measure; they would prefer not to use any alliance measure at all but to ask the client how they feel the sessions are going and if their needs are being met adequately. Clients overall are happier than therapists with both measures. ■

References

1 Department of Health. Organising and delivering psychological therapies. London: Department of Health; 2004.

2 Margison F, Barkham M, Evans C et al. Measurement and psychotherapy: evidence-based practice and practice-based evidence. British Journal of Psychiatry. 2000;177(123-30).

3 Mellor-Clark J, Barkham M. The CORE System: quality evaluation to develop practice-based evidence base, enhanced service delivery and best practice management. In: Feltham C, Horton I. (eds) SAGE handbook of counselling and psychotherapy. 2nd ed. London: Sage Publications; 2006.

4 Whipple JL, Lambert MJ, Vermeersch DA, Smart DW, Nielson SL, Hawkins EJ. Improving the effects of psychotherapy: the use of early identification of treatment and problem solving strategies in routine practice. Journal of Counseling Psychology. 2003;50:59-68.

5 Miller SD, Duncan BL, Sorrell R, Brown GS. The partners for change outcome management system. JCLP/In Session. 2005;61(2):199-208.

6 Lambert MJ, Whipple JL, Hawkins EJ, Vermeersch DA, Nielson SL, Smart DW. Is it time for clinicians to routinely track patient outcome? A meta-analysis. Clinical Psychology. 2003;10:288-301.

7 Lutz W, Martinovich Z, Howard KI, Leon SC. Outcomes management, expected treatment response, and severity adjusted provider profiling in outpatient psychotherapy. Journal of Clinical Psychology. 2002;58:1291-1304.

8 Lutz W, Rafaeli-Mor E, Howard KI, Martinovich Z. Adaptive modeling of progress in outpatient psychotherapy. Psychotherapy Research. 2002;12:427-43.

9 Finch AE, Lambert MJ, Schaalje BG. Psychotherapy quality control: the statistical generation of expected recovery curves for integration into an early warning system. Clinical Psychology and Psychotherapy. 2001;8:231-42.

10 Elkin I et al. The NIMH TDCRP (treatment of depression collaborative research project): general effectiveness of treatments. Archives of General Psychiatry. 1989;46:971-82.

11 Shea M et al. Course of depressive symptoms over follow up: the NIMH TDCRP. Archives of General Psychiatry. 1992;49(10):782-87.

12 Agnew-Davies R, Stiles WB, Hardy GE, Barkham M, Shapiro DA. Alliance structure assessed by the Agnew Relationship Measure (ARM). British Journal of Clincial Psychology. 1988;37:155-72.

13 Hsie H, Shannon S. Three approaches to qualitative content analysis. Qualitative Health Research. 2005;15:1277.

14 Thomas DR. A general inductive approach for analyzing qualitative evaluation data. American Journal of Evaluation. 2006;27(2):237-46.

A short aut
living and

David Jackson takes us on a personal journey

I had joined the Royal Marines aged 16 years and one week old. I served in the Falklands war and on operational tours in Northern Ireland. This was my work for 21 years until in 1995 I was prematurely medically discharged with osteoarthritis in my hips and knees. Subsequently I was diagnosed with PTSD, mild depression and anxiety disorder from my experiences of war[1]. For many years I had struggled with what I had described as nuances or irritations and what the medical model would call symptoms. These were sleepless nights, night sweats, nightmares and avoidance behaviour, to name but a few[2]. However, they were all comfortably ignored for many years as I lay within the bosom of my therapeutic family – the Royal Marines, with whom I served with down south. ('Down south' is Royal Marines slang for the Falklands war.)

In 1995 when I was discharged, all this changed. I walked into an alien world and a different culture. With this came the loss of that unspoken connection I had with other Falklands veterans and the loss, because of my osteoarthritis, of the physical embodiment that had made me who I was. As I look back to 1995 I feel that this was a significant part of me acknowledging my trauma. Nonetheless this was the start of the long road to a kind of acceptance of my trauma and in turn this journey of acceptance has had a large impact on who I am and who I have become.

