An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.

by

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Abstract

There is broad consensus that the therapeutic relationship constitutes a core common factor for almost all modalities of psychotherapy and viewed as necessary and sufficient in person-centred therapy serving as a catalyst for change. However, ruptures can occur in the therapeutic relationship and at an extreme end can result in complaints, some of which may be deemed frivolous. The potential for frivolous complaints can arise for any therapist, regardless of their competence or integrity, and may come from clients, colleagues, or third parties. Frivolous complaints are defined as groundless grievances, made without merit with the intention to cause distress, damage or harassment for the recipient. Little qualitative research has been undertaken to understand the personal and professional impact of a frivolous complaint.

This study was two-phased. A qualitative design was employed. Online semi-structured interviews were conducted in both phases to explore first-person lived experiences of the phenomenon. The findings were analysed from an interpretative phenomenological perspective. The aim of phase (1) was to understand the personal and professional consequences of frivolous complaints on a group of person-centred psychotherapists. The aim of phase (2) was to understand the lived experiences of a supervisor who supported a supervisee through the complaints process. The specific objectives were to highlight participants' sense-making of receiving a frivolous complaint in the context of their personal and professional lives; how participants managed the complaint and complaints process; a supervisor's lived experience of supporting a supervisee through the complaints process; the role of the supervisor in the complaints process.

Phase (1): eight person-centred psychotherapists including three males and five females from the United Kingdom or Ireland participated in this study. Participants were aged between 50-65, with 6+ years of psychotherapy experience. A case-by-case idiographic analysis was followed by a cross-case analysis. Phase (1) findings indicated the participants experienced an unfounded frivolous complaint as causing enduring psychological and professional harm. Three themes emerged: 'Relationships,' 'Ruptures,' and 'Resolution.' Receiving a frivolous complaint was akin to a traumatic event and challenged personal and professional identity. Participants felt unprepared, vulnerable, anxious, self-doubting, feared judgment and stigma, experienced professional isolation, were affected by a power imbalance due to the burden of proof, faced challenges in the complaints process due to an absence of complaints management training, lacked supportive intervention, and altered their professional practice.

Phase (2): a single case study focussed on a male supervisor in the 51-65 age range practising as a person-centred psychotherapist for over 20 years. The interview generated a description of his experience around supporting a supervisee during the complaints process. Phase (2) findings - four themes emerged from an idiographic analysis of the case: 'Them and Us – Shutters Down,' 'Containing the Container,' 'Reflecting and Reasoning,' and 'Parallel Processes.' Results indicated that the clinical supervisor experienced isolation, power imbalance affecting their ability to advocate for the supervisee, was disappointed in the absence of complaints management training, and lack of containment. They believed client factors impacted complaints, and their feelings mirrored that of the supervisees.

Previous research tended to focus on the effects of ethical violations on mental health professionals or the complainant. The findings of this study fill a gap in knowledge and make a positive contribution to knowledge on a theoretical level by focussing specifically on the consequences of frivolous complaints in a psychotherapy context. On a practical level the results can be used to

review guidance on personal and professional support, education and awareness, training and systemic improvements by streamlining investigatory complaint procedures across all accrediting bodies. It may also help foster a culture of empathy and accountability in order to re-establish emotional well-being after a complaint is made. This study builds on previous research by proposing a new framework to improve containment by providing a structured, supportive space to process emotions and foster professional growth for affected supervisors and their supervisees. The phenomenological perspective contributes to existing literature by offering new insights into the lived experience of person-centred therapists and the impact of frivolous complaints.

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Glossary of Terms and Abbreviations

BACP	British Association for Counselling and Psychotherapy
IACP	Irish Association for Counselling and Psychotherapy
UKCP	United Kingdom Council for Psychotherapy
CORU	Irish word 'cóir' meaning fair (it is not an acronym)
PSA	Professional Standards Authority for Health and Social Care
HCPC	Health and Care Professions Council

The following notation … is used for direct quotations from participants in this study to indicate a pause; or words that have been omitted because they were not relevant or for maintaining anonymity. I use *italics* in the findings chapter, in order to make the participants' own words notable. The following notation is used to maintain anonymity of the participants accrediting body [Organisation].

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This research would not have been possible without the generous contributions of the participants who shared their time, energy, and trust with me. I am deeply grateful for their willingness to be part of this work. It is my sincere hope that I have honoured their contributions by using their insights thoughtfully and constructively. There are truly no words that can fully capture my gratitude for my principal supervisor, Dr Marie Percival. Her wisdom, generosity, humour, and extraordinary support were a constant source of strength throughout this journey. Her willingness to walk beside me through each phase of the research reflects not only her deep understanding of the professional doctorate process but also her deep compassion and humanity. I feel incredibly privileged to have had her guidance. I am equally grateful to my *two* second supervisors, Dr Graeme Tobyn and Dr Kenneth Young. Their kindness, encouragement, thoughtful insights, and meticulous feedback pushed my thinking further than I thought possible. Their contributions have left a lasting imprint on both this thesis and my own growth as a researcher. The social support I have received along my journey cannot go unmentioned. Firstly, to the Mnasome IPA Dublin Friday morning group, your knowledge is worth its weight in gold. I am so happy for all of you who have completed this journey and so grateful to you for continuing to attend the weekly sessions. Secondly, to the Stackstown Golf Club ladies (Our Tribe, Class of 2018) who are proof that it is never too late in life to make new friends. Thank you for all the fun, laughter, ongoing support, and encouragement and especially for keeping my feet on the ground and my ball in the air! To my children who have encouraged me with love and humour throughout the process, I thank you from the bottom of my heart. I am so proud of what you have also achieved. Now go and fulfil your own dreams and do not let fear or doubt stand in your way. And finally, to my husband Pat who has been my constant rock, my chief hype-man, and who believed in me even when I didn't believe in myself. None of this would have been possible without your steadfast support, love, and kindness. I probably would have starved to death but for you keeping an eye on me during the research phase and writeup. You are, and always will be, my favourite!

Chapter 1: Introduction

No therapist, regardless of their competence and skill (Francis et al., 2018; Allan, 2016), is entirely immune to complaints, even when adhering to ethical codes and maintaining the person-centred core conditions as defined by Carl Rogers (1959). However, few therapists anticipate or are adequately prepared for the challenges that arise when complaints occur (Williams, 2000). In person-centred therapy, the therapeutic relationship is central to fostering change (Rogers, 1959), yet ruptures in this relationship can lead to complaints, some of which may be dismissed by accrediting bodies as frivolous (Hedges, 2002). Despite numerous studies on ethics and boundary violations, empirical research on frivolous complaints in psychotherapy particularly concerning therapists' experiences and supervisors' who support them during investigations is notably lacking. Investigating their lived experiences of frivolous complaints could help enhance professional understanding of the impact, improve psychotherapy practice and refine support and guidance interventions to better meet their needs.

This chapter presents an overview of the study, identifies the problem under study and outlines its importance in terms of existing research. It also presents a succinct summary of the methodology and methods used in addition to the research aim and objectives. A summary of the subsequent chapters will be provided along with a reflexive overview highlighting the researcher's specific interest in this subject.

1.1 Overview

In a therapeutic relationship, a rupture is a breakdown in the alliance, often stemming from mismatched expectations, misunderstandings, unaddressed conflicts, or feelings of frustration or mistrust. Ruptures in the therapeutic relationship can lead to complaints against the therapist.

However, complaints may also arise from personal grievances, colleague conflicts, or third-party allegations. Complaints may be valid, based on ethical violations, or frivolous and unfounded. Some psychotherapists loosely define frivolous complaints as those causing disruption to their daily lives and practice without leading to significant regulatory action. However, forensic psychologist Martin Williams, a leading expert on false complaints argues that, in line with legal and regulatory principles, a frivolous complaint is defined by its dismissal by the regulating organisation, not its impact on the recipient. O'Donohue and Bowers (2006, p.47) warn against the notion that "all claims are true," describing it as “naive and harmful.” While Hedges (2018, p.494) asserts that an allegation is deemed false when there is no clear and direct causal connection between the actions (or lack of actions) of the accused and the harm experienced by the complainant.

1.2 Definition of Frivolous Complaints

Psychotherapists’ often have a limited understanding of frivolous complaints, confusing them with other unsatisfactory complaints, with varying interpretations based on individual experience (Attoh, 2016). Although 'frivolous' and 'vexatious' have distinct meanings, they are often grouped together by accrediting bodies because they involve a claim or complaint made in bad faith. Collins Dictionary defines “frivolous” as ‘of little value or importance, trivial, not properly serious or sensible’ both in general and in law (Collins Online Dictionary, 2022). A frivolous complaint is also described as a complaint that is groundless (Morris et al., 2017). The British Association for Counselling and Psychotherapy (BACP) state in the Professional Conduct Procedure PR2 – Protocol for Frivolous or Vexatious Complaints (BACP, 2024) that ‘A complaint may be regarded as frivolous or vexatious, where the complaint is intended to harass, distress, annoy, tease, agitate, disturb or otherwise cause trouble for the Member who is the subject of the complaint’. This may include:

- complaints with no clear substance.

- or where the Complainant does not articulate the precise issues, which may need to be investigated, despite reasonable efforts by the Association to conduct such investigations.
- cases where the Complainant changes the substance of a complaint or raises further trivial or unrelated concerns or questions while the complaint is being addressed.
- complaints which focus solely on trivial matters.
- complaints which have already been investigated by the Association and contain no new or material information.
- (Vexatious) complaints which are malicious, false or otherwise intended to cause harm or distress to a member.

Defending frivolous complaints can impose financial burdens on therapists, such as availing of extra supervision or personal therapy and loss of income (Peterson, 2001; Schoenfeld et al., 2001; Williams, 2000). For the sake of clarity, this thesis employs the term 'frivolous complaint' throughout the study. A frivolous complaint is one that is not brought in good faith, and made with the intent to cause trouble for the recipient. The differential characterisation of a frivolous complaint is that although there may be some truth to the complaint it lacks substantive relevance or merit and has no reasonable prospect of success. This distinguishes frivolous complaints from false complaints, which are factually untrue where the person filing the complaint did so knowing the material statements in the complaint lack a clear and direct connection between the actions or inactions of the therapist and the damage asserted; malicious complaints are made with the intent to damage the reputation of the therapist or service; and vexatious complaints which are persistently disruptive or harassing. Each complaint category involves a different dimension: truth value, intent, seriousness, or frequency. These distinctions are crucial in terms of accrediting body responses. The boundary between frivolous and genuine complaints is not purely objective. It can shift based on perspective, context, and the interpretive framework applied by the accrediting body. While frivolousness is defined by lack of substantive relevance, a complaint may still be genuine in its

emotional origin, especially when rooted in misunderstanding. Therefore, complaint handling requires awareness of both the objective content and the subjective experience behind the grievance. The various categories of complaints are systematically classified and presented in Table 1.1 below.

Table 1.1

Proposed Definition of Frivolous Versus Other Types of Complaints

Type of Complaint	Definition	Characteristics
Frivolous Complaint	A complaint that is possibly real but lacks substantive merit or sound arguments. It is not brought in good faith and made with the intent to cause trouble for the recipient.	Often seen as trivial, irrelevant, or inconsequential. The complainant might be overreacting to something that doesn't warrant a complaint but may genuinely believe their issue is valid. It has no reasonable chance of being upheld.
Vexatious Complaint	A complaint made with the intention of causing distress, annoyance, damage, or harassment. Such complaints can result in negative experiences like annoyance, frustration, worry, or 'vexed'	The complainant may persist in filing complaints even after resolution or repeatedly brings up the same issue without new grounds. Potentially leading to financial costs for the therapist if not insured.
False Complaint	A false allegation can be defined as a claim that lacks a clear and direct connection between the actions or inactions of the therapist and the damage asserted by the client.	The issue is not based on facts or reality; it is entirely untrue and a deliberate misrepresentation or lie.
Malicious Complaint	A complaint made with the intent to harm or damage the reputation or standing of the therapist or service.	It involves a deliberate intent to harm someone's reputation or standing, often through false or exaggerated claims.
Constructive Complaint	A complaint made with the intention of improving a situation, offering valid and helpful feedback.	The complaint is based on genuine concerns and seeks positive change or improvement in the therapeutic process or setting.
Genuine Complaint	A complaint based on valid, factual concerns where the complainant feels their needs or expectations have not been met.	The issue is based on real concerns and factual observations; it is not exaggerated or unwarranted.

1.2.1 Prevalence of Professional Complaints

Previous research on complaints against psychotherapists has primarily focused on the prevalence of ethical violations. Determining the prevalence of frivolous complaints remains a significant challenge. There is a dearth of published studies addressing the prevalence of professional complaints about psychotherapists with most data being limited to annual reports from accrediting bodies. Despite these data sources, existing research does not adequately address the critical issue of the proportion of frivolous complaints (Cox, 2017a; Schoenfeld et al., 2001; Williams, 2000). Moreover, knowledge of complaints is based on self-reported data from accrediting bodies who are unable to provide specific figures on complaints dismissed as frivolous (Cox, 2017a; Montgomery et al., 1999). Additional research is necessary to address these reporting limitations and to better understand complaint frequency.

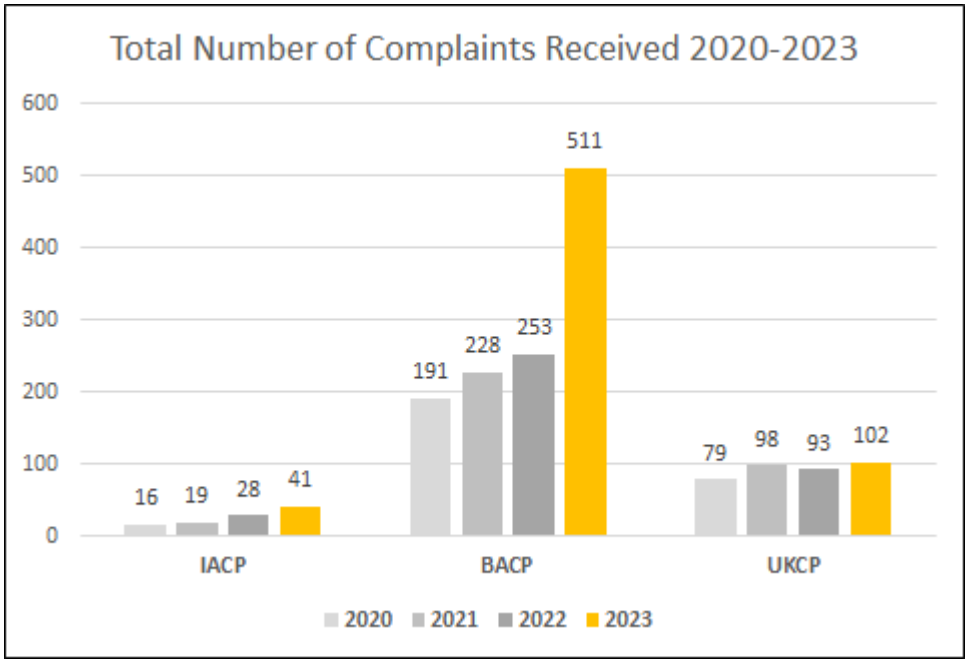
The category of individual complaints is based on violations of the individual organisations' codes of ethics. In both the United Kingdom and the Republic of Ireland psychotherapy complaints are more likely to centre on ethical and relational dynamics rather than procedural or clinical failings. The most common complaints against psychotherapists typically involve boundary violations (including inappropriate relationships), lack of professionalism, breaches of confidentiality, and inadequate treatment or communication (Cox, 2017; BACP, 2024). Compared to other health professional organisations such as the General Medical Council (GMC), the main categories of complaints received concern clinical competence, misconduct, and fitness to practise among doctors. Complaints received by the Nursing and Midwifery Council (NMC) typically mirror trends seen in medicine where concerns frequently include issues around clinical practice, neglect, or poor communication (Afzal & Rise Associates, 2024). Specific percentages of frivolous complaints across these professions are not publicly published. Most regulatory systems may focus on screening out

unfounded complaints early, but there is no transparent data on how many are later classified as frivolous.

Available data indicates complaints against psychotherapists have surged, with a 168% increase in complaints made to the British Association for Counselling and Psychotherapy (BACP) between 2020 and 2023 (BACP, 2024). Professional complaints to other accrediting bodies in the same period have also risen, with the United Kingdom Counselling and Psychotherapy (UKCP, 2024) showing an increase of 29% and the Irish Association Counselling and Psychotherapy (IACP, 2024), reporting an increase of 156%. This surge raises concerns about potential clinician shortages willing to work in high-risk areas like dissociative and personality disorders (Sachs & Sinason, 2023; Kirkcaldy, 2022; Woody, 2009). See Table 1.2 below for the total number of complaints received between 2020-2023.

Table 1.2

Total Number of Complaints Received by IACP, BACP and UKCP 2020-2023



In 2023 the BACP published its annual report showing a large increase in complaints received *n* = 511 compared to the published figure of *n* = 253 complaints in 2022. A request for information in early 2025 relating to the possible reasons for the large increase in complaints received by the BACP in 2023 stated they did not have the full rationale behind the reporting criteria on 2022 where the complete number of complaints received in 2022 was actually *n* = 516 amounting to over twice the published figure. The BACP have stated that since then, their emphasis has changed to report the complete number of cases received including: complaints involving therapeutic relationship; 3rd party complainants and self-disclosures by Members, including medical fitness to practice issues and employee disciplinary issues.

1.3 Aim of the Study

This study was two-phased. The aim of phase (1) of this study was to understand the personal and professional consequences of frivolous complaints on a group of eight person-centred psychotherapists. The aim of phase (2) was to understand the lived experiences of a supervisor who supported a supervisee through the complaints process. The specific objectives were to explore:

- Participants' sense-making of receiving a frivolous complaint.
- Their experience in the context of their personal and professional lives.
- A supervisor's lived experience of supporting a supervisee through the complaints process.
- The role of the supervisor in the complaints process.

1.4 Rationale for the Study

This study examines frivolous complaints in isolation to explore their unique position as grievances that in some instances may be sincere yet lack substantive merit. Unlike genuine complaints, frivolous complaints may stem from miscommunication or dissatisfaction, raising distinct ethical and procedural challenges. A focused exploration allows for clearer conceptual boundaries, fostering more proportionate complaint-handling strategies, and deeper insight into the relational dynamics that contributes to a frivolous complaint.

Therapeutic alliance breakdowns can precede complaints (Mearns & Cooper, 2005). While some are repairable, persistent or serious issues may lead to dissatisfaction and formal complaints (Eubanks et al., 2018). Given psychotherapy's relational nature, interactions may involve discomfort, dependency, and misunderstandings, particularly with vulnerable clients. Person-Centred Therapy (PCT) is non-directive and non-judgemental and fosters self-exploration and personal growth through Unconditional Positive Regard (UPR). The UPR of the therapist promotes the self-acceptance of the client, allowing change (Rogers, 1951). PCT requires that therapists approach their clients without prejudice, with respect for who and what they are, and with a recognition that they are self-determining persons (Wilkins, 2000). However, this may create unrealistic expectations, with some clients anticipating clear guidance or directive support, especially in crises. When these expectations are not met, clients may feel disappointed, unsupported, or frustrated, perceiving the therapist as passive or unhelpful (Rogers, 1959). While fostering autonomy and self-actualisation, PCT may not align with the needs of clients seeking structured guidance or immediate problem-solving.

Complaints may arise when therapy is seen as suboptimal, unethical, or harmful (Beaupert et al., 2014) and can be initiated by clients, colleagues, or third parties (Gallagher & Haworth, 2015). This distinction highlights the complexity of complaints in therapy. Complaints can emerge from genuine

ethical concerns, while others arise from misunderstandings, personal motives including malingering, fraud, revenge, distorted perceptions of the therapeutic process, or false memories (Bond, 2015). Table 1.3 below details key contextual information regarding the complaints as discussed by the participants in both phases of the study.

Table 1.3

Contextual information relating to participants/complaints in both phases

Attributes	*Responses*
Phase (1) Psychotherapists:	
Number of participants in phase (1)	8
Number of complaints discussed per participant	1
Number of years of practice	6 – >20 years
Commonalities of Complaint Category (# per category):	Misunderstanding/miscommunications x2 Unmet expectations regarding purpose of therapy x3 Misuse of complaints process x3
Outcome of Complaint	Dismissed by Accrediting Body
Average time taken to adjudicate complaints discussed	8 Months
Did the complaint result in a termination of the working relationship, in every instance?	Yes
Were there any commonalities in precipitating factors?	No
Were there any discernible patterns in the duration of the working relationship, prior to the complaint	No
Phase (2) Supervisor:	
Number of participants in phase (2)	1
Number of years practicing as a supervisor	35
Number of supervisees supported through a complaints process during career	5
Number of supervisees discussed in detail	1
Number of supervisees discussed in general terms	4
Time taken to adjudicate complaint discussed in detail	36 Months
Category of complaint discussed in detail	Misuse of complaints process

Existing research primarily explores the emotional consequences of unsatisfactory therapy for complainants, including unmet expectations or ethical violations by psychotherapists (Werbart et al., 2020; Morris et al., 2017). Less attention has been given to the impact of frivolous complaints on psychotherapists, especially the emotional distress and professional repercussions of unfounded allegations. The literature acknowledges the devastating psychological and physical effects of receiving an ethical violation complaint (Hogben, 2023). Further research is required to understand how psychotherapists navigate these situations and their long-term professional consequences. While the therapeutic alliance is widely recognised as central to successful therapy (Safran & Muran, 2000), little research explores its breakdown in relation to frivolous complaints.

Receiving a complaint, especially one perceived as unjustified, provokes anxiety, fear, frustration, and professional self-doubt (Thomas, 2005; Hedges, 2018; Kirkcaldy, 2022). Further, the complaint process often incurs significant time, financial strain, and reputational damage, contributing to stress and burnout (Sachs & Sinason, 2023). Supervision is crucial for providing emotional support and professional guidance (Hogben, 2023). However, inadequate supervisory training in complaint management can exacerbate difficulties (Bertsch et al., 2014). Accrediting bodies play a key role in adjudicating complaints, but their approach sometimes contributes to therapists' feelings of isolation and perceived injustice (Williams, 2000; Gunter, 2016).

The justification for this study is that the consequences of a frivolous complaint are as significant and equally as challenging as those of a legitimate complaint. A review of quantitative and qualitative studies in 2021 during the initial stages of the current study's development, revealed a lack of research into frivolous complaints. Further there is an absence of both qualitative and quantitative research in relation to the experiences of supervisors who support their supervisee through the complaints process. Consequently, there was a lack of literature to guide clinical practice in this area.

This research is important due to a lack of in-depth qualitative exploration of a person-centred psychotherapist's individual experiences of receiving a frivolous complaint and the supervisors that support them through the complaints process in the United Kingdom and the Republic of Ireland. It aims to inform practice by identifying support strategies to mitigate the impact, enhance resilience and promote a fair and transparent complaint-handling process. Its relevance is highlighted by ongoing discussions on regulation of the profession, making it timely to address this gap in research. This gap is particularly pressing given the rise in professional complaints to accrediting bodies over a four-year period (2020-2023), emphasising the need for more research and guidance on effectively addressing frivolous complaints. While frivolous complaint recipients may respond similarly to those facing credible complaints, unique emotional and professional challenges may arise as frivolous complaints often lack clear resolutions and evidence. Thus, while some concerns may overlap with therapists facing ethical violations, distinct perspectives on frivolous complaints remain underexplored. This underscores the need for further evidence-based research to explore the emotional impact, management strategies, and long-term effects of frivolous complaints on psychotherapists.

Unlike well-established research on "good/bad" supervision, no qualitative studies have yet explored supervisors' subjective experiences of supporting supervisees through complaints, particularly frivolous ones. The second phase of the study aims to identify and contextualise the emotional and practical challenges supervisors face, as well as the broader impact on the supervisory relationship. By addressing a critical gap in knowledge, it offers an original contribution to knowledge on frivolous complaints in psychotherapy research.

1.5 Methodology Overview

This qualitative study employed Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022), as a methodology to explore the perspectives of person-centred psychotherapists who received a frivolous complaint. Additionally, it examines the lived experience of a supervisor who supported their supervisees through the complaints process. Interpretative Phenomenological Analysis (IPA) is a structured method for collecting and analysing data, often used to investigate underexplored and sensitive topics. Data was collected through audio and visual recorded one-to-one online semi-structured interviews. It employs a thorough and detailed analytical process, enabling a deep and nuanced understanding of the participants' individual experiences. The researcher's interpretations and values are recognised as integral to the research process, shaping every aspect of the study and documented through reflexive notes included in appendices. The research explores several key concepts. See Table 1.4 Key Concepts below.

Table 1.4

Key Concepts

Therapeutic Alliance	The quality of the relationship between therapist and client, crucial for successful outcomes (Bordin, 1979; Safran & Muran, 2000).
Unconditional Positive Regard	Accepting and valuing the client without judgement (Rogers (1957).
Empathetic Understanding	Deeply understand the client's experience from their perspective (Rogers, 1957)**.**
Congruence	The therapist being genuine and authentic in the relationship (Rogers, 1957).
Incongruence	Mismatch between a person's self-concept and actual experience.
Actualising tendency	Belief that all humans have an innate drive toward growth, fulfilment, and self-actualisation (Rogers, 1957).
Rupture and Repair	A breakdown or significant strain in a relationship. Recognising these disruptions, addressing underlying issues and restoring the bond with another (Bowlby, 1958).
Supervision and Support Mechanisms	The role of clinical supervision and peer support in mitigating the effects of complaints (Bernard & Goodyear, 2014).

1.6 Reflexivity: Explaining the Position and Influence of the Researcher in the Research

Reflexivity is essential in phenomenological research (Finlay, 2011). This study adopts a reflexive approach aligned with hermeneutic reflection (Finlay, 2003a; Shaw, 2010) in addition to the reflexive stance inherent in the hermeneutic circle (Smith et al., 2022). Hermeneutic reflection involves

examining the researcher's role and influence, revising preconceptions, interpretations, and understanding the phenomenon on its own terms (Shaw, 2010; Finlay, 2003a). Interpretative Phenomenological Analysis (IPA) integrates bracketing of prior experiences within the hermeneutic circle model rather than as a distinct process within phenomenological inquiry (Smith et al., 2022). Its reflexivity approach shares similarities with the hermeneutic reflection model outlined by Finlay (2003a) and Shaw (2010).

The hermeneutic circle is a cyclical not linear interpretative process focusing on how participants make sense of their experiences, rather than the researcher's preconceptions (Smith et al., 2022). According to Smith (2007), researchers begin at one side of the circle starting with their own understanding of the phenomenon, while participants, at the opposite side of the circle, are immersed in their own world experiences. Before engaging, the researcher "brackets" their preconceptions to adopt a sensitive, flexible, and open approach towards the participants' sense making, especially regarding unexpected elements (Dahlberg et al., 2008). After interacting with the participant, the researcher returns to their side of the circle and their own perspective, reshaped by the encounter, and continues the interpretation process (Smith et al., 2022). This iterative journey allows researchers to gain new insights, reshaping their understanding and the influence of their prior conceptions to data interpretation. Inspired by these new insights, the researcher embarks on a further iterative exploration of the text (Smith et al., 2022). Hermeneutic reflection (Finlay, 2003a; Shaw, 2010) and IPA's hermeneutic circle share key characteristics, making them compatible models for understanding the researcher's influence on research. An example of this process is included in the thesis to demonstrate the application of reflexivity in this research. A more detailed explanation is provided in Chapter 4, Methodology.

