity, teen calls for emotional support and teen lack of experiencing peer pressure) were more strongly linked than parental factors. This suggests that peers play an important role in attachment representation in adolescence which, although poorly understood, is likely to influence attachment behaviour in adulthood (Allen *et al.*, 2003).

Interpretation of the AAI is often mistakenly believed to be evidence of parental attachment behaviour, though the research suggests that the AAI is in fact a measure of parental care-giving behaviour (Allen & Mannig, 2007). Seen in this light, it would appear the AAI is more a measure of the development of a person's ability to tune into, process and reflect emotional information. Adolescent attachment research using the AAI suggests the need for a reconceptualisation to take account of the significant changes that occur at this critical developmental milestone. This includes moving beyond a dyadic model of attachment representations to a more complex

model that accounts for broader range of attachments and the development of the emotional regulation in a social context (Allen & Miga, 2010).

### *Adulthood*

A well-based self-reliance, we may conclude, is usually the product of slow and unchecked growth from infancy into maturity during which, through interaction with trustworthy and encouraging others, a person learns how to combine trust in others with trust in himself

(Bowlby 1979, p. 125)

One of the challenges of adult attachment research is that the concepts that are applicable to childhood do not directly map onto adult relationships. For example, in childhood the secure base, typically the mother, is provided by an attachment figure that is perceived to be stronger and wiser, whereas the notion of a stronger and wiser figure in adulthood is not necessary for such attachments to be formed (Cobb & Davila, 2008). In support of the secure base hypothesis in adulthood, Feeney and Thrush (2010) found that encouragement, non-interference and availability of partners were strongly predictive of exploratory behaviours. Another study looked at the role of love and work in adulthood and found that each was functionally similar to attachment and exploration in childhood (Hazan & Shaver, 1990). Such studies support the continuity of attachment concepts over time, although in adulthood, attachment relationships are more fluid, have the potential to allow for greater exploration and are less one-directional.

There is also growing support for the interrelatedness of behavioural systems and attachment style in adulthood (Simpson & Rholes, 2010). For example, studies suggest differences in the quantity and quality of caregiving between those classed as avoidant compared to those classed as anxiously attached. Specifically, people who are avoidant provide less support to their partners than anxious individuals, and tend to lack sensitivity, nurturance and physical comfort and sensitivity. In contrast, the caring characteristics of more anxious individuals tend to be more controlling and intrusive (Feeney & Collins, 2004). The motives behind caregiving also seem to differ. While anxious individuals tend to provide care to strengthen bonds between them and their partners, more avoidant people offer care for more egotistical reasons and those who are securely attached tend to provide care for more altruistic reasons (Mikulincer, *et al.*, 2005).

An important consideration for attachment theory is the extent to which IWM's are amenable to change over time. According to Simpson and Rholes (2010), support for the *prototype hypothesis*, which states that IWM's provide a blueprint for future attachment interactions, has

now reached major milestone status. However, although attachment styles tend to be considerably stable over time (Meyer & Pilkonis, 2002), research suggests that *reflective functioning* plays an important role in determining attachment security in adulthood. Reflective functioning or *mentalisation* (e.g. Fonagy, 1999) relates to the ability to envisage one's own mental state and that of others or, as Allen puts it, the ability to hold 'mind in mind' (Allen, 2006). Mentalisation skills essentially enhance the ability to consider multiple perspectives in social relationships and are intrinsic to affect regulation (Slade, 2008).

### *Attachment in later life*

Over the last three decades there has been a healthy growth of research into attachment in childhood and early adulthood, however research looking at the role of attachment in later life has been somewhat lacking. As one grows older, issues associated with health problems, multiple losses and physical, social and emotional dependency become all too common. Dynamics associated with attachment figures also change with greater reliance on children as a secure base. For some this age marks a return to the feelings of dependency associated with childhood and perhaps having to seek residential care and to rely on carers as attachment figures (Howe, 2011). One of the challenges of later life is balancing the need for autonomy with the growing awareness of dependency. Older adults tend to have fewer close relationships but they have contact with a greater variety of attachment figures such as GP's, community contacts and extended family relatives. The input of multiple systems of support becomes ever more important for older adults as they serve to maintain a sense of autonomy and empowerment (Cicirelli, 2010).

Support for older adults is mostly provided in the family (Antonucci, Akiyama & Takahashi, 2004), though evidence suggests that attachment security may have an impact on the extent to which such support is valued. A recent study looked at emotional well-being and levels of familial emotional and instrumental support among older adults over the age of 65 (Merz & Consedine, 2009). They found that higher levels of emotional support was associated with higher levels of emotional well-being, while higher levels of instrumental support was associated with lower levels of emotional well-being. Attachment was also found to moderate the effects of emotional well-being. Participants with higher levels of attachment security seemed to benefit more from higher levels of emotional support and had less negative effects from instrumental support.

## *Summary*

In this section a number of issues were raised in relation to attachment across the lifespan. As can be seen from this review, the development of attunement, mind-mindedness and caregiver sensitivity is key in order for caregivers to provide a secure base from which care-seekers can explore their world. Although the function of attachment behaviour may change as individuals move through the lifespan, such concepts continue to be important when people are faced with difficult or distressing situations. These concepts are very relevant to understanding the work of clinical psychologists who often provide that role of security for their clients. For example, attunement and sensitivity of the clinician in the therapeutic encounter can help older clients regulate their emotions and feel contained when discussing issues of actual or anticipated loss. However, there may also be occasions when clinicians become influenced by their own emotional experiences which impinge on their ability to act as an emotional container for their clients, such as those clients that come to represent significant attachment figures from the clinicians lives (e.g. parent or grandparent figures). The next section reviews some of the research in relation to the application of attachment theory in the therapeutic encounter.

### **2.5. Clinical application of attachment theory**

Since its inception, Bowlby has asserted the need for attachment theory to have clinical utility. In his final book, he set out five conditions necessary to the revision of IWM's and achieving a positive therapeutic outcome which requires the therapist to:

- 1) Act as a secure base and safe haven to explore alternative understandings of client difficulties. The therapist should be sensitive and responsive to the client to facilitate an attachment-exploration dynamic. Without this the client is likely to be fearful of change and of discussing thoughts and feelings.
  
- 2) Explore and understand how the client relates to others, based on current goals and cognitive biases. Cognitive biases are largely unconscious, so the client needs help from the therapist to make the unconscious conscious (Cobb & Davila, 2008) which is achieved through the process of mirroring and interpretations.
  
- 3) Discuss the particular relationships the client has with the therapist. Once the alliance is established it is likely that self-destructive working models will be acted out with the new therapist relationship through the process of transferences and

projections (Bowlby, 1973). Repeated working through these can open the door to emotional corrective experiences.

4) Reflect on how their working models of self and others are rooted in childhood experiences with primary caregivers. Emphatic attunement and sensitivity on behalf of the therapist can result in the client increasing capacity for reflective functioning thus being able to tolerate strong emotions (Holmes, 2010). Clients often need to understand how previous negative attachment experiences have shaped their behaviours and beliefs before they can make efforts to update IWM's.

5) Recognise that, although client IWM's may now be dysfunctional, they were once adaptive and served to provide a specific way of coping with perceived threat in the face of emotionally difficult encounters.

(Bowlby, 1988)

This model of attachment in clinical practice was an important development and over the last 15 years or so there has been a healthy growth of research in this area, particularly regarding attachment and the therapeutic alliance. However, despite Bowlby's emphasis on the role of the therapist's attachment in the therapeutic encounter, research has almost exclusively focussed on the attachment of the client. One of the aims of this study is to address this issue by looking at how clinical psychologists approach their work in light of their own attachment histories. The following section discusses research relating to the process of psychotherapy starting with the therapeutic alliance and therapist influences. Attachment and change in therapy is then explored concluding with a discussion about therapy in later life.

### **2.5.1. Attachment and the therapeutic alliance**

Attachment theory provides a useful framework for understanding the therapeutic alliance (Bowlby, 1988; Smith *et al.*, 2010). Smith *et al.*, (2010) sees the therapeutic alliance as a "dyadic and mutual relationship with the therapist and client as active co-constructors, constantly negotiating and renegotiating the alliance in order for successful work to take place" (p. 327). According to Obegi (2008b), attachment evolves over a number of phases in therapy until such time that the therapist meets criteria as an attachment figure. Once this is achieved, a strong enough emotional connection with the therapist has been established that allows for the client to integrate an internal working model of the therapist as an attachment figure. The client then has the ability to evoke the therapist model in times of stress and it is this process that is linked

to therapeutic change. From this perspective, the initial phase is crucial to developing a sufficient alliance with the client and for effective work to take place.

Over the last twenty years or so there has been increasing interest in delineating the process of attachment in the therapeutic alliance through the development of attachment measures and interview methods (for a review see Daniel, 2006). The most common method for assessing the therapist alliance is self-report measures which require participants to rate adult attachment in specific relationships (e.g. Bartholomew & Horowitz, 1991). Studies using self-report measures in therapeutic alliance have typically assessed pre-therapy alliance and the alliance at session three to establish client therapist attachment. One of the problems of self-report measures is that it does not take into account fluctuations in alliance over the course of therapy (Smith *et al.*, 2010). For example, rating attachment in purely positive terms (i.e. an increase of alliance over time) could be an issue for the more anxious ambivalent client. Such clients may initially require a closer attachment with the therapist with the goal of therapy to increase *therapeutic distance* to allow them to tolerate anxiety associated with feelings of separation (Bordin, 1994).

In an important study addressing the complexities of attachment and alliance over the course of therapy, Daly and Mallinckrodt (2009) used a grounded theory approach to explore how 'expert therapists' approach attachment within their work with clients. One of the themes to emerge from the study was therapist use of the therapeutic distance which they perceived necessary to engage clients. The outcome of the interviews suggested that expert therapists had a high level of flexibility in the way they approached the alliance and their ability to adapt the therapeutic distance to engage clients. For example, more avoidant or *deactivating* clients were matched by a more avoidant therapeutic stance in the early stages with the goal of bringing the therapeutic distance closer over the course of therapy. In contrast, the engagement phase for more anxious *hyperactivating* clients, was characterised by therapists 'giving more' with the aim of increasing distance as therapy progressed (Mallinckrodt, Daly & Wang, 2008).

### **2.5.2. Therapist influences**

a patient's way of construing his relationship with his therapist is not determined solely by the patient's history: it is determined no less by the way the therapist treats him. Thus the therapist must strive always to be aware of the nature of his own contribution to the relationship which, among other influences, is likely to reflect in one way or another what he experienced himself during his own childhood

(Bowlby, 1988, p.160)

Few would argue with this persuasive opening statement, though one of the drawbacks of research looking at the alliance in psychotherapy is the dearth of studies looking at therapist attachment and experiences. The earlier definition of the alliance is also particularly salient here, with the emphasis of “the therapist and client as co-creator” (Smith *et al.*, 2010). With this in mind, the experience of the therapist is an important factor which may lead to a greater understanding of the processes involved in the development of the therapeutic alliance (Smith *et al.*, 2010; Wallin, 2007).

The findings from studies looking at therapist influences have provided mixed results. One study of trainee therapists’ attachment explored therapists’ self-reported attachment style and how they perceived the in-session alliance. Supervisors then listened to audio recordings of the sessions and rated the alliance and countertransference behaviours. Attachment style was not associated with ratings of alliance or countertransference behaviours. Interestingly, attachment did influence therapist *perception* of the bond when positive countertransference were noted in the interview. When insecurely attached therapists engaged in such behaviours they typically rated the bond higher than their supervisor rating. One suggestion is that, for therapists with more insecure attachments, positive countertransference’s may serve the therapist rather than the client need, though the overall impact of therapist attachment may not influence the relationship the therapist has with the client (Liliero & Gelso, 2002).

A more recent study looking at therapist attachment and alliance in a psychiatric inpatient setting found that securely attached therapists, as measured by the AAI, working with least distressed clients formed the strongest alliance. However, in this study a significant number of therapists were classed as preoccupied and this was associated with lower levels of alliance with those most disturbed clients (Dinger *et al.*, 2009). One possible explanation was that the affect arousal of those most disturbed may be interacting with the therapists ability to sit with high levels of emotional distress. This highlights the importance of therapists, being aware of their own attachment style and such self-scrutiny is likely to be a prerequisite for positive therapeutic outcome (Holmes, 2009).

In the opening quote, Bowlby highlighted the importance of therapists reflecting on their own attachment experiences and how these may interact in the therapeutic relationship. One way in which this can be enhanced is through therapists engaging in personal therapy in training. A thought provoking study by Rizq and Target (2008) used Interpretative Phenomenological Analysis to explore experienced counselling psychologists’ accounts of personal therapy. The



outcome of the study suggested that personal therapy, where there was a focus on exploring early attachment experiences, had the potential to enhance reflective capacities in their own work as therapists. However, a more recent study found that personal therapy had the potential to increase reflective functioning for some, while for others it may foster an inter or intra-personal preoccupation with the self in unhelpful ways, such as a continuous questioning about their competency as a clinician (Rizq & Target, 2010). Although these findings were based on limited sample size and participant bias, they raise the interesting question of whether therapy should be mandatory part of clinical psychology training in the UK.

### **2.5.3. Attachment and change in psychotherapy**

Hill and Knox (2009) argue that, regardless of theoretical orientation, it is relational factors that make therapy effective. This includes the therapist directly addressing the relationship feelings in the here and now and being in touch with countertransference feelings. According to the authors, it is the ability of the therapist to bring empathically introduced challenges to be worked through, and it is the tear and repair of the relationship which brings about change. Here the idea of affect attunement (Stern, 1985, 1995) comes into play again. The role of therapist is to act as a secure base for the client to explore alternative ways of engaging with attachment relationships. The change associated with therapy comes from the client experiencing affective arousal in the room and being able to work through such feelings in the safety of a secure attachment relationship with the therapist (Holmes, 2010).

Recently the idea of *narrative* has become a central concept in both the psychological research and therapeutic practice (White, 2007). Daniel (2006) defined narrative as “recounts of events organised according to temporal structure” referring to the ability to relate to the retelling of a story with significance. Therapy aims to provide an opportunity for the client to retell past experiences with the therapist helping the client to reflect on alternative meanings and perspectives. The purpose of this is to enhance self-reflection or *mentalisation* skills (Fonagy, 1991) which has also been linked to clients moving from insecure states of mind to more secure states of mind using the AAI (Wallin, 2007).

The notion of mentalising about experiences is derived from meta-cognitive theory (i.e. thinking about thinking) and Main (1991) asserts that mentalisation essentially enhances the likelihood that multiple perspectives of any given interaction could be updated through experience. Through helping clients reflect on their own thought processes, they are able to gain a more balanced mental representation of their attachment figures as having their own distinct way of

representing their world in their mind. Attachment figures are then internally represented as individuals with their distinct attachment styles, and their own ways of perceiving and interacting with their environment (Wallin, 2007).

#### **2.5.4. Therapy in later life**

Near or above the age of 50 the elasticity of the mental processes on which treatment depends, is as a rule lacking – old people are no longer educable.

(Freud, 1905, p. 214)

Interestingly, Freud was 49 when he wrote that statement though he continued to be very productive until his death several decades later. People presenting for therapy in later life often have problems specifically relating to their life stage including chronic ill health, disability and the loss of loved ones through death. Although these issues are not exclusive to old age, they occur much more frequently and in particular, older adults also experience a greater sense of isolation and abandonment (Knight, 1996). Therapy can help to provide a chance for older adults to rework their life story and embrace the life they have lived. Quinodoz (2010) talks about the idea of integrating memories through restructuring internal life narratives. The process of older adults reflecting on their life history empowers them to add value to their experiences which can help them remember positive memories and detach from the more negative memories (Quinodoz, 2010).

One of the most challenging experiences for many older adults is having to cope with the loss of significant attachment figures. Brief psychodynamic therapy can help older adults manage such losses (Critchley-Robbins, 2004), however this new attachment relationship can also bring about renewed fears of dependency (Martindale, 1989). In the transference, the client may project a whole host of negative feelings associated with dependency including anger, sadness, denial and guilt. Although this can at times be immobilising for the therapist, it can also bring about an opportunity to work through the feelings and mourn the loss of significant attachments (Terry, 2008). A focus on the ending can also be used as a specific technique in therapy to help orient the client to the 'in the room' feelings associated with loss. Being clear about the ending from early on provides the client with the confidence of being able to address their problems in a limited time span (Critchley-Robbins, 2004).

## 2.6. Research question

In this introduction I have presented an overview of attachment theory, with a discussion on attachment across the lifespan. This was followed by a review of relevant literature on attachment in clinical practice with reference to older adults where appropriate. The major aim of the present study is to address a gap in the literature by exploring how clinical psychologists approach the work with older adults, and the extent to which they feel their work is influenced by their early attachment experiences. In addition, this is an exploratory study and therefore has the potential to advance attachment theory in a number of other ways, such as highlighting the role of older people in the development of internal working models of attachment. I now revisit the research question:

How do clinical psychologists make sense of their early attachments and their work with older adults?