As I reflect on the last 13 years of living in this foreign land I recognise there is a void that lies between the life of being in the armed services and becoming a civilian, and crossing this space can be extremely tough. I now know this to be called adjustment disorder[2]. Once you think you have successfully made that transition by finding a job, getting used to being home all the time and integrating yourself into the ways of being a civilian, you find that to integrate the damaged traumatised self is much more difficult.

Undoubtedly my training and experience as a counsellor has given me a rich array of tools and

oethnographic narrative: working with trauma

a degree of psychological and emotional competence. I know that 'having' my trauma has had a positive effect on my competence as a counsellor. It can form an unspoken connection between me and the clients who have also had traumatic experiences within their lives. More importantly 'doing' counselling has enabled me to keep some perspective on my own trauma as I have listened to the existential journeys of my clients. I suppose coupled with some good enough therapy over the years I have many coping strategies that help me engage with the world.

The biggest struggle I have had and currently experience is trying to adjust to being part of 'the organisation'. At first I hid my past life as a Royal Marine from my new world and with this did not acknowledge my trauma. I had a fear of being stereotyped and this fear was often justified:

> *'We were interested in your application as you are a war veteran wanting to work in this sector and we found this fascinating and actually quite strange.'*[3]

Needless to say this type of voyeuristic behaviour from the connections I made had a detrimental effect on my view of self. This was not the only comment I have been privy to over years,my favourite being:

> *'What is an ex Royal Marine doing as a counsellor?'*[4]

At first I attempted to shed the philosophy and ethos that had been ingrained in me from my time in the Royal Marines and adjust to the different philosophy and ethos I was experiencing within 'civvy street' ie as a civilian. I worked as a volunteer with young people on the promise of a counselling placement to find the placement given to someone more suited (whatever that means). I worked in further education for eight years to find that however hard I tried to succeed I was still that war veteran with a mental health 'problem' who, by the way, worked successfully as a counsellor. We agreed, after a protracted grievance procedure, to part company. Several years later after working as a moderator it was suggested that I was not suited to this role. Unfortunately and ironically a tutor on a person-centred counselling course thought it was not appropriate for me to flag up as I was struggling a little bit with my trauma on my visit. It was also apparent she was uncomfortable that I disclosed my trauma. I now know this to be a reasonable adjustment. Currently my relationship with my existing employer is fraught but after 13 years I have learnt to value myself and with this my trauma. I am awaiting the date for a disability discrimination case to be heard.

Figure 1: In training, before I lost my innocence and went to war

The value of research that shows not tells

As a researcher and as a counsellor, I am struck by the richness within the research produced by our

David Jackson is a full-time final-year doctoral student at the University of Bristol. He works one day a week in a community college as a counsellor and as a counsellor in private practice. In October he will be presenting his multi-modal doctoral thesis at the Performing the World conference in New York. He can be contacted at djackson.counselling@btopenworld.com