1.7 Research Questions

To guide the development of this qualitative study, the PEO (Population, Exposure, Outcome) framework was employed to structure the research questions. In the PEO framework, Population refers to the individuals involved and the issues they face for example, mental health professionals working in high-stress clinical settings. Exposure focuses on the central area of interest, such as their experiences with workplace stress or burnout, which may vary depending on the study's aim and how the research question is framed. Outcome explores the professionals' personal experiences and highlights recurring themes such as emotional exhaustion, coping mechanisms, or support needs making PEO especially effective for examining complex, real-world experiences in qualitative research. This approach is particularly suited to qualitative research, as it emphasises participants' experiences and perspectives rather than quantifiable outcomes (Capili, 2020).

In this study, the "Population" in phase (1) refers to person-centred psychotherapists. The "Exposure" relates to receiving a frivolous complaint, and the "Outcome" focuses on the psychotherapists lived experiences of receiving the complaint. In phase (2) of the study the "Population" refers to person-centred supervisors. The "Exposure" relates to supervising a supervisee through the complaints process, and the "Outcome" relates to the lived experience of guiding and supporting the supervisee. Using the PEO framework ensured a clear and focused line of inquiry aligned with the study's aim to explore complex, subjective experiences in depth. Considering these matters the following research questions were formulated:

Phase (1): The Psychotherapist Group:

> RQ1: How do person-centred psychotherapists personally and professionally make sense of receiving a frivolous complaint?

Phase (2): A Single Case Study:

RQ1: How do supervisors make sense of the experience of guiding and supporting their supervisee through the complaints process?

1.8 Overview of Thesis

The purpose of this thesis aims to deepen understanding of the impact of frivolous complaints through an in-depth exploration and analysis of therapists' experiences and the effects on supervisors supporting supervisees through the process. This overview briefly describes each chapter and familiarises the reader to the ways in which the thesis is organised.

Chapter 1 Introduction: This chapter summarises the background, rationale, aims and objectives of the study.

Chapter 2 Literature Review: provides a review of the literature relating to complaints, highlighting information about frivolous complaints. It argues that exploring the subjective experience of person-centred psychotherapists' receiving a frivolous complaint can make a unique contribution to the field. Additionally, examining the impact on supervisors supporting their supervisee through a complaints process adds further depth to this contribution.

Chapter 3 Theoretical Framework: this chapter outlines the person- centred approach theoretical framework that informs the academic understanding of frivolous complaints.

Chapter 4 Methodology: introduces Interpretative Phenomenological Analysis (IPA). It argues that this approach to qualitative enquiry is appropriate for answering the research questions presented

in the study. It provides a comprehensive presentation of the theoretical position of IPA including an in-depth examination of its philosophical paradigm, theoretical perspective, and methodological approach guiding the study. In doing so it considers the researchers ontological and epistemological assumptions, informed by the epistemology of interpretivism and the theoretical perspective of phenomenology. Ethical issues such as informed consent, confidentiality and anonymity were considered with specific reference to interpreting individual subjective experiences.

Chapter 5 Methods (phase 1): details and justifies the selected research methods employed in phase (1), (psychotherapist's sample) in order to answer the research questions. This chapter presents the research aims and research design that were developed to gather comprehensive information about the lived experiences of the participants.

Chapter 6 Findings (phase 1): presents the study findings from phase (1) participants accounts, noting the similarities and divergences between participant's accounts illustrated with numerous quotations. A master table of the study themes details the three group experiential themes, and the sub-themes nested within.

Chapter 7 Methods (phase 2): details and justifies the selected research methods employed in phase (2) (supervisor) in order to answer the research questions. This chapter presents the research aims and research design that were developed to gather comprehensive information about the lived experiences of the supervisor along with justification for the selected research methods.

Chapter 8 Findings (phase 2): presents the study findings from the single case account, illustrated with numerous quotations. A master table of the study themes details the four personal experiential themes.

Chapter 9 Discussion: discusses the study findings in the context of the existing literature. It situates the findings in selected literature in a way that progresses understanding of the participants experiences, with a view to informing psychotherapy practice.

Chapter 10 Conclusion: concludes the thesis and presents the implications of this study for psychotherapy practice and academic consideration, training and further research, and practice in this area. The study's strengths and limitations are considered while its quality is evaluated using Smith and Nizza's (2000) framework which Smith et al. (2022) recommends for IPA studies.

Chapter 2: Literature Review

2.1 Introduction

An initial literature search was conducted in 2021 at the start of the project, and again in February 2024 (following completion of the data analysis). A further search update was completed in October 2024 to monitor new data developments. Electronic databases: EBSCO, CINAHL, PsychInfo, PsycArticles, Web of Science, PubMed, Taylor and Francis Online, and the British Library Electronic Thesis Online (EThOS) were examined. The key search terms used were: psychotherap* or therap* OR counsellor AND complaint*. A second search employed the terms: supervis* AND psychotherap* AND support AND supervisee. Boolean operators "or" and "and" connected the keywords, and no publication date restrictions were applied to ensure a broad search. Table 2.1 presents additional keywords used in the search strategy.

The search focussed on English language literature concerning psychotherapist-related complaints, excluding those related to sexual misconduct. Primarily reviewed studies were from Britain, Australia, New Zealand, South Africa, and the USA. The lack of agreement regarding definitions of complaint (frivolous, vexatious, false, unfounded, baseless, and unsubstantiated) complicated the identification and selection of relevant literature. Nonetheless, a thorough search across authoritative and internationally recognised sources in psychology, medicine and health sciences indicated that at that time, the experience of frivolous complaints from the perspective of psychotherapists had not been explored or understood.

The literature review encompassed a wide array of publications and communications, including books, articles, commentaries, empirical studies, literature reviews, meta-analyses, and a review of grey literature including accrediting bodies quarterly magazines, organisational reports,

monographs, electronic publications, open-access research, documented presentations, editorials, and websites. Following Finlay (2011), dissertations and theses as well as professional websites and key journals were also searched. Focus was placed on records that offered valuable perspectives on the lived experience of those receiving a complaint in a psychotherapy context, or those that framed the study by clarifying existing knowledge, uncovering gaps, and highlighting points of unresolved issues or disagreement. Despite this thorough search strategy, no experiential accounts or qualitative research on the experiences of psychotherapists specifically receiving frivolous complaints were found. Additionally, no research was identified explicitly regarding clinical supervisors supporting supervisees through complaints processes.

Table 2.1

Additional Keywords used in Search Strategy.

Frivolous	vexatious	false	unfounded	malicious
unsubstantiated	allegations	experience of	counsel*	relationship
therapeutic alliance	working alliance	defensive	qualitative	good/bad supervision
Axis II	ethical	guilt*	innocence	investigates
claims	client	malpractice	clinician	complaint
committee	victim	violation	patient	conduct
credible	interpretative phenomenological analysis			

2.2 The Importance of the Literature Review

During the study (2021-2024), literature searches were periodically updated. Limiting the literature review to 2023 would create an artificial framework, potentially misrepresenting the study's relevance and contribution. This iterative approach aligns with Levy and Ellis's (2006) view of the literature review as an evolving process concluding only with the study's completion.

This narrative literature review critically analyses existing research relevant to this study. It is crucial to highlight the scope and significance of related contemporary research to properly situate the study within the academic context. Specifically, this narrative review aims to explore and understand the experience of receiving a frivolous complaint within a psychotherapy context. Unlike systematic reviews, which evaluate intervention effectiveness, narrative reviews summarise and interpret literature but often overlook methodological quality (Pope et al., 2007). Narrative reviews document search and selection processes, consolidate existing knowledge, and address weaknesses, inconsistencies, and ambiguities in the literature (Pope et al., 2007; Baumeister & Leary, 1997). This approach is particularly suitable for Interpretative Phenomenological Analysis (IPA) research that often involves both qualitative and quantitative studies (Smith et al., 2022). The following narrative review contextualises the present study and highlights the strengths and limitations of previous and ongoing research.

To avoid selection bias, it is recommended to include as many literature sources as possible (Higgins & Green, 2011). Exploring areas of contention surrounding key concepts, taking note of predominant perspectives, identifying gaps or areas where existing knowledge is limited, and considering similar literature resources are suggested by Hall (2013). The narrative literature review frames current research on the impact of frivolous complaints on psychotherapist’s personal and professional lives. Further, it seeks to explore the experience of the supervisor supporting their supervisee through an accrediting bodies complaints process.

2.3 Method used for Searching the Literature

This review included quantitative, qualitative, and mixed methods full-text articles. Citation searching of journal articles and texts were used to uncover additional literature. A technique known as 'snowballing' was employed tracing both backward (references cited in key articles) and forward (subsequent studies citing those articles) to identify additional relevant literature. Empirical research books and informational articles were also examined for supplementary sources. A limited subset of the material selected specifically relates to client claims against therapists (14 papers), with an even narrower focus on the issue of frivolous or false claims (five papers). Additionally, four papers were selected which relate to managing difficulties in supervision. Table 2.2 details the results of database searches and number of selected papers from each source.

Table 2.2

Results of Database Searches and Number of Selected Papers from Each Source

Name of Database	Number of Identified Studies	Number of Selected Studies
Academic Search Complete	*2,562*	*9*
CINHAL Plus	*1,102*	*1*
PsycINFO	*1,967*	*7*
PsycArticles	*156*	*1*
SCOPUS (Medline)	*1,863*	*2*
Social Sciences Full Text (H.W. Wilson)	*225*	*0*
eBooks	*3*	*3*
British Library Electronic Thesis Online (EThOS)	*4*	*4*
Other sources (citation tracking)	*12*	*8*
Total		*35*
Total Considered in this review	*0*	*18*

2.4 Selecting Materials for Inclusion

Due to the extensive body of academic literature uncovered relating to ethical violations against psychotherapists and psychologists, along with online resources on psychotherapy supervision and the therapeutic alliance, specific criteria were employed to determine relevant material for review. To focus this study, a condensed selection of material was necessary primarily evaluating "frivolous or false allegations and the impact," "therapeutic alliance," "supervisory relationship," and "professional accrediting bodies" shedding light on a critical yet understudied area of practice. Incorporating firsthand experiences in supervisory support within a complaint context was challenging due to a lack of formal literature. The selection process involved sifting through numerous materials to identify representative pieces. The chosen literature primarily addresses frivolous or vexatious complaints within the broader context of general complaints as standalone

research specifically focussed on frivolous accusations in psychotherapy settings remains scarce. It excludes discussions on complaints upheld by therapists' accrediting bodies for breaching the code of ethics. Table 2.3 summarises eighteen primary articles reviewed for this literature analysis.

Table 2.3

Details of Papers Included in the Review

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Kirkcaldy et al (2022) South Africa *PsycInfo*	"Under the Sword of Damocles": Examining the subjective and personal, experience of practitioners of a malpractice complaint in South Africa	10 psychologists	IPA Interviews	1) Participants experienced: the effects of a complaint on an intensely personal level, a significant subjective emotional impact, a complaint as physically challenging, a challenge to their Identity and self-confidence practical difficulties in managing the complaint 2) The experience of a complaint highlighted: the challenging nature of working in modern health care 3) The experience of the client as the Complainant 4) Ethical deliberation as complex and ambiguous. Research focussed on professional misconduct charges not specifically frivolous complaints against a group of psychologists.
Kirkcaldy et al (2020a) South Africa *PsycInfo*	How a group of psychology practitioners experienced their relationship with, and processes at the regulator during a malpractice complaint	10 psychologists	IPA Interviews	1)Participants experienced: an extended timeframe for complaint management. A lack of communication during complaint management. legal challenges during some disciplinary procedures. Although not the focus of the research, some participants believe the complaints were unjustified and frivolous/false.

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Williams M.H. (2000) Professional Psychology: Research and Practice USA *Academic Search Complete*	Victimized by "Victims": A Taxonomy of Antecedents of False Complaints Against Psychologists	8 Case Examples	Case Analysis and Commentary	False accusations are made for a number of reasons, including: greed, vengeance, misunderstandings, false memories, mental illness, and escape from unwanted treatment. No quantitative data on the incidence of false accusations.
Pope, K.S. & Tabachnick, B.G. (1993) Professional Psychology: Research and Practice *PsycInfo*	Therapist's Anger, Hate, Fear, and Sexual Feelings: National Survey of Therapist Responses, Client Characteristics, Critical Events, Formal Complaints, and Training	285 surveyed	Quantitative study	Two-thirds of surveyed psychologists experienced significant fear of a client filing a complaint against them. No comment on or consideration of the impact of false complaints.
Van Horne, B.A (2004) Professional Psychology: Research and Practice *PsycInfo*	Psychology Licencing Board Disciplinary Actions: The Realities	37 out of a total of 61 jurisdictions (61% response)	Quantitative Survey of US and Canadian licensing boards	Consideration of the number and nature of licensing board actions related to disciplinary complaints against psychologists. 1 sentence on false complaints out of a total of 9 pages.

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Montgomery, L.M., Cupit, B.E., & Wimberly, T.K. (1999) Professional Psychology: Research and Practice *Academic Search Complete*	Complaints, Malpractice, and Risk Management: Professional Issues and Personal Experiences	284 Surveyed	Quantitative Survey of licensed psychologists	Professional awareness, experiences, and practice behaviour related to liability risk. No examination of, or comment on false complaints.
Gutheil, T.G. (1989) Professional Psychology: Research and Practice *PsycInfo*	Borderline Personality Disorder, Boundary Violations, and Patient-Therapist Sex: Medicolegal Pitfalls	2 Case Examples	Commentary	False accusations against treating clinicians occur for a variety of reasons. Only 3 paragraphs on false complaints out of a total of 5 Pages.
Schoenfeld, L.S., Hatch, J.P., & Gonzalez, J.M. (2001) Professional Psychology: Research and Practice *Academic Search Complete*	Responses of Psychologists to Complaints Filed Against Them With a State Licensing Board	N=134 (survey); 240 licensed or master's level psychologists (Qualitative analysis)	Survey; Qualitative analysis of state licensing board data	Comparison of impact of complaints on psychologists found to have "violated" versus those found to have committed "no violation". Does not examine impact of false complaints.

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Hedges, L. E. (2002) American journal of psychotherapy *Academic Search Complete*	False Accusations: Genesis and Prevention	Not provided	A detailed examination of the formation of false allegations in trust relationships over time.	The insights and findings presented in the article are based on the author's professional experience and expertise as a consultant and expert witness in cases involving false accusations in trusting relationships, particularly in the context of long-term psychotherapy.
Thomas, J. (2005) Professional Psychology, Research and Practice *PsycArticles*	Licensing Board Complaints: Minimizing the Impact on the Psychologist's Defence and Clinical Practice	8 primary articles reviewed	Literature Review	The paper discusses the significant personal and professional distress that psychologists experience when facing licensing board complaints. It highlights the emotional toll and stress associated with the complaint process. It identifies common sources of stress throughout the complaint process, advocates for seeking support from colleagues, supervisors, and professional organisations to cope with the emotional burden of complaints. Four sentences out of seven pages relates to false complaints.
Gunther, Steve Vinay (2016) Journal Psychotherapy and Politics International *Academic Search Complete*	Questioning the Victim Status of Complainants in Professional Ethics Investigations	Not quantified	Critical Analysis existing literature, case examples, and theoretical perspectives	The study appears to rely heavily on theoretical perspectives, case examples, and existing literature. The analysis primarily reflects the author's viewpoint or a specific theoretical framework, potentially overlooking alternative perspectives or voices in the field.
Adams, M., Maben, J. & Robet, G. (2018) The journal of health *Medline*	It's sometimes hard to tell what patients are playing at: how healthcare professionals make sense of patients' complaints about care	41 Semi-structured interviews	Grounded Theory approach	The aim was to investigate how healthcare professionals make sense of patient's complaints about care and the motives behind such complaints. Also to provide insights into the dynamics between patient-mediated quality improvement work and professional's experiences and attitudes in various healthcare settings. Not related to psychotherapy.

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Verhoef, L.M., Weenick, J.W., Winters, S., Robben, P.B., Westert, G.P. & Kool, R.B. (2015) Netherlands *Medline*	The disciplined healthcare professional: A qualitative interview study on the impact of the disciplinary process and imposed measures in the Netherlands	16 healthcare professionals (9 medical specialists, 3GPs, 2 physiotherapists, 2 psychologists)	Content Analysis Interviews	Highlights the personal and professional impact of receiving a complaint including Interference with professional care, colleagues and organisation and financial consequences. Does not mention frivolous complaints.
Kirkcaldy et al (2020a) South Africa *PsycInfo*	You can't bully me anymore: coping strategies in a group of psychologists accused of professional misconduct	10 Psychologists	IPA Interviews	1) Coping Personally Using Cognitive-Behavioural Strategies: Seeking out support structures; Developing other interests and roles; Drawing on existing personal strengths and attributes; Reappraising the complaint through faith and humour. 2) Coping Professionally by Utilising Professional Systems and Peer Support Networks: Doing research and studying; Purposefully sharing the experience with others; Responding to the complaint and continuing to work; Accepting the risks of psychological practice. Not focussed on frivolous complaints.
Victoria E. Kress, Rachel M. O'Neill, Jake J. Protivnak, Nicole A. Stargell & Herman, E.R. (2015) *Academic Search Complete*	A Qualitative Study of Supervisor's Reflections on Providing Sanctioned Supervision	4 Participants	Qualitative analysis of data was collected through two separate audio-recorded interviews with each participant and a thorough review of archival records	The importance of preparing supervisors for the unique challenges of sanctioned supervision to ensure effectiveness and prevent manipulation by supervisees. Concerns about liability issues and lack of clarity regarding roles and responsibilities in providing sanctioned supervision. Limitation: lack of clarity in defining the specific differences between traditional and sanctioned supervision, suggesting a need for further research to develop a supervision model tailored to sanctioned supervision.

Author (Date)	Research Question/Aim	Sample	Approach & Method	Main Themes
Grant, J., Schofield, M.J., and Crawford, S. (2012) *Academic Search Complete*	Managing Difficulties in Supervision: Supervisor's Perspectives	16 Senior Supervisors	A modified consensual qualitative research method. The analysis of the study involved a detailed examination of transcripts to identify emerging themes	The study aimed to explore how experienced supervisors manage a range of difficulties that arise in supervision. The research addressed the gap in examining the practice wisdom of expert supervisors by focusing on how they manage difficulties in supervision within the supervisory relationship. Does not mention frivolous complaints.
Thomas. J. (2014) Journal of Clinical Psychology *Academic Search Complete*	Disciplinary Supervision Following Ethics Complaints: Goals, Tasks, and Ethical Dimensions	Synthesizes information and insights from existing literature and professional guidelines to discuss the unique aspects of disciplinary supervision in psychology	Literature Review of ethics complaints	Provides insights and recommendations regarding disciplinary supervision in psychology, including goals, tasks, and ethical considerations. No Limitations mentioned. Does not mention frivolous complaints.
Ladany, N., Mori, Y., & Mehr, K. E. (2013). The Counselling Psychologist. *Academic Search Complete*	Effective and ineffective supervision.	128 Supervisors	A mixed-method design, incorporating both qualitative (questionnaire) and quantitative (working alliance inventory) inquiry.	Provides insights into effective supervisory practices and their impact on supervisee development: Identification of specific skills and techniques; Discussion on the relevance of defining supervision competency benchmarks; Examination of the relationship between supervisor behaviours and various aspects of the supervision process. Discusses complaints only in relation to supervisee complaining about supervisor. The research points out that supervisors who demonstrate empathy, facilitate openness, and encourage autonomy are particularly valued by supervisees. Does not mention frivolous complaints.

2.5 Review of the Literature Surrounding Psychotherapy Complaints

Even in today's litigious society, psychotherapists in private practice, government employment, or organisational settings, might not anticipate the possibility of facing a complaint (Morris et al., 2017). The expression of complaints constitutes a vital component of the therapeutic journey (Thurman, 2009) who believed that everyone has the right to complain. Individuals with grievances are encouraged to file complaints with the accrediting body overseeing the practitioner. Formal grievances submitted are processed in accordance with their established protocols and guidelines. Complaints in counselling and psychotherapy have received limited direct research, with most literature primarily focusing on the complainant (Gill et al., 2017; Morris et al., 2017; Symons, 2012). Little attention has been paid specifically to the subjective experience of frivolous complaints in a psychotherapy context. The present study aims to fill this gap by providing empirical evidence on the connection between a) the subjective experience, and b) the impact of frivolous complaints on psychotherapists. Thomas (2005) found a lack of studies examining the recipients' perspectives on complaints in his qualitative literature review of eight articles. Thomas suggests that such research might be viewed by some as being too controversial to undertake due to the sensitive nature of the topic. The limited literature on frivolous complaints suggests that more contemporary research would benefit the profession by highlighting their impact and encourage further reflection and improvement in the current complaints processes (Schoenfeld et al., 2001; Thompson, 2007).

The existence of false complaints does not change the fact that therapists sometimes breach established ethical boundaries (Pope, 2014). While client grievances may be understood as expressions of discontent or unhappiness, they may not necessarily imply harm in all cases (Williams, 2000). Much of the literature since the 1980's suggests that complaints are often unrelated to the quality or ethical suitability of the treatment received (Hedges, 2002; Peterson, 2001; Gutheil & Gabbard, 1998; Gutheil, 1989). Grenyer and Lewis (2012) conducted a quantitative study analysing

248 complaints which were received by the New South Wales Health Professionals Registration Board between July 2003 and June 2007. They argue that, over a 30-year career, approximately 20% of psychologists may receive a complaint from the public, with two psychologists facing serious misconduct complaints potentially resulting in sanctions. Gutheil's (1989) qualitative research using ten case examples reports that groundless complaints are more frequent than therapists may think and have existed for some time.

Supporting this view Shapiro and Smith (2011) maintain that while complaints against psychologists are less common than those lodged against medical professionals, there has been a notable rise in the numbers in recent years. Adopting a similar position Cox (2017) writes that all the key professional psychotherapy registration bodies reported an increase in the number of formal complaints. This is corroborated in Tables 2.4 and 2.5 below of statistics obtained in February 2025 from three accrediting bodies (BACP, UKCP, IACP) showing that on average the total number of complaints received between all three accrediting bodies over the period 2020-2023 has increased by 129%. This increase in complaints is concerning, as psychotherapists are often ill-prepared to handle the emotional toll of a formal complaint and subsequent investigation, having little to no training on managing such situations (Rogers, 2013; Sauvage, 2013; Kirkcaldy, 2020; Sachs & Sinason, 2023).

Table 2.4

Total Number of Complaints Received Year on Year 2020-2023

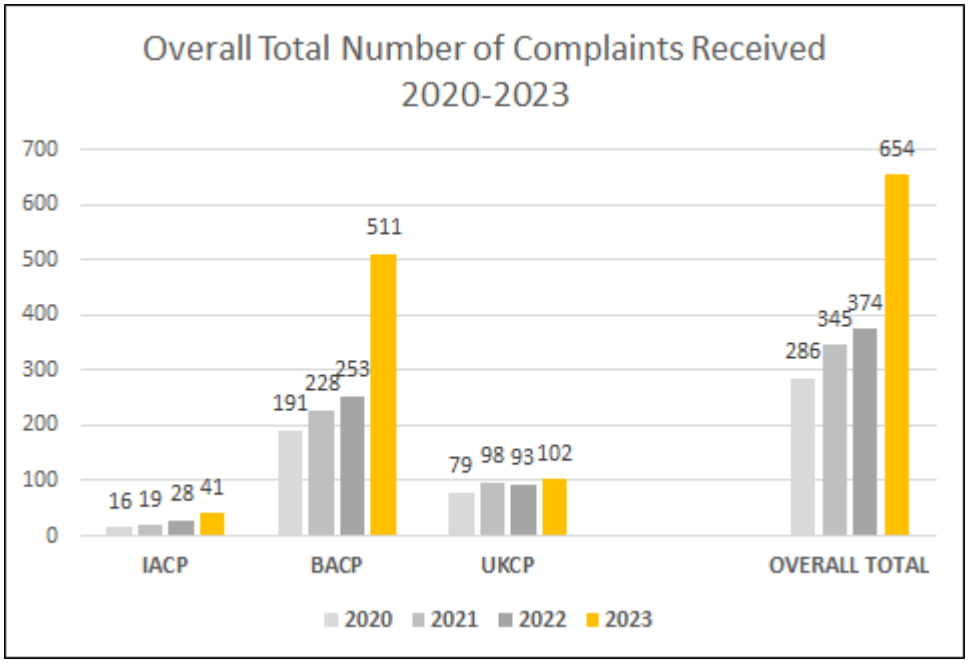


Table 2.5

Percentage Increase in Complaints 2020-2023

	IACP	BACP	UKCP	OVERALL TOTAL COMPLAINTS
2020	16	191	79	286
2021	19	228	98	345
2022	28	253	93	374
2023	41	511	102	654
	IACP	**BACP**	**UKCP**	**YoY %AGE INCREASE**
2021	19%	19%	24%	21%
2022	47%	11%	-5%	8%
2023	46%	102%	10%	75%
2020 - 2023	**IACP**	**BACP**	**UKCP**	**OVERALL %AGE INCREASE 2020-2023**
	156%	168%	29%	129%

2.6 Therapist Traits for Effective Therapy

Efforts have been made to pinpoint the key 'micro skills' essential for improving therapeutic relationships, such as active listening, regulation, and differentiation (Van der Molen et al., 1995; Rollnick et al., 1999; Ivey & Ivey, 2003; Gillespie et al., 2004). Demonstrating empathy, reflection, exploration, and accurate interpretations, along with attention to client's experiences and emotional expression, positively impact the therapeutic alliance and foster personal growth (Ackerman & Hilsenroth, 2003; Horvath et al., 2018). Clients emphasise the importance of therapist's personal traits, active listening, nonverbal communication, genuineness for counselling quality and perceived benefits derived from therapy (Sackett & Cook, 2021; Sackett & Lawson, 2016; Bedi et al., 2005).

Heinonen and Nissen-Lie's (2020) quantitative systemic review identifies key traits for effective psychotherapists, including empathy, communication skills, (both verbal and non -verbal) alliance formation and repair, especially with interpersonally challenging clients, self-rated skilfulness, coping mechanisms, attitudes towards therapy, "secure attachment" style, tolerance for intense emotions, (hostility and aggression), warmth and basic relational skills. While not explicitly referencing Rogers (1951), the alignment with his core conditions suggests a parallel understanding of essential traits for effective psychotherapists. A limitation is the study's reliance on a single perspective, typically the therapist's, in assessing clinician qualities.

Conversely, therapist traits hindering therapeutic alliance include unresponsiveness, coldness, uncertainty, defensiveness, rigidity, and hostility as found in Ackerman and Hilsenroth (2001) review. Additional hindrances include a failure to focus on the emotional impact of interpersonal problems, rigid adherence to specific techniques, mismanagement of countertransference (Benjamin & Critchfield, 2010), unresolved conflicts (Hill et al., 2009; Rosenberg & Hayes, 2002), and engagement with the client's maladaptive interpersonal styles (Safran & Muran, 2000). The therapeutic alliance focuses on collaboration between therapist and client, emphasising their conscious interactions, the therapist's influence, and unconscious distortions in the relationship (Horvath et al., 2011). Unlike Rogers (1951) proposal, clients do not automatically respond to therapist-offered conditions but develop a bond based on their expectations and evaluation of interventions (Horvath, 2000). The client's autonomy, perception, and evaluation determine whether the therapist's conditions are experienced as helpful. This highlights the importance of attunement and responsiveness, rather than rigid adherence to technique, in the therapeutic process. The therapeutic relationship is not static, it is a continuous journey, evolving over time since the relationship is interactive and cyclical, reflecting the back and forth of the client's response to the therapist's actions (Leahy, 2008).