Subsumed under the main research question are three areas of exploration which I will address in the discussion section:

- How do clinical psychologists make sense of their early attachments with their primary caregivers and older adult figures?
- In which ways do they understand their decision to work with older adults in light of their attachment experiences?
- What can they tell us about the work with older adults?

### **3. Method**

In this chapter the processes behind the design of the study and participant recruitment are described. First, the reasons for adopting a qualitative approach will be discussed followed by the rationale for choosing Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2008) as a specific research approach. This is followed by a commentary of the steps involved in design, participant recruitment and ethical implications. The process of data analysis is then described and the chapter is concluded with a section on self-reflexivity.

#### **3.1. Why adopt a qualitative approach?**

As previously mentioned, attachment theory provides an account of attachment behaviour across the lifespan though very few studies have focused on the attachment characteristics of clinical psychologists. Moreover, most studies conducted in this area tend to use quantitative measures adopting structured questionnaires which do not capture the lived experiences of the clinician (e.g. Daniel, 2006). Qualitative methods are well suited to address this issue as they provide rich data from the detailed analysis of the *individual experience* of participants (see Smith & Osborn, 2003). This can help stimulate research by highlighting areas not previously explored, and indeed recent qualitative studies have proved fruitful in illuminating some of the processes involved in the client-therapist attachment interactions. For example, the study by Mallinckrodt *et al.* (2008) exploring experienced therapist's attachment interactions within therapy sessions, yielded interesting data regarding clinicians use of *therapeutic distance* when engaging clients. The aim of the present study is to capture a broader perspective on how clinical psychologists make sense of their work with older adults in light of their early attachment experiences. Adopting a qualitative approach will complement current research and such an exploratory approach can stimulate further interest in this area (Barker, Pistrang & Elliott, 2002). In particular, the use of a semi-structured interview schedule in this study promotes flexibility, yields rich data and allows exploration of interesting, important and salient ideas (Smith, Flowers & Larkin, 2009).

#### **3.2. Interpretative Phenomenological Analysis (IPA)**

##### *Theoretical underpinnings*

The development of IPA as a qualitative research method has been informed by three areas of knowledge: phenomenology, hermeneutics and ideography (Smith, Flowers & Larkin, 2009).

Phenomenology is concerned with the study of subjective experiences and meanings. IPA acknowledges that it is impossible to access the inner world of an individual; therefore the best we can hope for is to gain an *insider perspective* of an individual's experiences (Smith & Osborn, 2003). The related concept of hermeneutics (Vandevelde, 2005) refers to the process of meaning-making. How individuals construe their experiences is informed by interpretation of social interactions and the *specific meanings* inherent in that interaction (Denzin, 1995). Finally, idiographic enquiry is committed to the study of the uniqueness of the individual experience which emphasises the interdependence in the way such experiences come about (Allport, 1962).

IPA can be seen as a social constructionist endeavour as it is concerned with the changing nature of knowledge in a social context (e.g. Raskin, 2002). Therefore, one of the challenges of IPA is that the researcher is trying to make sense of the participants' meaning-making of their experiences. This is referred to as a *double hermeneutic* (Smith, Flowers and Larkin, 2009) whereby the researcher's values, beliefs and assumptions play an important role in how the interview progresses and in the interpretation of the data thereafter. IPA is therefore also very much concerned with the unique characteristics of the researcher which makes *reflexivity* an important part of the qualitative research process. Reflexivity refers to the researcher being aware of, and reflecting upon, the way that personal beliefs, experiences, goals, perspectives and values interacts with and shapes the process of research (Willig, 2001).

#### *Reasons for choosing IPA*

Firstly, the emphasis on gaining an insider perspective lends itself well to the exploratory nature of the study and can highlight unique perspectives through individual meaning-making (Smith & Osborn, 2003). Also, the idiographic nature of IPA considers the personal experience of each participant whilst allowing for the generation of themes through the process of analysis. The focus on the individual experience and meaning-making therefore allows for the individual voices of participants to be heard through the process of in-depth analysis of relatively small homogeneous sample sizes (Smith *et al.*, 2009).

Another reason for choosing IPA is that, as previously stated, the approach has been used in many studies relevant to the area of enquiry with meaningful results (e.g. Mallinckrodt *et al.*, 2008). The idiographic approach of IPA provides a rich data set which has the potential for new insights and advances in the treatment of psychological problems that is unattainable through quantitative approaches (Barlow & Knock, 2009). IPA has gained credibility as one of the

dominant qualitative approaches in counselling, clinical and social psychology (e.g. Brocki & Wearden, 2006) and the detailed step-by-step guidelines (Smith *et al.*, 2009) can be helpful for a relatively novice qualitative researcher, such as myself. Finally, the philosophy of IPA links to my epistemological stance which I outlined at the start of the introduction chapter. For example, the emphasis on individual meaning-making and the changing nature of knowledge in a social context in IPA, fits with my social constructionist stance and the idea that there are many ways that individuals make sense of their interactions in the world.

#### *Why not a different qualitative approach?*

Although I concluded that IPA was the most suitable approach for this research, Discourse Analysis (DA; Willig, 2003) and Grounded Theory (GT; Charmaz, 2003) were also considered in developing the study. It was felt that the focus on language in the construction of social reality in DA would not adequately capture the process of personal meaning-making in IPA (Willig, 2003). GT was not considered to be viable because of its emphasis on the development of theoretical explanations of social and psychological phenomena, rather than individual meaning-making experiences. Moreover, GT requires a greater number of participants in order to achieve saturation and explanatory power (Charmaz, 2003). One option would have been to recruit more participants for the present study though with this comes greater time demands. Also, as argued by Smith *et al.*, (2009), larger samples are not necessary in IPA as the primary concern is to explore in detail the complexity of human phenomena. Typically sample sizes are actually getting smaller in IPA studies with participants numbers between three and six being deemed appropriate for student research projects (Smith *et al.*, 2009; pp. 51).

### **3.3. Study design**

#### *Interview design*

Semi-structured interviews are considered the 'exemplar' for IPA research as it allows for flexibility while providing a general overall structure of themes (e.g. Smith, 2003). A questionnaire was developed which covered four main areas relevant to the study (appendix 1). The first related to childhood experiences about attachment figures with a question about older adult relationships in childhood. The second area looked at traumatic experiences and losses which occurred in relation to significant people in their lives. In the third section, the reasons for choosing the profession and experiences of older adults on training were explored. The final section explored therapists reasons for choosing their area of specialism, the development of

the therapeutic alliance and how participants felt their childhood experiences impacted the work. In line with Smith and Osborn (2003), the questions were open and neutral, with prompts to ensure areas of interest were covered. The interview schedule was facilitative rather than prescriptive to allow for potentially new material to emerge (Smith & Osborn, 2003). This schedule was reviewed by my supervisor, who is an experienced IPA researcher, to ensure that it adequately covered the themes in this study.

#### *Pilot interviews*

Two pilot interviews were carried out with Trainee Clinical Psychologists to establish suitability of questions, timings and to gain feedback regarding the interview process. These participants were chosen out of convenience as they were readily accessible and available. I also felt that some trainees would be eager to take part in a final year research project and they would also be well-placed to provide feedback about the interview process due to their training and previous experience of the processes of psychological research. After carrying out pilot studies, both participants felt that the interview flowed well and said that it had been interesting to reflect on how their earlier childhood attachments had influenced their work up to that point in their career. Neither trainees had previous experience of working with older adults so therefore their interviews were not included in the main study.

#### *Inclusion and exclusion criteria*

Clinical Psychologists with at least one year's experience of working with older adults were chosen. This was to ensure that all were well-placed to answer questions relevant to working with this particular client group. Participation was not restricted by age, gender, disability or sexual orientation. All participants were registered with the Health Professions Council as Chartered Clinical Psychologists. Recruitment of other qualified psychologists (i.e., counselling and health) was acceptable as long as they also held clinical psychologist status. Participants could come from the public (e.g., the NHS) or the private sector.

### **3.4. Ethical issues**

Ethical approval was granted through the University of Hertfordshire Research Ethics committee. See appendix 2 and 3 for details.

### *Informed consent*

Those identified as eligible for inclusion in the study were provided with an information sheet (appendix 5) setting out key details about the study. This included information regarding purpose, method and confidentiality. Participants were advised of the voluntary nature of the study at various stages of the process and advised of their right to withdraw at any stage without giving reason. Participants were also provided with the supervisor's contact details should they require further information. Prior to the start of the interview they were reminded of the details of the study, given the opportunity to ask questions and asked to sign a consent form (appendix 6).

### *Confidentiality*

IPA methodology necessitates the use of verbatim extracts from the transcripts of participants which therefore places limits upon confidentiality (Smith *et al.*, 2009). Participants were made aware of this, both in the information sheet and prior to commencing the interview, though every effort was made to ensure confidentiality as much as possible. Interviews were recorded and transcribed verbatim. Any potentially identifiable information used in excerpts was changed in the write-up and all transcripts and recordings were kept separately in a secure location at the primary researcher's home. In line with the University of Hertfordshire Good Practice Guidelines, recordings will be destroyed following completion of the training course and anonymised transcripts will be destroyed after five years. Due to time constraints, three of the interviews were transcribed using a secretarial service though participants had previously been advised of this possibility. The agency was required to sign a confidentiality and non-disclosure agreement which is included in appendix 8.

### *Potential distress*

The potential for harm or distress in this study was minimal. Participants were all Clinical Psychologists experienced in dealing with distressing information in their work setting. One aim of the study however was to explore attachment experiences in childhood which could elicit distressing memories. Participants were made aware of this possibility and advised that they were not obliged to answer questions and could withdraw from the study at any time. In the unlikely event that significant distress was experienced during interview, the interviewee would be offered appropriate support for any issues that emerged. This was highlighted in the



information sheet and, at the end of the interview, they were provided with an opportunity to debrief (see appendix 7).

### **3.5. Participant recruitment**

My aim for this study was to recruit between five to six participants as this has been suggested to be a suitable number for IPA research (Smith & Osborn, 2003). A list of potential participants was drawn up from information of clinical psychologists made publicly available on the BPS website ([www.bps.org.uk](http://www.bps.org.uk)). Details provided include name, address and telephone number along with areas of expertise. To obtain homogeneity within the sample, participants were contacted based on declaring an expertise in work with older adults. Prospective participants were sent a covering letter and an information sheet inviting them to take part (appendices 4 and 5). The letter also stated that they would be contacted after seven days to find out if they wished to take part or not, which would provide them with adequate time to read the information. Potential participants were also contacted on recommendations from personal contact with other psychologists working in the field and from psychologists who had already taken part.

The recruitment process for this study was challenging for a number of reasons. The main obstacles were the time demands and professional commitments typically experienced by those working in the profession. For some, it was difficult finding time around clinical work and meetings while others were mainly involved in consultation and supervision with almost no direct work with older adults. However, six participants agreed to take part, five of whom worked in an older adult service and one who worked in a health psychology setting. Participants that agreed to take part were also contacted prior to the interview to confirm date and time and establish a preferred venue between either their place of work, at the University of Hertfordshire or at a preferred alternative venue of their choosing. Five participants chose to be interviewed at their place of work and one was interviewed at their home. Interviews lasted between 45 and 75 minutes with some being scheduled between clinical appointments. Participant information obtained included ethnicity, gender, years of experience with older adults and preferred model of working (see Table 1).

One issue that arose following the interview stage was that one participant had limited contact with older adults, as she worked in a health psychology setting. The nature of her work was distinctly different and covered health related problems across the lifespan, rather than issues specifically relating to ageing. Smith *et al.*, (2009) argues that the nomothetic approach of IPA

requires “understanding particular phenomenon in particular contexts” (Smith, Flowers & Larkin, 2009, p. 49) for data analysis to be meaningful. The general theme of this interview was much less focussed on older adults compared to those that worked in older adults services, so in order to maintain purposive homogeneity of sampling (Smith, Flowers & Larkin, 2009) I decided to omit this interview from the study. The final sample size for the research was five and a letter was sent to the remaining interviewee explaining the reasons for omitting her interview (appendix 9). The number of participants remained adequate for professional doctorate research which typically adopts between four and ten interviews to allow for sufficient in-depth analysis and reflection on the richness of material that emerges (Smith, Flowers & Larkin, 2009, p. 51). Omitting this interview was felt to be an important decision and I later decided to change the title of the study, using the term ‘work with older adults’ rather than ‘work with ageing clients’, as this more accurately captured the essence of the participants’ experiences.

<b>*Participants</b>	<b>Ethnicity</b>	<b>Gender</b>	<b>Years older adult experience</b>	<b>Preferred therapy approach</b>
<b>Participant 1 (Mark)</b>	White British	Male	47	Psychodynamic
<b>Participant 2 (Sian)</b>	White British	Female	1.5	Integrative/Narrative
<b>Participant 3 (Jane)</b>	White British	Female	16	Psychodynamic/CBT
<b>Participant 4 (Emma)</b>	White British	Female	9	Systemic
<b>Participant 5 (Lisa)</b>	White British	Female	4.5	Systemic

Table 1: Demographic information of participants

\*Names have been changed to maintain anonymity

### 3.6. Quality standards in qualitative research

A number of authors have set out quality guidelines for researchers who carry out qualitative research (e.g. Elliott *et al.*, 1999, Spencer *et al.*, 2003). The reason for this is to ensure that such studies have a solid theoretical underpinning and are conducted in a way that legitimises the findings from the research (Elliot *et al.*, 1999). In this study I have adhered to the four

principles laid out in the publication *Quality in Qualitative Evaluation: A framework for assessing research evidence* published by Spencer *et al.*, (2003). How I addressed each of the four criterion: contributory in knowledge, defensible in design, rigorous in conduct and credible in claim, will now be discussed.

### *Contributory in knowledge*

This criteria relates to the way in which the research findings provide 'added value' to the work already carried out in this field (Spencer *et al.*, 2003). In my literature review, I was made aware of a gap in the literature which became the focus of this study. Specifically, I was not able to identify any qualitative studies looking specifically at the attachment experiences of clinical psychologists working with older adults. The exploratory nature of this study has the potential to add to both the literature on attachment across the lifespan and how clinical psychologist approach the work with older adults. The findings will be grounded in the research discussed in the introduction and, due to the exploratory nature of the study, new literature may be referenced in line with the IPA methodological approach (Smith, Larkin & Flowers, 2009) to explain phenomenon that emerges during the analysis process. The results will also be supported by verbatim extracts from the interviews in order to provide readers with examples of participant sense-making in relation to the research topic.

### *Defensible in design*

Defensibility of design refers to the overall strategy adopted in the development of the study, including justification for methods chosen, consideration of alternatives and limitations of the chosen approach (Spencer *et al.*, 2003). These matters have been covered in sections 3.1 and 3.2, and the limitations of IPA will also be addressed in the discussion section.

### *Rigorous in conduct*

Yardley (2000) stresses the importance of rigor when conducting qualitative research in order to ensure that such studies are of a standard which meaningfully contributes to the existing literature. This requires that research is carried out in a competent and transparent manner and that the researcher acknowledges their own contribution (Spencer *et al.*, 2003). In section 2.2 of the introduction, I discussed my own personal stance and also revisit this in my statement of position in section 3.8. Throughout the process of research I have made notes about my personal experiences and I also reflect on my own contribution to the study in the discussion

(section 5.4). I have strived to be reflective and reflexive in considering my own contributions, underlying motives and goals when carrying out this research. This includes exploring my own underlying beliefs and assumptions when conducting the interviews, interpreting data and during the write up stage. I also used peer group support to cross analyse data and consulted with experts in the fields of attachment and older adults in the development of the study.

#### *Credible in claim*

This criteria refers to the extent to which research findings are well founded and credible. This includes ensuring that evidence is gathered and analysed in a manner appropriate for the chosen methodology and acknowledgment of the issues associated with generalising of the findings (Spencer *et al.*, 2003). In this study I used my supervisor, who is an experienced IPA researcher, to look over the themes at various stages of analyse. I also used individuals from a peer supervision group to independently analyse sections of transcript before coming together and comparing the results. The use of multiple perspectives during the write up stage proved to be a useful strategy to ensure a richer understanding of the data (Smith, 1996). In addition, to further strengthen the credibility of the claims, I have included a table of themes (appendix 10) and a sample of excerpts from one transcript which shows the process by which subthemes, main themes and superordinate themes emerged (appendix 11).

### **3.7. Data analysis**

Data from the interviews were analysed using IPA, as described by Smith *et al.* (2009). To ensure sufficient quality in this study (e.g. Elliot *et al.*, 2007), I engaged in IPA supervision, workshops, peer supervision and consultation with experts in the field of attachment and older adults.