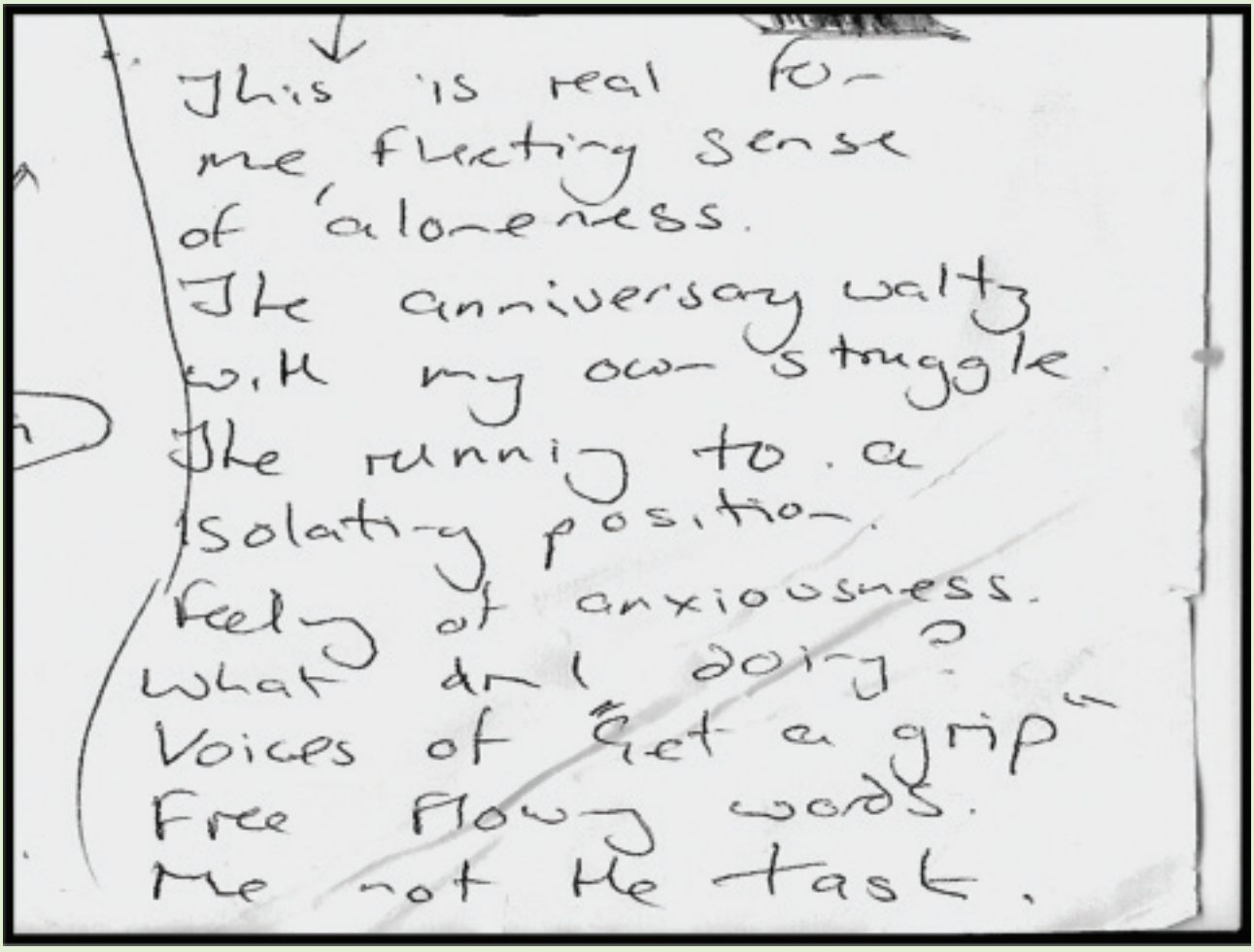

Figure 2: Internal dialogue during counselling training course

profession. Yet I am also aware that there is a dominance of outcome-related and measurable research that finds its way into the consciousness of our society. Also I cannot help but notice the pressures of our outcome-measured related society and how this type of research becomes part of our research as counsellors. I do sometimes wonder whether we might be falling in line with an unknowing compliance[5]. On the other hand I find this strange because as counsellors what we do is to reflect on our practice within supervision, therapy and internally. In our everyday work we listen to and hear stories. We witness the other and from this witnessing gain meaning for our clients and ourselves.

At the 2008 BACP research conference I presented my autoethnographical paper called *Fitting the flatness*. It is a story of how I sometimes go into a depression or 'flatness' as I call it. I then have a feeling of disconnection from my world. My paper is not a text paper but a multi-modal representation of a lived experience using critical text, voices, images, personal photographs, written notes, poems and music. It is an experiential performance piece that uses PowerPoint as its medium.

It is research that 'unfolds in the intersubjective space of community and individual'[6] and attempts to show not tell. Ellis[7] describes this research genre as being able to show multiple layers of consciousness through the connection of the personal to the cultural. She says that autoethnography looks outwardly at the social and cultural aspects of a lived personal experience and inwardly at the emotional and embodied self that lives within that culture and social world.

Using autoethnography as a researcher I take on the dual roles of academic and personal selves to tell my narrative of depression. I invite the audience to witness and hear my story. I want to evoke feelings about my narrative and I want the audience to use what they learn from the witnessing to make personal connections, to reflect on and to gain a multitude of meanings.