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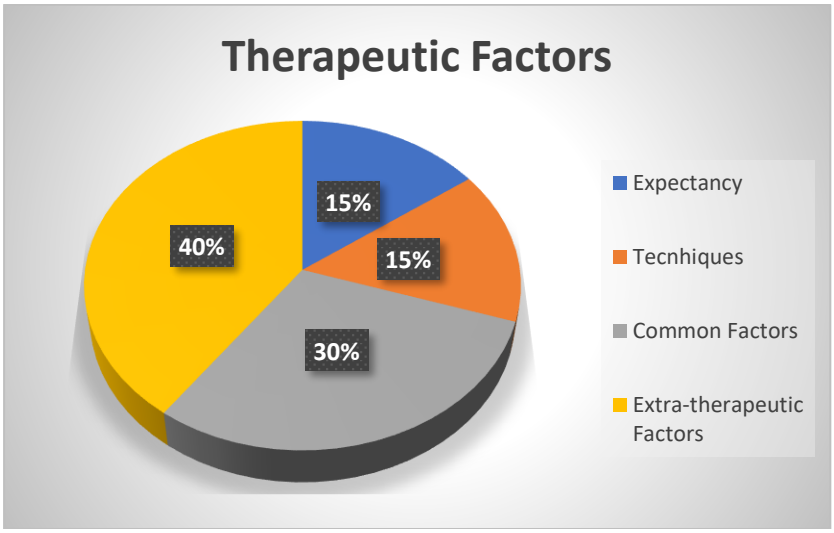
2.6.1 Other Factors Influencing Therapy Effectiveness

Skills and methods are essential elements of psychotherapy complementing the treatment approach, client and therapist characteristics, and the therapeutic relationship (Hubble et al., 2010). Wampold (2005) and Hubble et al. (2010) highlight other factors influencing therapy effectiveness, including external elements outside of counselling, therapeutic models/techniques, and the therapist's effectiveness. This is consistent with an extensive review of the psychotherapy literature by Lambert and Barley (2001) who explored the connection between client progress and various factors, including extra therapeutic influences (spontaneous recovery, life events, social support), expectancy effects (placebo effect), specific therapy techniques (e.g., biofeedback, hypnosis, desensitisation), and common factors (empathy, warmth, and the therapeutic relationship). Their findings suggest that extra therapeutic factors were the biggest influence on client progress. See Figure 2.1 percentage influence of therapeutic factors.

Figure 2.1

Percentage of Improvement in Psychotherapy Clients as a Function of Therapeutic Factors



Adapted from Lambert and Barley (2001)

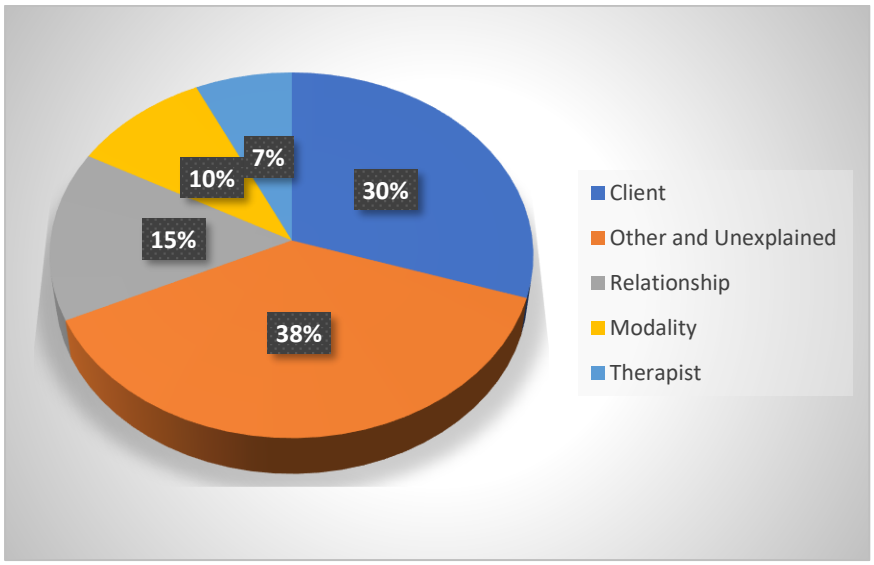
Studies by Doran (2016), Norcross and Lambert (2019) were included in a quantitative meta-analysis by Vaz et al. (2024). The analysis placed emphasis on the close connection between effective therapy and symptom alleviation with the quality of the therapeutic relationship. However, this connection neglects the significance of interpersonal connections and in-session interactions crucial for a collaborative working relationship (Vaz et al., 2024; Sackett & Cook, 2021; Doran, 2016; Sackett & Lawson, 2016; Gelso, 2009; Bedi et al., 2005). Another limitation is the oversight of client characteristics, diagnosis, and attachment styles in the therapeutic alliance concept (Meyer & Pilkonis, 2001). This was highlighted by Bowlby (1969) who argued that attachment influences how people engage with others during stress, impacting current therapist-client connections.

Cooper (2024) provides data also adapted from Norcross and Lambert (2019) quantitative meta-analysis by integrating methodologies to investigate the complex factors influencing psychotherapy outcomes. Cooper emphasises that multiple factors contribute to the outcome in therapy, with significant focus on client characteristics. Cooper suggests that client factors such as motivation and engagement tend to be more powerful determinants of outcomes than therapist factors or the quality of the relationship (2024). This interpretation highlights that it is the client and not the therapist that drives therapeutic change. A limitation of Norcross and Lambert (2019) research is that it may have underrepresented the role of the client in the therapeutic relationship. However, adapting or tailoring the therapy relationship to specific client characteristics (in addition to diagnosis) enhances the effectiveness of treatment and plays a crucial role in achieving successful outcomes (Norcross & Lambert, 2019). While the study discusses therapist behaviours extensively, the contributions and perspectives of clients - especially their influence on treatment outcomes - are not sufficiently emphasised. Norcross and Lambert (2019) indicate unexplained factors contributing to therapy outcomes, underscoring psychotherapy's complexity and the influence of unstudied variables in treatment success. The authors note that beyond identified relationship behaviours,

client traits, therapist qualities, and external influences (other and unexplained) also impact treatment success but may not always be captured in research. These limitations acknowledge that while some therapy outcomes are measurable, psychotherapy's complexity prevents fully defining all influencing factors. See Figure 2.2 below.

Figure 2.2

The Contribution of Different Factors in Therapeutic Outcomes



Cooper, (2024), Adapted from Norcross, J.C., & Lambert, M.J. (2019)

A recent research review to provide clinical evidence on the effectiveness of 27 skills and methods in terms of treatment outcome was conducted by Hill and Norcross (2023). Rupture repair is one of the skills/methods evaluated for its effectiveness in psychotherapy. It was considered probably effective for long-term effects, though its evidence is less robust than more established methods like affirmation/validation. However, their findings indicate that there is currently insufficient research to determine how much therapist skills and methods contribute to outcome variance compared to factors like cognitive restructuring or emotion regulation. A further limitation of these studies is the use of different research approaches for linking therapist skill/methods with outcomes which do not yield consistent results (Hill and Norcross, 2023).

2.7 Frivolous Complaints in Context

The potential harm associated with psychotherapy and the therapeutic relationship has been relatively overlooked when compared to the focus on harm caused by medications and other treatments (Hook & Devereaux, 2018). They assert that professionals often act as if such harm is rare and may respond defensively to complaints. Research on the causes, types, and effects of harm in these contexts is limited.

Martin Williams (2000), a leading authority on false complaints, examined unfounded complaints by analysing specific individual cases. The limited number of academic publications on false complaints directed at psychotherapists suggests there is insufficient attention being paid to their rights (Williams, 2000). He cautioned that empathy for clients mistreated by unethical therapists has partially obscured the reality that clients can also falsify allegations. This view is supported by Thompson's (2007) critical analysis of 8 articles and maintains unsubstantiated grievances may arise when clients assign blame or seek revenge for unexpected outcomes. Clients may use the

accreditation body's complaint mechanism not due to the therapist's unprofessional conduct, but to serve personal motives or satisfy vindictive impulses (Williams, 2000)

According to Maltsberger's (1994) review of the literature and Williams (2000; 2001) case studies, such client claims are often enthusiastically pursued by accrediting boards. Prior literature doubts the effectiveness of safeguards, for example, by maintaining clear communication, comprehensive records, adherence to ethical standards, professional boundaries, regular client feedback, peer consultation, legal awareness, professional liability insurance, and ethical management of therapy termination to mitigate the risk of false allegations (Bradshaw et al., 2007; Peterson, 2001; Williams, 2000). Clients may accuse psychotherapists, and while protocols exist to prevent harm to the public, the reverse is not true for protecting psychotherapists from frivolous complaints. This raises the issue of accessible processes and procedures for psychotherapists to respond to frivolous complaints, ensuring such processes work smoothly and achieve their purpose.

Some therapists choose to limit their practice scope, refrain from specialising in specific areas, and avoid clients deemed "high-risk" in what is termed negative defensive practice (Catino, 2009). For example, some therapists avoid providing psychotherapy for clients facing a heightened risk of self-harm, harm to others, or impulsive actions due to their mental or diagnostic condition such as personality disorders (Harned et al., 2017). This is consistent with arguments that false complaints impact the provision and accessibility of some services, (O'Reilly, 2018; Bendile, 2015; Human, 2015; Howarth et al., 2016; Catino, 2009; Fileni et al., 2007). Similar outcomes were found by Gill et al. (2017) whose exploratory sequential mixed methods design study focussed on the impact of complaints on public service employees (132 online survey, 61 telephone interviews). They state the primary outcomes were heightened caution when interacting with specific service users (66.7%), increased general wariness and scepticism towards service users (29.8%), and the delegation of

handling certain service users to colleagues (12%). One of the limitations of this study however was that it did not focus specifically on psychotherapists. A cross-sectional survey of the views and perceptions of 149 medical doctors by Burkle et al. (2012) concluded that practitioners care more about their reputation than money when it comes to complaints. Consequently, any type of complaint causes significant distress (Thompson, 2007).

2.8 Factors Contributing to Frivolous Complaints

2.8.1 Complainant Needs

Literature indicates that the root cause of complaints is not necessarily mistakes by psychotherapists but adverse outcomes due to communication breakdown (Hook & Devereaux, 2018). Complaints typically arise when the actual experience does not align with the expected outcome. These expectations could be affected by the developmental stage and employment status of a therapist. Previous research reports that clients making repetitive and unreasonable complaints may be driven by unaddressed needs or psychological problems. For example, a review of Australian literature by Morris et al. (2017) concluded that client behaviour often becomes obsessive and uncontrollable as it escalates. This view is supported by Bond (2015) who posits that complaint-triggering conditions include malingering, fraud, revenge, psychopathology, false or 'recovered' memory. This perspective acknowledges that clients, for various emotional and practical reasons, may make false allegations against their therapists under current accrediting body complaint procedures without consequences to themselves (Williams, 2000).

Clients may use the therapeutic relationship to seek revenge against an existing or historic relationship as noted by Lonner and Licht, attorneys specialising in the representation of mental

health practitioners on a wide range of issues (2018). Therapists may ignore or minimise negative transference and countertransference feelings, leading to potential complaints against them (Gelso & Hayes, 2013). If ruptures are viewed as "acting out" rather than relational acts, the entire responsibility could be placed on the client, shifting away from the therapeutic dyad's dual responsibility (Soumaki & Anagnostopoulos, 2018). In her book resulting from her unpublished research 'The Mirror Crack'd', Kearns (2011) identified that some psychotherapists may overlook the importance of observing and addressing feelings, intuition, or potential risks to their personal or professional well-being, starting as early as the intake assessment. Also highlighted by Lonner and Licht (2018), Kearns emphasises that psychotherapists who ignore "red flags" and fail to act do so at their own risk.

A qualitative study by Sauvage (2013) who conducted 22 semi-structured interviews, recruited three groups: third party complainants; respondent practitioners; and complaint managers. They described how complaints may positively impact clinical practice by fostering further training, learning, and repair, potentially preventing future harm. In contrast Safran et al. (2014), concluded that while training exists for handling ruptures little attention is given to the framework for addressing complaints post-rupture, corroborated by Gordon et al. (2016) quantitative study which collected data from 510 clinical and counselling psychology graduate students. In his book 'Red Flags in Psychotherapy' Haswell (2014) argued that little attention is given to the potential impact on the therapist (Gill et al., 2023). While Bourne et al. (2014) cross sectional survey study of 7926 doctors argue that complaints can affect personal life, leading to physical and psychological symptoms. Similarly, Kearns (2011) identified that unresolved ruptures may result in premature termination of therapy and subsequent lodging of a complaint.

A limitation of these studies is that the impact of frivolous complaints was not the primary focus of the research. Rather, the research mainly relied on surveys or books written due to prior

unpublished research. Exceptions to this were Sauvage (2013) whose empirical qualitative research previously mentioned focussed on the experiences of complaints regarding practitioners providing counselling, psychotherapy, and casework. However, this too did not specifically focus on the impact of frivolous complaints.

2.8.2 Complainant Psychopathology

The existence of false complaints in various professional settings has led some researchers to explore the psychopathological aspects that contribute to such behaviours. Rogers acknowledged the presence of psychopathology using the terminology of mental illness or 'dysfunction' in his works (Rogers, 1959; 1965). However, his belief that therapist's understanding of psychopathology was not crucial for successful psychotherapy contrasts with the predominant views in mainstream psychiatry and psychotherapy (Frances, 2023; McWilliams, 2011; Williams, 2011; Lazarus, 2007; Silberschatz, 2007). A key article by Williams (2000) identified psychopathological areas relating to false complaints, including borderline, schizophrenia, dementia, and paranoia. A particular challenge highlighted involves therapists' protecting themselves from clients with personality disorders, where behaviour aligns with the complainant's self-image, despite harmful consequences (Williams, 2000). Contrary to Williams hypothesis, a literature review conducted by Morris et al. (2017) found no concrete evidence supporting the theory that mental disorders or cognitive impairments might contribute to frivolous complaints.

Morris et al. (2017) emphasised complaints resulting from unreasonable behaviour suggests a prevalent root cause notably 'querulent paranoia'. Querulent paranoia is characterised by a rigid, escalating, and frequently emotional outpouring of grievances lacking direction, balance, restraint, or distinct purpose (Lester et al., 2004). Legally, a 'querulent' is a person persistently believing they

have been mistreated, engaging in groundless legal action, often concerning minor matters (Levy, 2015; Mullen & Lester, 2006; Lester et al., 2004).

2.8.3 Link Between Querulous Behaviour and Frivolous Complaints

Morissette (2019) draws our attention to the connection between querulous behaviour and false complaints in the paper 'Querulous and Vexatious Litigants as a Disorder of a Modern Legal System'. He highlights the link between personality disorders defined in the DSM-5 and such behaviours. Morissette (2019) posits that psychiatrists use borderline personality disorder (BPD) to describe querulent conduct, positioning it at the cross-roads of personality disorders and delusional psychosis. The disorder is characterised by instability in relationships, self-image, affect, and impulsive behaviour (Zur, 2017). Individuals with BPD may exhibit intense emotions, manipulate through rage, persistence, erratic actions, and bizarre behaviour, struggling to regulate their emotions. This view is supported by Williams (2000; Welch, 2000; Gutheil, 1989) who highlights a disturbing aspect that some clients with BPD possess an unnerving ability to intimidate and manipulate others. Conversely, critics argue that the DSM-5 is affected by societal norms, lacks scientific proof, could result in excessive diagnoses and dependence on medical jargon (Maj et al., 2020; 2021).

Consequences of borderline rage extend beyond psychosis, involving frivolous allegations and contrived grievances that may reach accrediting bodies (Williams, 2000). 'Borderline Rage,' characterised by vengeful actions and a disregard for the truth (Goisman & Gutheil, 1992), is attributed to clients filing complaints as a vindictive reaction to perceived harm by the psychotherapist (Zur, 2017). Morissette (2019) argues that recognising personality disorders linked to querulous and vexatious behaviour enables legal professionals to provide appropriate support and treatment, preventing unnecessary use of legal resources. Gutheil (1989) contends that some

clients diagnosed with BPD are widely acknowledged as the primary source of false allegations of sexual misconduct against therapists.

Therapists may face significant risk when dealing with clients with BPD particularly if 'psychotic transference' develops (Hedges, 2002). Welch (2000) argues psychotic transference is linked to severe mental health conditions such as schizophrenia or BPD, wherein a client forms a distorted perception of their therapist during therapy. This distortion is marked by paranoia, delusions, and hallucinations triggering intense emotional reactions like extreme fear, hatred, or dependency (Hedges, 2002). Borderline individuals may exhibit unjustified, inappropriate, and vindictive behaviour towards their therapist, particularly when feeling abandoned or criticised (Welsh, 2000). In severe cases, clients with BPD may act on these perceptions, resorting to violence against their therapist or engaging in harmful behaviours (Welch, 2000).

Welch (2000) states in his article “Borderline Patients: Danger Ahead”, that clients with BPD often engage in actions devoid of intentional conflict. Accusations against therapists may not necessarily involve deliberate lies but rather may stem from their distorted perception of what they genuinely believe the therapist has done (Hedges, 2002). Clients with this disorder believe their account is accurate and unbiased, regardless of the actual truth. This is consistent with the view that therapists with considerable experience may feel intimidated by intense anger from those with BPD, give in to demands no matter how unusual, extreme, unethical, or unlawful (Zur, 2017). Retaliatory behaviour in response to feelings of abandonment, perceived criticism, or challenge is a common manifestation among individuals with BPD (Bradshaw et al., 2007; Kandle, 2007; Ward, 2004).

Simon (2000) emphasises the importance of addressing boundary issues and managing erotic transference with BPD clients. Failures in managing these aspects can result in ruptures in the therapeutic relationship and baseless accusations. This anger is often triggered by issues such as

boundary limits, therapeutic alliance ruptures, termination, and invoice collection (Gutheil, 1989). Borderline clients who seek 'perfect relationships' to compensate for early trauma, struggle with managing extreme emotions stemming from this expectation (Monti & Agostino, 2014). Disappointment follows as the object of their attention inevitably fails to meet expectations. Sudden shifts in 'splitting behaviour,' perceiving people or things as all good or all bad with no middle ground results in intense swings in emotions and behaviours, especially in response to minor separation or conflict (Welsh, 2000). This can lead to frivolous complaints against the therapist perceived as the source of their distress, with a higher likelihood of severe consequences like retaliation (Bradshaw, 2007; Kandle, 2007). In contrast to Rogers (1957), some supporters of person-centred therapy now believe that adopting a diagnostic approach can offer a preliminary grasp of the client's psychology, aiding them in attaining self-acceptance. This method integrates an understanding of psychological disorders with an emphasis on the therapeutic bond and the unique experiences of the client (McWilliams, 2011).

2.9 Key Complaint Themes in Psychotherapy

Accrediting bodies' annual reports provide valuable insights into the nature of complaints shedding light on the prevalent issues within the profession (Morris et al., 2017). The impact of such complaints on therapists can be detrimental irrespective of the category. The BACP (2024) identified key complaint themes to aid and guide members. However, they have not provided statistical data on the incidence of each violation. UKCP's 'Learning from Complaints' section also provides valuable insights into the categories. Understanding and addressing common complaints are essential steps toward fostering a more robust and ethically sound psychotherapy profession. Samuels (2014) posits that some clients may fabricate or distort claims within these complaint categories. See Table 2.6 for an explanation of the BACP key categories.

Table 2.6

Key Complaint Categories Identified by BACP

Theme	Explanation
Boundary violations	Unwanted/inappropriate touching, inappropriate communication (e.g., adding kisses to text/email messages), unnecessary, unexpectedly, or untimely client contact (such as late at night), contacting clients after the counselling contract has ended, disregarding agreed time boundaries, permitting interruptions during therapy, allowing the therapeutic relationship to shift into friendship, and breaching confidentiality.
Competence	Giving a medical diagnosis or opinion or claiming a specialism in a particular field without qualifications, offering legal or financial advice, not referring on where appropriate and necessary, breaking confidentiality inappropriately or not taking action when necessary.
Fitness-to-practice	Therapists falling asleep in front of clients or being intoxicated. Not taking care of their own health.
Confidentiality	Misunderstandings, with clients assuming confidentiality to be absolute - may assume that the therapist acted unethically.
Contracting	Unclear communication "they never told me," verbal contracts lacking documentation, misunderstandings regarding the parameters of the therapeutic work.
Ending of therapy	Abrupt terminations, digital communication endings – by text or email, blurring the boundaries, failures to transition from professional to personal relationships.
Therapeutic intervention	Client perceives their therapist lacks empathy, objectivity, or behaves inappropriately e.g. using inappropriate language.

Adapted from BACP website (2024)

Studies on managing therapy boundaries highlighted a range of complex challenges. Informed by Free Association Narrative methodology, Martin et al. (2011) conducted a qualitative study through interviews with 13 experienced therapists using a grounded theory approach to explore the complexities of managing sexual boundaries in therapy. While there was agreement on major boundary violations, variability was observed in areas like flirtation, fantasy, and touch. Rodgers (2011) paper on 'Intimate boundaries,' explores therapist's perceptions of erotic transference, highlighting participant confusion about its nature and potential therapeutic usefulness. Hook and Devereaux (2018) stress preventive measures, advocating for research, training, and an open environment that encourages practitioners to openly address adverse events. The complexity of these issues highlights the challenges in maintaining professional standards in psychotherapy.

A national cohort study was conducted by Walton et al. (2019) with 31,872 psychologists, 28,370 pharmacists, 20,935 dentists, 101,066 medical practitioners, 363,040 nurses/midwives to profile the most common complaints and examine whether any demographic factors are associated with receiving a complaint. During the study period there were 12,616 complaints, corresponding to an annual rate of 1.5 per 100 practitioners. They found gender-related variations in complaint likelihood among health professionals. Males faced a 130% higher probability of being subject to complaints, with an alarming 250% increase in risk for over 45-year-olds. Similarly, an earlier study by Symons et al. (2011) reported on a three-stage audit of complaints to BACP and found a gender disparity in complaints revealing an over-representation of males. Complaints targeted 45.83% male registrants, despite men only comprising 16.56% of the total register. This is in agreement with Pope and Tabachnick (1993) quantitative national survey and Grenyer and Lewis (2012) quantitative study previously mentioned. These findings underscore the need for a nuanced understanding of the factors contributing to complaints within psychotherapy practice.

2.10 Impact

Previous studies have examined the impact of frivolous complaints on practitioners within various healthcare disciplines, with a predominant focus on medical, nursing, and general mental health practitioners (Williams, 2000). While the legal aspects of the complaint process have been well-documented, no research has specifically explored the experiences, impact, and aftermath felt by psychotherapists experiencing frivolous complaints. Filing a complaint, regardless of its validity, carries inherent risks that are often underestimated. The presumption that dismissal of a complaint will restore normality overlooks potential lasting effects on practitioners. For instance, GPs receiving complaints that do not progress to formal hearings, experience immediate and enduring negative emotional reactions, leading to adverse impacts on doctor-patient relationships beyond the initial complainant (Hanganu & Loan, 2022; Cunningham & Dovey, 2000). Hanganu and Loan (2022) conducted qualitative semi-structured interviews with 9 Doctors to analyse in depth the impact of complaints. They observed both personal and professional consequences relating to negative feelings, nightmares, insomnia, inability to detach, short-term alterations in practice characterised by a diminished capacity to work with confidence and make decisive decisions. Similarly, a mixed methods study by Gill et al. (2023) found that being complained about had significant impacts. 71% reported negative effects on work practice, 67.2% on health and well-being, and 61.2% on their attitude towards service users.

Therapists encountering complaints even when unfounded undergo significant personal and professional turmoil, manifesting in various mental, affective, and behavioural responses including stress, anxiety, fear, depression, sleep disorders, sexual dysfunction, somatic problems, and interpersonal difficulties, which may hinder their clinical practice, defence capabilities and post-traumatic symptoms (Verhoef et al., 2015; Thomas, 2005; Schoenfeld et al., 2001; Welch 2001; Montgomery et al., 1999; Paterick et al., 2017). Similarly qualitative research by Kirkcaldy et al.

(2022) who conducted 10 semi-structured interviews to explore and describe the subjective experiences of a group of South African psychologists who faced professional misconduct charges underscores the deep personal impact psychologists feel when subjected to complaints, highlighting the challenging healthcare environment. Schoenfeld et al. (2001) found that individuals facing complaints that did not breach ethical rules or regulations still experienced similar negative consequences as those in violation of ethical rules and regulation. Similarly, Gill et al. (2017) found that the therapist's perception that the complainant's motivation was vexatious or unreasonable was more likely to have an emotional impact on the recipient. Following a comprehensive literature review on the impact of licensing board complaints, Thomas (2005) argued recognising distressing responses is crucial for therapists to mitigate adverse countertransference and self-defeating reactions during and after the complaint investigation process. Further, Thomas (2005) suggests that supervisors supporting psychotherapists facing complaints can benefit from familiarity with these difficulties.

Despite a lengthy unblemished history, experienced psychotherapists may unexpectedly face a complaint, leaving them unprepared to respond (Francis et al., 2018; Allan, 2016). Correlating with findings of Thomas (2005), Antonopoulou et al. (2023) qualitative systemic review of published and unpublished literature (22 articles, three reports) found that receiving a complaint may trigger panic, disbelief, confusion, shame, anger/outrage, and a sense of personal failure. Kirkcaldy et al. (2020) study on complaints mentioned earlier reported shock, anxiety, physical symptoms requiring medical attention, self-doubt, increasing isolation, concerns about professional reputation, integrity, fearful anticipation of future complaints and potential loss of livelihoods. The emotional aftermath of frivolous complaints included all these emotions and is likened to post-traumatic stress disorder (Paterick et al., 2017).

Williams (2000) and Schoenfeld et al. (2001) argue that when a client complains against a practitioner, the power dynamic shifts. The practitioner becomes the defendant, bearing the burden of proof. This 'guilty until proven innocent' stance contradicts natural justice principles, heavily favouring the client and threatening a practitioner's career with minimal evidence. The registering body may apply a lower threshold, such as 'preponderance of the evidence,' requiring one side's proof to be more convincing than the other. This less stringent standard than 'beyond reasonable doubt' helps balance power between practitioners and clients while ensuring responsible authority use (Gunther, 2014). However, some argue against the therapist's hold on any power (Williams, 2000; Zur, 2017). Williams suggests further examination of this approach is warranted (Williams, 2000). Clients must have the right to complain about psychotherapy services, due to potential harm from practitioners. However, while clients have the right to report ethical breaches, protecting psychotherapists facing frivolous complaints through accreditation safeguards is just as vital (Howarth & Hallinan, 2016). Understanding the negative effects of complaints processes is key to ensuring they serve their purpose, which depends on viewing complaints positively as learning opportunities (Gill et al., 2017). Regardless of complaint outcome, decisions post-investigation like employing defensive practices can significantly impact the recipient (Hanganu & Loan, 2022).

A frivolous complaint can disrupt identity, impacting self-perception and others' views, potentially causing an identity crisis. As professional identities are closely tied to societal recognition, such challenges may cause emotional distress and prompt a reassessment of one's role. Identity Control Theory (ICT) explores how identity, internalised roles and expectations shape behaviour, self-concept, and social interactions (Burke, 2016). Rooted in Identity Theory (Stryker, 1994; Stryker & Burke, 2000), ICT explores the social construction and maintenance of identity and its link to behaviour within social structures. Burke (2016) argues that professional identities rely on societal recognition, validation and any challenges can cause distress and prompt reassessment of one's place within professional and social structures. ICT emphasises that behaviour is shaped by a socially

constructed world, where assigned names, labels, and expectations become internalised based on social positions, influencing identity and interactions (Burke, 2016).

However, research on identity control theory and emotional responses to identity verification has several limitations (Stets & Burke, 2005). Firstly, as processes of identity verification can vary significantly, findings may not universally apply across different social contexts or cultures. Secondly, emotional responses are complex and shaped by factors beyond identity verification, including personal history and situational stressors, which the theory may not fully address. Additionally, emphasis on verification may overlook the dynamic nature of identity development and transformation over time. Measurement challenges related to self-reports can also introduce bias, complicating the assessment of emotional states. Lastly, the theory may oversimplify complex social interactions and nuanced negotiations of identity maintenance, indicating a need for refinement and validation across diverse populations and contexts (Stets & Burke, 2005).