#### *Individual case analysis*

Transcripts were analysed individually to detect patterns within the text and to allow for new material to emerge. Each transcript was read several times to help me become familiar with the interview. Exploratory comments were then noted in the column to the right of the text to highlight interesting points, connections and contradictions. After this process was completed the interview and exploratory comments were reread and the far right column was used to record emergent themes.

Once each interview had been analysed, the next stage involved looking for links between emergent themes. This was done by listing emergent themes, looking for similarities or parallels between them and clustering them. Key to this process was looking for common meanings between themes, to inform the development of superordinate themes. This involved continually going back through the various stages, to the original spoken words, thus ensuring that meanings corresponded to each superordinate theme. Important quotations were then selected which captured the essence of each theme and a table of subordinate and superordinate themes alongside relevant quotations was produced. Interviews were analysed separately and completely before moving to the next interview. An example of the stages of the analytic process using excerpts from a transcript of one interview can be found in appendix 11.

### *Cross-case analysis*

The next process involved looking at the superordinate themes across all five interviews to help illuminate important connections and commonalities. This followed the similar process of clustering used for subordinate themes, while maintaining accuracy of themes by once more tracing the process of analysis through to the original transcript. In some cases this involved reconfiguring and relabeling of superordinate themes (Smith *et al.*, 2009; p. 101) and a table of the themes can be found in appendix 10. These superordinate and subordinate themes, and associated quotations, were then used to develop the narrative account presented in the results section.

### **3.8. Statement of position in qualitative research**

An important part of qualitative research is self-reflexivity (e.g. Willig, 2001) which refers to the extent to which the researcher's characteristics and experiences influence all aspects of the research process. Qualitative researchers acknowledge that it is impossible to completely 'bracket' their own experiences nor is it desirable to do so (Tufford & Newman, 2010), therefore there needs to be a degree of self-reflection which takes into account the researcher's active role in the process of meaning-making (Elliott *et al.*, 1999). At the start of the introduction I spoke about my own interests and motivations for carry out this study. For the remainder of this section I will now discuss in more detail my own personal, professional, cultural and political beliefs, experiences and perspectives, in order to reflect upon how they interact with the research process.

I am a 41 year old British male who grew up in a working class family in South Wales. Prior to Clinical Psychology training, I worked in various roles supporting people with severe mental health problems and psychosis before securing a post as an assistant psychologist in learning disabilities. My first placement on clinical training was in an older adult service. The dominant therapy approach in this service was psychodynamic and whilst there I became aware of the importance of the therapeutic relationship and non-therapy specific factors in clinical work (e.g. Cooper, 2008). Prior to embarking on clinical training I was driven by the opportunity to work in this rewarding career but became frustrated with what seemed a narrow focus on delivering CBT in the NHS, with little regard to other approaches. Having used CBT on many occasions, I was aware of its strengths and weaknesses yet felt troubled by the overemphasis on this approach.

Through my experiences I have become more aware of the tendency for society to discriminate against marginalised groups and how this places people within those groups at a disadvantage. For example, while on the older adult placement I was struck by how poorly resourced older adult services were, which I felt to be the result of societal ageist attitudes. As a result I often make efforts to redress the power imbalance in my work and remain steadfast in my passion for advocating for the those I deem at a disadvantage in society. Also, throughout my training I have maintained a strong interest in psychodynamic approaches including attachment theory, partly due to their detailed focus on the relationship and process of therapy. In particular, I hold the belief that attachment theory is relevant to many clinically related phenomenon and I often use this to inform my clinical practice.

The combination of my social constructionist stance, a passion for empowering those I perceive as disadvantaged in society (i.e. older adults) and my interest in the processes of psychotherapy will inevitably shape the direction of the research and my interpretation of the data in this study. Throughout the process of this research I have reflected upon and noted the various ways in which I feel that these issues have influenced the study. I return to explore these in detail in the self-reflection section of the discussion.

## 4. Results

This section presents the results of an IPA on how clinical psychologists make sense of their early attachment and their work with older adults. Five interviews resulted in the emergence of five major themes, each with between three to four subthemes. These are represented in the table below. Detailed discussion of the main and subthemes will form the focus of this chapter. Each theme will be illustrated and supported by verbatim extracts from the interviews.

<b>Making sense of early attachment relationships</b>	Experiencing father as emotionally unavailable
	Depending on the presence of mother yet feeling her absence
	Not feeling able to talk to parents in times of need
	Experiencing older adults as available, caring and supportive
<b>Developing identity in childhood and adolescence</b>	Confusing emotions about loss
	Finding an identity through being the responsible one in the family
	Developing sensitivity to the needs of others in adolescence
	Struggling for independence in adolescence
<b>Understanding of decision to work with older adults</b>	Initially anticipating the work with older adults as negative
	Positive experience of placement and supervisor as inspiring
	Implicit curiosity about older generations as informed by childhood experiences
	Older adults as a source of emotional or practical sustenance
<b>Work with older adults as both challenging and rewarding</b>	Using self-reflection to negotiate engagement, boundaries and endings
	Giving older adults a voice
	Drawing on the richness of life experience
	Acknowledgment of systems as important
<b>The person within the professional</b>	Self-reflection about personal experiences
	Finding personal meaning in therapy
	The function of older adult work as building a sense of agency and esteem

Table: Main themes and sub-themes

### 4.1. Making sense of early attachment relationships

#### Subthemes

- Experiencing father as emotionally unavailable
- Depending on the presence of mother yet feeling her absence
- Not feeling able to talk to parents in times of need
- Experiencing older adults as available, caring and supportive

The first major theme discusses some of the experiences and challenges that the participants faced during their early years in relation to their interactions with important people in their lives. In some ways these early attachment experiences seemed to provide a foundation from which later life events could be understood.

### *Experiencing father as emotionally unavailable*

The first subtheme describes how participants experienced their father's presence in childhood. All five participants in this study described their father as emotionally unavailable to them as a secure attachment figure and some remembered feeling frightened of their father as a child:

...there was probably a more fearful attachment and a 'wanting to please' style with my father, definitely...very hard to sort of read emotion, gauge where he's coming from

my dad was very, very strict and had very clear rules about education and socialising and what's appropriate for teenage girls to be doing

(Lisa)

In the following passage, Sian described a memory from childhood involving her father and younger brother. Such was the intensity of recalling this event that she became tearful during the interview:

...my dad...I was partly wary of him...my dad and my brother had a...volatile relationship...I found that incredibly hard watching...when he was a toddler...I remember walking in once on my dad in my brother's bedroom and he was...beating him...not all over him, but...he hadn't really done anything, and I remember screaming at him to stop and...my mum was...going 'he's really hitting him, you need to stop him!' it felt like every time I left the house I used to think 'am I going to come home and my brother will be dead?'

(Sian)

Mark was a wartime baby and his father was absent from his very early years. When his father returned during early childhood he got a sense of his father as scary and unapproachable. This passage suggests he missed out on the paternal relationship he desired as a child:

I wasn't really...emotionally close to my father...he remained...a troubled but distant and rather a frightening figure really...so there was never any closeness really between us, he



was never someone I could ever talk to about anything, he was often away anyway, he busied himself outside of the home very much

(Mark)

Although not described as frightening, Jane also experienced her father as emotionally distant and his smoking behaviour and 'being consumed with work' provided a reason to keep her distance from him in her childhood years:

I don't remember my dad when I was younger being so emotionally available...I remember him being very sort of consumed with work, working late, smoking heavily so I didn't want to be physically around him...I just don't remember him being around as much...

(Jane)

For Emma, her parents divorced when she was eight. Over the years that followed, contact diminished until such time that she no longer saw him:

...my father was completely absent...I haven't seen him since I was twelve or something, so...in terms of attachment, that's quite a big loss...

(Emma)

### *Depending on the presence of mother yet feeling her absence*

The physical presence of mother was very apparent for all participants in this study, though what seemed more challenging was making sense of the emotional connection. Three of the five participants were clear about feeling that their mother was not emotionally available to them in childhood. In addition, each of the participants came from busy homes which meant that mother was often preoccupied with the day to day realities of life.

In this passage, Lisa seemed to be given the message in childhood that maternal love involved being practical and 'getting on with it' rather than being able to talk about emotions. However, there was something about the physical presence of mother that meant she felt safe around her:

...my mum wasn't that emotionally available to me...not in a neglectful sense, but in a...just picking up that subtlety of emotion...that kind of 'you just seem a bit quiet, what's wrong?' ...when I'd fall over there wouldn't be the love and tenderness of, 'you've fallen and lets dab that', it would be cotton wool, Dettol and, 'let's scrub the dirt out of your knee'

...definitely felt safer around her than in strange situations or with other people...

(Lisa)

Sian also clearly described feeling that her mother was not in tune emotionally and struggled to put into words her understanding of how her mother would have described their relationship in childhood:

...she'd say we're close...I think she enjoyed the practical stuff...thinking of activities for us to do...would she have seen us as close?...I find that really hard because...I have not had many heart to hearts with my mum...my perception is we're not emotionally close, but my mum doesn't really do emotionally close so for her I probably am emotionally close...

(Sian)

Similarly, in the following passage Mark described his mother being emotionally unavailable to him as she was preoccupied with her own difficulties:

I suppose classically caretaker child...very enmeshed really, too enmeshed really, in all sorts of ways...very problematic, she was rather disaffected with my father...she turned to me...he wasn't present really, and [she was] troubled herself in different ways...I felt that...she wasn't someone I could have taken my worries to really...

(Mark)

### *Not feeling able to talk to parents in times of need*

Talking about feelings and emotions in the family is an important part of normal developmental processes. However, three of the five participants described the childhood struggle of wanting to make sense of their emotional world yet feeling that it was not safe or appropriate to talk about this in the family.

While growing up, Lisa felt unable to share emotions with her mother and described keeping things to herself. In this excerpt, she described feeling the need to hide her emotions from her mother for fear of upsetting her. It would seem that Lisa felt her mother was very much out of tune with what was going on for her during her teenage years:

I remember her once...finding a diary that I kept...it was teenage years of me being quite sad and...a lot of distress in this sort of angst-y teenage way and she was really, really upset that

she hadn't known any of that, so I think my mum really would believe that she was there for me and we were close and I would turn to her

(Lisa)

Some of the early childhood experiences for Sian was of loneliness and a sense of isolation, and a feeling of not being able to talk in the family about things that upset her:

there's an aspect of my childhood that felt quite lonely as well...I remember being in the playground, alone, and wetting myself...I just remember...standing in the playground and...there was a sense of just...get on with it myself...

(Sian)

This sense of isolation persisted as Sian moved into adolescence:

I didn't know how to make sense of a lot of the things I was thinking and feeling and it didn't feel safe to be able to discuss that in my family...my anger and, um, upset was to do with the family and you can't talk about that...it just wasn't tolerated so, um, so that felt very alone...if I felt shit I just put it away and I thought 'right, there's no point expressing it'...

(Sian)

As previously mentioned, Mark's mother was very pre-occupied with her own difficulties which meant that he often aligned with his mother in what may have been an attempt to feel safe in a very difficult home environment:

...my mother didn't know about things that worry me...she might have picked it up at some level but...I didn't feel that I could talk to her about things...my middle brother was a very disturbed fellow so there was a lot of worry about him within the family...

(Mark)

Contrasting with the other participants, Emma described being an emotional child with frequent outbursts of screaming and crying. She was very clear that her mother would talk to her about her feelings though what was perhaps more difficult was sitting with the emotions. The following excerpt suggests that, at times, Emma's emotions were so intense that her mother felt the need to physically hold her or send her away until she had calmed down:

...there was a sense that actually intuitively she kind of understood my rage or my distress and tolerated it in a positive way. It wasn't a kind of dismissive way, it was more that she would contain that, and then we could talk about it. So she might just hold me...or she might

shout at me and tell me to just go and calm down, but either way...it wasn't invalidating or it wasn't kind of dismissive...

(Emma)

This excerpt suggests that things may have changed as Emma got older and was able to make more sense of her emotional world. There was also a sense that she aligned herself with her mother's world view through the process of talking about difficulties:

...it was a more...emotional closeness and the...talking...gradually increased as I was more able to kind of process and talk...so that's probably what she would say...and she would probably agree with a lot of what I said actually, and I think it's been constructive between us due to us talking about it so that's probably why

(Emma)

#### *Experiencing older adults as available, caring and supportive*

This subtheme highlights how each participant perceived the older adults in their childhood as available, caring, supportive and positive. However, for some participants, past difficulties and issues seemed to have resulted in challenging dynamics and the way that older adults were viewed in the family. Four of the participants had an experience of older adults as being around for care and support.

In some cases this was experienced as a more practical support in terms of caring for them while their parents worked. In this next excerpt, Lisa explained that her paternal grandmother provided care for both her and her older brother:

...my gran...was our...carer...whilst parents went out to work...maybe this is kind of early forgings of why I wanted to be a clinical psychologist...

(Lisa)

Although Lisa visited her maternal grandparents infrequently, she had a very different experience of them and recalled feeling welcomed, loved and supported while she was there:

...we didn't see them very often...they were a really funny couple...and fabulous dynamics between the two of them...my gran, my mum's mum...she wasn't scary...she didn't kind of have that cold edge my other gran did. So she might be a bit more...'how's life? How are boyfriends? How are your friends?' They loved us...they thought we were the bees' knees...

(Lisa)

Emma's mother also relied on her maternal grandparents while she worked. Emma's maternal grandmother was a regular source of support as can be seen in the following excerpt:

My maternal grandparents, yeah...I was very close to them...especially my grandmother...she was...the person that supported my mum most, and they were just very involved in my life, so we would often stay with them at weekends and my mum was working quite a lot so we'd be with them a lot...

(Emma)

However, her childhood memories of her paternal grandparents were very different. Here Emma talked about her contrasting experience of her paternal grandparents whom she lost contact with shortly after her parents divorced:

I had a very negative experience actually of my relationship with my other grandparents. It's all very kind of split...when we were about twelve, they...were like, 'Oh, we're not going to be getting...presents for you anymore, you know, you shouldn't expect to have what other children have.'...they rejected us...or that's the perception of it

(Emma)

In this excerpt, Mark became animated when describing a relationship he had with an older family friend in childhood:

...a very important attachment to me was with a friend of my mothers who became like almost a surrogate sort of mother...this was when I was in my teens...she was a very important influence...she was a much...more balanced kind of person...a very contained sort of person...very thoughtful, rather insightful...had a great love of people really...although it was a very close relationship, it wasn't as claustrophobic in some ways as my mother. There was also an encouragement for me to develop in different ways in more independency ways really um, it was a freeing sort of relationship in some ways but very influential...

(Mark)

In the following excerpt, Jane's description suggests a particularly grim picture of her childhood experience of grandparents. She then described a contrasting relationship with their neighbours, although for Jane it was much less about the connection with them but more about going along with her mother who seemed to enjoy their company:

I didn't really have grandparent figures...two had died before I was born, one had had affairs during his marriage and left for another woman...and then one grandmother I didn't particularly get on well with...and who developed dementia so really was sort of absent in those ways so I didn't have grandparents attachment figures...

...we had elderly next door neighbours who...became our substitute grandparent figures... my mother enjoyed them for company so I tagged along too...they to me felt very, very old but they kept a good supply of chocolate and they had an interesting, cluttered house with strange objects in it that was quite curious to look at...

(Jane)

In contrast to the other participants, Sian had very little contact with her grandparents, as her parents moved away from their home town when she was a baby. Although she expressed a wish to be closer she couldn't help but think there were other reasons for the lack of contact:

I remember wanting to be close to my grandma...but I just didn't see them often enough...for that to be established and my grandparents aren't really talkers either [laughs] so, um, and actually...I think, you know, got lots of skeletons in our closet in our family and lots of difficult stories...

(Sian)

## 4.2. Developing identity in childhood and adolescence

### Subthemes

- Confusing emotions about loss
- Finding an identity through being the responsible one in the family
- Developing sensitivity to the needs of others in adolescence
- Struggling for independence in adolescence

This main theme looks at events in childhood and adolescence that seem to influence the development of identity. As each person moved into adolescence there was a growing tension between taking on responsibilities and becoming independent, while struggling to define their identity.

### *Confusing emotions about loss*

Of the five participants in this study, four had experienced difficult losses during childhood and adolescent years. The way they dealt with the losses seemed to reflect different ways of coping with emotions. There also seemed to be a process of meaning-making in relation to how these losses impacted on them and how they made sense of their world.

As a child, Lisa described feeling more loved by her maternal grandparent than her paternal grandmother, despite seeing her maternal grandparents infrequently. However, she became much more upset when her paternal grandmother died, than when her maternal grandmother died, and is still trying to make sense of this now:

...it almost feels like...if the love's kind of bountiful, as it was with my maternal grandparents then...I'm a bit...disconnected from that but when the love feels like it's a bit harder to come by, like with my dad's mum...it's like, really hard so...I just remember the emotional reaction [when she died]...the emotions kind of had no choice but to come out...