There are tears in things

Over the last two years, during my EdD programme, my academic writing has been 'a long deliberate journey to cross a landscape which is constituted by a contemplation and exploration of what being a Royal Marine has meant to me and what it has done to me'[8]. During this time my writing has been autoethnographical and has been a continuing exploration of my relationship with my past culture, the Royal Marines, my relationship with my present culture, 'civvy street' and my own relationship with myself. It has been about my relationship with my emotional self and a deliberate exposing of the darker side of what it means to live in my skin[9].

To explore living with war trauma and my key moments along the continuum of time I have walked, would indeed be a very interesting reflective exercise. However, my doctoral studies have allowed me to focus on several aspects of living with trauma especially last year during the 25th anniversary of the Falklands war. My research assignments have all been written exploring these moments of living in my world.

I have tried to be creative in my representation of my data and have incorporated poetic representation, writing as methodology, narrative interviewing, fictional narrative and autoethnography.

One of my research papers was a narrative unstructured interview through the medium of letter writing with Clifford who was a bomber pilot during the Second World War, an EdD student and a good friend. This took place over a period of several months. I believe that through our exchanging of letters there was an opportunity to use a mode of expression which is well trodden within the metanarrative of serving in HM Forces and within the narrative of war. It was the way we communicated in absence. It also gave permission for the unspokenness we both felt about war to be unsilenced. It was a great loss to me when Clifford passed away during our exchange of letters. I finished my narrative interview research and poignantly poetically represented this loss within my paper[10].

Two Men

Change of paper, change of pen
But it is the words from within
That draws the commonality of two men
We are separated by place and space
But connected by unspoken truths
Through paper, pen and words.

Change of paper, change of pen
The words now censored from within
That draws the commonality of two men
Once connected by unspoken truths
Through paper, pen and words.

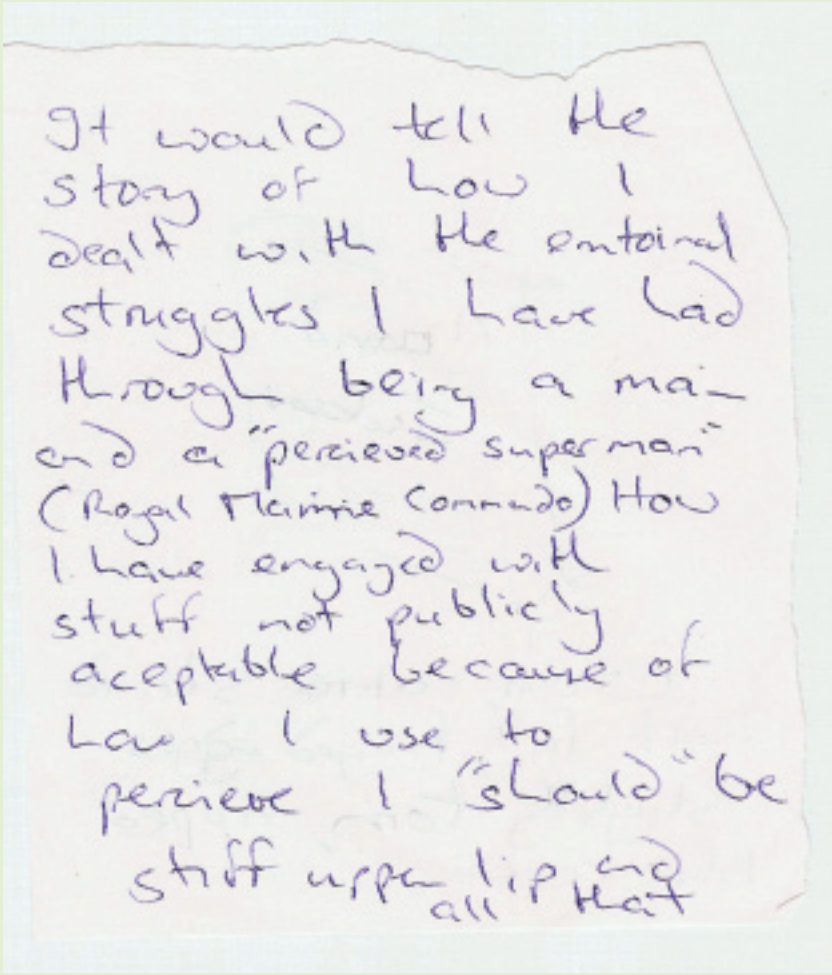

Figure 3: 'My story' during the doctoral autoethnography module

Change of paper, change of pen
The words fall silent from within
Now separated by life and death
Once connected by unspoken truths
Through paper, pen and words.