2.11 Alliance Ruptures

Mistakes are a natural part of being human. In psychotherapy, both clients and therapists are prone to making mistakes and may experience misunderstandings, miscommunications, or encountering ruptures within the therapeutic relationship. Ruptures are defined as a strain on treatment goals or the emotional bond or a breakdown in the client/therapist collaborative process and are common in various treatment stages (Safran & Kraus, 2014; Eubanks, 2018). Research on ruptures by Chen et al. (2016) of 84 clients, found ruptures may unexpectedly occur during sessions for diverse reasons. Conversely, Gelso (2014) argues therapists felt tension, especially early in sessions, and later recognised it as tied to the underlying issues behind the complaint. Failing to notice tension (Chen et

al., 2016) or attune adequately to clients (Knox et al., 2020) can hinder rupture recognition and resolution (Kline et al., 2019).

Safran et al. conducted a quantitative meta-analysis in 2018 based on two studies. The first meta-analysis examined 11 studies (1,314 patients) to ascertain the relation between rupture repair episodes and patient treatment outcomes. The second meta-analysis assessed the impact of rupture resolution training or supervision on patient outcomes from intake to termination. The second phase examined six studies (276 trainees/supervisees) and compared the outcomes of trainees who received rupture resolution training with a comparison group. A moderate link was found between rupture-repair sequences and treatment outcomes, with repaired ruptures benefiting treatment results. Gelso (2014) suggests that ruptures arise from client/therapist conflicts or lapses in therapist empathy, significantly impacting the therapeutic alliance. Gelso further suggests challenges in establishing an initial therapeutic connection. Notably, Meyer and Pilkinos (2001) assert that therapists' attachment styles play a crucial role in handling ruptures. Qualitative IPA research by Radcliffe et al. (2018) with eight clients from a UK NHS Psychological Therapies Department, who felt therapy had not helped, participated in semi-structured interviews analysed using interpretative phenomenological analysis. Participants described overwhelming fears of losing control, being judged, and believed some therapists were not in a good place to provide therapy during the rupture. Lingiardi et al. (2016) propose that therapists with a secure attachment style manage ruptures better than those with anxious, avoidant, and disorganised attachment styles. The authors used the Adult Attachment Interview (AAI), Attachment Style Questionnaire (ASQ), and the Experiences in Close Relationships Scale (ECR) as measures of attachment style. However, there remains a scarcity of research investigating the impact of therapist attachment on the working alliance and therapy outcomes.

In their 2024 meta-analysis, Vaz et al. identify cases where the working alliance and genuine therapeutic relationship may not align, causing potential alliance ruptures. They note that some therapists may not initially establish a strong personal connection with clients, resulting in a weak authentic relationship alongside a robust working alliance. The authors recognise that the genuine relationship might not strengthen over time, yet successful outcomes are possible if the working alliance remains strong. Highlighting the importance of both the alliance and genuine relationship, the authors emphasise the intricate nature of the therapeutic process, urging therapists to be vigilant and address any disruptions to facilitate positive client outcomes.

Knox et al. (2020) used consensual qualitative research (CQR) to analyse interviews with 13 graduate-student/recent graduate psychotherapists, exploring how they managed errors in psychotherapy and identifying rupture precursors linked to intrapersonal challenges. The most common error involved neglecting crucial client factors, like multiculturalism and risk (Sharma & Fowler, 2016). The findings suggest therapists faced challenges managing client anger, difficulties managing emotionally demanding clients, sporadic attendance, and struggling to respond to social cues (Sharma & Fowler, 2016). Withdrawal ruptures, involving avoidance, topic changing, minimal responses, or confrontational expressions of negative feelings towards the therapist, signal strain in the therapeutic alliance (Okamato et al., 2019; Mazzetti, 2012).

Managing tension between self-definition and relatedness is often handled through ruptures Lingiardi et al. (2016). This highlights damage to intra- and interpersonal functioning in individuals with BPD (Lazarus et al., 2014; Chanen et al., 2022). More intense ruptures are observed in individuals with interpersonal difficulties (Muran et al., 2019), leading to a poorer therapeutic alliance (Hersoug et al., 2013; Constantino & Smith-Hansen, 2008). A quantitative meta-analysis by Schenk et al. (2021) found that Individuals with personality disorders struggled in forming interpersonal connections, impacting the therapeutic alliance. Their impaired self and interpersonal

capacities hinder interpersonal functioning compromising the therapeutic relationship's quality from the outset. Furthermore, the analysis notes that individuals with personality disorders experience confrontations and withdrawal ruptures more frequently compared to other clinical groups. Addressing ruptures in therapy offers corrective emotional experiences, transforms dysfunctional interpersonal schemas, and facilitates insight for both therapist and client (Gelso, 2014). Neglecting ruptures weakens the therapeutic alliance (Muran, 2019). In psychology, particularly in the context of interpersonal relationships, ruptures, as conceptualised by Safran and Muran (2000), necessitate support, aligned with restorative justice principles, rather than an adversarial combative approach.

2.12 Role of Accrediting Bodies Complaints Committees

Accreditation bodies such as BACP, IACP, and UKCP are pivotal in upholding the integrity and ethical standards of psychotherapy professionals, safeguarding the public from unethical practices (Van Horne, 2004; Cox, 2017). They assess individuals' capacity to practice independently, competently, and ethically, requiring adherence to organisational standards (BACP, 2024), thereby ensuring standards, fostering trust, and shielding the public from unethical and unqualified therapists (Bricklin et al., 2003). Whilst maintaining neutrality these organisations investigate complaints, with findings potentially affecting the practitioner's accreditation (Allan, 2016). Responding to complaints indicates the seriousness with which they take their responsibilities (Feltham & Horton, 2006).

Regulation is essential for maintaining public trust and ethical conduct in psychotherapy, yet despite their gatekeeping role membership or mandatory regulation is not a legal requirement in the United Kingdom and the Republic of Ireland. However, Ireland is transitioning towards professionalisation, state regulation, and standardised training facilitated by CORU, (Ireland's multi-profession health regulator) aimed at ensuring professional competence, ethics, and qualifications. Despite long-

standing anticipation, the CORU register for psychotherapy is not yet established as of the current writing. In the UK, advocates want systemic reforms to establish a therapeutic profession for public protection against unethical practitioners (Quennell, 2010; Scott, 2010). The Professional Standards Authority for Health and Social Care (PSA) oversees counselling and psychotherapy regulation, monitoring the Health and Care Professions Council (HCPC). The PSA ensures registration and monitoring processes meet specified standards, reviewing and recommending improvements to HCPC decisions when necessary.

2.12.1 The Role of Complaint Committees

Accrediting bodies complaint committees investigate complaints and ethical violations, assessing if therapists breached ethical guidelines or standards set by the association (Carnahan, 2019). They safeguard the well-being and rights of clients by addressing complaints promptly and taking necessary measures to prevent harm. Sanctions for identified regulatory breaches, ranging from cautionary letters to severe actions like suspension or expulsion, are determined by the accrediting body. This may include disciplinary supervision or practice limitations for a specified period (Thomas, 2014; UKCP, 2024). By addressing complaints and enforcing accountability, complaint committees contribute to maintaining the quality and integrity of psychotherapy and counselling services.

Hedges (2002) argues that complaints committees overseeing psychotherapy conduct may lack essential information for client complaint adjudication, hindering their understanding of psychotherapeutic complexities. Despite limited access to client records and personal testimonies, accrediting bodies often neglect false accusation claims, resulting in therapists being disciplined without fair hearings (Shapiro & Smith, 2011). To address this, Riggs and Smith (1997) emphasise the need for reasonable safeguards for practitioners and recommend using highly trained, impartial professionals to evaluate complaint validity before proceeding with formal investigations. The

literature indicates that ethics committees often overlook or omit such protection in evaluation and disciplinary processes (Williams, 2000; Welch, 2001; Peterson, 2001; Bricklin et al., 2003; Shapiro & Smith, 2011). Woody (2009) posits that proactive anticipation of client complaints and the importance of seeking legal advice, are essential support services for practitioners.

Using the questions detailed below, a request for statistical information was made to three accrediting bodies: BACP, IACP, and UKCP. The data received was confusing and none of the accrediting bodies were able to provide figures in relation to questions two and three, with the exception of the BACP who stated; *"a complaint normally takes 12 -18 months to process under normal circumstances, though some complaints are more complicated and can take longer to prepare and to receive all the information needed*" (BACP, 2024). The questions asked were:

1. What was the total number of complaints received in the previous full year.
2. What percentage of the overall number of complaints were dismissed deemed as frivolous, vexatious, or baseless.
3. On average how long does it take to process a complaint from opening to final adjudication.

2.12.2 What Accrediting Bodies State About Frivolous Complaints

While safeguarding the public and upholding professional standards are crucial, it is important to recognise that some complaints may be frivolous (Morris et al., 2017). The nonmaleficence principle, centred on avoiding harm to clients and refraining from potentially harmful practices, does not extend to safeguarding psychotherapists (Beauchamp, 2019). The Irish Association for Counselling and Psychotherapy (IACP) explicitly states on their complaints page that they do not investigate frivolous complaints. To proceed, complaints must be tied to one or more sections of the IACP Code of Ethics and Practice. The association may opt not to further investigate cases previously examined with no new material information. Moreover, complaints where the substance changes or additional

trivial or unrelated concerns are raised during the investigation may be disregarded. If a complaint lacks clarity or the complainant fails to articulate precise issues despite reasonable efforts by the association, it may not be pursued. Complaints that solely focus on trivial matters or are malicious, false, or intended to cause harm may also be disregarded. In such instances, the association may conclude that the complaint is unjustified or that further investigation would not be productive (IACP, 2024).

The BACP and UKCP websites treat 'frivolous' and 'vexatious' as synonymous terms in their Professional Conduct Procedure Protocols. Both organisations define a complaint as frivolous or vexatious if its primary purpose is to harass, distress, annoy, tease, agitate, disturb, or cause trouble for the member in question. The UKCP evaluates frivolous/vexatious complaints on a case-by-case basis, considering factors such as the intent to cause distress, disturb, or pressurise. They will evaluate if the complaint is revisiting previously addressed matters, repetitive with minor variations, non-compliance with normal procedures, attempts to contact senior staff excessively, refusal to provide relevant information, and whether administrative burdens are proportionate. Intimidating, aggressive, or threatening behaviour is also taken into account during the assessment.

2.13 Overview of Clinical Supervision

Psychotherapy supervision, originating in the early 20th century, has evolved into a formalised process with ethical guidelines and best practice recommendations (Evans et al., 2016). During the 1950s, as various counselling and psychotherapy methods emerged, psychotherapy supervision evolved into a significant training and practice tool. The functions of supervision include monitoring, educating, developing, and supporting individual practitioners in their role as psychotherapists. It became recognised as a distinct specialty apart from counselling and psychotherapy, with dedicated training programs provided by psychotherapy institutes. However, supervision remained closely

aligned with the theoretical frameworks and models of psychotherapy adopted by different therapeutic schools (Leddick & Bernard, 1980).

By the 1980s, major professional bodies mandated ongoing supervision for members and integrated it into training programs (Borders et al., 2014; Carroll, 2007; Grant & Schofield, 2007; Leddick & Bernard, 1980). Psychotherapy supervision has evolved over time to become a crucial cornerstone in the education and oversight of psychotherapy practices on a global scale (Watkins & Milne, 2014).

Supervision serves three primary purposes: (a) Supporting supervisees in recognising and addressing the emotional impact of client interactions (Marcela, 2012; Hawkins & Shohet, 2006); (b) Facilitating professional growth by providing feedback and fostering skill development (Holt et al., 2015; Watkins, 2012; Ellis, 2010); (c) Ensuring quality and accountability in psychotherapy practice (Kress et al., 2015; Milne & Reiser, 2012; Thomas, 2014).

Supervisors act as transformation agents, playing a multifaceted role combining education, guidance, and oversight to ensure client safety while enhancing supervisees' theoretical and treatment skills and professional growth toward success in practice (Bernard & Goodyear, 2019; Barnett & Molzon, 2014; Borders et al., 2014; Ellis, 2010; Grant & Schofield, 2007; Hawkins & Shohet, 2006). Supervisors ensure client well-being by providing oversight and training to minimise potential harm (Falender & Shafranske, 2004). Supervisors must be trained and accredited in supervision (Borders et al., 2014; Grant et al., 2012; Hawkins & Shohet, 2006), have practical experience in counselling and psychotherapy (Bernard & Goodyear, 2019), demonstrate empathy (Marcela, 2012), show emotional maturity and confidence in their role (Ellis, 2010; Thomas, 2014), and engage in continued professional development and supervision themselves (Watkins, 2012).

Watkins et al. (2021) contend that the complexity of supervision research has been acknowledged for a long time and continues to pose a significant challenge for investigation. They argue that the current status of supervision research resembles that of psychotherapy research in the 1950s or 1960s (Milne et al., 2012). Bernard and Goodyear (2014) identify five principal areas of supervision research: its effects on client outcomes, the supervisor-supervisee interaction, supervisee competence, factors influencing supervision impact, and characteristics of supervisors and supervisees. A qualitative systematic review conducted by Wheeler and Richards (2007) discovered only 18 studies, conducted between 1980 and 2006, investigated the impacts and efficacy of supervision on psychotherapists and their clients (Wheeler & Richards, 2007). However, after accounting for methodological quality, sampling procedures, use of appropriate randomisation and control conditions, study biases, limitations, and inconsistencies in reporting, Wheeler and Richards systemic review (2007) found that only two out of eighteen studies were identified as very good; Efstation et al. (1990) and Ogren and Jonsson (2003). These studies were identified as having a quantitative design suitable for accessing the effect of supervision on client outcomes. The authors' analysis led them to the conclusion that despite three decades of supervision research, there was minimal advancement in understanding whether supervision contributes to patient outcomes (Watkins, 2011). However, there is evidence suggesting that supervisees' therapeutic competence improves through supervision, suggesting a direct positive effect on their clients also (Kühne et al., 2019; Bambling et al., 2006, Thomas, 2015).

Nevertheless, an influential quantitative study involving analysing archival data from 76 clients, 40 trainee clinicians and 9 supervisors, investigated the influence of supervisors on client outcomes and found that supervisors accounted for 16% of the variability in treatment outcomes (Callahan et al., 2009). However, this study had methodological limitations as it relied on non-experimental retrospective methods and had a small sample size (Kühne et al., 2019). Despite the widely held belief in the connection between supervision and client outcomes, there is currently insufficient

robust evidence to support this assertion (Thomas, 2015). Conversely, Alfonsson et al. (2018) conducted a qualitative systemic review of the literature and concluded there was some evidence to suggest supervision was beneficial for trainee psychotherapists, however found no evidence for the benefit of supervision for clients. This aligns with Thomas (2015), literature review who emphasises the supervisory role in upholding client welfare and professional standards, though the study does not directly link supervision to client health or progress.

The literature suggests positive impacts of supervision on aspects such as supervisees' satisfaction, autonomy, self-efficacy, self-awareness, and the capacity to recognise blind spots (Wheeler & Richards, 2007; Morrissey & Tribe, 2001) alongside its role in preventing therapist burnout (Holt et al., 2015; McCarthy, 2013; Westefeld, 2008; Wheeler & Richards, 2007; Bambling et al., 2006; Spence et al., 2001; Milne & James, 2000). Besides facilitating skills enhancement, supervision is recognised as a supportive and comforting process for both trainees and clinicians (Marcela, 2012; Ellis, 2010).

Various theorists highlight the importance of effective supervision, resulting in the emergence of different supervision models (Carlson & Lambie, 2012; Hawkins & Shohet, 2012; Hill, 2009; Lambie & Sias, 2009). The various theoretical models of supervision suggest distinct approaches and mechanisms for its delivery. However, there is limited empirical literature available regarding the actual delivery of supervision. Inskipp and Proctor (2001) categorise supervision roles as 'normative,' 'formative,' and 'restorative' functions. Clinical supervision involves ensuring quality ('normative'), facilitating supervisee development ('formative'), and addressing emotional processes and well-being ('restorative') (Watkins, 2020). While there is some agreement on supervision improving therapy quality and serving an educational role, not all endorse Inskipp and Proctor's focus on its

restorative function, which includes providing support, boosting morale, and enhancing job satisfaction (Cape & Barkham, 2002; House & Loewenthal, 2008).

Supervisors play a crucial role in preventing inadequately skilled practitioners from practicing independently thereby maintaining integrity in the profession (Bernard & Goodyear, 2019). They are obliged to take corrective actions if no improvement is seen (Barnett & Molzon, 2014). In a review of the literature by Falender and Shafranske (2004); Townend et al. (2002); Spence et al. (2001), indicate supervision training is still developing, with existing training programs varying in form and quality. Adopting a similar position Henderson (2018) argues that supervision courses are better suited for Master's level within the academic framework. It has also been proposed that training and supervision of psychotherapy should be evidence-based (Falender & Shafranske, 2007; Milne, 2009).

Due to a lack of evidence relating to supervisory models, it is challenging to determine the dominant supervisory approach among psychotherapists. It appears that British supervisors heavily influence Irish supervision practices through training in the UK and British supervisors conducting programmes in Ireland (Creaner & Timulak, 2016). They posit that supervisory approaches in Ireland rely more on conceptual frameworks than empirically validated models (Creaner & Timulak, 2016). While there is not a singular model or perspective on supervision, it is universally recognised as a crucial element in the training, support, and continuous growth of psychotherapists. Moreover, it is now a mandatory component in professional accreditation.

2.13.1 The Supervisory Relationship

The way a supervisor conducts supervision greatly impacts the professional performance of the supervisee. A supportive, respectful, and empathetic supervisor can inspire similar qualities in the supervisee's client interactions, whereas an unsupportive supervisor may have the opposite effects

(e.g., cold, emotionally distant, and unsupportive) (Thomas, 2015; Watkins, 2018). A positive working supervisory relationship enables effective intervention and enhances the growth of both parties and their clients (Watkins, 2017).

The systemic review of 18 studies by Wheeler and Richards (2007) mentioned earlier highlights the significant positive impact of clinical supervision on therapists and their practice, which subsequently influences therapy outcomes. According to the review supervision fosters enhanced self-awareness, skills, and self-efficacy among therapists, contributing to a stronger therapeutic alliance with clients. For example, supervisees who develop greater comfort in expressing negative transference feelings may build more authentic and trusting relationships with their clients, thereby improving therapy outcomes (Wheeler & Richards, 2007). Additionally, when supervisors provide emotional support and constructive feedback, supervisees feel more confident and better equipped to apply therapeutic techniques effectively, leading to increased client engagement and progress. The development of a collaborative and supportive supervisory relationship can facilitate the therapist's ability to establish a positive alliance, which is well-documented in the literature as a key predictor of successful therapy outcomes. Moreover, congruence in theoretical orientation between supervisor and supervisee enhances the therapist's confidence and consistency, further strengthening the therapeutic bond in sessions. Overall, these findings highlight that supervision plays a vital role in cultivating the qualities necessary for a strong therapist-client alliance, which is crucial for effective therapy.

Wheeler and Richards (2007) review outcomes are consistent with the findings of a meta-analytic review of 12 studies examining the relationship between supervision and therapy outcomes by Keum and Wang (2020). Their findings indicate that supervision appears to have a positive but small effect on client satisfaction in therapy. Further their findings indicate that effective supervision can help therapists better meet clients' expectations, which in turn enhances client satisfaction. For

instance, Mcaleavey et al. (2014) found that clients' session quality ratings were higher when therapists' orientations aligned with their supervisors. Additionally, early studies such as Harkness and Hensley (1991) reported that clients experienced greater satisfaction when their therapists received client-centred supervision. Overall, while the effects are generally small, these findings suggest that supervision can contribute to improved client satisfaction by supporting therapists in delivering more effective and attuned therapy sessions.

Reviews mentioned above highlight the significance of a positive therapist-client alliance for therapy outcomes (Flückiger et al., 2012). This concept extends to the supervisory relationship, where a strong working alliance is crucial for effective supervision as found by Bright and Evans (2019) survey of 101 counselling supervisors. Supervision plays a vital role in fostering positive changes, especially in person-centred psychotherapy, as highlighted by Rogers (1951) and emphasised by Watkins, (2014); Kilminster & Jolly, (2000); Ladany et al. (2013); Holloway, (1995). A positive supervisory alliance involves a strong emotional bond, clearly articulated common goals, and defined supervision tasks (Vandette et al., 2021; Thomas, 2015). Bernard and Goodyear's (2019) review identified elements influencing a strong alliance, such as attachment, supervision style, self-disclosure, and ethical behaviour. Their meta-analysis concluded that a positive alliance leads to overall satisfaction and reduced role ambiguity and conflict.

Conversely, bad psychotherapy supervision can result in a range of negative outcomes including decreased job and life satisfaction, psychological distress, impaired trainee development and skills, increased vulnerability, impostor syndrome, strained supervisory relationships, and potentially harmful effects on client treatment as identified during Gray et al. (2001) qualitative study, interviewing 13 psychotherapy trainees. A qualitative meta-analysis by Coleiro et al. (2023) synthesised existing qualitative research and explored what aspects therapy trainees find helpful and unhelpful in individual supervision. A sample of 29 studies (755 participants) was included and

found poor supervision can negatively impact the well-being, professional advancement, and self-assurance of the supervisee, leading to negative thoughts and feelings, impacting thought process, decision-making abilities, causing physical and psychological health problems.

A mixed method study by Ladany et al. (2013) comprising 128 individuals (100 female, 27 males, one unknown) found that a weak supervisory alliance is also linked to supervisees withholding information concurring with Mehr et al. (2010) findings. Supervisees may withdraw behaviourally and refrain from active participation or sharing relevant details due to concerns about perception management, fear of criticism, strained relationships with supervisors, or time constraints (Coleiro et al., 2023). This behaviour can impede learning and progress in supervision. In contrast, Hess et al. (2008) and Ladany et al. (1996) argue that even in positive relationships, instances of non-disclosure may still occur. To ensure a successful collaborative partnership, supervisees must be transparent and truthful about their clinical work (Roth & Pilling, 2015), facilitated by a foundation of open communication, honesty, and trust in their supervisor (Mehr et al., 2010).

During the complaints process, supervisees may turn to their supervisors for support, however, the supervisor may lack the skills or training to fully assist the supervisee which could affect the supervisory alliance (Bertsch et al., 2014). There is a dearth of supervision research which considers the supervisor's experiences (Nelson & Friedlander, 2001). Understanding their perspective would enhance insight into effective supervision and potential challenges (Trede et al., 2014). More qualitative studies in this area are needed to identify, understand, and contextualise supervisor's concerns, anxieties, and experiences in this regard.

2.14 Summary

Having examined the available literature the narrative review finds that, despite research on client motivations behind complaints against psychotherapists, there is a dearth of published literature relating to the therapist's perspective and experiences regarding frivolous complaints. Where this issue is addressed within research studies it tends to feature only as a subsection of what is considered a more important issue. This is surprising given that frivolous complaints can significantly impact practitioners, with consequences that may be disproportionately overwhelming. The task of defending oneself against frivolous allegations before an accrediting body adds an additional layer of stress to a challenging situation.

The literature review also highlighted that supervisors play a crucial role in the psychotherapy profession but often lack adequate complaints training to support their supervisees through the process. The lack of literature on the value of the supervisor's role during complaints investigations highlights the need for research and resources to better understand and improve this critical aspect of professional development in therapeutic settings. A deeper understanding of complaint dynamics and the support systems in place will contribute to a more resilient and effective therapeutic community.

Certain factors contributing to frivolous complaints depend on who is complaining, complainant's behaviour, motives, and whether the issue relates to a specific matter or the overall process. Understanding motivations for complaints can reveal underlying issues influencing client behaviour. It is crucial to address contributing factors individually rather than treating complainants as a homogeneous group. Further research on distinct types of unfounded complaints and their respective complainants is warranted.

Accrediting bodies should address clients' misuse of complaint processes aimed at harming therapists. This involves setting and enforcing standards, empowering skilled staff to use professional judgement to identify frivolous complaints, and ensuring clear communication about complaint routes, roles, and limitations. Proactive efforts to meet complainant's needs and proposals to address frivolous complaints should align with regulatory principles, prioritising client protection. This study aims to explore the experiences of therapists who have faced frivolous complaints and a supervisor who has provided support to their supervisee through the complaint process. The intention is to offer insights to psychotherapists and supervisors, enrich existing research, and most importantly, give a voice to those who have lived the experience of this ordeal but have not been represented in academic literature.

Chapter 3: Theoretical framework

A Person-centred approach

3.1 Introduction

Interpretative Phenomenological Analysis (IPA) suggests that an individual's lived experiences can be linked to theoretical frameworks. Theoretical frameworks serve as a foundation for understanding the phenomena under investigation, guiding development of research questions and interpretation of findings (Smith et al., 2022). Building on the insights gained from the review of existing literature, this section introduces the study's theoretical framework, ensuring analysis remains grounded in participants' perspectives for an authentic exploration of their experiences.

The overarching aim of the current study is to explore frivolous complaints in person-centred psychotherapy, with a particular focus on understanding and managing ruptures in the therapeutic relationship. By employing Person-Centred Theory (PCT) (Rogers, 1959) as a guiding framework, the study aims to highlight the importance of trust, communication, collaboration, and repair within the therapeutic alliance. The PCT framework is particularly relevant due to its focus on the dynamics of the therapeutic relationship, offering valuable insights into how misaligned expectations, dissatisfaction, or unresolved conflicts might escalate into frivolous complaints.

3.2 Overview of Person-Centred Theory (PCT)

Person-centred therapy (PCT) is rooted in the humanistic tradition of psychotherapy, originating from the 1950s ideas of philosophers like Kierkegaard, Husserl, and Heidegger (Cain, 2002; Yalom, 2002; Van Deurzen, 2012). Developed by Rogers (1951) person-centred theory (PCT) is a non-

directive, relational therapy (Cooper & Mearns, 2017) in that the aim is not to reduce symptoms, but focuses on the client's personal meaning making. PCT adopts an inherently phenomenological approach, focusing on self-explanation and achieving a balanced, tension-free state in personality development and self-perception. This balance entails being free from internal stress and anxiety, establishing personalised values that align with others who are successful (Rogers, 1951: 532). Robers (1961) formulated a theory outlining the characteristics of a fully functioning individual. He describes it as someone who is open to experience, lives in the present, trusts themselves, makes choices freely, and strives for personal growth and is a work in progress. The PCT approach focuses on the therapeutic environment in which the therapist provides a safe space for the client to disclose their problems. Rogers advocates that therapists relate authentically to clients while demonstrating acceptance and empathy. According to Rogers, the success of psychotherapy depends on the therapist's ability to establish a genuine, accepting, and empathic relationship with the client (Rogers, 1957).

The person-centred approach is based on the theory that individuals are the expert on their own life and experiences and given the right environment they have an innate capacity for self-understanding and positive personality change or 'self-actualisation' (Rogers, 1957). This change is said to occur when six "necessary and sufficient" conditions are met. These include psychological contact, client vulnerability/incongruence, therapist congruence, unconditional positive regard, empathetic understanding, and clients' perception of the therapist (Rogers, 1957). Rogers believed these core conditions foster a safe space where clients can openly explore their experiences without fear of judgment. See Table 3.1 below for the six necessary and core conditions. The core principles of PCT- empathy, congruence, and unconditional positive regard (UPR) -according to Rogers (1957) create an environment that fosters personal growth, self-discovery, and psychological healing.