(Lisa)

Emma was very ambivalent about talking about her father and seemed dismissing of the impact of his loss when contact diminished following her parents divorce:

it wasn't a terrible...it wasn't a sort of...I don't look at it as a very significant...I don't look at it as a particularly significant time of my life, and I don't look at it as a particularly traumatic time of my life either

(Emma)

She then goes on to describe a much more dramatic event that had impacted on her greatly and which she struggled to make sense of at the time. Interestingly she returns to the separation of her parents and the knock on effect of practical difficulties, which suggests that it remains very much on her mind:

...when I was eighteen, my boyfriend at the time, got killed, so that had a very profound effect on me...and made me grow up quickly...and just other things...like the knock-on effect of my parents separating was like things like not having money...had more of a significant effect than I think than loss of the actual relationship...at the time

(Emma)

The use of the term 'appropriately sad' in the following excerpt may suggest that Jane had perhaps been given a message that bad things happen in life and to just accept it:

...we had an uncle who...when he was depressed he came to live with us and he died during teenage...but it wasn't a period when he'd just been living with us so I remember being upset and obviously my parents were upset but it wasn't...a trauma that was anything other than just sad, sort of appropriately sad for me...

(Jane)

However, it seemed that what was more difficult to process were the emotions and family guilt associated with the loss of the uncle at that time:

...they'd talk about...how guilty they were that they hadn't visited him for a couple of weeks so didn't know he'd gone down again...and I just remember being sad and remember cycling on my little bike aged eleven or whatever I was, thinking I don't know what to do with these feelings...

(Jane)

Mark talked about a number of losses that occurred in childhood within the family. This was confusing for him at the time though as he grew older the reasons for this became more apparent to him. However, the way he described these events suggest that they remain uncomfortable experiences to recall:

...there quite a lot of losses...my family were cutting off all sorts of ties with their extended family, my father was no longer seeing his sisters or his parents...I only saw my paternal grandmother once really, she came and I liked her very much and then she never came again, likewise with my paternal aunts, they came once and I never saw them again (laughs) no explanation and...later my mother's family, the same things happened...uncles, aunts and cousins, never saw them ever again...

(Mark)

### *Finding an identity through being the responsible one in the family*

As the participants developed through childhood and adolescence, there was a sense of finding ones identity through adopting a position of responsibility and maturity. In this section, four of the five participants described adopting a more grown up or parental role when interacting with family members.



From a very young age Lisa felt the need to act grown up around her father in order to seek validation and acceptance:

...my style with him was that while wanting to get appreciation...for doing good...not always kind of getting that, and not wanting to be childlike...so there was something about being quite mature...

(Lisa)

Also she always made sure she was on best behaviour around her mother in what seemed like an attempt to please her and gain her praise:

I think she'd say that...we got on very well, that I enjoyed being around her...and just that I was...very, very good, I gave no bother, I didn't cry unnecessarily, I didn't make a fuss unnecessarily...

(Lisa)

Sian also seemed to adopt a more responsible role in the family while growing up to the extent that she often felt like a parental figure:

...sometimes it even felt like my dad and I were the parents, which is totally inappropriate...it felt uncomfortable and my dad would often use me to talk through what was going, you know, about my mum

(Sian)

Emma describes how her mother was open with her about the events around her parents' divorce. The following excerpt suggests that Emma was a rather grown up seven year old and her mother would try and help her understand what was going on at the time:

...there were...difficult times, we were protected emotionally but people were very honest with us, so even at seven, like mother was completely up-front about things...like court cases and all horrible things going on...we were aware of it, we would...talk about it, and actually more so me than my older sister. I think my older sister dealt with it differently and just sort of closed off and didn't talk about things...

(Emma)

Jane describes asserting herself in a rather confident manner which suggests she felt able to discuss important matters with her mother in an adult way:

I think we had to sort of think about the boundaries between being a pupil and a daughter... she taught me as well at a couple of points and also thinking about the boundaries between her being my mum and other people's teacher but I think we worked that out and it was ok...

(Jane)

### *Developing sensitivity to the needs of others in adolescence*

This subtheme illustrates how four of the five participants described internalising, processing and containing the emotions of others as they moved through adolescence. For some this meant protecting family members from what was perceived as a difficult situation while others made sense of difficult interactions through tuning into emotions.

In this excerpt Lisa talks about the death of her maternal grandmother and how this impacted on her. Although she felt very much loved by her in childhood, she was more concerned about how her mother was feeling and coping:

...my first funeral...seeing my mum really, really, upset...I would have been...16, 17... but it wasn't overwhelming...it was like, 'oh God, shit, they're dead, shit how's my mum going to be?' ...I guess there wasn't that kind of heart-wrenching, 'gosh that person's gone' ...

(Lisa)

At the actual funeral Lisa tried to reach out to her mother only to experience what perhaps felt like rejection:

...my mum was very... shut off. I remember me trying to take her hand as we walked to the church and her just not kind of wanting that...

(Lisa)

From very early on, Sian had developed a sense of needing to ensure that her younger brother was okay. In this excerpt she described reprimanding her father in her teenage years following an incident when her brother got crumbs in the car:

I remember saying to him '...he didn't mean to, he said he's sorry, this isn't about that, you're not shouting at him anymore because of the crumbs...', you know, trying to get my dad to see that...these arguments would spark because my dad was anxious or upset about something else ...I'd try and say to him that...you're the parent and you need to calm down...

(Sian)

In this excerpt, Emma discusses losing contact with her father. What seemed to take precedence was taking into account the feelings of her older sister who was struggling with the separation from her father:

one of the reasons we stopped seeing my dad was because my older sister was...not coping with it and found it all very difficult, and she...then said, "Look, I just don't want to have any contact with him" ...and then it kind of came to us and...I was like, yeah...that's fine

(Emma)

For Mark, there was an intuitive sense that his relationship with his mother while growing up was not healthy. However, he felt compelled to keep this to himself and provide a supportive 'confidant' role:

...somebody said "Mark is too tied to your apron strings" and she reacted in horror to that and said to me "what do you think?" and I said "isn't that ridiculous" but of course, actually there was some truth in that really...she looked to me...to really think about her feelings and how she felt and to...help her with what was going on...

(Mark)

### *Struggling for independence in adolescence*

This section describes some of the challenges that participants felt as they became teenagers. Three out of the five participants described difficulties in this period of their life which seemed to be associated with a disparity of communication styles among family members. Although each had their own unique challenges, what was similar was a sense that this was an important time to assert oneself and develop an identity of their own.

At times Lisa experienced her mother as inconsistent which meant that she did not know where she stood with her. In her teenage years this became an issue for Lisa as she tried to assert her sense of identity, as distinct from her mother. In this excerpt, Lisa describes her ambivalence of separating herself from her mother which sometimes resulted in arguments:

...as I grew older the...clinginess and preferring to be around my mum...left...I didn't want to be spending...time with my mum...we would do nice things together, but there was this, trying to...forge my identity...I think my mum struggled to know what role to take....so

whether to be strict like my dad or be my mate and she sort of swung between the two and I had a big problem with that...so I never had arguments with my dad but me and my mum would have blazing rows...

(Lisa)

One of the problems that Sian experienced in her teenage years was that she felt her mother was unsupportive and out of tune with what was going on for her. In this next excerpt, she talks about her frustrations with her mother for not being open to discussing teenage related issues, and her unsuccessful attempts to evoke a response from her:

She never really shouted and I remember finding that really difficult as a teenager because I'd get really moody or really arsey or really upset and she'd never really spark off me...she'd never really...argue

(Sian)

In a more subtle way, Jane reflects on how her mother coped with her becoming a teenager. However her ambivalence at describing this period of her life suggests that perhaps Jane felt quite guilty about being stroppy and felt the need to reiterate the quality of their relationship:

...my mother is a very gentle, kind, probably not terribly assertive does-everything-to-please-everybody-else person. I think she probably found it hard as I became more of a teenager and more stroppy and stood up for myself and wasn't exactly like her...I think we always had a good relationship but I guess that was sort of teenage years which was the time I became aware of differences...

(Jane)

### **4.3. Understanding of decision to work with older adults**

#### Subthemes

- Initially anticipating the work with older adults as negative
- Positive experience of placement and supervisor as inspiring
- Implicit curiosity about older generations as informed by childhood experiences
- Older adults as a source of emotional or practical sustenance

*Initially anticipating the work with older adults as negative*

Three of the five participants described having preconceived ideas of what it may be like to work with older adults. While some were aware of their reasons for this, others were less aware but seemed to have developed a sense that older adult work would be difficult or undesirable.

When Mark was looking for work, his focus was in an adult service and he seemed reluctant to consider older adult work. However, he was not completely opposed to the idea and, despite it not being his first choice, he was persuaded to consider it:

I didn't actually enter older adults as a deliberate decision (laughs). I was applying for a job in the adult service...I came just for a preliminary interview [and] I...got talking to the psychology manager...about what I'd been doing and...he said "there is another job we've got which you might be interest in, in older adults" and I said "no, not older adults, no I don't really want to work with older people". He said "no, no, why don't we just talk about it a bit more" and...he persuaded me to go and meet some of the staff and so I agreed to do that...I wasn't ruling it out entirely but it wasn't my choice...

(Mark)

In the following excerpts, Jane tries to make sense of the reason for wanting to work as a clinical psychologist by reflecting on the difficult experiences of mental health problems in her family. This is then followed by acknowledgement of how her childhood experience of her grandmother had coloured her view of older adults:

If anything, my brother's depression and just how hard work he was then, would put me off [the work]...maybe it was the fantasy of being able to discharge somebody or show them the door at the end rather than being stuck with them...that made me want to do it..

I did an older adult placement because it was required. I didn't in any way want to work in older adults. I had quite ageist attitudes before I did it...I guess my grandmother's dementia gave me quite a negative perception of older people. Probably partly that was coloured by the fact that she and I never got on well anyway...so I did an older adult placement because I had to, not cos I wanted to...

(Jane)

Lisa's apprehension was very much about feeling that she was not sufficiently skilled to work with older adults:

...if I didn't get an older adult placement then I never, ever would have thought, I don't – well, would I? It wouldn't have been up there because I don't think my confidence would have been...I wouldn't have felt skilled working with older adults, I wouldn't have known if I could do it...

(Lisa)

In contrast to the other participants, Emma had enjoyed working with older adults when she was younger which she understood as the reason for working with this client group now. She was, however, open to the idea that she may have constructed a narrative around the reasons she had ended up specialising in work with older adults:

...for me it was quite a straight forward journey...I remember at school wanting to do clinical psychology...I knew that I wanted to work with older people as well, because I worked...from when I was like fourteen...going into people's homes and doing voluntary work with old people...it was something that had always been part of...my life.

I think there are definitely things from my childhood that have...led to me working with older people...a lot of this I've talked about before...so maybe it's just...my post hoc rationalisation of how I've ended up where I've ended up

(Emma)

### *Positive experience of placement and supervisor as inspiring*

An important influence to overcoming initial apprehension about working with older adults was their experience while training. Three of the five participants referred to having a positive older adult placement which for some seemed to facilitate seeing the work in a different light.

After initial reservation about whether she would possess the skills to work with older adults, Lisa found that her clinical training placement and supervisor inspired hope in the work:

I went in with a relatively negative frame of mind...and it was just the best placement. It was a combination of...just being shocked by how much I enjoyed the clinical work...the connection I could get with...the older people that I was working with...my supervisor was instrumental I think in making this a great placement...

I would have thought after 50 years of living with this difficulty, there is no hope...but there in that specific placement there seemed to be hope with everyone, you know, there was a difference we could make...

(Lisa)

Jane initially had ageist views of older adults which were influenced by childhood experiences of her grandmother. However, her clinical training placement seemed to have a restorative effect on how she viewed this client group:

I guess the older adult placement was what changed my attitude...I had a supervisor who I liked and respected very much...I enjoyed the clients I worked with...obviously as you do on your first experience, I very clearly remember my first older adult clients...and the richness of working with them.

(Jane)

In this excerpt, Emma talks about her older adult placement and the very influential role that her supervisor played and still plays in her life:

I did a specialist placement...which was a really good experience and I also did a placement with people with cancer...it was with older people there as well. I had good clinical experience during my training. The person who supervised me during my training is still my supervisor now...she`s a very significant person in my life

(Emma)

### *Implicit curiosity about older generations as informed by childhood experiences*

Associated with the desire to work with this client group was an implicit curiosity about older adults that seemed to originate from childhood. In the following excerpts, four of the five participants talk about an experience of older adults which stimulated interest in them:

Despite feeling somewhat conflicted about her paternal grandmother while growing up, Lisa spent a great deal of time with her and would often visit her on her own when she became a teenager:

...as I got older...she very much was part of the family and...when I was...a teenager and independent enough, I'd go round and...visit every week and give updates on the family.

(Lisa)

As Lisa move into adulthood, her wish to spend time with older adults did not diminish. What was interesting was that, of all the places to choose to go to university, she decided on a university which was in the same city as her maternal grandfather whom she was very fond of:

...at 18, they lived just outside of [\*\*\*\*] and I went to uni in [\*\*\*\*], so then I started – my gran had sadly died by then but my granddad was still there and...I would pop over, sort of, once or twice a term

(Lisa)

Although Sian did not have older adult figures while growing up she described being interested in her grandparents as she felt she missed out on an important relationship. In the second excerpt she also explains that she had always had a love of reading and her favourite genre involves stories about generational relationships:

...my grandparents...lived in...[the north] and we moved to [the south]...so I didn't really have that kind of relationship with them which is why I think I probably went into older adults...I feel like I've missed out on something there...and it intrigues me, I love talking to people of that generation

All the books that I read generally are about generations...making sense of who I am because of my grandma, so seeing my mum and how my mum is because of my grandma makes more sense to me...

(Sian)

Similar to Sian, Emma explained that she has always been aware of a curiosity about people and the relationships between generations:

I was...quite aware of the kind of nuances of relationships and...dynamics that happen – not just between parents and children, but parents, children and grandchildren and adults, older people and their adult children and siblings...because I was trying...make sense of what was happening in my own family.

(Emma)

For Mark, it was much more subtle and he instinctively spent time with older adults because it never occurred to him not to bother. In this excerpt he talks about a person whom he worked with in an older adult service for a long time until she eventually died:



...people could be criticising you know, “what’s the point of working with somebody until they die, they’re going to die anyway” you know, it never occurred to me that...there’d be no point in it...an oppositional view would be ‘what are you wasting your time for?’

(Mark)

### *Older adults as a source of emotional or practical sustenance*

Closely linked to their interest and curiosity about older adults was the idea that, in return, they also felt sustained by the contact with older adults. In some ways, this theme is an extension of their experience of older adults in childhood. What makes this different, however, is the idea that the relationships became more meaningful as they moved into adulthood. Four of the five participants referred to relationships with older adults which provided sustenance:

While Sian was reflecting on why she got more upset at the death of her paternal grandmother, compared to her maternal grandmother, she referred to the idea that she had invested a great deal of time and effort in the relationship, and this role seemed to have been reciprocated as Sian got older:

...I guess with my dad’s mum, she was just there...she put a lot of time and effort into looking after me and my brother and then as she got older I put a lot of time and effort...visiting her and...going to the doctors with her, going shopping...I was kind of being the dutiful granddaughter really

(Lisa)

The most influential older person in Mark’s life while growing up was his mother’s friend, and she had also been a source of support for his family in times of need. This excerpt shows just how much of an inspiration she was as he moved towards adulthood:

...she encouraged me to travel...independently, and...in other ways...she was an exemplar really of somebody who was highly travelled, highly cultured and moved in all sorts of social networks and she took a great deal of interest in people...she was a bit like an untrained family therapist

(Mark)

Following on from initiating contact with her grandmother in university, Sian began to develop a strong bond with her grandmother such that she started having regular phone contact:

...when I was on training I started speaking to my grandma a lot more and...I used to ring her and she'd be off the phone in five minutes and by the end she'd be talking to me for half an hour, forty minutes...at one point I asked her if I could come up and tape a conversation and ask her some stories about our history...it was nice being able to have that relationship later on that I didn't have earlier

(Sian)

Once Jane had qualified, her interest in working with older adults was influenced by respect for the experience and seniority of the older adults she worked with. In the following excerpt she explains why she prefers working with older adults compared to adults of working age:

...when I qualified that was the job that was available, half time older adults and half time adults...at that time I was happy to have that balance of work. But then I stuck with older adults because...I enjoyed the client group...I feel more comfortable working with people who were, at that time, so different from my own age than I did working with people closer to my own age...and I suppose respect for them and their experience and seniority...