Change of paper, change of pen
The words of grief from within
I am separated from my friend
Once connected by unspoken truths
Through paper, pen and words.

Trauma as a lived experience

This was my first visit to the BACP conference since 2005 when I had presented my Master's paper titled *Has my journey from Royal Marine to counsellor enabled me to embrace and ultimately accept my experience of war?*[11] As I walked towards Cardiff Bay from the city centre I thought

Figure 4: Falklands welcome home party in the British Legion, Hartland, North Devon

about how far I had come professionally since that last conference while at the same time I was having a habitual internal dialogue with my own self-doubt. I remember arriving at the hotel and recognising that feeling of distance I sometimes felt. So I adopted one of my coping strategies and withdrew, not too much, but enough to enable me to at least stay. Of course I have many other coping strategies for my trauma and I feel to live within my skin at moments like this I deliberately sever connections between myself and the main land. This was nothing new. It is what I do. I had arrived at the conference blowing up that fragile bridge that had connected me with the mainland. While this might be seen by others as a drastic militant act it enables me to disconnect with those living on the mainland with whom I do not have a commonality, a bond or a connection. Then among the feelings of disconnection and the internal voices comes feelings of anger, sadness and loss[5].

This is part of my living with trauma. This is trauma as a lived experience.

Is Anger?
Is anger not my right?
As I am challenged through these nights
Of sleepless struggles, nightmares, sweat and toil

Is anger not my right?
As I honour and see inside
That damage, struggle, to honour my self

And perhaps acknowledge my guilt.[5]

Conclusion

I must acknowledge that my current and past research has in some ways been a cathartic experience[12]. More importantly it has allowed my voice to be heard and more of an ownership of my trauma and of my mental health disability. An engagement with this type of research is an engagement with self. It offers researchers and counsellors an opportunity to write in collaboration about people in ways that show and honour their stories. It achieves beyond academia and has the potential to show us social, political, and cultural injustices and in turn methods for alleviating them. It is about hearing.

So as I sit here typing this autoethnographical piece, what I have heard and has become visible to me as I describe my work is a thread that subtly reveals stories of loss and personal struggles as yet revealed in positivist research.

The journey continues. ■

References

1 Wallen G. Psychiatric examination and report. Unpublished; 1999.

2 American Psychiatric Association. Diagnostic and statistical manual of mental disorders. Washington DC: APA; 2000.

3 Unknown manager. Job interview for voluntary sector post. 1996.

4 Bright D. Job interview for counselling post. 1999.

5 Jackson D. Doctoral research journal. Unpublished; 2008.

6 Holman Jones S. Auto-ethnography. Making the personal political. In: Denzin NK, Lincoln YS. (eds) Handbook of qualitative research. Thousand Oaks. CA: Sage; 2005.

7 Ellis C, Bochner A. Autoethnography, personal narrative, reflexivity. Researcher as subject. In: Denzin NK, Lincoln YS. (eds) Handbook of qualitative research. Thousand Oaks. CA: Sage; 2005.

8 Jackson D. The walk, parade and letter. Unpublished; 2007.

9 Jackson D. Seven days down south (draft doctoral thesis). Unpublished; 2007.

10 Jackson D. There are tears in things. An unstructured interview using letter writing as a canvas. Unpublished; 2008.

11 Jackson D. Unshedding the mask. Has my journey from Royal Marine to counsellor enabled me to embrace my experience of war and ultimately accept it? Unpublished; 2002.

12 Yalom I. The theory and practice of group psychotherapy. New York: Basic; 1995.