However, while person-centred therapy emphasises empathy, unconditional positive regard, and the therapeutic relationship, Rogers' ideals can falter in the face of a frivolous complaint. When a therapist is targeted with frivolous allegations, the foundational trust assumed in Rogers' framework may be shattered rendering the core conditions approach unrealistic in practice. In such scenarios, the need for safeguarding procedures and protocols may be necessary to mitigate the impact of the frivolous complaint.

Table 3.1

The six necessary and core conditions

Condition 1 - Psychological Contact: There must be a relationship between the client and the therapist where each makes some perceived impact on the other. This is referred to as a pre-condition for person-centred therapy.

Condition 2 - Client Incongruence: The client is in a state of incongruence (i.e., a mismatch between their self-concept and experience), which causes vulnerability or anxiety.

Condition 3 - Therapist Congruence: The therapist is aware of their own feelings and is genuine and authentic within the relationship. The therapist can communicate honestly and openly about what they are hearing and feeling.

Condition 4 - Unconditional Positive Regard: The therapist offers the client acceptance and warmth without judgment. The client does not have to alter their behaviour to be accepted.

Condition 5 - Empathic Understanding: The therapist enters the client's frame of reference and experiences the client's feelings and thoughts from the client's perspective. They can show the client that they are at least trying to get a sense of who the client is and how they are experiencing life.

Condition 6 - Client Perception of the Therapist's Empathy and Acceptance: The client perceives the therapist's empathy, acceptance, and warmth and feels understood.

Adapted from Rogers (1957)

Rogers maintained that the six conditions outlined above were not specific techniques, but rather an integral part of the therapist's personality and belief system regarding human nature and the client's capacity for growth and self-actualisation. These principles are considered "necessary and sufficient" for therapy, highlighting the therapist's role in fostering self-discovery and growth within a non-directive approach rather than relying on specific techniques (Rogers, 1957; Wampold & Imel, 2015). Rogers emphasises understanding the client's perspective at a deep relational level, believing self-actualisation occurs when provided with the right environment (Rogers, 1957). The goal is to create a supportive space that enables self-healing and growth (Africa, 2011). However, some critique these conditions and the feasibility of consistently maintaining unconditional positive regard (Elvins & Green, 2008; Horvath et al., 2011; Wampold & Imel, 2015).

In the context of this study exploring the impact of frivolous complaints, Rogers' core conditions are particularly relevant. When a client lodges a frivolous complaint, the therapist's ability to maintain congruence and empathy becomes essential to preserve the therapeutic alliance. Unconditional positive regard can help ensure that the therapist continues to view the client without judgment, which may, in turn, encourage the client to explore their motivations and underlying distress honestly (Roger, 1957). A strong perception of empathy, honesty and psychological safety can mitigate defensiveness and support the reparation of trust. Qualitative research carried out with 10 forensic mental health nurses in Ireland around rebuilding the therapeutic relationship following physical restraint suggests that the negative features of a rupture can be mitigated by the awareness of, commitment to, and capacity for maintaining the therapeutic relationship in the therapeutic setting (Moyles at al., 2023). This highlights how a collaborative, non-judgmental relationship, grounded in Rogers' core conditions, may reduce the likelihood of frivolous complaints arising and foster constructive resolution if they do, preserving the integrity of the therapeutic process.

3.3 The Therapeutic Alliance Concept in PCT

The therapist's attitude is central to the therapy process and in helping the client to become their true self. The therapeutic alliance, described as the collaborative and trusting relationship between a therapist and client, is considered a critical factor across many psychotherapy modalities (Horvath et al., 2018). However, the emphasis on its importance varies depending on the theoretical framework of the therapy (Koole & Tschacher, 2016). For example, cognitive-behavioural therapy places less emphasis on the alliance than psychoanalytic and humanistic approaches, viewing it as a necessary foundation but not inherently curative (Koole & Tschacher, 2016). Within PCT the therapeutic alliance (TA) has been conceptualised as being the primary healing mechanism and catalyst for change (Hartley, et al., 2020), with the client not the therapist guiding the therapeutic process as outlined in Rogers (1951, pp.483-522) 19 propositions (Bozarth, 2013). Rogers asserted that clients are the experts in their own distress and should therefore lead their healing journey. See Table 3.2 below for the 19 propositions.

Table 3.2

The 19 Propositions

1. Each person lives within a constantly changing world of experiences, where they are at the centre.
2. An individual's behaviour is shaped by how they perceive this world of experience, which constitutes their reality.
3. The person responds as a unified whole to their perceived reality.
4. Every individual has one fundamental motivation: to actualise, maintain, and enhance themselves as a whole being.
5. Behaviour is essentially a goal-directed effort to satisfy the person's perceived needs.
6. Emotions accompany behaviour and typically support it, reflecting the significance of the behaviour for the individual's well-being.
7. The most effective way to understand behaviour is through the individual's own internal perspective.
8. Over time, a portion of a person's experiential field becomes differentiated as 'the self'.
9. The self is formed through interaction with the environment and especially through interactions with others that involve evaluation. It consists of a fluid, yet organised system of perceptions about the self, including values associated with those perceptions.
10. Some values are experienced directly by the individual; others are adopted from others but are perceived as if they were internally derived.
11. Experiences are either integrated into the self-concept, ignored if they are irrelevant to it, or distorted/denied if they contradict it.
12. Most of a person's behaviour is consistent with their self-concept.
13. At times, behaviour is driven by needs or experiences that have not been symbolised or fully recognised; this behaviour may appear to contradict the self-concept and may feel alien or unowned by the person.
14. Psychological distress occurs when significant experiences are denied or excluded from awareness, preventing them from being integrated into the self.
15. Mental health exists when a person can fully integrate all their experiences into a consistent, flexible self-concept.
16. Experiences that contradict the self-concept are perceived as threats, and the more such contradictions there are, the more rigid the self-concept becomes to defend itself.
17. When conditions are non-threatening, people are more open to reevaluating and integrating challenging experiences into their self-concept.
18. As individuals become more open to all their experiences, they also become more understanding and accepting of others as distinct individuals.
19. When people begin to integrate all their experiences, including previously denied ones, they shift from fixed external value systems to an internal, fluid valuing process guided by their own organismic awareness.

Adapted from Rogers (1951)

The therapeutic alliance (TA) significance in psychotherapy outcomes is extensively researched (Horvath et al., 2018) and fundamentally viewed as an ongoing relational endeavour, requiring collaboration between therapist and client (Lambert, 2015; Flückiger et al., 2018). The terms "therapeutic relationship" and "therapeutic alliance" are commonly used interchangeably. However, the term "alliance" is more comprehensive, encompassing broader elements such as agreements and mutual understanding regarding therapy goals and tasks (Bordin, 1979).

Bordin (1979) model of the therapeutic alliance highlights that a robust working alliance is crucial for therapeutic change across psychotherapy disciplines. Bordin proposes a transtheoretical framework, highlighting three interdependent elements: collaboration on tasks, agreement on goals, and development of the emotional bond between therapist and client (Bordin, 1979). Bordin saw the tripartite working agreement model (TWA) as central to all therapeutic relationships, regardless of theoretical orientation. The TWA comprises of a real relationship, a working alliance, and a transference-countertransference structure (Gelso, 2014). This model underscores the importance of an active and evolving partnership, emphasising that the alliance is not merely rapport but a dynamic relationship that enhances engagement and improves therapeutic outcomes (Gelso, 2014). The alignment of these elements is crucial for maintaining a strong therapeutic relationship, especially in the context of ruptures leading to frivolous complaints, where trust and collaboration may be tested.

3.4 The Rupture/Repair Concept in PCT

Alliance ruptures, impasses, empathetic failures, misunderstandings, and transference-countertransference enactments are inevitable in therapy. A growing body of evidence suggests that repairing ruptures in the alliance is related to positive outcome (Safran et al., 2011). Ruptures,

defined as a breakdown or strain in the client-therapist collaborative process (Safran & Kraus, 2014; Gelso, 2014; Safran et al., 2009), as well as challenges in treatment goals or the emotional bond (Eubanks, 2018), are common throughout various stages of therapy. Ruptures are associated with the activation of dysfunctional interpersonal patterns presenting opportunities for meaningful in-session exploration (Safran & Segal, 1990). Ideally, such ruptures would be followed by therapeutic repair (Bordin, 1979; Safran et al., 2011), which is understood as a dynamic, interactive process (Safran et al., 1990). Bordin (1979) argues that addressing and resolving ruptures can strengthen the therapeutic alliance and enhance treatment outcomes, viewing ruptures as inevitable and essential for effective therapy.

In Person-Centred Therapy (PCT), the rupture/repair concept emphasises the importance of addressing relational ruptures in the therapeutic alliance through the core conditions outlined by Rogers (1959) as congruence, empathy, and unconditional positive regard. Rather than controlling or directing client behaviour, therapists aim to "be with" clients, creating a non-directive, accepting environment that fosters self-directed growth (Rogers, 1965). This approach challenges the traditional view of therapists as experts, instead promoting a collaborative and trust-based relationship where mutual understanding enables the repair of ruptures and the deepening of the therapeutic connection.

However, if a client disengages without voicing concerns, the therapist cannot facilitate repair, missing its potential benefits (Safran et al., 2011; Safran & Muran, 2000). This challenges the notion that ruptures are always essential in therapy (Lambert & Barley, 2001). The value of proactive communication and a strong alliance in preventing ruptures rather than relying on them for therapeutic progress is important (Safran & Muran, 2000). A safe space for clients to express concerns is crucial to avoid unresolved issues (Horvath & Bedi, 2002). However, some ruptures may

stem from the client's subjective experience or misinterpretation, making them irreparable (Williams, 2000).

3.5 Addressing Frivolous Complaints Through PCT

In the broader context of client grievances even frivolous complaints, though seemingly minor, can reveal deeper dynamics within the therapeutic relationship such as feelings of insecurity, mistrust, or a desire for greater attention and validation within the therapeutic relationship (Safran & Muran, 2000). While frivolous complaints may not reflect actual therapist errors, these complaints may stem from unmet needs, miscommunication, or unresolved interpersonal patterns, often referred to as transference dynamics (Gelso & Hayes, 1998). Ignoring such complaints risks eroding the therapeutic alliance by leaving the client feeling unheard or invalidated. Conversely, addressing these issues empathetically can reinforce trust and collaboration while offering opportunities for reflection and growth (Safran & Muran, 2000).

In person-centred therapy, therapists are expected to provide core conditions (Rogers, 1959) regardless of how clients present themselves. UPR involves accepting clients as they are, without judgment, which includes recognising and validating their experiences, even when faced with challenging behaviours or complaints (Wilkins, 2000). However, therapists are human and may struggle to maintain UPR consistently, particularly when faced with frivolous complaints. Factors such as personal biases, boundary issues, and emotional responses can complicate the therapist's ability to provide UPR (Wilkins, 2000).

A systematic review of 31 published psychotherapy studies by Heinonen and Nissen-Lie (2020) found that a strong working alliance significantly predicts positive therapy outcomes (Zilcha-Mano, 2017)

and correlates with lower premature therapy termination rates (Bohart & Tallman, 2010; Hubble et al., 2010; Norcross, 2010; Wampold, 2010; Goldfried & Davila, 2005). This is consistent with Bartholomew et al. (2021) quantitative study of 103 clients examined if the alliance is a robust predictor of decreases in distress. They argue that the quality of the therapeutic relationship may significantly influence therapy outcomes. However, the quantitative study by Heinonen and Nissen-Lie (2020) faced limitations such as insufficient numbers of studies and small sample sizes, which hindered the ability to conduct robust meta-analyses and detect significant associations between therapist characteristics and patient outcomes. Additionally, the reliance on single viewpoints in assessing therapist qualities and the lack of multilevel modelling may have overlooked the complex dyadic nature of psychotherapy, potentially leading to biased results.

Conversely, Bachelor (2013) performed a quantitative exploratory factor analyses on 176 client and 133 therapist observations, contending there may be a misalignment between the therapist's and client's perception of a strong relationship, suggesting that positive outcomes are not guaranteed, despite the general effectiveness and adherence to person-centred protocols (Barkham & Lambert, 2021; Miller et al., 2018; Wampold & Ulvenes, 2019). Bachelor's (2013) study also has several limitations, including a predominantly female and all-white sample, which may affect generalisability. Additionally, varying levels of therapist experience and potential biases from naturalistic settings could influence results. The reliance on self-report measures and single assessments of the alliance may not fully capture participants' perceptions, and the modest sample sizes for factor analyses could limit the robustness of the findings

Manring et al. (2003), comparative study found measuring competence in psychotherapy poses theoretical and practical challenges, including the complexities of ongoing interpersonal interactions over time and the absence of clear therapist behaviours that consistently achieve desired outcomes in specific contexts. The study highlights limitations in assessing psychotherapy competence,

including subjective ratings, uniform grading that obscures strengths and weaknesses, potential bias, challenges in implementing 360-degree evaluations, administrative hurdles, and a lack of established protocols for methods used. Further literature highlighted 'converging themes' across therapeutic modalities, emphasising the importance of the therapeutic relationship, specific techniques, therapist and client variables, and universal systems of change (Wampold, 2007; Goldfried & Davila, 2005).

Disruptions in the therapeutic relationship can arise from miscommunication, unmet expectations, or perceived insensitivity from the therapist. These breakdowns may lead to decreased trust and a weakened alliance, jeopardising the therapeutic process. Leahy (2008) adds that clients pre-existing interpersonal schemas, emotional processing difficulties, self-regulation difficulties, attachment issues, lack of compassion, and resistance may manifest in the therapeutic relationship, leading to alliance ruptures affecting the therapeutic process and outcome if not assessed (Leahy, 2008; Katzow & Safran, 2007).

Frivolous complaints also pose ethical and relational challenges. While they provide opportunities for therapists to reflect on their communication style and reactions (Proctor, 2002), excessive focus on such complaints may reinforce maladaptive behaviours, such as dependency or avoidance (Leahy, 2003). Addressing these complaints sensitively reinforces a client-centred focus. Therapists must strike a balance, engaging with the client's grievances empathetically while maintaining the broader therapeutic objectives. This balance helps prevent therapy derailment and upholds the client-centred values that define PCT. Ultimately, this process strengthens the therapeutic alliance and improves outcomes (Bordin, 1979).

3.6 Limitations and Critiques of PCT

While PCT offers valuable insights into the dynamics of the therapeutic alliance, it is not without limitations. The notion that PCT is non-directive has had some criticism in the literature in relation to the mere presence of the therapist bearing witness to the client's story can be viewed as directive (Percival, 2023). As PCT has evolved some critics argue that the core conditions, though necessary, are not sufficient for therapeutic change in all cases (Cooper & Norcross, 2021; McLeod & Cooper, 2019). Additionally, the emphasis on UPR has been debated, with some suggesting that it may not adequately address complex client presentations, such as those involving deep-seated interpersonal conflicts or significant resistance (Mearns & Cooper, 2005).

The concept of "being with" clients takes priority over controlling or influencing their behaviour (Rogers, 1965). Rogers challenged the traditional therapist role as all-knowing authority figures, advocating for an equitable therapist-client relationship. PC therapists ethically respect client autonomy avoid imposing power or making decisions for them (Proctor, 2002). When a psychotherapist faces a frivolous complaint, the "unconditional" nature of this approach raises concerns due to its potential repercussions. A complaint can create tension in the therapeutic relationship. The therapist may feel defensive or hurt, which can hinder their ability to provide UPR. These feelings can interfere with their ability to maintain UPR, as they may struggle to accept the client's perspective without judgment (Wilkins, 2000). As such a frivolous complaint against a psychotherapist can complicate the provision of unconditional positive regard, but it may also present an opportunity for reflection, growth, and potentially a deeper therapeutic relationship if managed effectively. The key lies in the therapist's ability to navigate their emotional responses and maintain a commitment to the core conditions of therapy (Wilkins, 2000).

The broader literature also highlights potential misalignments between therapist and client perceptions of the therapeutic relationship. For example, Bachelor's (2013) study suggests that even when therapists adhere to person-centred protocols, clients may not perceive the relationship as strong. This misalignment underscores the importance of ongoing assessment and adaptation within therapy. Furthermore, the reliance on qualitative self-report measures in studies of the therapeutic alliance may not fully capture the nuanced and dyadic nature of these relationships, highlighting a need for more robust methodologies (Heinonen & Nissen-Lie, 2020).

3.7 Epistemological and Ontological Position of the Therapeutic Alliance

The epistemological stance of this study aligns with interpretivism, emphasising the subjective and relational nature of knowledge. This perspective frames the therapeutic relationship as a co-constructed experience, where meaning emerges through dialogue and shared understanding. Ontologically, the study adopts a constructivist and humanistic-existential perspective, viewing reality as fluid and shaped through individual experiences and interpersonal interactions. The therapeutic alliance is understood as dynamic and intersubjective, emerging through congruence, empathy, and unconditional positive regard. Rather than being a fixed entity, it evolves through relational engagement and a co-constructed and evolving understanding of selfhood and meaning making within therapy. These positions influence the application of PCT by prioritising the client's lived experience and the relational depth of the therapeutic alliance.

3.8 Summary

The conceptual framework on frivolous complaints against PC therapists integrates these principles by examining how therapeutic ruptures, such as breakdowns in trust or communication, may arise during the therapeutic process. The PC therapist's aim is to provide unconditional positive regard

however, complaints often stem from perceived failures in the therapist's ability to maintain empathy, congruence or unconditional positive regard, potentially leading to disrupted collaboration. Factors such as; personal biases, ethical dilemmas, emotional states, boundary issues, client resistance or specific client behaviours, crisis situations, and cultural differences, can complicate this process (Wilkins, 2000). Rupture repair may not always be effective and may not necessarily restore trust or strengthen the therapeutic alliance. Unresolved ruptures could reflect deeper, unaddressed issues that remain beyond the scope of person-centred therapy. While PCT offers a valuable foundation, its limitations highlight the need for complementary perspectives and adaptive strategies. This balanced approach ensures that the analysis remains grounded in the client's perspective while addressing the complexities of therapeutic practice.

Chapter 4: Methodology

4.1 Introduction

The study utilised a qualitative methodology, using semi-structured interview data from a homogeneous, small sample. Subsequently, the data underwent analysis using Interpretative Phenomenological Analysis (IPA) (Smith at al., 2022) as a method deemed suitable for addressing the research questions identified in this study.

As Chapter 2 demonstrated, when this study began in 2022, little qualitative research had been conducted on frivolous complaints. Despite potential for various research directions, the lack of an insider perspective was most persuasive. O'Leary (2021), recommended that the methodological design for research should address specific research questions, be feasible and aligned with the researcher's capabilities and interests, practical and achievable. Smith et al. (2022, p. 262), defined IPA as 'a qualitative approach developed within the field of psychology specifically designed to explore of how individuals make sense of significant life experiences.' They argue that IPA aligns with the belief that humans possess an inherent tendency to ascribe meaning to their surroundings. Consequently, as a result, participants' narratives reflect their efforts to make sense of their own experiences.

This chapter introduces IPA outlining its recent development and its place within qualitative research. The rationale for selecting IPA for exploring the lived experience of psychotherapists who were recipients of frivolous complaints and the impact on supervisors supporting supervisees through the complaints process is outlined. The theoretical underpinnings of IPA are explored in some depth. The ethical aspect of investigating and interpreting another's experience is briefly

addressed, followed by clarifying IPA's ontological and epistemological assumptions. Alternative phenomenological methods are considered, with reasons for not adopting them discussed.

4.2 Research Paradigm

A research paradigm is a shared set of beliefs and assumptions about how problems are understood and addressed, often seen as a "worldview" of common realities. The term 'paradigm' originates from Greek (paradeigma) and Latin (paradigma) meaning a typical 'pattern,' 'example,' or 'sample' of something (Göktürk, 2005). They suggest it represents the patterning of a group of scientists or individual's thinking; an example or model to follow according to which design procedures are taken. Denzin and Lincoln (2017) state that a research paradigm comprises fundamental beliefs directing behaviour. Clearly defining a paradigm is vital, as it shapes problem-solving approaches and influences method selection (Brown & Duenas, 2020).

Sound research begins with the selection of the topic, problem, or area of interest, as well as the concept or paradigm (Yin, 2015; Bell & Waters, 2018). The paradigm guides ontological and epistemological stance, informs methodology, shapes data interpretation, and establishes credibility (Brown & Duenas, 2020). The research paradigm for the present study served as a conceptual framework that defined how the qualitative study was approached.

Terre Blanche et al. (2014) describe a research paradigm as an all-encompassing system of interrelated practice and thinking that defines the nature of enquiry along three dimensions; ontology, epistemology, and methodology. According to Kuhn (1962), definition of a paradigm includes the shared set of practices, models, and standards that define scientific research within a particular community, providing a framework for understanding and investigating the natural world.

Kafle (2013) defines a paradigm as a varied collection of interlinked concepts, assumptions, or propositions that guide thinking and research.

Willig (2013) suggests that research questions, methodology, and data collection techniques are intricately entwined and cannot be considered in isolation. In this study various alternative qualitative analysis methods were considered to determine the most suitable approach for addressing the research questions and attaining the necessary knowledge.

4.3 Interpretative Phenomenological Analysis

IPA is established on three key theoretical perspectives; phenomenology - concerned with human lived experience, hermeneutics (interpretation) - where one envisages the whole in terms of how the parts interact with each other, and idiography which emphasises the 'particular' rather than the 'general' aspects of individual experience (Smith et al., 2022). IPA shares common features with other methods, but its distinctive combination of these features and its specific emphasis and techniques distinguish it as a related yet unique approach in phenomenological research (Smith et al., 2022).

Interpretative Phenomenological Analysis (IPA) was preferred over Hermeneutic Phenomenology in this studies context due to its clear methodological structure and focus on how individuals make sense of their personal lived experiences (Smith et al., 2022). Rooted in both phenomenology and hermeneutics, IPA adopts an idiographic approach, enabling in-depth analysis of individual cases before identifying shared themes, which is especially valuable in psychological and therapy-related fields. Unlike Hermeneutic Phenomenology, which emphasises ontological inquiry into the nature of being (Heidegger, 1962; Gadamer, 1975), IPA makes the researcher's interpretative role explicit through its double hermeneutic where the researcher interprets how participants interpret their

experiences. This makes IPA particularly suited for exploring subjective meaning-making in contemporary, real-world settings.

Interpretative Phenomenological Analysis (IPA) offers a methodologically congruent and ethically attuned approach to exploring the lived experience of receiving a frivolous complaint in a psychotherapy context. Grounded in the humanistic commitment to understanding the individual's subjective world, IPA aligns closely with person-centred values such as empathy, respect for the individual's internal frame of reference, and the belief in the self as an active meaning-maker (Rogers, 1951; Mearns et al., 2013). In contexts where perspectival mismatches are not only possible but often arise in the uncertainty that naturally exists within therapeutic relationships, IPA enables researchers to explore these events not as isolated instances, but as deeply meaningful, relationally situated experiences (Smith, et al., 2022).

4.3.1 Using IPA to Understand the Experience of Receiving a Frivolous Complaint

The power and relevance of using Interpretative Phenomenological Analysis (IPA) to explore frivolous complaints in psychotherapy lie in its unique ability to uncover the complex, subjective experiences of therapists who received a frivolous complaint and the supervisor that supports them. IPA's interpretative (hermeneutic) component is particularly valuable because it goes beyond simply describing events, it seeks to understand how individuals make sense of those events within their personal, relational, and sociocultural contexts (Smith et al., 2022).

The experience of receiving a frivolous complaint in psychotherapy occurs within a relational field characterised by emotional intensity, professional vulnerability, and the therapist's ethical commitment to non-defensiveness and openness (Cooper, 2004). Person-centred theory posits that therapeutic change is made possible through the core conditions of congruence, unconditional

positive regard, and empathic understanding (Rogers, 1957). When this delicate relational balance is misinterpreted or ruptured, it may lead to frivolous allegations. From a research perspective, understanding the subjective meaning of such an experience demands a method like IPA that is sensitive to nuance, emotional tone, and existential depth (Eatough & Smith, 2017). IPA allows researchers to explore how such experiences are interpreted and internalised, potentially revealing feelings of betrayal, fear, identity threat, stigma or moral injury.

Frivolous complaints exist within a highly intersubjective space where relational depth makes misunderstandings more impactful. They are rarely reducible to objective misunderstandings or singular errors in judgement; instead, they often emerge from complex, co-constructed interactions driven by unmet needs, expectations, and relational misattunements (Spinelli, 2005). IPA's idiographic focus allows for the exploration of individual cases in depth rather than diluting insights across large samples (Smith et al., 2022). This is crucial in understanding the lived impact of frivolous complaints, which may differ greatly depending on personal history, organisational responses, and cultural norms. Further, the ideographic focus allows researchers to examine how practitioners navigate the psychological impact of a frivolous complaint that may directly contradict the therapists internal sense of integrity and therapeutic intention (Smith et al., 2022). For person-centred practitioners whose professional identity is often grounded in trust, presence, and attunement, such frivolous allegations may result in a significant rupture to their self-concept and relational worldview (Mearns & Cooper, 2005).

Moreover, person-centred theory emphasises empathic engagement with the individual's subjective truth, a principle that IPA captures through its double hermeneutic. The researcher's attempt to make sense of the participant's own meaning-making (Smith et al., 2022) enables a deep engagement with the participants narratives, capturing nuances such as shame, confusion, or a re-evaluation of their professional identity. This is especially relevant in psychotherapy, where

interpersonal dynamics and subjective perception are central to both the practice and the context of frivolous complaints.

Further, IPA's interpretative depth mirrors the person-centred therapists own reflective process in the aftermath of such events, in how they attempt to understand not only what happened, but what it meant, and how it challenges or reshapes their therapeutic stance (Cooper, 2004). In this way, IPA serves as a means for ethically informed exploration of the boundaries and risks of relational depth in practice. It highlights how even the most genuine therapeutic encounters may unravel in ways that expose the vulnerabilities not only of clients, but also of practitioners committed to working at relational depth.

In summary, IPA methodologically provides a powerful framework for person-centred research exploring and understanding the emotional lived experience of receiving a frivolous complaint in psychotherapy and for identifying and contextualising the personal experiences and challenges faced by a supervisor who supports a supervisee through the complaints process. It supports a rich, compassionate exploration of the relational rupture and emotional challenges, offering insights that such experiences bring, while also remaining faithful to the core values of person-centred theory.

4.3.2 Conducting High Quality IPA

Smith and Nizza's (2021), high-quality IPA are characterised by four interrelated pillars: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; demonstrating close analytic reading of participants' words; and attending to convergence and divergence. In research exploring psychotherapists' experiences of frivolous accusations and identifying the challenges faced by supervisors that support them, these markers support a sensitive and ethically rigorous analytic process. Crafting a compelling narrative enables researchers to

capture the progressive emotional journey such as shock, disbelief, and professional self-doubt through which participants navigate throughout the complaint process. A vigorous experiential account highlights the existential dimensions of the event: threats to professional identity, trust in therapeutic relationships, and the felt meaning of unjust scrutiny, stigma, and feelings of inadequacy. Close analytic reading ensures that interpretations remain grounded in participants' own linguistic and expressive nuances, honouring their voice in the face of adversity. Finally, attending to both convergence and divergence allows identification of shared patterns such as feelings of isolation, organisational betrayal or perceived abandonment while also recognising individual differences in coping, interpretation, and meaning-making. Together, these four markers ensure that IPA research in this area is not only methodologically robust, but deeply attuned to the lived, relational, and interpretative complexity of psychotherapists navigating frivolous allegations and the lived experience of the supervisor that supports them.