(Jane)

#### **4.4. Work with older adults as both challenging and rewarding**

##### Subthemes

- Using self-reflection to negotiate engagement, boundaries and endings
- Giving older adults a voice
- Drawing on the richness of life experience
- Acknowledgment of systems as important

This major theme examines the attitudes, values and experiences that participants seemed to find helpful in their work with older adults. An integrative thread that emerged in the subthemes was the use of self to enable understanding of how they negotiated challenges and also how they made sense of the rewarding aspects of the work.

##### *Using self-reflection to negotiate engagement, boundaries and endings*

In this subtheme the therapeutic alliance is addressed and some of the issues that seemed to emerge for each of the participants. This includes challenges such as the engagement, finding

the appropriate boundaries and negotiating endings. For many this posed challenges that often required self-reflection to understand what was going on in the work. All participants referred to times when they reflected on their own personal history to help them understand what was going on in the therapeutic encounter:

When Lisa was growing up she was very fond of her grandmother's friend and really enjoyed spending time with her. In this excerpt, she talks about how seeing her clients in the same light could be problematic for establishing therapeutic boundaries:

...there are lots of emotions that older people...evoke in me, so...that reaction...when I get that kind of, 'oh you're really lovely', is 'I'm going to do anything to help you'. I'm aware that...isn't always a clinical decision, it's...human to human...just...like my gran's best friend, 'I want you to be okay and if it means coming to see you every week and having a cup of tea and me talking about my boy then that's what I'll do', I'm having to be...aware of that...not wanting to...fail people. It makes saying 'no' quite difficult...

(Lisa)

In the following excerpt, Sian talked about a client she was working with at the time and how her curiosity about generations, combined with reflecting on her own upbringing, helped her identify with the person:

...when you're sitting with someone because you can identify with them as a person.....there's a web of relationships around them...I'm seeing a woman at the moment and I can totally affiliate with how her daughter feels and yet I can totally affiliate with her as the older adult and I find that fascinating...I just like that connection with the older adults, I like them being my focus.

(Sian)

Self-reflection and being in touch with her one's own feelings also played an important role after Sian found herself getting angry when trying to engage a client:

I was like 'oh my gosh!'...'what the hell is going on? Why am I this furious with her?'...I thought '...I need to go and see this woman again and I'm just going to...sit, quiet...' and I went back and we had an amazing session...I said 'I think you were actually a bit angry last week' because I thought this is perhaps her being angry and she said 'I felt very uncomfortable with my daughter being in the room' so I think it's also about just trusting yourself a lot of the time it's about when I feel like I'm getting stuck, it's like, just sitting with uncertainty and going 'okay, well, let's just work this out, let's see where this goes'

(Sian)

The way Mark made sense of engagement was very much informed by the boundaries of psychodynamic work. Early on in his career he would be very mindful of not allowing his own experiences to get in the way of understanding what was going on for clients:

...my general view about engagement is...one is trying to see...what's getting in the way of a working alliance...transference and counter-transference, these are the things that interfere with people opening up or engaging...I would see any pressure inside me to behave different because somebody is older...to be more encouraging or...to start talking more personally about myself...I would see that as...a kind of transference problem. That one is again projecting something into this older person, that they're not so resilient...that you kind of need to be a bit gentler with them, or kinder...

(Mark)

However, as his career progressed he became open to the value of being able to connect with his own experiences and relay this to clients that reflect an empathic understanding:

I don't certainly subscribe to personal disclosure...but I do think there are...times when I'm talking about things that I'm certainly in touch with, there's a way of acknowledging that you know, and not splitting it off and saying "oh, you know, you're the client and I'm the therapist and I don't have any sense of what you're going through" ...that is a shift really...

(Mark)

The experience of older adults for Emma while growing up was of stories of women's resources and women's coping. In this next excerpt, she reflects on how this can impact on her work with depressed people if remained unchecked:

I'm not very good...working with very passive women...my experience of older women was...of very dynamic kind of people who...get up and help themselves and sort things out. When you meet people...when they're depressed actually (laughs)...who are...not able to do that for whatever reason...they're the people...in the past have pretty struggled...to say, "Oh come on! Just get up and go out!" but actually...being able to...think about my own personal family stories and experiences...and context...

(Emma)

In the excerpt, Emma also spoke about the importance of boundaries and endings. She made an interesting distinction about the ending being reframed as positive which seemed to link to her experience of older adults as resilient, which she referred to in the previous excerpt:

...reflecting on the relationship...I won't...shy away from having conversations about actually 'no I'm not there to be a friend, I'm a psychologist, my role is x, y, z'...ending therapeutic relationships is difficult anyway, but it doesn't always have to be difficult...a lot of the discourses around endings actually, come from sort of psychodynamic models...I don't find these ideas particularly helpful, but...some systemic ideas about kind of ending relationships... that that ending being about people's readiness to move on...I find more useful and...I will be flexible with boundaries...

(Emma)

Jane was not explicit about links with her own past but seemed to work more intuitively. In this excerpt, she talks about being in touch with her own emotions in a therapeutic encounter when working with people with dementia:

I use a lot of myself when I am working with people, reflect on what it is they're evoking in me, what dilemma they're giving me in terms of their sort of ambivalence about engagement, why they want to engage, why they wouldn't want...so try and explore it in that way with them...obviously with you trying to engage with somebody with very severe dementia...the therapeutic engagement then is about sitting quietly and non-threateningly

(Jane)

### *Giving older adults a voice*

An interesting subtheme that emerged was the idea of speaking up on behalf of older adults and giving them a voice. For some this meant speaking up in an effort to ensure that needs of the older person are considered in services, while others spoke more explicitly about the impact of societal ageism and marginalisation. Four of the five participants spoke about the needs for the voice of older adults to be heard:

In the following excerpt, Lisa described speaking up in a referral meeting when a client was being considered as an inappropriate referral. Lisa was surprised by her own response and her reaction seemed to reflect a passion for giving a voice to someone she felt she could help:

...in that placement...a lady who...I had to sort of fight for letting into the service...which was so unlike me... the head of the service had said, 'I think this is an inappropriate referral', I made a tentative little mouse-like suggestion that maybe this was actually quite helpful, and because my supervisor was so wonderful...my tentative suggestion to her was a little bit more confident she completely...rolled with it and we ended up letting this woman in...and it felt like, 'oh my God I've never done anything like that before, I've never spoken out and someone's actually listened to me, I'm only a trainee.'

(Lisa)

An important part of the work for Sian was to ensure that the voice of the older person did not get lost. Here she described working with someone who seemed capable but felt disempowered because she had become more reliant on other people for support:

I think the systems can be incredibly powerful around older adults and their voice gets lost ...that woman...had become more and more physically reliant on people...and...for her...it's so difficult to have to physically need to ask someone...she goes to this day centre and she asks them to go to the toilet and...they won't come, and they say 'come on, you're fine, you can go to the toilet' and to be honest she is fine and she can go, but she...really struggles to ask for help

(Sian)

Here Jane described how important it is to ensure that older adults are given the opportunity to talk about emotions and mental health. She also acknowledged the extra challenge that this poses for older generations, and the benefits of normalising the experiences of older adults who are not used to talking about such issues:

...the older adults I work with grew up in an era where emotions were talked about less and mental health problems were talked about less...so I think there is still something reassuring for clients to feel that...what they're going through isn't different... there are many others who experience the same sort of difficulties and I...do mention other clients or other similar circumstances more to people cos I think they do...feel that gives them some sense of security that it's not just them...

(Jane)

Emma spoke about the necessity for having specialist older adults services in order to ensure that this client group are given a voice, and not discriminated against through ageism in society:

...it's a relatively marginalised group who are kind of excluded from large aspects of society and...generations don't particularly mix and people experience a hell of a lot of ageism and discrimination, and...if you don't have services that kind of meet the needs of older people, they just won't get seen, and that's kind of been my experience of non-specialist services.

(Emma)

### *Drawing on the richness of life experience*

Three out of the five participants described the richness of life experiences of older adults as a stimulating and rewarding aspect of the work.

Lisa grew up around older adults and it would seem that her earlier experiences had helped her appreciate the wealth of life experience that they bring to the work:

...you've got a whole life and you've got a childhood, an adolescence, a young adulthood, a later adulthood...so much experience, so many transitions in different stages in their lives, so many adaptations...makes...therapy so appropriate because they've done it, even people who've had the most chaotic lives...they're sat with you...they've survived...

(Lisa)

In this excerpt, Emma talked about the wealth of life experience and the need to position oneself differently. Moreover, she also commented on being mindful of the multiple losses that older adults have experienced at their life stage:

...there are...things that are different and special about working with older people...people are at the end of their lives...they've got a lot more experience of life so you have to position yourself differently...they often have a lot more experiences of loss and isolation...and I think there's lots of kind of very real differences for people, which then mean that...you respond to them in different ways or you need to use different skills, and I think that's what I like about the job.

(Emma)

In this excerpt Sian described a real fascination with the richness of life experiences that older adults bring to the work, which also fits with her curiosity about the influence of generational differences on life stories:

...there's something really fascinating about hearing what life was like and how different it was to now...because they're talking about their relationship as children...then becoming

mothers and then them becoming grandparents...it's interesting hearing their relationships that they have with their mothers, with their children and then with their grandchildren...

(Sian)

### *Acknowledgment of systems as important*

In this subtheme all participants emphasised the importance of systems in older adult work. While some spoke about the need to consider the broader system of service provision and the complexities of working within a multidisciplinary setting, others talked about the importance of families and the multifaceted relationships that older adults have.

In this excerpt, Jane contrasts her experience of more individualised care provision in adult mental health with a more systemic focus when working with older adults:

I guess in adult mental health work...people turned up more often on their own. Older adult people turn up just as often with other people, with a relative, with a neighbour. So I suppose in that sense I think often when you're...completing an assessment or engaging with an older adult you've got a whole system...in the room

(Jane)

Lisa also spoke about the importance of families in older adult work. This excerpt described the difficulties having to negotiate the nature of family dynamics and the need for some family members to obtain a diagnosis of dementia:

...managing the dynamics with the family going, 'there's something wrong with her, you've got to tell us, is it dementia, we need to know', and the woman going, 'I don't want to know, I don't think there's anything wrong with me...', and she clearly was having...failing cognitive functioning...it wasn't just a straightforward, 'you come into my clinic, I assess you, I tell your doctor whether you've got...an Alzheimer's dementia', it was working with the family...managing the family...it's so multifaceted...that's why I loved it...

(Lisa)

Sian, in a previous excerpt, spoke about having a genuine curiosity about generational differences. Here she was explaining the importance of doing a family tree which can facilitate important discussions about issues that may otherwise be missed:

I always do a family tree...I think it helps...so much comes out and it's something that you can share together so I always draw it with the person and we plot it together...I think it



makes...the process a little bit more friendly. It becomes more about what's important to you and who's important to you

(Sian)

Although systemic approaches were not his preferred model, in the following excerpt Mark reflects on the importance of considering systems and generational gaps when working with working with older adults:

...when I was first working...I set up...a group therapeutic programme which involved psychodrama...some of the staff were middle aged, late middle aged, and...we set up family scenarios that would be enacted for the whole day hospital community and so we'd have some parents and sometimes the staff members would play the older parents and...different age ranges reflected in...whatever scenario we were portraying...I can remember looking at the child-parent relationship and that drawing attention to the age differences, and the conflict between the generations...

(Mark)

Here Emma reflects on her own upbringing and how that informs her work systemically. In particular, she reflects on what it is like to have lost contact with her father which facilitates empathy towards the older person's situation:

...this is relevant working systemic...my experience of...what a family looks like and relationships...is quite a non-judgemental one...someone said something to me last week "Oh you know they haven't...you know he's lost contact with his children and what's that about?" ...my experience means that...I can work with an older man who's kind of abandoned his entire family thirty years ago for some reason...without that kind of getting in the way...my experience fortunately...has had a positive effect on me, rather than having a sort of more negative constraining effect on me.

(Emma)

#### **4.5. The person within the professional**

##### Subthemes

- Self-reflection about personal experiences
- Finding personal meaning in therapy
- The function of older adult work as building a sense of agency and esteem

This main theme links personal characteristics and experiences of childhood with the work as an older adult psychologist.

*Self-reflection about personal experiences*

This theme is somewhat connected to the theme about the use of self-reflection to negotiate engagement, boundaries and endings. However, what makes this theme different is that the participants seemed to have developed a more general ability to reflect on relationships and events from their past, which was not *directly* related to the work with older adults. For four of the five participants, there was evidence of having developed an ability to reflect on their own perspectives, and the perspectives of others, when recalling experiences from childhood or adolescence:

In an earlier excerpt, Lisa reflects about wanting to reach out to her mother at the funeral of her maternal grandmother but mother refusing to take her hand. This could have been perceived as rejection though in the following excerpt, Lisa now describes her understanding of what was going on for her mother at the time:

I just think she just thought she was totally going to lose it...kind of, 'if I just shut off from everyone and a way of shutting off is not even anyone kind of touching me then I'm going to be okay, I'll get through this, but if people start showing a bit of kindness to me then that's it, I'm kind of all over the place' ...and not knowing if she'll ever be able to kind of close those floodgates of emotions...

(Lisa)

Sian described her experience of feeling that during her childhood she had an amazing relationship with her parents. However, as she developed a more reflective capacity to others, she now perceives her childhood as rather 'mixed'. Moreover, she also reflects on the profession and how that may have coloured her view of her childhood:

I think my childhood is very mixed...I've got some very difficult memories and...I thought I had an amazing relationship with my parents...with my mum especially, and then as I've got older I've perhaps noticed things that...aren't as wonderful as I thought...I think I'm probably speaking from quite a bit of a tarnished point I think now

(Sian)

She then goes on to contrast her own perception of closeness with that of her mother's:

...she sees closeness as something that is...just physically being with someone...it's about time spent doing something that you both enjoy rather than connecting on a... 'where you're at' level...

(Sian)

Mark understood his decision to go into clinical psychology as a reparative process. In this excerpt he links his childhood experience of familial mental health to an unconscious need to repair his internal representations of family members:

...my middle brother was very psychologically damaged...my father was also a very traumatised man, he came back from the war suffering post-traumatic stress disorder, which went undiagnosed and untreated but certainly had a huge impact on the family...and my mother was of course troubled...so you know it was a strong reparative...wish to repair these damaged...internal figures...

(Mark)

When her boyfriend got killed, Emma talked about this having a significant effect on her. In this excerpt, the emphasis for Emma is on how different people perceive situations. For Emma this meant gaining an insight into the difficulties that other people have about how to respond to traumatic experiences:

...it made me see what it's like when parents lose a child...where you see a sixty year old man whose twenty-three year old son's been killed...disintegrating and never recovering from that, is quite profound...and seeing how other people respond to people when someone's died or...seeing how my friends could or couldn't talk to me...or didn't know how to respond...gave me...some insight into...that level of loss...

(Emma)

### *Finding personal meaning in therapy*

Each of the participants experienced difficulties in childhood, though it would seem that they all developed a degree of resilience for dealing with these events. This subtheme illustrates the benefit of therapy at being able to enhance self-reflectivity through making sense of some of their early childhood experiences. Three of the five participants referred to therapy as providing this role:

In this excerpt, a therapist helped Lisa make sense of her decision to work as a clinical psychologist. Continuing the theme of reflectivity, she was able to benefit from the insights of therapy while also maintaining her own views on the subject:

...one of the therapists that I went to said...about not getting...your emotional...needs met at an early age means that you become very...efficient at managing your own needs...I'm not buying into the kind of repair your own kind of difficulties but it was...being aware of people managing emotions differently...

(Lisa)

Mark had long-term psychotherapy which provided him with an interesting insight into why he chose to work with older adults. When he was a child, he was very close to his grandmother who died while she was living with him and his family. Here he has a revelation through therapy when working with a client in an older adult service:

I worked with...Mrs \*\*\*\*\*, as a pseudonym. Mrs \*\*\*\*\* was actually...was my maternal grandmother's name...I never made the conscious connection until sometime afterward, you know, "ah, that's interesting, I called her Mrs \*\*\*\*\*"...I was very close to my maternal grandmother...she died when I was 10...in our house, my mother had brought her there to look after her. I saw Mrs \*\*\*\*\*, my patient, Mrs \*\*\*\*\*, until she died...it brought home to me...my reparative wishes at working with older people...

(Mark)

Sian also used therapy as a means to help her understand some of her difficulties in childhood. In this excerpt, she talks about how therapy helped her think about her early relationship with her parents, which then enabled her to put boundaries in place for her parents:

I went...into therapy...I had been itching to do it for years...I had so much I wanted to think about and I started putting...boundaries in place for my parents and stepping away from some of those intimate conversations, some of those conversations that I didn't want to be part of, and they found that hard...their boundaries were all over the place but I felt that I was distanced from it...