4.3.3 Criticisms of IPA

Despite its strengths, Interpretative Phenomenological Analysis (IPA) has been subject to a range of criticisms. One of the most persistent critiques relates to its double hermeneutic - the process by which researchers interpret participants' own interpretations of their experiences. Critics argue that this inevitably introduces a level of subjectivity and researcher bias, raising concerns about the extent to which findings reflect participants' voices versus the researcher's interpretative lens, raising concerns about objectivity and reliability (Smith & Osborn, 2015). While IPA practitioners emphasise reflexivity to address this issue, the method still relies heavily on the researcher's interpretive skill and theoretical sensitivity, which may vary considerably across studies. Brocki and Wearden (2006) argue that the researcher's influence in IPA analysis limits interpretations as they are constrained by the researcher's personal ability to interpret, reflect upon, and make sense of the data. Smith et al. (2022) addressed this issue by providing comprehensive guidelines and extensive discussions on the interpretative process in IPA. These guidelines aim to mitigate inconsistent

interpretations by offering a structured analysis approach which enhances the reliability and validity of interpretations, reducing the probability of divergent interpretations among analysts.

Additionally, IPA has been criticised for its small sample sizes and idiographic focus, which, although central to its design, limit applicability to larger populations. Smith et al. (2021, p.56) state that it may limit outcomes to “theoretical transferability rather than empirical generalisability.” Moreover, the lack of transparency in IPA’s analytical process has drawn criticism, hindering other researchers from replicating the findings (Denzin & Lincoln, 2017). In studies such as this one exploring the lived experiences of psychotherapists who have been frivolously accused and the supervisor who supports them, this could be seen as a drawback if stakeholders seek generalisable data or patterns applicable across organisational contexts. Furthermore, some researchers have questioned IPA’s epistemological clarity, suggesting that its combination of phenomenology, hermeneutics, and idiography results in a methodological eclecticism that can lack coherence or philosophical depth when not rigorously applied (Giorgi, 2010).

Another concern is how IPA ensures trustworthiness in qualitative research, as discussed by Lincoln and Guba (2000), trustworthiness is particularly relevant to IPA as it refers to the credibility, transferability, dependability, and confirmability of the study's findings. These “Four-Dimensions Criteria” are deemed essential to ensure that the research is rigorous, and the results are meaningful and reliable (Lincoln & Guba, 2000). Denzin and Lincoln (2017) stress the importance of rigor and transparency in qualitative research. Since IPA values subjective experience, trustworthiness is supported not through replication but through transparent documentation of analytic decisions, the use of verbatim extracts, and ongoing reflexive engagement to show that interpretations are grounded in participants lived realities.

Finally, the time-intensive nature of IPA from data collection to in-depth, case-by-case analysis can pose practical challenges, especially for researchers under time constraints. However, in contexts such as frivolous complaints in a psychotherapy context where the nuanced, emotional, and identity-related dimensions of experience are important, the depth of insight offered by IPA often outweighs these criticisms.

Despite its methodological limitations, IPA remains a popular method for exploring the meaning of lived experiences and has been used across various research fields. As both a methodology and a systematic approach, IPA is grounded in the phenomenological aim of understanding how individuals make sense of their personal and social worlds (Smith et al., 2022). It is particularly well-suited for this study in exploring the sense-making of psychotherapists who have received a frivolous complaint and the experience of a supervisor who supports them. Its in-depth focus on the meanings that specific experiences hold for participants, prioritises depth over generalisability. Rooted in an interpretivist ontology, IPA recognises that reality is subjective and shaped by human experiences within social contexts. Rather than seeking objective truths or testing hypotheses, IPA supports a meaning-making process in which to interpret participants lived experiences, making it especially appropriate for unpacking the emotional, relational, and ethical complexities surrounding frivolous allegations in therapeutic settings. However, it remains essential that researchers approach IPA with methodological transparency, philosophical awareness, and reflexive accountability to uphold its credibility and relevance.

4.4 The Hermeneutic Circle

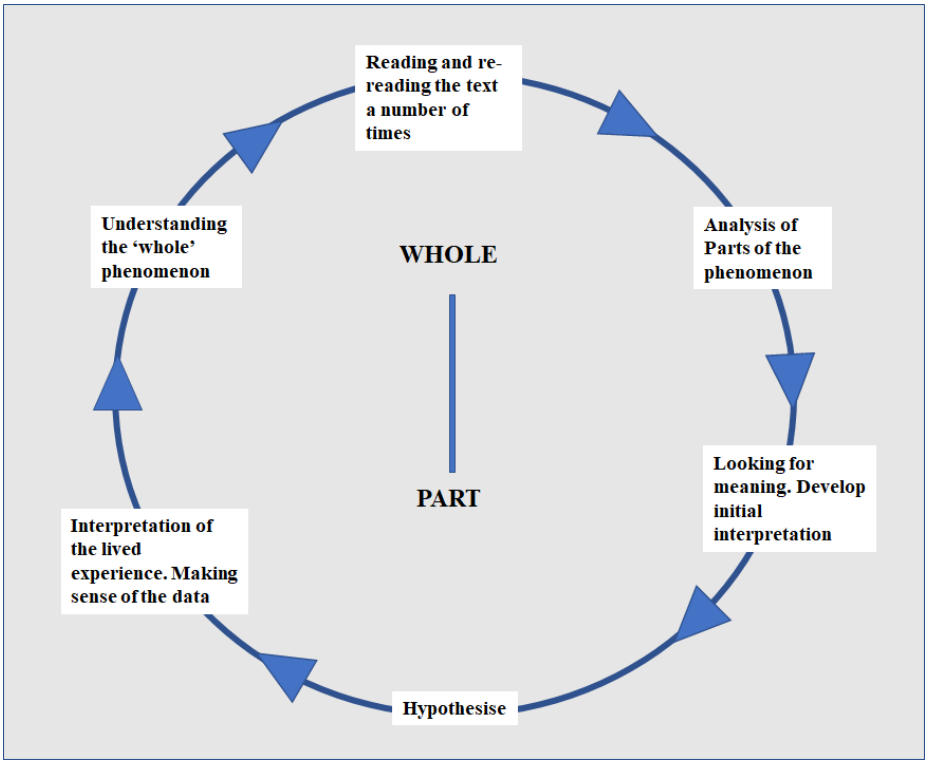
The hermeneutic circle, a foundational concept in interpretative phenomenology, describes the dynamic process of understanding where interpretation moves back and forth between the part and the whole such as between individual statements and the broader context of a person's lived

experience (Gadamer, 1975). This approach aligns naturally with person-centred theory, which emphasises the subjective experience of the individual, viewing each person as the expert of their own internal world (Rogers, 1951).

In person-centred research, particularly qualitative exploration into inter-relational dynamics, the hermeneutic circle supports a methodology that is empathic, dialogical, and iterative. It mirrors the therapeutic conditions of unconditional positive regard, empathy, and congruence by valuing participants' narratives and seeking to understand them within their full experiential and relational context. The hermeneutic circle, or 'circle of understanding' (Aspers & Corte, 2019) emphasises the significance of understanding the totality of the being, recognising the association between the cause, causer and the reality being experienced in the situation (Sebold et al., 2018). To understand the whole, one must examine the parts and vice versa (Smith et al., 2022). As researchers engage in interpretation, they continually return to the data, reconsidering earlier understandings in light of new insights, much like how psychotherapists attune and re-attune to clients' evolving meanings throughout therapy. This process is iterative not linear (Eatough & Smith, 2017; Smith et al., 2022). Moving back and forth or in a circle through the text should be done meticulously (Laverty, 2003) as demonstrated in Figure 4.1 below. This interpretative movement honours the fluid and constructed nature of meaning within person-centred theory, where experience is seen as subjective, dynamic, and context-bound. Thus, the hermeneutic circle not only strengthens methodological rigour in person-centred research but also embodies the theoretical principles of the approach, ensuring that the participant's voice remains central in both process and interpretation.

Figure 4.1

The Hermeneutic Circle.



Adapted from Interpretative Phenomenological Analysis, 2nd Ed (Smith, Flowers and Larkin, 2022),

4.4.1 The Double Hermeneutic

IPA involves a 'double hermeneutic' where the participants are trying to make sense of the world; while researchers aim to understand the participant's sense making (Smith & Osborn, 2004; Smith et al., 2022). This layered interpretive act reflects the essence of person-centred theory, which holds that individuals are the experts of their own internal world (Rogers, 1951), and that understanding must emerge from within the individual's frame of reference. In cases involving frivolous accusations against psychotherapists, this interpretative layering becomes deeply significant. The accused

therapist, for instance, is often grappling with a significant disruption to their professional identity, emotional well-being, and sense of ethical integrity. Their process of meaning-making might include questions such as: “Why did this happen?”, or “What does this mean for who I am as a therapist?”. These internal narratives are shaped by personal values, therapeutic philosophy, accrediting organisation responses, and broader cultural discourses about power, trust, and misconduct.

The researcher, through IPA, engages in a second layer of interpretation, making sense of how the therapist makes sense of being accused and how the supervisor makes sense of guiding and supporting the supervisee through the complaints process. The researcher must remain reflexive, acknowledging their own assumptions, biases, and theoretical orientation (such as a person-centred stance) as they interpret the data. Researchers approach participants’ narratives with unconditional positive regard and an openness to hear, rather than impose meaning, mirroring the therapeutic conditions essential to person-centred counselling. The researcher’s interpretations are not detached analyses but are relational and dialogical, emerging through a careful, respectful encounter with the participant's worldview.

Importantly, the double hermeneutic acknowledges that researchers bring their own perspectives, shaped by theoretical, cultural, and personal contexts. As this research is situated within person-centred theory, the double hermeneutic takes on an additional layer of ethical and empathic responsibility. The researcher is not simply extracting themes but co-constructing meaning in a way that honours the individual's subjective truth, autonomy, and the human cost of being misjudged or misunderstood. This aligns with the value of authenticity (congruence), as the researcher strives to be transparent and self-aware about their influence in the interpretative process, just as therapists and supervisors aim to be real and congruent in therapeutic and supervisory relationships. Therefore, the double hermeneutic is not only methodologically relevant but theoretically congruent

with person-centred values. It supports a research process that is humanistic, ethically attuned, and committed to understanding lived experience in its full depth and nuance.

4.5 Interpretative Phenomenology and Restorative Justice

The application of restorative justice (RJ) within the psychotherapy profession, particularly in response to frivolous complaints offers a compelling alternative to perceived adversarial and dehumanising accrediting body responses. RJ focuses on repairing harm, rebuilding trust, and reinstating dignity through carefully facilitated engagement. Frivolous complaints, can produce serious and lasting consequences for psychotherapists, including reputational damage, psychological distress, and disruptions to interpersonal and professional identities. At the core of restorative justice is a desire to attend to the harm experienced by all parties and to create dialogical space for healing, accountability, and reintegration, rather than mere adjudication. This aligns naturally with the epistemological commitments of interpretative phenomenological analysis (IPA) and person-centred theory, all of which stem from a shared ethical and methodological concern: how to make sense of human experience within interpersonally complex spaces.

Restorative justice, interpretative phenomenology, and person-centred theory each resist reductive approaches to human conflict and experience. Instead, they emphasise relational understanding, dialogue, and contextual meaning-making. In the case of frivolous complaints, these frameworks collectively offer an avenue to explore not just what happened, but how it was experienced, how trust was eroded, how professional identities were affected, and how resolution might be meaningfully imagined and enacted.

IPA, as a methodology, is particularly powerful in this space. IPA's sensitivity becomes especially important when formulating interview schedules. Rather than imposing rigid question structures, IPA encourages semi-structured interviews that enable participants to shape the flow of dialogue, which is especially crucial when navigating the experiences of alleged wrongdoing and reputational harm. It does not claim to access objective "truths" about events, but rather attends to how individuals make sense of experiences within their own life-worlds. Within restorative practices and phenomenological frameworks, questions are not automatic prompts aimed at information extraction. Instead, they are invitations to speak, designed to create a psychologically safe and open space in which participants can explore, express, and perhaps even reconfigure their understanding of their own experience. The aim is not to confirm hypotheses or identify errors, but to understand how individuals have made meaning of accusations, of silence, of accrediting body responses, and of the personal and professional impact of being a recipient of a frivolous complaint and of navigating the complaints process. Moreover, IPA's analytical process being iterative, inductive, and idiographic, aligns closely with the principles of restorative justice. In both, there is a sustained attention to voice, perspective, and the moral and relational implications of experience.

In the analysis of interview results, just as restorative justice resists reduction of complex conflict into simple categories of guilt and innocence, IPA resists reduction of rich human experience into simple thematic categories. Instead, both offer space for dialogical repair: IPA through interpretative immersion and reflexivity, and restorative justice through structured but compassionate human dialogue. Together, they enable a process that is not just investigative but transformative.

Importantly, this triadic relationship between restorative justice, interpretative phenomenology, and person-centred theory highlights the human in human experience. In contexts such as frivolous complaints in psychotherapy it reorients practice away from blame and towards understanding,

away from proceduralism and towards personhood. In contexts marked by conflict, accusation, and vulnerability, such a hermeneutic orientation could enable accrediting organisations to do more than adjudicate; it may allow them to repair.

4.6 Ontological and Epistemological Perspective of IPA

The theoretical perspective of research encompasses ontology and epistemology. Greenbank (2003) asserts that researchers ontological and epistemological positions influence research methods and methodology selection. Ontology studies existence, reality, and the nature of being, asking about what things are, and their interconnectedness. Epistemology, a branch of philosophy explores knowledge acquisition and truth determination. It examines our ability to trust our senses, reasoning, and justified from unjustified beliefs (Smith et al., 2022). These factors influence methodological choices.

The ontological and epistemological underpinnings of Interpretative Phenomenological Analysis (IPA) make it particularly well-suited to exploring the lived experiences of psychotherapists who have received frivolous complaints and contextualising the challenges faced by a supervisor who supports them through the complaints process. Rooted in an interpretivist ontology, IPA recognises that reality is not singular and fixed but is constructed through individual and relational meaning-making. This is especially relevant in the interpersonally complex space where therapeutic relationships unfold and complaints are made not just as factual assertions but as deeply subjective responses shaped by emotional, contextual, and communicative nuances. Relativism plays a key role in supporting the idea that multiple realities can coexist, for example, a client's perception of harm and the psychotherapists experience of a frivolous accusation may both be valid within their respective frameworks of meaning.

Epistemologically, IPA's phenomenological and hermeneutic stance allows researchers to explore how affected therapists interpret and make sense of the distress, confusion, or professional disruption caused by the perceived unjust allegation. Through its idiographic commitment, IPA honours the uniqueness of each participant's experience, offering rich insight into how such experiences affect professional identity, trust in the process, and their role within a highly relational field. Crotty (1998) outlines a framework to help researchers understand and clarify their research process to suit their individual purpose. This framework highlights four interrelated elements: theoretical perspective, ontology, epistemology, methodology/methods. See Table 4.1 below for an overview.

Table 4.1.

Overview of Ontological, Epistemological and Methodology/Method Approach

Research Approach	**Qualitative**
Theoretical Perspective	Interpretivism - A person's view of the world is inextricably linked to their life experiences
Ontology (The study of being or reality or what exists)	Relativism - single phenomenon may have multiple interpretations/realities which are socially constructed. Reality is subjective and differs from person to person, the world depends on how the individual views and experiences it (the world is different to different people). Without consciousness the world is meaningless.
Epistemology (The study of knowledge)	Constructionism - From this position people develop knowledge of the world in a social context not individually
Methodology	Phenomenological, Interpretative
Method	Semi-structured Interviews. Researcher reports different perspectives as themes developed in the findings.

The present study adopts an interpretivist epistemology, as it aligns with the notion that knowledge is either individually or socially constructed. Interpretivists emphasise the importance of addressing questions regarding the 'knowability' of the subject being investigated. It employs a phenomenological viewpoint within an interpretivist-constructivist paradigm to explore a sensitive issue such as complaints in a psychotherapy context in depth (Adu, 2019). Rather than starting with a theory, the analysis begins by generating meaning patterns. This methodological stance shapes the research process and theoretical perspective. The choice of an IPA methodology for the current study reflects the researcher's thoughts about the nature of knowledge and what constitutes legitimate knowledge (Adu, 2019). The aim was to explore individual experiences, without preconceived notions or assumptions about the subjective meanings of the participants' experiences. The philosophical stance adopted is rooted in a relativist ontology, assuming that participant's accounts reflect their unique 'lived experiences.' It was recognised that the researcher as 'pracademic' (psychotherapy practitioner, clinical supervisor, and academic) would play a crucial role in understanding and interpreting the phenomenon under study (Lincoln et al., 2011; Mertens, 2010).

4.7 Consideration of Alternative Methodological Approaches over IPA

Braun and Clarke (2021) consider IPA as one of the several methods used for studying cases. They describe these methods as frameworks with specific boundaries that are informed by theory and classify them as methodologies rather than simple techniques. Other qualitative approaches were considered for this research such as Thematic Analysis and Grounded Theory.

4.7.1 Thematic Analysis (TA)

In comparing IPA with Thematic Analysis (TA), Braun and Clarke (2021) argue that both methods rely on the researcher's subjectivity as a valuable resource. The resulting notes from both approaches are typically descriptive and may have similar outputs (Braun & Clarke, 2021, p.40). However, in TA, themes are developed across cases by coding the entire set with the objective of achieving actionable outcomes.

Braun and Clarke (2021) emphasise that some researchers propose that IPA provides a thorough analysis, distinguishing it from TA, which offers broader coverage. They emphasise that IPA involves a thorough examination of each case to develop themes across cases. Analytically IPA delves deeper into each piece of data, IPA takes an overall view to develop themes across the entire dataset. Each transcript is analysed in its entirety, in sequence, and analytical notes are recorded directly on the transcripts themselves (Braun & Clarke, 2021). By analysing participant's narratives, including language, context, and specific details, IPA enables a comprehensive understanding of how the investigated phenomenon reveals itself in diverse settings. This surpasses TA's surface-level theme identification and allows a nuanced examination of contextual variations.

After careful consideration, IPA was chosen over TA as the methodological framework for the study, due to its alignment with the research goals and the phenomenon under study. Selecting IPA was motivated by its ability to capture complex individual experiences effectively. Unlike TA, which focuses on identifying and organising themes, IPA emphasises exploring individual perspectives and subjective meanings. This preference for IPA prioritises contextual and situational aspects, acknowledging that people's experiences are shaped by specific contexts. It aligns with the research's aim to delve into participant's experiences and uncover nuanced interpretations that shape their reality.

4.7.2 Grounded Theory (GT)

A second alternative considered was Grounded Theory (GT). GT employs inductive reasoning with rich descriptions of individuals and settings to construct meaning, sharing theoretical, methodological, and analytic similarities with IPA (Charmaz & Thornberg, 2021). McLeod (2017) refers to both IPA and TA as variations of Grounded Theory. According to Green and Thorogood (2009), GT's main objective is to generate fresh theories from empirical data for applicability to exploratory research questions. It is a systematic, iterative, interactive, and comparative method for studying individual, social, and organisational processes, emphasising group-level understanding in social investigations (Bryant & Charmaz, 2012).

IPA, chosen over TA and GT, suits this study due to its idiographic focus, aligning with the research question assessing individual lived experiences. It is deemed the most suitable approach, enabling examination of a small, homogenous sample with shared experiences to highlight idiographic accounts and identify group commonalities (Eatough & Smith, 2017). Interviews, consistently preferred in published IPA work (Brocki & Wearden, 2006; Smith et al., 2022; Nizza et al., 2021), are the method of choice for capturing idiographic accounts. IPA's dual focus on unique participant characteristics and patterned meaning across participants enables insight into individual's lived experiences, making it the best fit for this study's primary aim (Smith et al., 2022). An interpretative approach allows the researcher to gain a deep, rich, and subtle understanding of participant's lived experiences that would be otherwise unattainable (Smith et al., 2022).

The constructionist approach emphasises how humans interpret the world, asserting that without interpretation, the world lacks meaning (Lincoln & Guba, 2016). Constructivism recognises multiple and sometimes conflicting social realities as 'products of human minds' (Lincoln & Guba, 2016).

Knowledge, under constructivism, is co-created through interaction between researchers and participants (Lincoln et al., 2011).

4.8 Rationale for Choosing a Phenomenological Interpretative Approach

The aim of qualitative research is to gain insight into individuals' interpretations of events and circumstances, focussing on understanding phenomena and complex interactions (Busetto et al., 2020). This type of research relies on qualitative data, such as words, rather than numerical data (Aspers & Corte, 2019). Qualitative researchers adopt an insider's viewpoint, constructing meaningful descriptions and analyses. They view meaning as socially constructed, with two positions: the interpretive perspective, centred on participant's viewpoints and how individuals make sense of their worlds, and the critical perspective, which delves into power dynamics within social settings, building on the interpretative perspective. The critical approach not only explores how meaning is formed but also interrogates who benefits from particular interpretations and how social structures perpetuate inequality.

Selecting a methodology involves defining the focus and research question that aligns with the study's objectives (Thornberg & Cresenza, 2014). They recommend combining the etic perspective (outsider-researcher) and the emic perspective (insider-participant) to build and interpret study findings. IPA explores participant's lived experiences, emphasising interpretation of views in relation to experiences (Smith et al., 2022). IPA identifies the fundamental elements of a phenomenon while preserving participants perspectives (Pietkiewicz & Smith, 2012). Researchers using IPA focus on discerning the meaning in significant life events (Smith et al., 2022). The pursuit of meaning within this level is consistently observed as a core component of IPA studies. The inherent flexibility of IPA allows exploration of phenomena, embracing diverse experiences, investigating contextual factors, and examining the relationship to life narratives (Chan & Farmer, 2017; Smith et al., 2022). Levitt et

al. (2021) emphasise achieving a profound understanding and comprehensive description of a phenomenon, capturing the core essence of participant's experiences. This aligns with Van Manen's (2017) perspective on understanding participant's experiences as encountered in real life.

Aligning with Noon (2018) suggestion that IPA, with its focus on amplifying participant's voices, it was deemed useful for researching the psychotherapists in phase (1) of the study facing complaints, whose voices may otherwise be overlooked. Given its alignment with counselling's emphasis on subjective experiences and commitment to considering developmental, contextual, and diverse factors, IPA is a compelling choice for qualitative research. It provides a framework to reveal and interpret individual narratives, contributing to the advancement of knowledge in professional counselling.

In phase (2) of this study a single case study method was adopted. Smith et al. (2022); Smith and Rhodes (2010) emphasise that single-case studies are entirely consistent with the philosophy and methodology of IPA. Such studies allow for an in-depth, idiographic and nuanced exploration of an individual's lived experience, aligning with IPA's commitment to understanding the particular before making broader claims. The authors stress that single-case designs must still demonstrate methodological rigor, including detailed, transparent interpretative steps and a clear audit trail from raw data to analysis. Rather than aiming for generalisability, single-case IPA research seeks to offer rich, contextually grounded insights into how individuals make sense of their experiences, grounded in a double hermeneutic process (Smith et al., 2022). A single-case IPA study seeks to addresses research questions, aims, and objectives by enabling a rich, detailed exploration of how one individual makes sense of a specific lived experience, thereby offering deep insight into the phenomenon under investigation.

Smith and Shinebourne (2012) assert that selecting IPA for a research project involves exploring, describing, and situating how participants make sense of their experiences. Described as an inductive, data-driven procedure with purposive sampling, interpretative commentary, and exploration of perspectives and meanings (Smith et al., 2022) IPA, according to Smith and Osborn (2004), is an exploration of participant's interpretations and meanings derived from their surroundings, including the significance of specific experiences and events.

Considering the research questions, researcher's ontological and epistemological stance, and the interpretative phenomenological approach, IPA was considered best suited for exploring participant's experiences, cognitions, and beliefs while focusing on process and meaning (Smith et al., 2022). It was chosen for the current study due to IPA's compatibility with developmental, contextual, and diverse factors in counselling practice (Kaplan et al., 2014), along with its alignment with person-centred philosophy and psychotherapy principles (Smith et al., 2022). Additionally, IPA's emphasis on the subjective and relational dimensions of lived experience makes it particularly appropriate for examining the relational complexity of frivolous complaints, where perceptions, interpersonal dynamics, and meaning-making processes are deeply intertwined.

IPA is well-suited for researching the distinctive nature or "uniqueness" of individual's experiences, explaining how these experiences acquire meaning, and examining how these meanings are expressed within the framework of an individual's identity and cultural roles (Shaw, 2001). It provides an insider's perspective into individual's personal worlds while acknowledging the dynamic, interpretative interplay between the researcher's and participant's subjective worlds and meaning-making process (Eatough & Smith, 2017; Smith & Osborn, 2015; Smith et al., 2022). These qualities make IPA suitable for research questions focused on individual's experiences, understandings, exploration, process, and meaning (Smith et al., 2022). Adopting IPA allowed the researcher to focus

on the experience, meaning, and coping of psychotherapists who received frivolous complaints, and the experiences of clinical supervisors supporting their supervisees through the complaints process. The objective was to explore not just describe the lived experiences of the participants through data collection from a specific group (Creswell, 2018).

4.9 Conclusion

This chapter presented Interpretative Phenomenological Analysis (IPA) as the chosen approach for addressing the research inquiries outlined in this study. It provides an overview of the methodology and philosophy, establishing the methodological context for the research. An evaluation of the theoretical underpinnings of IPA is conducted, including its epistemological and ontological foundations, justifying the selection of IPA over alternative investigation methods. The subsequent chapter will offer a detailed explanation of the step-by-step approach, study design, and methods employed in this research.

Chapter 5: Methods

Phase (1) Psychotherapists

5.1 Introduction

The previous chapter described the ontological, epistemological, and theoretical approach for this study. It was established that a phenomenological interpretative approach would be implemented. This chapter outlines and explains the methods used in this study and discusses recruitment strategy, data collection, analysis processes and ethical concerns, and explains how the research ensured quality and rigor.

5.2 Research Questions

The research design and methods were chosen following a review of the literature on the topic and aimed to conduct an in-depth exploration of the lived experiences of receiving a frivolous complaint in a psychotherapy context. Phase (1) of the study focussed on understanding how psychotherapists who were recipients of a frivolous complaint made sense of their experience. Through conducting in-depth interviews that prioritise the firsthand experiences of participants, an inductive method was employed to explore and explain the subjective meaning of being a recipient of a frivolous complaint. Crotty (1998) explains that research methods are the techniques and procedures used to collect and analyse data linked to a research question. This study employed Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022) to explore the following research questions focusing on 'Who?', 'What?', 'Why?', 'Where?', 'When?' and 'How?'. Having established 'who' the complainant was and 'what' the complaint entailed, inquiry about the nature of the complaint aimed to shed light on the underlying reasons as to 'why' it was made. Exploring whether the complainant targeted a therapist in private practice, or one employed through another source addressed the 'where?' aspect, shedding light on whether a therapist working independently in private practice

was more prone to complaints being lodged with accrediting bodies than being employed with a line manager. Establishing the 'when?' of the complaint contributed to creating a timeline for better understanding and recall of the experience. Understanding the impact of being in receipt of a frivolous complaint addressed the 'how?' aspect illuminating the lived experience of the recipient.

5.3 Research Ethics Considerations

Ethics approval was obtained through the University of Central Lancashire (UCLan) Ethics Committee. Full ethics approval was obtained on 3rd November 2022 (Reference number: Health 0358).

Participants were provided with an information sheet (see Appendix A) which included specific information including details about the study's purpose, procedures, risks, benefits, and confidentiality necessary for informed consent. In addition, all participants received a consent form for participation (Appendix B) and a demographic questionnaire, which included questions on age, location, therapy modality, years of experience (Appendix C). All participants signed the consent form prior to the interview taking place. Participants were informed that they could withdraw from the study within 7 days post-interview without specifying a reason. No participant withdrew from the study. No incentives were offered. Participants had the option to reach out to the researcher for more information using the provided email.

Confidentiality and Anonymity - Prior to the interviews taking place, the participants were reassured that all necessary steps to protect confidentiality would be taken. Participants were notified and reminded about their right to withdraw from the study. On completion of the interviews, pseudonyms were assigned to transcripts to protect their privacy.

Storage of Data – Participants were guaranteed that their data would be securely stored, adhering to the UK Data Protection Act (1998). Anonymity was safeguarded through implementing the following conditions:

- Electronically signed consent forms and demographic questionnaires, without identifiable codes linking participants to any data, were stored anonymously and securely on OneCloud.
- Audio/video recordings were temporarily stored on OneCloud and deleted within one week of the interview.
- Transcriptions assigned pseudonyms were kept on a password protected file on the researcher's home office computer accessible only to the researcher until the completion and publication of the thesis for the Professional Doctorate in Psychotherapy Studies.

5.4 Research Design

The study employed interpretative phenomenological analysis (IPA) (Smith et al., 2022), chosen as it was deemed most appropriate for exploring the inner reflections and lived experiences of participants (Alase, 2017). IPA prioritises understanding participant's subjective realities, perspectives, and the intended meaning behind their statements (deMarrais, 2004). In qualitative research using IPA, participants freely express their experiences without correction or judgment. This aligns with IPA's focus on exploring participants lived experiences that conveying research findings through personal narratives can enhance relatability and accessibility, allowing researchers to illustrate the real-world significance of their work more effectively (Alase, 2017).

The goal is to understand participant's experiences through evaluating the meaning of this specific experience. In phenomenological research, qualitative interviewing aims to portray meanings linked to key themes in participant's subjective experiences (Kortstjens & Moser, 2018, p. 12). Kvale (1983,

pp. 171-174) recognises the complexity of qualitative interviews, describing them as complex interpersonal interactions lacking rigid rules, relying more on creative intuition than scientific precision. Kvale (1983, p. 193) highlights the benefits of going beyond superficial understanding, exploring insights that go beyond commonly accepted knowledge.

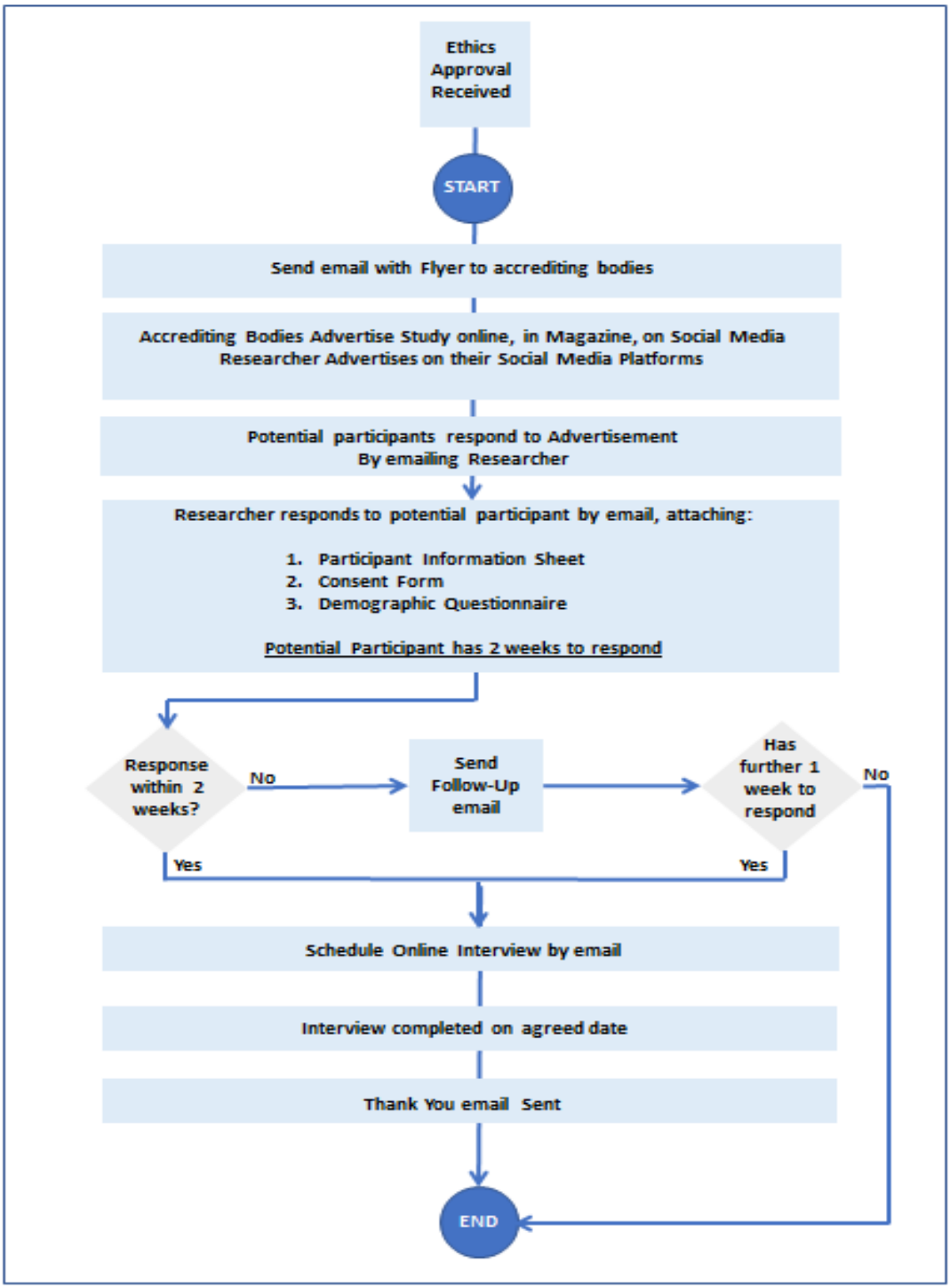
How individuals relate to the world, encounter events, and derive meaning from their experiences is captured through detailed idiographic accounts (Smith et al., 2022). In IPA, researchers strive to comprehend participant's experiences, exploring the double hermeneutic, where participants make sense of themselves while researchers interpret their experiences (Smith et al., 2022). IPA employs an inductive analysis process, generating patterns of meaning from a specific group of cases (Smith et al., 2022). This aspect of the study aimed to gain insight into the lived experiences and impact of receiving a frivolous complaint on a group of psychotherapist's personal and professional lives.

5.5 Recruitment Strategy

The recruitment advertisement actively applied pre-informed inclusion/exclusion criteria, detailed in Appendix D, to assess participant suitability. On meeting the inclusion criteria, eligible participants were requested to contact the researcher via email. Adhering to the nonmaleficence principle, the researcher informed potential participants about the study's nature and objectives through email interactions, providing the information sheet and demographic questionnaire before participants signed the informed consent form. Participants were given a two-week period for consideration. See Figure 5.1 Recruitment Strategy Flow Chart below.

Figure 5.1

Recruitment Process Flow Chart



Accessing the target population for this study was complicated by limited access to recruiting a purposive homogeneous sample. Attempts were made to recruit participants through the major UK and Republic of Ireland psychotherapy accrediting bodies. However, these efforts were frustrated as the main accrediting organisations declined to advertise or promote the study. The refusal of the larger accrediting bodies to advertise the study hindered the recruitment of a purposive homogeneous sample. Without these organisations support, access to the target population was restricted, reducing the visibility of the study and limiting outreach to eligible participants. As a result, the risk of sampling bias increased, as alternative strategies - such as reliance on personal networks or snowball sampling - were more likely to yield a less representative group. Ensuring homogeneity proved challenging, potentially affecting the intended diversity in professional contexts - such as those working within professional organisations versus those working in private practice - typically aimed for in purposive sampling. The researcher also utilised their own social media platforms for study promotion but as they were new to social media, this proved fruitless.

Ultimately six accrediting bodies agreed to post the advertisement, while four of the largest bodies refused to advertise on the basis that the researcher was not a professional member of those organisations. Contact was made with ten accrediting bodies, detailed in Table 5.1 below, requesting the promotion of the study on their websites, online magazines, and social media platforms.

Table 5.1

Accrediting Bodies Contacted to Advertise Study

Organisation	Scoping email sent	Date of response	Reminder email sent	Flyer sent	Comments	Confirmation of advertisement
APCCA	06.08.22	08.08.22	n/a	14.11.22	26.08.22 - Awaiting ethics approval before flyer can be sent 03.11.22 - Ethics approval received. Agreed	✓
APCP	06.08.22	08.08.22	n/a	13.11.22	26.08.22 - Awaiting ethics approval before flyer can be sent 03.11.22 - Ethics approval received. Agreed	✓
IACP	06.08.22	16.08.22	n/a	13.11.22	26.08.22 - Awaiting ethics approval before flyer can be sent 03.11.22 - Ethics approval received. Agreed	✓
PCTSCOTLAND	06.08.22	10.08.22	n/a	13.11.22	26.08.22 - Awaiting ethics approval before flyer can be sent 03.11.22 - Ethics approval received. Agreed	✓
UPCA	06.08.22	06.09.22	15.09.22	14.11.22	26.08.22 - Admin forwarding details to the committee 03.11.22 - Ethics approval received 14.11.22 - Contacted as requested to post on website in January 27.02.23 - Email received confirming agreement	✓
IICHP	06.08.22	07.09.22	13.11.22	13.11.22	03.11.22 - Ethics approval received 13.11.22 - Agreed following reminder email	✓
BACP	06.08.22	-	08.09.22	-	08.11.22 - Refused – Researcher not a member of organisation	✓
UKCP	06.08.22	-	07.09.22	-	10.10.22 - Refused – Researcher not a member of organisation	✓
ICP	06.08.22	-	07.08.22	-	08.08.22 - Refused - No mechanism	✓
IAHIP	06.08.22	-	07.09.22	-	08.09.22 - Refused - No reason given	✓

5.6 Participants

Given the inherently personal nature of human experiences, comprehensive qualitative studies, such as Interpretative Phenomenological Analysis (IPA), frequently offer valuable insights by focusing on a small number of cases. Limiting participant numbers allows for an in-depth exploration of the complexities of human experiences. Smith et al. (2022) suggest that the ethos of IPA is most appropriate for a sample size for a professional doctorate ranging from six to ten interviews (rather than number of participants), (p.46) depending on the scope of the research and the complexity of the phenomenon.

To address my research questions, I employed purposive sampling to identify participants with the relevant expertise, conducted semi-structured interviews to collect in-depth data, and used IPA to analyse and interpret the findings (Smith et al., 2022, p. 44) aiming to gain a deep, detailed understanding of the phenomena from shared experiences. The rationale for each of these choices will be detailed below.

Purposive sampling is a non-random method of sampling whereby the researcher recruits "information-rich" participants for in-depth study (Smith et al., 2022). Patton (2014) defines purposeful sampling as a qualitative research technique for efficiently identifying and selecting information-rich cases, for the most effective the use of limited resources. According to Patton (2014), purposeful sampling offers the advantage of capturing recurring patterns within the data, which are of specific interest and hold value in describing the central experience and specific shared elements of a phenomenon. Purposive sampling was chosen to ensure the inclusion of participants who could provide rich perspectives related to the study's focus. This method allowed for a targeted and strategic approach in participant selection, aligning with the study's specific goals and research questions.

The selection of participants aimed at including individuals with specific characteristics relevant to the research objectives. Combining purposive sampling with strict inclusion and exclusion criteria ensures that the sample is both purposefully chosen and meets specific characteristics relevant to the study. This combination is particularly useful when studying specialised or well-defined populations, to gather detailed information on issues crucial to the research purpose, while ensuring that the sample adheres to predefined parameters.

To maximise consistency in line with IPA, a target sample size of ten interviews was decided on. To be included in the study participants had to meet all criteria set as follows:

- psychotherapists must be Humanistic/Person-Centred practitioners
- have a minimum of two years of post-accreditation experience
- have received a frivolous complaint dismissed by their accrediting body within the past 7 years.

Twelve responses were received in total. Among them, one respondent did not meet the criteria, and three did not respond following receipt of the study details, leading to the scheduling of eight interviews. One of the non-responders made contact ten months later to be included in the study however, they were informed that the cut-off date had passed. Informed consent was sought from the eight respondents that met the criteria in accordance with the ethics of the research.

5.7 Participant Demographic Information

All participants were over 50 years of age, including three males and five females. Participants were interviewed from the Republic of Ireland, England, Scotland, and Northern Ireland. Each were invited to choose a pseudonym they wished to be used as a means of anonymising but identifying their

contributions. However, a problem arose when the initial participant selected a pseudonym identical to the real name of another participant. To prevent additional complications, the researcher opted to assign pseudonyms for the remaining participants. All participants worked from a person-centred perspective. All eight participants were self-employed and working at least part-time in private practice. Additionally, two were self-employed in the public sector. Seven were accredited with the British Association of Counselling and Psychotherapy (BACP) at the time of the complaint, whilst one participant was accredited with the Irish Association of Counselling and Psychotherapy (IACP). Two of the participants held dual accreditation of both the BACP and United Kingdom Counselling and Psychotherapy (UKCP). While four participants were also members of the National Counselling Service (NCS). All complaints were submitted through at least one of the participants membership bodies. See Table 5.2 participant demographic information.

Table 5.2

Participant Demographic Information

Pseudonym	Age Range (years)	Gender	Currently Practicing	Country of Practice	Years of Experience	Type of employment	Modality within Humanistic discipline	Accrediting Body	Time elapsed since complaint received (years)
EDDIE	65+	Male	Yes	United Kingdom	6-10	Private Practice / Self Employed Public Sector / Self Employed	Person Centred	NCS	0-2
CAROL	51-65	Female	Yes	United Kingdom	11-15	Private Practice / Self Employed	Person Centred Gestalt Solution Focussed	BACP NCS	0-2
DANIEL	51-65	Male	Yes	United Kingdom	16-20	Private Practice / Self Employed	Other	UKCP NRHP	5-7
RACHEL	65+	Female	No	United Kingdom	20+	Private Practice / Self Employed Public Sector / Self Employed	Person Centred Gestalt	BACP UKCP	5-7
MOIRA	51-65	Female	Yes	United Kingdom	11-15	Private Practice / Self Employed	Person Centred	BACP NCS	0-2
MICHAEL	51-65	Male	Yes	United Kingdom	6-10	Private Practice / Self Employed	Person Centred	BACP	0-2
LISA	51-65	Female	Yes	United Kingdom	6-10	Private Practice / Self Employed	Person Centred Transactional Analysis	BACP NCS	0-2
JENNY	51-65	Female	Yes	Republic of Ireland	16-20	Private Practice / Self Employed	Person Centred	IACP	0-2

5.8 Development of Interview Schedule

When developing the interview schedule for this study, prior research on the experiences of recipients of complaints, as well as published Interpretative Phenomenological Analysis (IPA) studies and texts (Smith et al., 2022) were reviewed. This review aimed to ascertain the scope and types of questions that would be useful to the research. In IPA, the literature review serves as a means of understanding the phenomenon under study and identify gaps in knowledge, but it does not dictate the data collection process in a strict manner (Smith et al., 2022). Consequently, while the researcher begins with some familiarity with the topic and potential questions, unlike in quantitative research, the existing literature is not used to formulate hypotheses that are then tested against study findings. A semi-structured interview guide ensures that the researcher has outlined the key topics to be addressed during the interview, taking special care to address potentially challenging subjects and the appropriate timing for sensitive questions. A set of thirteen interview questions were developed as a guide for each interview informed by a review of relevant IPA literature. Utilising a semi-structured interview schedule, this approach allows participants the freedom to narrate their unique stories in depth (Smith et al., 2022).

Due to a dearth of research literature in this subject area designing the interview questions and prompts was an iterative process. The questions needed to align with the studies aim and focus while also generating data suitable for Interpretative Phenomenological Analysis. The questions also needed to focus on the specific phenomenon to be explored, for example, what was the impact of receiving a frivolous complaint. The questions were framed to invite the participants to describe their experiences in their own words. This required maintaining a consistent line of questioning across all interviews while remaining attentive to each participant's unique context and personal narrative. The researcher aimed to reflect the non-directive approach described by Connelly and

Clandinin (1990), who emphasise that the researcher should begin by listening to the participant's story. While this doesn't mean the researcher remains silent, it does involve creating space for the participant to be allowed to speak freely.

Due to limited availability of participants, two pilot interviews were conducted face-to-face with the researcher's colleagues who had received a complaint directly from a client to offer a practical and realistic trial of the planned question sequence and timing of the interview schedule. This also helped to ascertain if the questions elicited rich, meaningful data or if there was a need to adjust the wording or prompts. After the pilot phase and these interviews were reviewed no changes to the schedule were deemed necessary. These interviews were not included in the study as they did not fit the criteria to be included. The interview schedule included prompts as suggested by Kvale and Brinkmann (2009) to facilitate detailed or participant-led responses. Prepared prompts offered additional guidance when needed. These follow-up questions, often improvised in response to the interviewee's remarks, were deemed crucial. Additionally, non-verbal cues like silence or general encouragement were deemed equally significant in prompting elaboration or deeper discussion on the topic. While scripted prompts were part of the interview schedule, they typically amounted to rephrasing or expanding upon the initial question. See Table 5.3 below for semi-structured interview schedule.

Table 5.3

Semi-structured Interview Schedule (Psychotherapists)

Semi-Structured Interview Questions
1. Can you tell me a little bit about the lead-up to this complaint? *Prompt: When did it happen, how did it happen, what do you think happened.*
2. Tell me about your experience of the therapeutic relationship with this client before you received the complaint?
3. In terms of the official side of this complaint what happened?
4. What behaviours did you notice you engaged in during this process?
5. In terms of your personal life how do you think this experience influenced your relationships with the significant people in your life? *Prompt: What was that like?*
6. Has this experience influenced your relationship with yourself or how you imagine yourself?
7. Tell me what have you noticed about yourself as a practicing professional having had a complaint made against you?
8. In terms of your professional life how do you think this experience influenced your relationships with colleagues?
9. What did you learn about others from this experience?
10. What factors, aspects, incidents, or people connected to the experience stand out for you?
11. What do you think needs to be understood about being the recipient of a frivolous complaint?
12. As you recall these personal and professional experiences today what are you noticing in your body?
13. What else would you like to add about your experience of the complaint/or the complaints process?

5.9 Data Collection

5.9.1 Interviews

Data was collected through semi-structured individual interviews, conducted online through Teams, were audio/video recorded. Participants had the option to turn off their camera during recording,

however none opted to do so. Data collection took seven months to complete (between December 2022 and July 2023). Interview durations ranged from 58 to 105 minutes, with an average of 70 minutes. Notes were made immediately after the interview. Thoughts and feelings were recorded in a reflexive diary. This journal helped keep track of how the researcher's thoughts, emotions, and ideas changed over time.

5.10 Data Recording and Transcription

IPA operates under the philosophical assumption that individuals experience similar phenomenon in diverse ways, implying the existence of numerous realities, particularly concerning receiving complaints. IPA purposefully reports these diverse realities by incorporating multiple direct quotations from participants and by highlighting the conversions and diversions in experiences within and across individuals (Smith et al., 2022). Consequently, the interviews conducted in this study were recorded with this approach in mind.

The interviews were transcribed via the Teams transcription tool and page and line-numbered for later extract identification. This enabled transcription at the semantic level, in that all spoken words, including pauses, false starts, laughter and any other important moments that occurred during the interview were captured. Transcripts were carefully scanned to promptly remove any identifying information such as real names or places of employment. Any Identifiable information was anonymised, and participants were each assigned a pseudonym. Transcripts were adjusted where necessary to correct mis-transcription of words and unclear speech. All electronic files were stored securely in a locked cabinet and password protected laptop. Recordings were automatically deleted automatically seven days after the interviews. A total of 62,580 words of transcript data were collected. Transcripts ranged from 4,557 to 12,390 words with an average transcript length of 10,430 words. Individual transcripts were of different lengths due to differences in the amount of time the

participant was available for the interview. Following transcription, each account was carefully listened to multiple times to immerse the researcher in the data.

5.11 Data Analysis

Interpretative Phenomenological Analysis (IPA), rooted in phenomenology and interpretation, aims to deeply understand the individual moving beyond surface descriptions to provide a rich account of their lived experience (Smith et al., 2022). However, it does not claim objectivity or direct access to experiences, rather, it seeks participant's interpretations of their experience during interviews (Smith et al., 2022). The narrative that emerges is considered insightful and significant, not for its exposure of the core of a particular phenomenon, but for the reflections it offers on how people recount stories about their lives to themselves and others which says something about their contextually distinct identities (Smith et al., 2022).

Further, participants may struggle to articulate experiences, avoiding sensitive topics. The analysis explores beyond surface content, interpreting metaphorical quotations, underlying meanings, and unconscious disclosures. In addition, the researcher's own perspectives, understandings and personal history is also essential for interpreting the participants narratives. As such, this type of inquiry requires a strong reflexive approach to unpack the researcher's preconceptions and understandings to enable participants to express themselves in ways that challenge the researcher's initial assumptions (Smith et al., 2022).

Therefore, data analysis was conducted with an openness and a readiness to deeply explore the data, aligning with the approach used during data collection. The focus remained on understanding how participants interpreted their experiences (Smith et al., 2022). The researcher closely adhered to the guidelines outlined in Smith et al. (2022). While this analytical approach may appear systematic, its primary goal is to sustain a thorough engagement with the data. Although the process

may seem linear, the researcher engages in an iterative connection with the data, moving back and forth between various levels of analysis within and across cases and levels in later stages. This iterative process enhances familiarity with the text, ensuring that the findings are rooted in the data. To prevent interpretative bias an objective and analytical perspective was maintained by engaging in practices such as reflexive journaling, bracketing of preconceptions, and iterative cross-checking of emergent themes. This process prioritised thoughtful reflection over subjective opinions or biases, consistent with the guidelines outlined by Smith et al. (2022).

5.11.1 Developing Themes Within and Across Cases

The manuscript was formulated for analysis with each page and line numbered. The data were processed using interpretative phenomenological analysis (IPA) to capture the personal, subjective experience of the individual participants. Adhering to interpretative phenomenological guidelines, data analysis followed the approach outlined by Smith et al. (2022):

(1) Each transcript was read and re-read to actively engage in the raw data.

Employing an iterative approach, every transcript was thoroughly reviewed while simultaneously listening to the audio recording. This ensured the participants voice remained the central focus of the analysis. Actively engaging with the data involved repeatedly reading the transcript to fully grasp the participant's narrative, maintaining openness, and avoiding theoretical bias (Smith et al., 2022).

(2) Initial noting - exploring semantic content writing notes in the margin of the transcript of anything of interest.

Initially, key points in the text were identified, and spontaneous thoughts recorded. Notable sections were highlighted using the Word online highlighter to capture important language and phrases, then interpreted through "conceptual comments" (Smith et al., 2022, p. 88). These highlighted segments were revisited, and initial notes explored their significance, revealing how participants' language conveyed the content and meaning of their experience.

(3) Experiential statements (ES) are formulated through focussing on chunks of transcript and analysis of notes made into themes.

After the initial phase, a detailed analysis highlighted key phrases and experiential themes that captured the essence of the participant's narrative. These themes were categorised under relevant conceptual headings. Conceptual comments helped shift focus from specific details to the participant's broader understanding of their experience, providing a more comprehensive explanation of the meaning-making process.

(4) Clustering the experiential statements to form personal experiential themes (PETs).

The analysis entailed mapping connections between individual themes, forming clusters with a focus on opposing themes. The goal was to organise emerging themes in a way that highlighted the key and interesting parts of the participant's stories.

(5) Moving on to the next case whilst bracketing previous themes and remaining open-minded to maintain the integrity of the individuality of each case.

After analysing the first transcript, the study moved on to the second case, going through the IPA stages as detailed in steps 1 through 4. This systematic approach facilitated the isolation of themes from the previous case, encouraging an open-minded view of the distinctiveness of each new transcript.

(6) Finding patterns across cases, noting idiosyncratic instances, and clustering cross-case personal experiential themes into group experiential themes (GETs).

Following IPA's idiographic approach, each transcript was analysed individually while setting aside prior impressions (Smith et al., 2022). Despite initial challenges, maintaining openness with each transcript allowed new topics to emerge. Personal and group experiential themes were identified, with side-by-side comparisons revealing shared patterns across cases. In the advanced phase, themes were restructured and relabelled to enhance theoretical interpretation while remaining tentative and subject to change and avoiding generalisation. Convergences and divergences were carefully considered. Appendix E provides a photographic representation of this process, showing the development of personal experiential themes (PETS) and their integration into group experiential themes (GETS).

At this stage, key aspects of each participant's story were documented and structured. While no clear endpoint for analysis exists (Smith et al., 2022), the interpretation was considered a thorough account of participant's lived experiences as frivolous complaint recipients. The final narrative, supported by extended quotations, explored and discussed each main theme in depth, with analysis and interpretation continuing throughout.

Smith et al. (2022) proposed a flexible framework for analysing IPA data. IPA is rooted in a phenomenological approach within qualitative research (Berglund, 2015; Rajasinghe et al., 2021). It integrates phenomenology (the philosophy of experience), hermeneutics (the philosophy of interpretation), and idiography (the exploration of particular cases) (Smith et al., 2022; Zhao & Thompson, 2023). As depicted in Figure 5.2 below the process is organised into four distinct phases (Smith et al., 2022) beginning with data transcription and finishing with the writing up of the findings.

Figure 5.2

The IPA Analytic Process

PHASE 1: **Experiential statements**	1. Data Transcription. 2. Reflexive reading and re-reading transcript. 3. Exploratory Noting (EN). Free association and exploring semantic content (e.g., by writing notes in the margin). 4. Formulating Experiential statements (ES). Focus on chunks of transcript and analysis of notes made into themes.
PHASE 2: **Personal Experiential Themes (PETs)**	1. Searching for connections across experiential statements (ES). 2. Naming and consolidating of Personal Experiential Themes (PETs) (candidates for themes). Structured consolidation of case-level work mapping to Personal Experiential Themes ensuring there is a link back to key data extracts either direct quotes or page numbers (including Sub-themes; linked to key examples, reflections on language, metaphor, narrative etc).
PHASE 3: **Group Experiential Themes (GETs)**	1. Continue the individual analysis of the other cases drawing on the PETS to begin with. Examine clustered material underneath for potential cross-cutting themes. Shuffle and sort the components of the PETs. 2. Reflect on contributions made by each PET to each developing GET.
PHASE 4: **linear account of the thematic structure**	1. Finalise sub-themes and structure for writing up and discussion findings; Use PETs to identify quotes to support each theme. 2. The plan should include opportunities to reflect on variations across cases. Critically revising theoretical constructs based on the findings. 3. Produce table of overarching themes and subthemes accompanied by a brief illustrated data extract.

Adapted from 'The analytic process in IPA' Smith et al. (2022)

Three overarching themes were developed highlighting key themes for this group. Each main theme has a set of sub-themes connected to it. Repetition observed across cases was assessed following the recommended IPA guidelines (Smith et al., 2022). Each of the three main themes appeared in at least four out of the eight cases, meeting the criteria for classifying each theme as recurring (see Prevalence Table 5.4 below). See Table 5.5 below for participant excerpt used to convey each theme/sub-theme. The These themes will be presented in Chapter 6: Findings.