(Sian)

### *The function of older adult work as building a sense of agency and esteem*

This subtheme speculates on some of the functions that older adult work provides to each of the participants. As in previous subthemes, some participants were, to a greater or lesser extent,

aware of the way childhood experiences might influence their work. However, all had developed skills that somehow seemed to lend themselves to working with older adults. What is explored here is how childhood experiences of significant attachment figures may be an influencing factor in their ability to work with older adults.

From a very young age, Emma had always been around older adults with her mother. Implicit in her work is a sense of esteem and pride at being skilled with older adults. Here she talks about a person she worked with in her early years and how she was able to engage where others had failed:

...she was very kind of disinhibited, and I was just going into her house and was able to engage her, and other people hadn't been able to, 'cos I think they just thought that she was mad and they were responding to her as if she was mad...if you treat people, like people...they will respond in another way...

(Emma)

Earlier Lisa spoke about being anxious speaking out about letting a client into the service, in a referrals meeting. She also mentioned that, in childhood she always felt the need to work hard to gain a sense of being good enough. In the following excerpts, she talked about developing confidence while on her older adult placement and the connection she could get. Although not explicitly stated, this could result from an implicit skill of engaging older adults which stems from childhood.

...my confidence...soared in that placement so I guess when you look at something so positively, it was like, 'I really want to work in older adults, I want to stay working with these people...I feel can make a difference to these people', and that kind of the passion came of making a difference to older people...

...just being shocked by how much I enjoyed the clinical work...the connection I could get with...the older people that I was working with...

(Lisa)

In childhood Sian felt as though she was seen as the responsible one in the family though held the burden of being negotiator between different family members. Here she talks about using those skills in her day to day work when empowering older adults:

...you have to...take on an advocacy role...there's one person...referred for...assessment...she has dementia...she doesn't want to be there, she doesn't want to be assessed, and that's her right! But the GP wants her assessed and the son wants her to be assessed...it's about saying...'let's just meet and talk about...why this is important...it's irrelevant...whether it's yes or no because she's got memory problems...let's deal with why you're frustrated'...that's the issue...it's important for this woman to...not be pushed into just having this assessment...

(Sian)

Mark also had a strong desire to work with older adults and had written about the work in some detail. As previously mentioned he understood his decision to work with older adults as a reparative function related to the death of his grandmother. The following excerpt suggests that he may also gain a sense of agency against a long-standing guilt at not being there for significant attachment figures:

I have to say my mother was in her 40's when I was born, so was my father, they were both older parents...when I left [\*\*\*\*\*], they were in their 60's...I used to go back, but...I was not with them when they were getting frail...my mother had a stroke and died very suddenly and was fit up until then, and my father was very fit, until he was 87 actually, but you know in the last year of his life he was...becoming more frail and I wasn't there...

(Mark)

Linked to her earlier comment about going into the work to be able to “show them the door”, in this next excerpt, Jane talks about giving clients a different attachment experience in therapy. In some ways this can be seen as empowering older adults through emphasising resilience:

I do think about it a lot with clients, about their...early attachments and how that affects their adjustment in later life and feeling vulnerable and dependant...a lot of therapy is about giving people a different attachment experience as a therapist...but a secure attachment where you can also be independent and leave and end...

(Jane)

In summary, this IPA resulted in the emergence of nineteen subthemes subsumed under five main themes. In the next section the outcome of the results will be discussed in the context of the research question “how do clinical psychologists understand their early attachment experiences and their work with older adults”.

## 5. Discussion

### 5.1. Revisiting the research question

In this chapter, the outcome of the results will be discussed in the context of the primary research question “How do clinical psychologists make sense of their early attachments and their work with older adults?”

Subsumed under this question were three areas of exploration, namely:

- How do clinical psychologists make sense of their early attachments with their primary caregivers and older adult figures?
- In which ways do they understand their decision to work with older adults in light of their attachment experiences?
- What can they tell us about the work with older adults?

#### 5.1.1. Making sense of early attachments

This first question looked at the early attachment experiences of clinical psychologists relating to primary caregivers and older adults. Not surprisingly, the results of this study show that the childhood experiences of participants were diverse. Four of the participants grew up in a family home with both parents and one participant was brought up in a single parent family by her mother. All except one participant had regular contact with older adult figures in childhood.

##### *The role of fathers*

Bretherton, (2000) suggests a distinction between maternal and paternal parenting roles, with mothers typically providing a soothing function while fathers being more involved in empowering interactions. In this study all participants seemed to have been deprived of an emotional connection with their father with some describing frightening paternal experiences in childhood. While it was not clear how this impacted on the development of IWM's, one suggestion is that the lack of emotional connection meant that participants used strategies to obtain a different connection with their father. In one excerpt Lisa spoke about trying to earn the attention of her father by “being quite mature” while Sian spoke about being wary of her father though aligned with him through being his confidant when discussing her mother.

Although evidence suggests that frightening behaviours are associated with childhood difficulties, such behaviours can be mitigated when fathers are sensitive to the needs of the child by offering comfort when hurt or upset (Hazan, *et al.*, 2010). The sensitivity of attachment figures in times of distress is an important factor in determining attachment security in childhood and can help a child feel safe when faced with frightening or strange situations (Bowlby, 1988). Therefore, there may have also been instances whereby fathers made themselves available to participants at certain times when they were faced with situations that evoked feelings of distress or upset.

### *Mother as a safe haven*

All participants in this study described a close relationship with their mother although the nature of the attachment seemed to differ markedly. While each described their mother as physically available, there were differences in the way they described the emotional connection. For example, Mark, Sian and Lisa all mentioned that they were not able to talk to their mother about things that troubled them, though there was a sense that their mother somehow knew when things were not right. In Jane's case, there was a feeling of being too close to her mother as she taught in her school, while Emma's mother had the dual role of providing both a maternal and paternal role.

Stern (1985) suggests that attunement plays an important role in providing a sense of safety for a child so that exploration can take place. In this study, all of the participants spoke about their mother having to cope with difficult attachment relationships in the family which suggests that attunement may have been difficult at times (Main *et al.*, 2008). This also seemed to impact on attachment security and exploration, which may explain why some of the participants described being clingy to their mother. However, it would appear that mothers were physically available as a safe haven for their child even though they were not always able to provide emotional containment. This lends further support for findings that demonstrate a relationship between childhood attachment behaviours and the adult attachment representations of their parents (e.g. Ward & Carlson, 1995).

### *Older adult attachment figures*

Although parents are often the primary attachment figures in childhood, little is known about other important people who may act as attachment figures as children get older (Seibert & Kerns, 2009). In this study, participants were asked about important older adult figures in



childhood and, whilst their experience of older people was very different, four seemed to benefit from having them around. For Mark it was about the encouragement he received from a close family friend, while for Jane it was more about accompanying her mother when visiting elderly neighbours. Both Lisa and Emma spoke about being around their grandparents quite a lot and what seemed to be important was the physical presence in making an emotional connection. For example, Lisa mentioned that she saw her paternal grandmother very often and got very upset when she died. This contrasted with how she reacted to the death of her maternal grandmother whom she saw infrequently. Although it remains unclear how these older people influenced the IWM's, it lends support to evidence suggesting that, as children get older, they are more inclined to develop attachments with non-parental figures (Seibert & Kerns, 2009).

### *Adolescence as a time of change*

An interesting finding in this study was the different ways that participants related to their attachment figures in adolescence. For example, Mark and Emma had close relationships with their mother and struggled to remember times when they argued, while Sian and Jane saw themselves as quite different from their mother and gave accounts of times when they were able to assert themselves in this way. In one excerpt Sian mentioned, that her mother almost never shouted at her as a child though later described shouting at her father when it came to protecting her brother. Similarly, Jane described her mother as "not terribly assertive" yet was able to assert herself when talking about boundaries with her mother, who worked in her school. This supports the idea that adolescence is an important time for the exploration and development of boundaries, asserting oneself and emotional regulation which is influenced by a broader range of attachment relationships, including peer relationships (Allen & Miga., 2010).

### *Understanding the development of internal working models*

IWM's are believed to be relatively stable over time, although research suggests that there are conditions which may modify existing IWM's through attachment interactions with other non-parental attachment figures (Collins & Read, 2003). In this study many factors may have played a role in the development of IWM's for participants in childhood and adolescence. One suggestion is that there is a distinction between physical security and emotional security, both of which interact with each other in the development of attachment security. It may be that those who feel both physically and emotionally secure in childhood feel safe to explore their world, whilst also being heavily influenced by the IWM's of their primary attachment figures. In contrast, children who feel physically secure but emotionally deprived may seek the emotional

connection from, and be influenced by, other non-parental attachments. This is also in line with the idea that attachment is best viewed as a dimensional construct which takes into account the influence of multiple attachment figures in a hierarchical framework, with less emphasis on the dyadic relationship (Collins & Read, 2003).

Another important finding relates to the way that participants were able to find alternative resources and ways of coping with a perceived lack of emotional support from both parents, in the face of some very difficult life events. For example, Mark had some difficult experiences with his father and brother during childhood while Emma described being very responsible when dealing with the divorce of her parents and subsequent loss of her father as an attachment figure. Sian also described feelings of isolation as a child and felt unable to talk to anyone about her feelings at the time. It is unclear how each participant developed the resources to cope with these events however, though this was not explored in the current study, it raises an interesting question about the role of resilience within this group.

### **5.1.2. Decision to specialise in older adults**

This section explores some of the participants reasons for working with older adults in light of their childhood experiences. In addition, the importance of being exposed to the work with older adults is discussed.

#### *Childhood influences of older adults*

In this study all expect one participant had childhood experiences of older adults. However, the extent to which they felt such experiences influenced their decisions to work in their specialism varied. Three participants were initially opposed to the idea of working with older adults though they each gave different reasons for this. For Lisa, it was about feeling as though she did not possess the skills necessary to do the work while Mark was less clear about his reasons for not wanting to work with this client group. Jane was very explicit that her negative childhood experiences had meant that she initially held quite ageist views. However, there did not seem to be any consensus in the way that older adult work was viewed prior to specialising in this client group and only Emma spoke about a desire to work specifically with the older adults prior to her clinical training. One possible reason for participants being opposed to working with older adults may be related to an unconscious aversion to the themes of loss and death that so often emerge in the process of therapy (Critchley-Robbins, 2004). Interestingly, Lisa, Mark and Jane

had all experienced significant losses in their early years which may have influenced their initial views of working in the specialism.

In the results, Lisa and Mark commented that there may have been some unconscious processes that led them to working with older adults. While this may lend some tentative support to the idea that they went into the work to resolve losses from childhood (Martindale, 1989; Terry, 2008), it is not possible to generalise from these comments because, as pointed out by Emma, it may reflect a “post-hoc rationalisation” of why they ended up in the work. However, what remained clear was that attitudes towards, and experiences of, older adults were very diverse with many possible factors influencing the decision to work with this client group, including a curiosity about older people and the way they valued their older adult attachment figures as they moved into adolescence. For example, Lisa seemed drawn to her paternal grandfather and chose to go to university in the same city that he lived in while Sian referred to a long standing interest in generations despite, or perhaps because of, not having been exposed to older adult attachment figures in childhood.

#### *Being exposed to older adult work*

A particularly important factor to emerge from this study was the role of clinical placements and good supervision for trainees. Given the inequality in the provision of mental health services for older adults (Kaiser, 2011), one of the challenges for training courses is to ensure that trainees have adequate access to older adult placements. In this study, three of the five participants had clinical training placements that inspired them to work in the specialism, despite two of the participants having reservations about the work. Similarly, although Mark did not have a specialist older adult placement during his training and was reluctant to work with the client group, his views were changed when he was persuaded to accept a position in an older adult service. Of interest was that Mark described both positive and negative experiences of older adult attachment figures during childhood, which perhaps suggest that any initial aversion to the client group was overcome by being exposed to the work.

It remains unclear the extent to which negatively held views of older adult work influences whether clinical psychologists can be recruited into the work (Lee, Volans & Gregory, 2003). However, this study also highlights that lack of exposure to the client group during or post training may also be inhibiting factors. Increasing exposure to older adult work for those early on in their career may result in more clinicians choosing to remain working in the field. In one excerpt, Jane spoke about how her older adult work changed her negative attitudes of older

people which she had due to difficult experiences with her grandparent in childhood. However, she got into the work as it was the only post available at the time when she qualified which suggests that she may not have ended up working with older adults if a position in a different specialism was made available at the time.

### **5.1.3. The work with older adults**

In this section, the work with older adults is discussed in relation to the issues raised in the results.

#### *The use of self-reflection in the work*

As previously mentioned, attachment theory can provide a useful framework for understanding fluctuations in the therapeutic alliance over the course of therapy. For example, the study by Dally and Mallinckrodt (2009) found that expert therapists used attachment principles to gauge therapeutic distance at different stages of therapy. Rather than applying attachment principles, participants in this study tended to use self-reflection and draw on past attachment experiences when engaging older adults. For example, Lisa spoke about being aware that childhood feelings about her grandmother's best friend may influence her in ways that make it difficult to put boundaries in place in the work. Similarly, Emma reflected on how being around dynamic and self-sufficient older people in childhood meant that, at times, she struggled in the work with older depressed adults.

Self-reflection played an important role for all participants in their work with older adults in this study. This supports the assertion by Bowlby (1988) about the need for clinicians to reflect on their own working models in order to achieve positive clinical outcomes. In this study self-reflection seemed to be a more general theme which may be linked to personal characteristics and not just the work, with participants demonstrating changing views about childhood events through self-reflection as they got older. Even though most participants did not refer to using attachment principles in their work, arguably they were applying these indirectly through a general ability to reflect on their own attachment styles. This suggests that participants had developed high levels of mentalisation skills (Fonagy, 1991) which may have been influenced by both childhood experiences and working in a profession that necessitates such skills.

Three of the participants in this study referred to having personal therapy. In contrast to other therapy professions, clinical psychology does not make personal therapy a mandatory part of

training. Although personal therapy can enhance self-reflection, research findings about the benefits for clinicians remain poorly understood. In a study of counselling psychologists, Rizq & Target (2010) found personal therapy had the potential to increase reflective functioning, although it could also foster an unhelpful pre-occupation with the self. In this study, personal therapy was not explored as a theme and it was not clear why each participant sought personal therapy or how they benefited from it. This is an interesting finding nonetheless as it suggests that research of clinical psychologists in therapy may provide an interesting insight into the benefits of therapy because they have chosen to opt in rather than it being a mandatory part of training.

#### *Attitudes towards change with older adults*

Although there were many challenges in the work, it would appear that none of the participants held the view that “older people are no longer educable” (Freud, 1905). For example, Mark held the view that often clients project feelings of vulnerability into clinicians in a way that makes them seem less resilient, when that is often not the case (Terry, 2008). Although Emma held a different theoretical orientation to Mark, she too asserted that therapy is not about shying away from difficult issues with clients, such as raising boundaries and endings. As stated by Hill and Knox (2009), regardless of theoretical orientation, it is the therapist addressing ‘here and now’ feelings about the therapeutic relationship that makes therapy effective. It would seem that participants supported this view with most giving examples of how they address a variety of issues in the therapy room.

Attitudes about the ability to change will likely influence whether clinicians are able to engage in the work. In this study, participants acknowledged that the voice of older adults can get lost and they were motivated to address this issue. However, there also appeared to be underlying assumptions that participants can change. In the example of Lisa speaking up for a client being considered as an inappropriate referral, she asserted that “this was actually quite helpful” though chose not to elaborate on the reason she felt it was helpful. One suggestion is that there is a richness in the work with older adults which is unique to that client group. Although there are recurrent themes of isolation and abandonment in older adult work (Knight, 1996), as stated by Emma, there is something very special about the work which is linked to their life experiences.

In her book entitled *Growing Old*, Quinodoz (2010), reflects on the value of exploring narratives in older adult work. Participants in this study spoke about the richness of life experiences and

for some the work also seemed to provide a sense of self-esteem. For example, Lisa spoke about the fact that older adults have lived through so many transitions and had survived to tell their story. She also referred to the confidence which emerged from the connection she could get with older adults. Daniel (2006) argued that helping clients to retell their stories “according to temporal structure”, results in an enhancement of mentalisation skills. Arguably, participants who focussed on the using narratives in therapy, were indirectly applying attachment principles through the fostering of self-reflection and mentalisation skills (Fonagy, 1991).

### *The importance of a systemic framework*

As previously mentioned, the influence of non-parental attachment figures in the development of IWM’s is not well understood. As stated by Cirirelli (2010), older adults often have fewer close attachment relationships but have a more diverse range of influential attachment in their social network. Systems of support are particularly important for older adult populations who are more likely to be bereaved of their parental attachment. In contrast to the therapeutic alliance being a “dyadic and mutual relationship with the therapist and client as active co-constructors” (Smith *et al.*, 2010), the results of this study suggest that it is important to include other significant attachment figures in the work where appropriate. All participants referred to the importance of systems in one way or another during this study and, as pointed out by Jane, whether engaging with an older adult or carrying out an assessment, it is important to consider broader systemic influences when working with older people.

While it is helpful to use systemic thinking in the work, sometimes it may not be appropriate to invite other attachment figures in the room, as in the example given by Sian when she described a client who was angry with her because her son was in the room in a previous session. This supports the argument by Cirirelli (2010) who states that there needs to be a balance between autonomy and an acknowledgement of growing dependency in later life. Therefore, there is a strong argument, as pointed out by Jane, to be reminded that “older adults have a whole system around them in the room” which needs to be considered irrespective of whether important attachment figures are physically present or not.

## **5.2. Implications of present study**

This was an exploratory study using attachment theory to understand the early attachments of clinical psychologists and their work with older adults. The outcome of the study has several implications relating to both theoretical and clinical issues which will now be addressed.

### *Theoretical implications*

All participants in this study had experienced adversity in their early lives and were interested in talking about it. Furthermore, all seemed to have been deprived of an emotional attachment with their fathers and many described a difficult maternal relationship involving what appeared to be a lack of emotional attunement. This study suggests that in the face of such adversities, participants were able to achieve successful and rewarding careers. These findings also raise a question about attachment and resilience. More specifically, what is it about the early attachment experiences that enabled them to thrive in the face of adversity? One possible explanation is that the participants were exposed to other inspirational attachments in childhood. Similarly, adult romantic relationships were not explored in this study, which have been shown to foster secure attachment behaviour in adulthood (Feeney & Thrush, 2010).

Despite a longstanding acknowledgement that children develop attachments with a range of attachment figures (Bowlby, 1988), historically research has focussed on dyadic relationships with an emphasis on parental attachments. While this has led to advances in our knowledge of parent-child interactions, this has likely to have limited our understanding of how IWM's develop. It is only over the last 10 years or so that there has been an increased interest in trying to understand the influence of non-parental attachments. For example, Seibert and Kerns (2009) suggested that peers, siblings, grandparents and teachers may all play a role in the development of IWM's in middle childhood. This study add to the body of research by suggesting that there needs to be a greater focus on researching the role of non-parental attachments in the development of IWM's, which may in turn shed light on the role of resilience and attachment.

### *Clinical Implications*

There are three main clinical implications from the findings of this study. The first relates to the attitudes of working with older adults. This study suggests that the prospect of working with older adults can be quite daunting. Although the reasons for this are poorly understood, it would seem that exposure to the work can change attitudes about specialising in this client group. Funding for older adult services in the NHS is disproportionate compared to children and adult services (Kaiser, 2011), which means that there are fewer opportunities for trainee and recently qualified clinical psychologists to experience the work. One way to address this is to ensure that clinical training courses are geared towards providing experience with older

adults. Where there are not sufficient older adult placements to go around, trainees could be placed in Improving Access to Psychological Therapy (IAPT) services with a remit to promoting and working with older adults. Active and persistent initiatives such as these can help promote a more positive view of older adult work which may also result in more older people gaining access to services (Boddington, 2011).

The second implication relates to the application of attachment principles in the work with older adults. Attachment theory is particularly relevant for this client group who are often exposed to a greater number losses at this stage of life (Barker, 2011). Narrative accounts of participants in this study indicate that they implicitly apply attachment principles to their work irrespective of theoretical orientation (Hill & Knox 2009), through strategies which foster self-reflectivity and mentalisation skills (Fonagy, 1991). As previously mentioned, attachment plays a significant role in the therapeutic alliance (e.g. Wallin, 2007), and on-going professional training may be helpful in further developing skills in this area. For example, awareness of attachment principles about the use of therapeutic distance can be used to gauge the alliance with older adults at different stages in therapy (Daly & Mallinckrodt, 2009).

Finally, the importance of working systemically is raised as a consideration. It is evident from the current study that participants valued the need to think more broadly about the diversity of attachment figures in the lives of older adults. This is in line with studies which emphasise fostering a sense of autonomy while ensuring that appropriate systems are in place for older adults. In addition to working systemically, participants also referred to the value of exploring the narratives of older adults in therapy. As evidenced by the outcome of this study, narratives are very appropriate for older adult work due to the richness of life that they have lived. Therefore, the implications of this study suggest that it may be helpful to integrate a variety of strategies in the work with this client group. One approach which integrates attachment, narrative and systemic is Attachment Narrative Therapy (ANT; Dallos, 2006). This is a relatively new approach which may be particularly applicable to work with older adults.

### **5.3. Methodological considerations**

This IPA study provided a rich account of the experiences of clinical psychologists working with older adults. However, the idiographic nature of IPA does not lend itself to the generalisability of findings (Smith & Osborn, 2008). Although there were experiences that were shared, it is important to note that there were also areas of divergence (Smith *et al.*, 2009), which I have highlighted in the text at various points. The broader purposes of this study was one of



exploration thus IPA lends itself very well to this task. As previously mentioned, Smith *et al.*, (2009) suggest that between four and ten participants is adequate for a professional doctorate project. Therefore, having five participants enabled a more in depth analysis though it is important to consider that a different group of participants may have yielded a very different data set. Another important consideration is that, although I have been rigorous in my attempt to remain faithful to the IPA approach and the data, it is but one interpretation of the findings.

There are other considerations in this study, such as the influence of biased reporting on behalf of the participants. This was an exploratory study which relied on the emergence of material from participants and therefore there were many ways in which the interviews may have progressed. Although the interviews were guided by the research schedule, as is often the case in IPA studies the interviews took on a life of their own (Smith *et al.*, 2009). Thus participants spoke in more detail about the important and salient issues that the study raised for them. Although all were keen to talk about their work with older adults, what seemed to be equally or even more important was their own attachment histories which included discussing the various adversities they experienced in childhood. However, as pointed out by Lisa, it should be noted that their interpretations of their own childhood experiences may also have been 'tarnished' by working in the profession.

Finally, although there were efforts to ensure homogeneity of sample, there still remains some significant difference between participants. For example, all except one participant was female and therefore there may have been a gender effect in this study. Similarly, the number of years experiences ranged greatly with one participant having worked for just 1 ½ years with older adults, while another had 47 years' experience with this client group. The latter point is of particular relevance to the findings of the study as the training of clinical psychologists has changed dramatically over that period. Although there is a requirement for clinicians to maintain professional development in their career (Hughson & Youngson, 2009), it is possible that those more recently qualified would be more aware of recent advancements in the field of attachment theory. Furthermore, recruitment bias also likely played a role in in study. Perhaps those who agreed to take part had an interest in the influence of their attachment histories and how this interacts in their day to day work with older adults..

#### **5.4. Self-reflections**

I feel it is important to take some reflexive ownership in this research. In the introduction I offered an account of how I came to the study discussing my own attitudes, values and beliefs,

and provided a statement of position in the method section. There were some issues that emerged in the process of this research which I became aware of at various stages. For example, an observation in the interviews was that participants seemed to be more interested in describing their childhood attachments rather than their work with older adults. One possible hypothesis is the participants were motivated to take part in the study by unconscious unresolved childhood issues. The purpose of using semi-structured interviews in IPA is to act as a guide, rather than a prescriptive set of questions, and to follow the lead of participants (Smith *et al.*, 2009). Whilst focussed on adhering to this principle, it also raised some anxieties in me that I would not be capturing the overall research focus on attachment and older adults, and thus my capabilities as an IPA researcher. However, once I moved to the analysis stage I quickly became aware of the richness of the data, which helped alleviate some of my concerns.

Similarly, in the early stages of analysis I found myself interpreting the interviews by focusing more on the way they described attachments representations with less focus on the content. This was partly informed by my clinical knowledge of using attachment principles in therapy and the way that Adult Attachment Interviews are analysed. Smith *et al.* (2009) discuss the importance of looking for the underlying message that participants may be communicating in the text but also emphasise the need to ensure that the results are grounded in the content of the transcripts, which is somewhat different to the way that Adult Attachment Interviews are analysed (e.g. Main, Hesse & Goldwyn, 2008). Once I became aware of this, I was able to remain more closely aligned with the data. Through discussions with my supervisor and the use of peer supervision, I became more skilled at analysing the transcripts through the eyes of an IPA researcher rather than an attachment informed clinician.

My intention in raising these issues is not to suggest that only two factors emerged from my personal beliefs which impacted on the research process. It is likely that there were other influencing factors of which I was not aware of during the design, implementation, analysis and write up of this study. The purpose is to show that I remained conscious of my own place in the research, and to acknowledge that the way participants understood their childhood experiences and the work with older adults was also influenced by my own sense-making in this study. Finally, it should be noted that the term 'therapeutic alliance', used in the title of the initial proposal, was removed from the title of this study to reflect the broader themes that emerged in the analysis stage.

## **5.5. Areas for future research**

The exploratory nature of this IPA study has yielded some interesting findings in relation to attachment theory and the work with older adults. There are several areas of research implied from the outcome of this study. One interesting question relates to the function of attachment in the development of IWM's and particularly the role of non-parental attachment figures in the development of resilience among normal population samples. This study suggests that further qualitative research into the personal attachment experiences of clinical psychologists may be particularly fruitful in illuminating some of the conditions which lead to resilience in the face of adversity.

There are also several potential areas of research that emerged from the clinical implications of this study. For example, an interesting finding relates to the way that clinician attitudes can be changed by exposure to the work with older adults. It would be helpful for further research to be carried out to establish the extent to which the under-resourcing of older adult services impacts on the ability of clinical training courses to offer placements nationally. Appropriate initiatives can then be setup to ensure that this often neglected client group is well catered for.

Another area of research relates to the use of systemic thinking and attachment principles in the work with older adults. Clinical psychologists in this study implicitly used attachment in their work, although emphasised the importance of working systemically. Also, an aspect of the work that they found particularly rewarding was the exploration of narratives with older people. One approach which may be relevant to older adult work is Attachment Narrative Therapy (Dallos, 2006) which integrates attachment, systemic and narratives approaches. Although this therapy is still in its infancy it may prove useful in addressing some of the issues associated with people at this stage of life.

## **5.6. Conclusion**

This study has provided some interesting findings about the way that clinical psychologists make sense of their early attachments and their work with older adults. The use of IPA has provided rich individual accounts of personal experiences and yielded important findings with several research and clinical implications. One such implication is the idea that attachment theory would benefit from more of a focusing on the role of non-parental figures in development of IWM's in childhood and the modification of IWM's as people move through adulthood. This has the potential to highlight how people cope in the face of adversity at

various stages of the lifecycle. In unison with the idea of researching non-parental attachment figures, participants in this study emphasised the value of thinking systemically in their work with older adults. Given that older adults are often disadvantaged in our society, it is especially important to ensure that the needs of this often marginalised group do not get overlooked. Older adults have a great deal to offer younger generations. Therefore, to neglect this group is to do a disservice to the youth of today.

...there's something really fascinating about hearing what life was like and how different it was to now...because they're talking about their relationship as children...then becoming mothers and then them becoming grandparents...it's interesting hearing their relationships that they have with their mothers, with their children and then with their grandchildren...

(Sian)

Word Count: 30,216

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## 7. Appendices

### Appendix 1

#### Interview schedule

##### *Childhood attachment*

1. Describe your relationship with your parents or primary care givers as a child and comment on who you would tend to go to in times of distress
2. How do you think ..... would describe their relationship with you when you were a child
3. Can you tell me how disagreements/conflicts between you and ..... were resolved
4. Tell me about a close relationship with any older adults (perhaps over 50) while growing up and what was this relationship like

##### *Early trauma and loss*

5. Describe any difficult or traumatic experiences in childhood that stand out, perhaps involving loss of someone close such as death of a loved one, family member or friend.
  - How did you made sense of this at the time
6. Tell me about any other experiences in childhood which resulted in either temporary or permanent separation from an important person in your life
  - What stood out about this experience

##### *Clinical psychology as a profession*

7. Can you tell me your reasons for choosing clinical psychology as a profession
8. In what way do you think your choice of profession has been influenced by your early attachments and experiences in childhood
9. Describe your experience of clinical psychology training and your work on the older adult placement

##### *Post qualifying work*

10. Can you tell me your reasons for choosing to work in your current speciality
11. How do you approach the development of the therapeutic alliance in your work
12. In what ways, if any, do you think your approach to engaging ageing clients in therapy is different from engaging adults of working age
13. How do you think your childhood experiences influence your work with ageing clients

UNIVERSITY OF HERTFORDSHIRE

Form ER2

SCHOOL OF PSYCHOLOGY

*This form accompanies a submission by a member of staff, a PhD student or a particularly problematic undergraduate research proposal for ethical approval. It will be seen by yourself and all other members of the Ethics Committee. Please respond promptly and please give enough detail to enable the Chair of the Ethics Committee to take the appropriate action.*

*Please email the form to [psyethics@herts.ac.uk](mailto:psyethics@herts.ac.uk). Thank you.*

**Investigator**            **Charles Heinson**

**Title**    How do clinical psychologists make sense of their attachment style and the therapeutic alliance in individual work with ageing clients?

**Date submitted**    **6 July 2011**

**Considered by**

**Date ER2 returned**

1(b) .....Can proceed, but please take into account the following suggestions/comments:

Please, amend grammatical errors in the Information Sheet. The information Sheet should also include the contact details of the supervisor at the end.



**SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL**

**Student Investigator:** Charles Heinson

**Title of project:** How do clinical psychologists make sense of their attachment style and the therapeutic alliance in individual work with ageing clients?

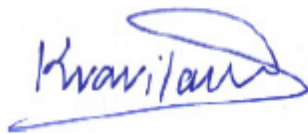
**Supervisor:** Pieter W. Nel

**Registration Protocol Number:** PSY/07/11/CH

The approval for the above research project was granted on 30 July 2011 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of Hertfordshire.

The end date of your study is 31 July 2012.

Signed:



Date: 30 July 2011

Professor Lia Kvavilashvili  
Chair  
Psychology Ethics Committee

-----  
**STATEMENT OF THE SUPERVISOR:**

From my discussions with the above student, as far as I can ascertain, s/he has followed the ethics protocol approved for this project.

Signed (supervisor): .....

Date: .....

## Appendix 4

Mr Charles Heinson  
Trainee Clinical Psychologist  
Doctorate in Clinical Psychology  
Hertfordshire University  
College Lane  
Hatfield  
Hertfordshire  
AL10 9AB

Tel – \*\*\*\* \*  
\*\*\*\*\*

Date...  
Name...  
Address...

Dear ...

My name is Charles Heinson and I am a final year Trainee Clinical Psychologist at Hertfordshire University. I am carrying out a research project looking at how clinical psychologists make sense of their attachment styles when engaging older clients in psychotherapy, specifically. I have enclosed an information sheet which explains the research in more detail and I would be grateful if you could spend a couple of minutes to read this.

The research has been granted ethical approval by the Hertfordshire University Ethics Committee. Please do not hesitate to get in touch, if you require further information about the research. If you do not wish to take part, then I wish to take this opportunity to thank you for taking the time to read this.

**Please note that participation in this study is entirely voluntary and I will contact you to find out if you wish to take part after about five days**

Yours sincerely

Charles Heinson  
Trainee Clinical Psychologist

## Appendix 5

### **How do clinical psychologists make sense of their attachment style and the therapeutic alliance in individual work with ageing clients?**

#### **Information Sheet**

You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it will involve. Please take time to read the following information and ask if there is anything that is not clear or if you would like more details.

#### **Purpose of study**

At present there is emerging evidence suggesting that so called 'common factors' (e.g. the therapeutic alliance) may be the most potent ingredient that brings about change in therapy. There is also a growing body of research looking into attachment factors and how this may interact with the development of the alliance. This interaction can be problematic for those working with ageing clients as early attachment patterns tend to be reactivated in therapy by the client and, potentially in the countertransference, by the clinician. Given the problems recruiting clinicians to work with ageing adults, the researcher is interested in exploring how clinical psychologists address these challenges (e.g. negative transferences, elicitation of attachment experience), and how the therapeutic alliance is managed. This will also involve exploring the clinicians own attachment experience in childhood and reasons for choosing to work with this particular client group.

#### **Why have you been chosen?**

The researcher is asking Clinical Psychologists with at least one year experience of working with adults over the age of 50 years of age to take part in the study.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you can withdraw from the study at any time and without giving a reason.

#### **What happens if I take part?**

Before the interview starts, the interviewer will go through the participant information sheet with you and there will be a chance to ask questions. You will be advised that the interview will be recorded, and confidentiality will be explained. The interviewer will then ask you to provide informed consent by filling in a consent form to take part in the study. During this interview you will be asked a number of open questions using a semi-structured interview schedule. The questions explore childhood attachment, early trauma and significant events, experience of clinical psychology training and post-qualifying work with people over the age of 50. The interview will be recorded using an electronic dictation machine and will take around an hour to complete.

The interviewer will be a Trainee Clinical Psychologist experienced at managing potential distress in interview situations. In the unlikely event that you find the process distressing, you will be offered the option of being referred to appropriate services relating to the issues that emerge. There will also be a chance to provide feedback after the interview, verbally and/or using the debriefing form provided. Once the interview has been completed, there will be no need for a further interview and your participation in the study will end. After the data has been collected the interviews will be transcribed and analysed to explore themes and experiences of participants. This will involve an approach called Interpretative Phenomenological Analysis (IPA) which is a qualitative research method that aims to generate an understanding of how people make sense of their world through the analysis of conversations.

### **What are the possible benefits of taking part?**

The outcome from this study might help develop a better understanding of how clinical psychologists manage the therapeutic alliance with people over the age of 50. It may also provide some insight into the challenges of working with this client group and how clinical psychologists overcome those challenges.

### **What if something goes wrong?**

It is unlikely that there will be any detrimental consequences of partaking in this research project. However, in the unlikely event that you feel the research has caused you some detriment there are no special compensation arrangements. If you are harmed and this is due to someone's negligence then you may have grounds for legal action. If you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal Hertfordshire University complaints procedure will be available to you.

### **Will my taking part in this study be kept confidential?**

Interviews will be recorded and stored on an encrypted storage device and transcripts from the interviews will be kept strictly confidential. At the end of the study the electronically held interviews, and associated transcripts, will be kept in a secured place for 5 years after the end of the study (around July 2017). The transcripts will be anonymous and the people who completed each interview will be unidentifiable.

### **What happens when the research study stops?**

The results of the study may be published in a scientific journal. If this does happen, the article will use excerpts from the interview transcripts in line with other qualitative research studies. No individual who took part in the study will be identifiable, although it should be noted that excerpts from the interviews may provide some clues about the identity of the participant to those known to the person. Therefore, even though identifiable information will not be used, absolute anonymity cannot be guaranteed.

### **Who is organising the research?**

The study is organised by Charles Heinson (Trainee Clinical Psychologist) in fulfilment of a Doctorate in Clinical Psychology. The primary supervisor is Dr Pieter W. Nel, Consultant Clinical Psychologist & Academic Tutor based at Hertfordshire University.

### **Who has reviewed the study?**

The project has been approved by the Psychology Ethics Committee at the University of Hertfordshire (protocol number: PSY/07/11/CH).

**Contact for further information about the study:**

<p><b>Principal Investigator:</b></p> <p>Mr Charles Heinson Trainee Clinical Psychologist Doctorate in Clinical Psychology Hertfordshire University College Lane Hatfield Hertfordshire AL10 9AB</p> <p>Tel – ***** *****</p>	<p><b>Primary Supervisor:</b></p> <p>Dr Pieter Nel Consultant Clinical Psychologist Doctorate in Clinical Psychologist 1F421 Health Sciences Building Hertfordshire University College Lane Hatfield Hertfordshire AL10 9AB</p> <p>Tel – ***** *****</p>
---	--

**Thank you very much for considering taking part in this research**

Version number: 3

Date: 25/08/11

Appendix 6

**INFORMED CONSENT FORM**

Centre number:

Study Number:

Participant identification number:

**Project Title: How do clinical psychologists make sense of their attachment style and the therapeutic alliance in individual work with ageing clients?**

**Name of researcher:** Charles Heinson, Trainee Clinical Psychologist

To be completed by participant (Please initial each box):

1. I confirm that I have read and understand the information sheet dated 1/06/2011 (Version: 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I am free to decline entry into the study and I am able to leave the study at any time without giving a reason.	
3. I consent to the tape recording of my interview	
4. I understand that relevant sections of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.	
5. I understand that a professional transcription service may be used to transcribe my interview. In this instance, your recording will be given an identified (e.g. Interview A) to maintain your anonymity. Furthermore, the service will have signed a confidentiality agreement.	
6. I agree to be contacted for my comments on the findings of the study. I am aware I can decline my involvement at any time.	

7. I agree that anonymised quotes from my interview may be used in any publications. I understand that although efforts will be made to maintain anonymity, the use of direct quotations and the individual nature of the analysis means there is a possibility that those close to me might be able to identify me.	
8. I understand that the transcriptions of the recordings and personal details will be kept securely for 5 years after the research is submitted for examination (until approximately July 2012), after which time it will be destroyed by the researcher.	
9. I agree to take part in the above study.	

Name of Participant: .....

Signature: .....

Date:

**Statement by Researcher:**

I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of the researcher taking the consent: .....

Signature: .....

Date:

## Appendix 7

### DEBRIEF FORM

#### PROJECT TITLE:

**How do clinical psychologists make sense of their attachment style and the therapeutic alliance in individual work with ageing clients?**

#### Aims:

The outcome from this study might help develop a better understanding of how clinical psychologists manage the therapeutic alliance with people over the age of 50. It may also provide some insight into the challenges of working people in this age group, and how clinical psychologists overcome these challenges.

Do you have any further questions?

Do you wish to be informed as to the outcome of the study?

**Thank you for participating in this study.**

You may contact us in the future on:

#### **Principal Investigator:**

Charles Heinson

Contact Details:

Tel – \*\*\*\*\*

#### **Primary Supervisor:**

Dr Pieter W.Nel

Contact details:

Tel – \*\*\*\*\*

\*\*\*\*\*



## Appendix 8

### Transcription Agreement

Doctorate in Clinical Psychology  
University of Hertfordshire

#### Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Charles Heinson ('the discloser')

And

Executive Typing ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:



Name: Margaret Clow

Date: 9<sup>th</sup> February 2012

Appendix 9

Mr Charles Heinson  
Trainee Clinical Psychologist  
Doctorate in Clinical Psychology  
Hertfordshire University  
College Lane  
Hatfield  
Hertfordshire  
AL10 9AB

Tel – \*\*\*\*\*  
\*\*\*\*\*

7<sup>th</sup> June 2012

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

Dear \*\*\*\*\*

I am writing to you regarding the research you took part in the beginning of this year looking at therapist attachment and work with ageing clients. Once again I would like to extend my gratitude to you for agreeing to be interviewed and to reassure you that the interview offered some interesting material. However, one of the suggestions for the methodology (IPA) is that the participant should be as similar as possible to ensure that they represent a relatively homogenous group. As all other interviews were carried out on participants working in older adult services, I made the decision to omit your interview from the study to improve homogeneity and I can confirm that I have now destroyed the interview recording.

As requested I will forward a copy of the journal article in due course, however if you have any questions in the meantime please do not hesitate to contact me.

Yours sincerely

Charles Heinson  
Trainee Clinical Psychologist

## Appendix 10 –Table of themes

Themes	Participant				
	Mark	Jane	Sian	Emma	Lisa
<b>Making sense of early attachment relationships</b>					
• Experiencing father as emotionally unavailable	X	X	X	X	X
• Depending on the presence of mother yet feeling her absence	X		X		X
• Not feeling able to talk to someone in times of need	X		X		X
• Experiencing older adults as available, caring and supportive	X	X		X	X
<b>Developing identity in childhood and adolescence</b>					
• Confusing emotions about loss	X	X		X	X
• Finding an identity through being the responsible one in the family		X	X	X	X
• Developing sensitivity to the needs of others in adolescence	X		X	X	X
• Struggling for independence in adolescence		X	X		X
<b>Understanding of decision to work with older adults</b>					
• Initially anticipating the work with older adults as negative	X	X			X
• Positive experience of placement and supervisor as inspiring		X		X	X
• Implicit curiosity about older generations as informed by childhood experiences	X		X	X	X
• Older adults as a source of emotional or practical sustenance	X	X	X		X
<b>Work with older adults as both challenging and rewarding</b>					
• Using self-reflection to negotiate engagement, boundaries and endings			X	X	X
• Giving older adults a voice	X	X	X	X	X
• Drawing on the richness of life experience	X	X	X	X	X
• Acknowledgment of systems as important		X	X	X	X
<b>The person within the professional</b>					
• Self-reflection about personal experiences	X		X	X	X
• Finding personal meaning in therapy	X		X		X
• The function of older adult work as building a sense of agency and esteem	X	X	X	X	X

## Appendix 11 – Example illustrating the stages of analysis from one interview

### Sample excerpts showing the analysis and initial coding from interview 6

Key: I = Interviewer, P = Participant

Person	Words Spoken	Exploratory comments	Emergent themes
I	perhaps you can say a little bit about your early attachments and...who you were closest to as a child		
P	<p>there was probably a more fearful attachment and a 'wanting to please' style with my father...he was quite strict and...he's still the same now...very hard to sort of read emotion...gauge where he's coming from. So my style with him was that while wanting to get appreciation and acknowledgement for doing good...but not always getting that...and not wanting to be childlike...so there was something about being quite mature,</p> <p>my mum wasn't that emotionally available to me, not in a neglectful sense, but in a kind of – just picking up that subtlety of emotion...you know, when I'd fall over there wouldn't be the love and tenderness of 'you've fallen and lets dab that', it would be cotton wool, Dettol and, 'let's scrub the dirt out...so I have this sense that I wasn't turning to my mum for...emotional containment, but...I guess it's a slight contradiction...definitely felt safer around her than in strange situations or with other people</p>	<p>"Fearful attachment" – not feeling able to establish an emotional connection with her father. Made point of saying dad was strict and it was difficult to read him emotionally. This gives the impression that he was not emotionally available to her. She also strived for appreciated and gain acknowledgement and its appears she felt this could be achieved by being grown up.</p> <p>Mother not attuned to daughter - "not in neglectful sense" but picking up the emotion. Felt that emotional needs not met in childhood by parents and was not able to turn to her for emotional support in times of distress.</p> <p>However, she seemed able to rely on her mother to keep her safe from danger or harm. There seems to be a distinction between relying on mother for emotional needs versus physical needs.</p>	<p>Experiencing father as emotionally unavailable</p> <p>Depending on the presence of mother yet feeling her absence</p>
I	You mentioned in your teenage years, things were a bit different...can you maybe say a little bit more about how it changed?		
P	as I grew older the kind of clinginess and preferring to be around my mum, that kind of left...I didn't	Clinginess mentioned – this went in teenage years but perhaps missed being around mum? She is apprehensive about this	

	<p>want to be spending time with my mum, but we were...a good mother-daughter relationship...so we would...go out shopping together and I would help her with daily food shopping and we'd go clothes shopping...there wasn't a complete separation of the two of us at that time, we would do nice things together, but there was this...sense of "who I am", forge my identity with where I am, I think my mum struggled to know what role to take...I had a big problem with that and that...I never had arguments with my dad but me and my mum would have blazing rows...I think she really struggled with the conflict; I really struggled with the conflict</p>	<p>period of her life as she also seemed to have enjoyed spending time with her mother. Too enmeshed and difficult to manage the attachment with her mother – how to develop identity in teenage years?</p> <p>Struggling to find oneself in adolescence and struggling to separate from mum. Was mum friend, companion, mother? Not confidant?</p> <p>Able to get angry with mum in adolescence – very intense – a way of venting pent up emotions and frustrations Both struggled to express their emotions which seemed to manifest itself in conflict.</p>	<p>Struggling for independence in adolescence</p>
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I	<p>Thinking about your training...can you say a little bit about...your older adult experience and what that was like?</p>		
P	<p>My older adult placement came literally at the end. The only thing that put me off about the placement was [the] commute...so I went in with a relatively negative frame of mind, coming off the train, the seagulls kind of squawking around helped a little bit, takes you to a holiday place automatically, and it was just the best placement. It was a combination of really enjoying, just being shocked by how much I enjoyed the clinical work. The connection I could get with the people that I was – the older people that I was working with. Um, the kind of – my supervisor was instrumental I think in making this a great placement and was really the kind of psychologist that I wanted to be, um ... and just my confidence kind of soared in that placement so I guess when you look at something</p>	<p>Despite the long commute she really valued the older adult placement. Reminiscence about older adult placement – akin to the having fun with maternal grandparents – evoking fond memories of own childhood experiences of maternal grandparents? Could connect with older people – easy to get on with and associate with – able to get the emotional connection</p> <p>A big emphasis on the role of her supervisor and the connection she could get with the clients. She seemed inspired by her supervisor "the kind of psychologist I wanted to be".</p> <p>Her experience of a training placement made a really difference to her attitude towards the work with older adults and shed to be</p>	<p>Positive experience of placement and supervisor as inspiring</p> <p>The function of older</p>

	so positively, it was like, 'I really want to work in older adults, I want to stay working with these people...I feel good...I feel can make a difference to these people', and that kind of the passion came of making a difference to older people	instrumental in boosting her self-esteem. Making a difference with this group of people helped her become more confident. Perhaps being around older people as a child has prepared her to be able to engage with this client group.	adult work as building a sense of agency and self-esteem.
I	Right, so that was very influential		
P	Yeah, I wouldn't have ever thought of doing...an older adult placement...it wouldn't have been up there because I don't think my confidence would have been – I wouldn't have felt skilled working with older adults, I wouldn't have known if I could do it, but it definitely was the one...so many things about it, not just the client work but just the general supervision and style of the professionals working there and the type of work and, yeah, brilliant.	Questioning whether she would have worked with this client group if she did not have such a positive placement – unsure about herself – something negative about working with this client group? Too hard, not skilled?  Seems certain about the impact of placement - acknowledging the "style of professionals, type of work – brilliant".	Initially anticipating the work with older adults as negative.
I	Perhaps you could say a bit more about that placement?		
P	there's a few clients that spring to mind in - that really marked me kind of in that placement and one was a lady who I to fight for letting into the service...which was so unlike me, you know, the head of the service has said, 'I think this is an inappropriate referral', I made a tentative little mouse-like suggestion that maybe this was actually quite helpful, and because my supervisor was so wonderful – that actually my tentative suggestion to her was a little bit more confident she...rolled with it and we ended up letting this woman into the – and it felt like, 'oh my God I've never done anything like that before, I've never spoken out and someone's actually listened to me, I'm only a trainee',	Fighting to get someone in the service as felt could work with her – behaved out of character and was accepted. Felt empowered to do something.  Empowering nature – wanting to speak up on behalf of client.  Shock at having spoken out – felt empowered and able to make a difference.	Giving older adults a voice

**Initial list of emergent themes:****Page no's**

Experiencing father as emotionally unavailable	1
Finding an identity through being the responsible one in the family	1, 5
Depending on the presence of mother yet feeling her absence	3, 4
Experiencing older adults as available, caring and supportive	5, 12
Not feeling able to talk to someone in times of need	6, 10
Finding personal meaning in therapy	6, 25
Struggling for independence in adolescence	8
Not seeing to own emotional needs	10, 18
Wanting to achieve with older people	12
Seeing ability of older adults to change	13
Implicit curiosity about older generations as informed by childhood experiences	13, 15, 17
Frightening childhood experience of older person	15
The function of older adult work as building a sense of agency and esteem	16, 30
Developing sensitivity to the needs of others in adolescence	18, 20
Confusing emotions about loss	19
Self-reflection about personal experiences	20-21
Older adults as a source of emotional or practical sustenance	21
Putting the needs of others first	26
Initially anticipating the work with older adults as negative	30
Positive experience of placement and supervisor as inspiring	30, 33
Giving older adults a voice	31
Acknowledgment of systems as important	32, 33
Focussed on older adult work following placement experience	34
Using self-reflection to negotiate engagement, boundaries and endings	35
Driven by the marginalisation of older people	36
Drawing on the richness of life experience	36

## Clustering of emergent themes into superordinate themes:

## Page no's

### 1. Making sense of early attachment relationships

Experiencing father as emotionally unavailable

1

Depending on the presence of mother yet feeling her absence

3, 4

Not feeling able to talk to someone in times of need

6, 10

Experiencing older adults as available, caring and supportive

5, 12

### 2. Developing identity in childhood and adolescence

Confusing emotions about loss

19

Finding an identity through being the responsible one in the family

1, 5

Developing sensitivity to the needs of others in adolescence

18, 20

Struggling for independence in adolescence

8

### 3. Understanding of decision to work with older adults

Initially anticipating the work with older adults as negative

30

Positive experience of placement and supervisor as inspiring

30, 33

Implicit curiosity about older generations as informed by childhood experiences

13, 15, 17

Older adults as a source of emotional or practical sustenance

21

### 4. Work with older adults as both challenging and rewarding

Using self-reflection to negotiate engagement, boundaries and endings

35

Giving older adults a voice

31

Drawing on the richness of life experience

36

Acknowledgment of systems as important

32, 33

### 5. The person within the professional

Self-reflection about personal experiences

20-21



Finding personal meaning in therapy	6, 25
The function of older adult work as building a sense of agency and esteem	16, 30

**Discarded emergent themes:**

Not seeing to own emotional needs	10, 18
Wanting to achieve with older people	12
Seeing ability of older adults to change	13
Frightening childhood experience of older person	15
Putting the needs of others first	26
Focussed on older adult work following placement experience	34
Driven by the marginalisation of older people	36