Table 5.4

Indication of Prevalence for Each Participant for Each Group Experiential Theme and Associated Sub-themes

	Participants (8)								
Group Experiential Themes	**Eddie**	**Carol**	**Daniel**	**Rachel**	**Moira**	**Michael**	**Lisa**	**Jenny**	**Total**
GET 1 - Relationship	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**8**
Sub theme 1 To Self	√	√	√	√	√	√	√	√	8
Sub theme 2 To Client	√	-	√	√	√	√	-	√	6
Sub theme 3 To Accrediting Body	√	√	√	√	√	√	√	√	8
GET 2 - Ruptures	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**8**
Sub theme 1 Core Disruption	√	√	√	√	√	√	√	√	8
Sub theme 2 Motivations for Complaint	√	√	√	√	√	√	√	√	8
Get 3 - Resolution	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**√**	**7**
Sub theme 1 Defensive Practices	√	√	-	-	√	√	-	√	5
Sub theme 2 From Victim to Survivor	-	√	√	√	√	√	√	√	7

Table 5.5

Participant Excerpts used to Convey Each Theme and Sub-Theme

	Sub-Theme 1	Sub-Theme 2	Sub-Theme 3
Theme 1: Relationship	Moira Carol Jenny Daniel Rachel	Daniel Michael Rachel Jenny Eddie	Eddie Lisa Carol
Theme 2: Ruptures	Moira Michael Rachel	Daniel Jenny Lisa	
Theme 3: Resolution	Michael Moira Carol Eddie Jenny	Daniel Michael Lisa Rachel Moira	

5.12 Rigour and Quality of IPA

Trustworthiness and rigour are important in qualitative studies. Nizza et al. (2021) developed an IPA-specific tool, the IPA Quality Evaluation Guide, for assessing trustworthiness in IPA studies. Studies were labelled either, acceptable, unacceptable, or good depending on detailed criteria for each category. Nizza et al. (2021) states that quality IPA research must first adhere to the three theoretical principles of phenomenology, hermeneutics, and idiography. Smith et al. (2022) stress that rigorous IPA research necessitates that researchers plan, execute, reflect, and engage in dialogue throughout the research process.

Participant selection ensured alignment with the research question. Spending more time understanding and connecting with the transcripts facilitated a better understanding of the participants experiences, moving beyond just describing them to figuring out their meaning of the experiences. Qualitative researchers often emphasise different standards to establish the reliability of qualitative studies, such as credibility, dependability, and transferability (Denzin et al., 2017). Methods proposed by Carcary (2020) were utilised in this study for example, a detailed record of data collection protocols, data transcripts and working drafts of the study processes were kept throughout this study. This process offers a transparent account of the steps undertaken throughout the research, supported by a comprehensive collection of related documentation (Given, 2012). This created an “audit trail,” which informed trustworthiness (Carcary, 2020).

Although an "audit trail" is not a staple of IPA it was maintained, documenting every stage of the research process (see Appendix E). This documentation in the Appendices serves as evidence that each step adhered to the planned methodology and demonstrates a clear and justified connection between the information found in transcripts and the emergent themes and analysis.

Data analysis in Interpretative Phenomenological Analysis (IPA) is guided by an approach yet influenced by the researcher's interpretation at every stage (Smith et al., 2022). While data presented should validate the researcher's assertions, independent analysts are unlikely to identify identical themes in the same manner. While total objectivity is not achievable in interpretative research, employing structured reflexivity and transparent analytic procedures helps maintain an objective and analytic perspective, ensuring that findings are both credible and grounded in the data. These practices include reflexivity - through journaling and transparency – by keeping an audit trail and an iterative engagement with the data. Phenomenologists, drawing from a Heideggerian viewpoint, recognise that analysts interpret specific phenomenon through personal lenses and experiences, resulting in varied emphases and articulations of findings (Smith et al., 2022).

Integrity was improved by the genuine and in-depth accounts elicited during the semi-structured interviews from the purposive sample of participants. The presentation incorporates verbatim participant extracts to support emerging arguments. Consistent cross-checking and close attention to participant's specific, subjective experiences improved the finding's validity. This concept referred to as "thick descriptions" (Younas et al., 2023; Hays & McKibben, 2021; Amin et al., 2020; Ravitch et al., 2019) entails utilising data in a way that highlights the significant role of participant's attitudes and experiences in all sourced and presented data. The inclusion of numerous unedited excerpts from participant narratives in the thesis is motivated by the necessity to unveil "thick descriptions" which describe rich, nuanced, contextually grounded interpretative accounts of the participants experiences and demonstrate to the reader that each theme originates from the expressions provided by participants.

A reflective journal is the principal outlet for reflexivity, aiding the researcher in seeing how theoretical perspectives influence the research process. It is a valuable tool to document methodological decisions and develop their methods. It also provides transparency regarding the researcher's insights, rationales, challenges, interpretations, reactions, and cognitive processes (Given, 2012; Houghton et al., 2013). Looking back at these reflections can lead to changes in the research, shaping its direction (Carcary, 2020). Maintaining qualitative rigour involves transparent reporting, offering insight into the researcher's analysis and demonstrating reflexivity from inception to findings.

5.13 Reflexivity

Smith et al. (2022) state that attention to researcher reflexivity is important throughout the analysis process. Through reflexivity, researchers recognise the changes brought about in themselves (Palaganas, 2017). The researcher used reflexivity by reflecting on their own emotional reactions whilst reading the participants narratives and taking notes, questioning their own biases,

assumptions and interpretations as the data was collected to assure that patterns truly reflected each participant's subjective experience. To ensure consistency the researcher noted their thoughts and responses and continued to be reflexive attending regular supervision throughout the study (Appendix K). By reflecting on preconceptions, biases and the phenomena being studied, it is hoped that the interpretative process was improved, credibility of the findings was increased and trustworthiness attained (Dodgson, 2019).

5.14 Summary

This chapter presented an overview of phase (1) of the study's design and methods undertaken to answer the research questions. Specific details regarding recruitment selection, process, research context, and data collection and analysis processes were provided with references to appendices. Comprehensive illustrations were given for ethical considerations. The construction of the research process ensured participant safety, facilitating the gathering of detailed and rich data. Analysis yielded themes which were categorised into findings about the impacts of frivolous complaints and the needs of those involved. Overall, the phase (1) methods chapter presented evidence that the conceptual framework and research design were sufficiently robust to ensure the successful implementation of a qualitative research project. The rationale for rigour and reflexivity concepts was justified, along with an explanation of how they were applied throughout various aspects of the study. Chapter five will present the research findings for phase (1) - psychotherapists group of this study.

Chapter 6: Findings Phase (1)

Psychotherapists

6.1 Introduction

This chapter presents the findings from eight semi-structured interviews conducted in phase one of the study and subsequently analysed using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022). Through this process, three group experiential themes (GETs) and related sub-themes emerged. The themes are (1) Relationships, (2) Rupture and (3) Resolution. It presents the participants experiences and sheds light on areas previously overlooked in the existing literature. Each theme is introduced and analysed sequentially. See Table 6.1 below for summary of group experiential themes and sub-themes.

Table 6.1.

Summary of Phase (1) Group Experiential Themes (GETs) & Sub-Themes

Group Experiential Theme (GET)	Sub-Themes
Relationship	***To self*** *"I didn't want it known to anyone else in the profession that there was a complaint hanging over me in case…they…judged me…the whole smoke without fire thing" (Michael)* ***To client*** *"You can't control how other people perceive you or their experience of a situation or a session, you're not inside their head, somebody could be psychotic" (Daniel)* ***To accrediting body*** *"It felt like guilty until proven innocent" (Moira)*
Rupture	***Core Disruption*** *"There's no leading up to it…you simply get something one day that says there's a complaint…it was something of a shock" (Eddie)* ***Motivations for the complaint*** *"You can't sometimes do right for doing wrong…whatever random reason…we are easy targets" (Moira)*
Resolution	***Defensive practice/altered attitudes*** *"I've managed to just compartmentalise it" (Lisa)* **From Victim to Survivor** *"I thought why should I belong to an organisation that is actually so nasty to its own members" (Rachel)*

6.2 Group Experiential Theme (1): Relationships

In this first group experiential theme, 'Relationships,' extracts from five participants are presented and analysed. This theme is divided into three sub-themes; relationship to self; relationship to client; and relationship to accrediting body. Some extracts are discussed in more detail and were selected because they were particularly powerful and articulate expressions of the theme. They have also been used to illustrate the extent of the shared experience.

6.2.1 Sub-theme (1): Relationship to self

This sub-theme emerged from aspects of the narratives relating to the effects of the complaint on the participants emotional, personal, and professional identity which all eight participants identified. Complaint accusations directly challenge the therapist's core professional values and identity. This core disruption leads to psychological distress, incongruence, and a crisis of confidence in their abilities and person-centred approach to therapy. The participants vividly described the emotional impact with statements like *"I nearly had a meltdown…I'm very, very, very angry that I was put through that"* (Carol, p.17/7).

Jenny gives a graphic explanation of how the experience of the complaint impacted her then and now:

> *So I got an awful shock…I got the fright of my life (p.2/20)…my head is racing (p.3/15) …it was an extremely distressing time (p.4/14)…I wanted to run away…to run further…run from the fear in myself (p.17/19)....first time ever intimidated by a male client…for a period of time…I felt unsafe…I remember I don't like the sensation around it…the sensation is here with me…it's absolute uh fear kind of nearly stuck, you know like a breathlessness* (*p.20/21)…It was a shocking experience and a very upsetting experience and a very, very lonely, isolated experience…and when I say that, I actually feel quite upset…I felt very isolated you know, particularly when I wasn't even in the country to deal with it (Jenny, p.24/7).*

The fear Jenny describes is not just about the immediate encounter but seems to resonate on a deeper level, reaching into something more existential. She talks about feeling "unsafe" and "intimidated" for the first time exemplifying her intense interpersonal fear, rooted in anticipation of potential harm. She expresses a desire to escape the fear within herself and the isolation it brings, marking a rupture in her usual sense of security. It is not just an instance of fear it is a recognition of her own vulnerability where once her world was predictable, now it feels threatening. This creates an incongruence between her usual state (feeling safe) and the experience (feeling unsafe). Her bodily reaction is striking: breathlessness, frozen still, unable to move forward. This paralysis suggests that the fear was not just an emotional response but a total physiological takeover, as though her body itself refused to proceed – like a deer caught in the headlights. The experience appears so traumatic. The way she recounts the story suggests it is not just a recollection but re-experiencing as if she is watching herself from the outside, trying to distance herself, yet still feeling.

Daniel also comments on his emotional experience and sense of self in this regard:

> *It's a horrible feeling…it's a nasty shock…effectively a total attack on your whole professional integrity and practice…I felt the attack and the anger behind it…so much rage (p.2/1)…like a psychic attack (p.3/8)…you feel like a criminal (p.4/20)…I was anxious, uncomfortable (p.6/)…affected my sleep…spoiled my quality of life (p.6/30)…it made me feel more vulnerable…I took it as a bit of a warning sign…time to get out of this (p.11/15)…bad things can happen to people even if they haven't done anything…until something happens to you, you go along and think you're quite safe…it was trauma, definitely (p.12/13)…it's certainly left a mark (Daniel, p.22/20).*

The term "psychic attack" is vivid, evoking something invisible yet extremely damaging, as though Daniel has been wounded in a way that cannot be seen but is deeply felt. His words suggest an experience of deep shock, anger, and vulnerability as if his psychological defences have been breached, leaving him exposed. This is not just an injury; it is a rupture in his sense of safety and trust. There is a realisation and acknowledgement of the profession's inherent risks and vulnerabilities. His reference to feeling like a "criminal," is particularly significant. There is a sense of

stigma seeping in. He may internalise the stigma of this deviant label – "criminal." This internalisation suggests a deeper existential shift where self-concept and identity become blurred. Daniel may struggle with what this means for who he is. His narrative reveals a slow erosion of trust, in the profession, in others, and perhaps in himself. There is shame here, a deep questioning that unsettles his once-stable professional identity. In an act of self-preservation, he considered leaving the profession. Yet, stepping away may feel more like escape than resignation. The very act of questioning his place within the profession may mirror a deeper struggle about how he rebuilds a sense of self after being made to feel like an outsider.

Similarly, Rachel like Jenny expressed a sense of being 'stuck.' Rachel describes the experience as a *"bureaucratic out of control wheel"* (p.10/20):

> *I became a bit paranoid (p.10/30)…I felt, fearful, I felt lack of confidence, I doubted my judgment. When a complaint's made about you, some people assume that there's no smoke without fire…there must be something wrong with you anyway (p.12/28)*…i*t's humiliating and embarrassing (p.13/9)…the injustice of it was what got me…it was just something that was really not fair (p.13/12)…I'd be out floating in the atmosphere with no way of making a living (p.14/7)…I can feel the feelings coming up in me from the past...I'm remembering the feelings…of vulnerability, of fear (p.18/2)…there's a strange feeling I'm feeling right now….I feel slightly hysterical…where you're remembering something quite traumatic…kind of almost want to laugh hysterically about it (Rachel, p.18/27).*

Rachel's incongruence signifies a discrepancy between her self-concept and external reality, destabilising her sense of professional identity. She experiences a deep unease, as if her very understanding of who she is has been placed under threat. The fear is not just about the complaint but about the perception of others, that haunting possibility that, regardless of the truth suspicion will linger. It is as though the stigma is forcing her to confront a terrifying question: What if others believe it? The prospect of losing her career is not just economic insecurity but about a loss of identity, status and her place in the world. There is a sense of being untethered, adrift, no longer anchored to the structures that once felt solid. The act of reexperiencing is not passive, it is a return

to the emotional intensity of the trauma. Like Jenny, her description of feeling "hysterical" is particularly telling. In this moment Rachel may feel herself unravelling. The memory is not just in the past, it is present, blurring the boundary between what was and what still feels deeply real.

Moira believes the complaint arose due to terminology and a perceived lack of understanding on the part of the client who perceived her as:

> *Unprofessional…unempathetic…judgemental…no empathy (p.2/16). They emailed me…this is terrible…I'm freaking out…basically I feel very judged by you…I'm beating myself up enough…I needed you to help me get out of the fire, not put me in it (p.1/34)…you're not fit to do the job (Moira, p.5/14)*.

Moira's professional integrity and efficacy are under scrutiny, not just externally but internally. Her sense of who she is as a therapist has been unsettled. The client's perception challenges her ability to embody the foundational principles of person-centred therapy. This creates a disorienting contradiction between how she sees herself and how she has been perceived. This tension evokes 'cognitive dissonance' (Festinger, 1957) a state of discomfort when people have two conflicting thoughts or behaviours. Moira sees herself as an empathetic, attuned professional, yet the feedback disrupts this self-perception, forcing her to reconcile the gap between intent and impact. If she truly believed she was offering the core conditions of therapy, the fact that this was not felt by the client raises important implications. A reaction of defensiveness seems almost inevitable, not just as a response to external critique but as a protective mechanism against self-doubt. Moira may be struggling to hold onto her belief in her therapeutic approach while also making sense of this rupture.

Moira continues and vividly illustrates the mind-body connection illustrating how psychological distress manifests physically:

It destroyed me…I could now burst straight into tears…sickening (p.4/10)…almost every time an email comes through I feel a little bit ill, what if it's another complaint (p.4/28)… everything about me is tense…always on high alert…I can't live like that but...at the moment I am (p.6/13)…I was literally trembling…this is a literal post-traumatic stress…this is crazy…shaking, my heart racing (p.7/1)…I feel sick, nauseous, tense angry, I'm, so pissed off (p.7/17)…so angry…the anger is massive (Moira, p.7/29).

Moira's description of feeling "sick" and trembling with each new email suggests more than just anxiety, it is a visceral, involuntary reaction, as though her body itself is rejecting the experience. The anticipatory dread she describes is relentless, keeping her in a state of hypervigilance, waiting for the next complaint. This is not just fear of another complaint; it is the inability to escape the looming threat, a sense that she is perpetually on trial. Her self-identity appears fractured as though she is caught between who she believed herself to be and the un-nerving reality of her situation. The intensity of her emotional turmoil is striking, her anger carrying a depth that speaks to intense dysregulation. Her reference to PTSD is particularly revealing. Moira may view this as a momentary crisis, or it could be that the experience has fundamentally rewired her sense of safety and control. The palpability of her distress suggests that this is not merely an external event to process, but something that has seeped into her very sense of self.

This subtheme highlights the impact on the participants self-perception because of the frivolous complaint. It also depicts the emotional intensity felt by the participants underscoring the significance of issues in interpersonal dynamics, revealing the complex interplay between emotions and perceptions in social interactions.

6.2.2 Sub-theme (2): Relationship to client

From a person-centred perspective the relationship between the therapist and the client is considered the catalyst for change. This sub-theme highlights the impact of the client's way of being in the world (i.e., their relationships with themselves and others). Six participants highlighted their

struggles with establishing a good therapeutic alliance. Through the narratives of five participants, a closer exploration of this complex connection or lack of, is revealed.

Daniel explains that he terminated therapy with his client due to his inability to form a therapeutic relationship at the first session:

> *It was impossible to establish (p.4/12)…I did an assessment, and it was in that assessment that this person then took exception…so I…referred that client on to somebody else but…just that one meeting that was when it happened (Daniel, p.2/26).*

The working alliance is the foundation of therapy, yet for Daniel, the initial moment of engagement felt pivotal, an unspoken test of 'fit' between therapist and client. His awareness of the lack of attunement suggests an instinctive recognition that something was misaligned, that the subtle synchrony necessary for therapeutic depth was absent. Without this the complexities of transference and countertransference, risk becoming obstacles rather than pathways complicating the therapeutic process. Daniels efforts to refer the client elsewhere, speaks to an understanding that therapy is not just about technique but about emotional alignment, where the therapist must be able to truly sense, hold, and reflect the client's inner world. In this, Daniel highlights attunement as an ethical responsibility, ensuring that the therapeutic space remains one of safety and connection, essential for meaningful healing. His narrative reinforces the idea that the first session is not just an introduction, but a foundation, where the therapist's responsiveness can set the course for, or disrupt, the therapeutic journey.

Michael also has a vivid memory of the challenging therapeutic relationship:

> *I can remember very clearly…we had a complicated difficult working relationship (p.5/5)…the boundaries very difficult to maintain (p.5/20)…she requested extended sessions…this is the only time this has ever happened to me in the practice (Michael, p.5/21).*

Michael acknowledges the complex and emotionally charged nature of this therapeutic relationship. He portrays a sense of overwhelm, struggling to maintain boundaries in response to his client's requests. His experience conveys a loss of control, where the usual structures of therapy seem to blur, leaving him powerless, frustrated, and vulnerable. The erosion of boundaries does not just complicate the process, it intensifies transference and countertransference, amplifying his emotional responses and unsettling the therapeutic dynamic. His reaction manifests in counterproductive behaviours. Extending sessions, suggests an attempt to regain control or compensate for the discomfort he feels. Michael's account raises an important question as to whether the core conditions of therapy - unconditional positive regard, empathy, and congruence - are enough when power dynamics are at play. His assertion that this situation had "never happened before" implies a disruption in his usual professional framework, hinting at an underlying struggle to navigate power, responsibility, and emotional entanglement within this particular therapeutic relationship.

Rachel recognised during the first session that she was unable to connect with the client:

> *After about 45 minutes, I said well…it seems that I'm not much help to you at the moment…would you like to have a think about it and if you want to come back for another session we'll talk a bit more…but today it seems that we're going round in circles and I'm not helping you (p.2/28). And the second time was worse…she was more angry and she said…you just don't know anything, do you?...you should know...so I said, I can't know unless you tell me (Rachel, p.3/6).*

Rachel's frustration and confusion emerge as she struggles with the client's lack of clarity regarding the purpose of therapy and their reluctance to engage. There is a sense of disconnection, as if the fundamental reciprocity of the therapeutic relationship is absent. Her repeated attempts to bridge this gap by encouraging further sessions suggests a commitment to attaining relational depth, a belief that with time, the alliance could strengthen. Despite the stagnation Rachel shows commitment to providing unconditional positive regard, maintaining a stance of non-judgmental support. Yet, the effort seems unbalanced, as though she is reaching out without being met – it is

one-sided. The client's reaction perhaps perceiving Rachel as mis-attuned may stir feelings of inadequacy or powerlessness, forcing Rachel to confront the limits of her therapeutic influence. She acknowledges that without transparency, trust is fragile, and the lack of openness risks eroding rapport, collaboration, and the very foundation of a meaningful therapeutic alliance.

In contrast to those who struggled to establish a therapeutic relationship, for two participants, receiving a complaint was even more astonishing, especially since they believed they had built a strong therapeutic bond. Jenny shares her experience of the relationship:

> *I probably was pretty angry with him to be honest with you, because I felt that we had a very nice working collaborative relationship (p.9/8)…he had his issues and we were working through them (p.9/10). I really thought that he would come to me (p.9/13)…to have a conversation with me and I think now as I'm saying this out, that's probably the piece for me (Jenny, p.9/14).*

Jenny conveys a complex mix of emotions in response to the client's decision to file an official complaint following her return from leave rather than engaging in open dialogue. She expresses confusion, hurt, and disappointment, suggesting a discrepancy between her perception of the therapeutic alliance and the client's experience. The sense of rupture feels particularly unsettling, Jenny was caught off guard, unaware of any significant fractures in the relationship prior to this moment. Her reflections suggest a history. Jenny may have been able to repair tears in the relationship in the past, reinforcing a belief that dialogue could have bridged the gap. The complaint implies that, despite Jenny's assumption that her client understood her leave of absence, the client may have felt abandoned and unsupported. Jenny's anger at the lack of direct communication reveals the emotional impact of maintaining unconditional positive regard when faced with an experience that feels like a fundamental breach of trust.

Eddie echoes Jenny's surprise at receiving a complaint believing that:

> *I supported her for six months…she kept thinking about leaving…there were good weeks and bad weeks…she did leave on a high one week (p.3/29)…that was the end of that and I didn't expect anything from her really and so it was something of a shock, that at the age of 18 and she came at me (Eddie, p.4/24).*

Similarly, Eddie's narrative portrays a deep sense of shock and disbelief at receiving an official complaint 5 years after therapy ended. The temporal gap between the final session and the accusation intensifies the sense of bewilderment, as though the complaint has surfaced from the past, unearthing something Eddie believed was resolved. Despite the challenges and occasional ruptures, Eddie had assumed that he had provided unconditional support and guidance, making this unexpected complaint particularly unsettling. Eddie's experience highlights the unpredictability of retrospective complaints, surfacing long after the therapeutic relationship has formally ended, raising questions about memory, meaning-making, and unresolved client experiences.

These experiences highlight the significance of the therapeutic alliance, the importance of empathy and the potential cognitive dissonance participants experienced when clients challenge the therapist's established beliefs and actions. This theme also highlights that the core conditions of person-centred therapy though necessary are not necessarily sufficient, and so relational depth may be impossible to achieve. These concepts collectively illustrate the complex interaction of emotions, cognitive processes, and client-therapist dynamics.

6.2.3 Sub-theme (3): Relationship to Accrediting Body

This sub-theme highlights how the participants affiliation with their accrediting body changed because of the frivolous complaint. A significant concern highlighted in the initial transcript and echoed through all eight interviews was criticism of the complaints process. Several participants felt

that they were treated as guilty from the outset. Five participants expressed the lack of any type of support exacerbated their distress during their vulnerable state.

Eddie felt wronged by his organisation:

> *None of them are good, but [organisation] takes the biscuit for fundamental incompetence (p.1/10). Boy of boy do they screw you (p.7/9). I suddenly realised I was dealing with a machine and it's a machine against the individual…what transpired afterwards was horrific…the machine was a ruthless, brutal, it doesn't matter what you say to the machine it rolls (p.8/12)…they're hell bent upon prosecuting…that's what it is prosecuting members…and there's nothing to stop it (p.28/12)…the machine…it's well-oiled to destroy you (Eddie, p.30/7).*

Eddie's reference to dealing with a "machine" portrays a dehumanising experience, as though he has been reduced to an insignificant figure facing bureaucratic procedures. His belief that the accrediting body prioritises efficiency over fairness reinforces a sense of powerlessness, as if he is merely a cog in the machine rather than a valued professional. The perception of a relentless pursuit of prosecution suggests underlying power dynamics are at play leaving him vulnerable. Within this framework, Eddie's locus of control (Rotter, 1954) may have shifted externally, conveying he is at the mercy of external forces beyond his influence. Such an external locus could contribute to a diminished sense of autonomy and reduced motivation. However, it could be suggested that in order for Eddie to reclaim autonomy and shift towards an internal locus of control (Rotter, 1954), he could perhaps concentrate on resilience-building strategies, and finding meaning in the experience, therefore transforming a disempowering situation into an opportunity for growth.

Lisa's narrative suggests that the actions of the accrediting body were personal:

> *They were out to try and f*** me over…there's not a lot I could have done about it…I just had to go with the process (p.6/9)…I think it needs to be overhauled, I think they should look at*

> *the complainant and try to get better access to the complainants antecedents, their history, has she done this before (Lisa, p.15/23).*

The thread of powerlessness is also revealed in Lisa's narrative. She portrays being at the mercy of an organisation whose processes appear rigid. Her portrayal that outcomes are influenced by power dynamics rather than fairness, also suggests an external locus of control (Rotter, 1954) affecting her moral and trust in the professional body. This perception may have broader implications, not only affecting her morale and professional confidence but also challenging her faith in the integrity of regulatory processes. Her call for restructuring the complaints process reflects a desire for organisational change, where complaints are handled with greater nuance and care. She advocates for a more comprehensive investigative approach, warning against a narrow, surface-level focus. By uncovering overlooked details and recognising deeper patterns, she implies that such a shift would enhance the overall accuracy and depth of the investigation leading to more just and insightful outcomes.

The prolonged silence and a lack of responsiveness contributed to seven participants perception that some accrediting organisations were ineffective, significantly impacting their overall evaluation of their competence and efficiency. Carol's relationship with her organisation changed due to communication issues falling short of expectations:

> *With my preliminary response, which they got within one week, I had 21 days to send this back (p.8/27)…I sent this to the [accrediting body] and no matter how often I contacted them, I got no reply, no response (p.9/23)…two and half months…with no communication…nothing (Carol, p.16/18).*

In this vacuum of acknowledgment, time itself becomes heavy. Two and a half months of uncertainty one would wonder if Carol's concerns mattered at all. Her portrayal of the lack of response despite her repeated attempts to reach out, could theoretically be described as a 'black hole.' She depicts an

organisation that are so opaque or unresponsive that attempts to communicate with them seem to disappear without a trace. Just like a black hole in physics, an organisation with black hole characteristics is impervious, impenetrable, and unresponsive to external contact. This is not just an administrative delay, it is experienced as 'stonewalling' rendering Carol unheard, unacknowledged, invisible. Stonewalling, as described by Gottman (2008) is one of the 'Four Horsemen of the Apocalypse,' is not merely a refusal to communicate, it is a withholding of engagement, an act that can be psychologically destabilising, causing frustration, self-doubt, and despair. The lack of transparency and poor communication eroded trust between Carol and her accrediting body. she may now be questioning the integrity and reliability of organisational leadership, decision-making and the psychological contract.

This sub-theme focussed on the participants relationship to their accrediting body. Where once they felt a sense of identity with their chosen affiliation, this shifted to disidentification because of the complaints process as it transpired that the very organisations, they once trusted were not demonstrating the necessary support and guidance they had expected.

6.3 Group Experiential Theme (2): Ruptures

6.3.1 Sub-theme (1): Core Disruption

'Core disruption' is the initial sub-theme that all eight participants referred to. While ruptures in the therapeutic alliance can lead to grievances, nothing in the therapists' training or past experiences had prepared them for the shock of receiving a complaint. The participants depict the impact of receiving the complaint as being just as impactful as its content. The effect immediately after its receipt was dominated by negative feelings. ranging from surprise, concern, and shock, to anxiety,

anger, fear, and stress. Participants vividly remembered the moment they received the complaint, recalling details of their activities and locations at the time.

Two participants experienced an acute stress response in reaction to receiving the complaint, displaying both psychological and physical sensations. Moira exemplifies the experience by saying:

> *I was out and about at the time…sitting with a cup of tea and the newspaper" (p.2/10)…I open my emails, complaint…I couldn't open it on my phone, I felt ill" (Moira, p.4/14).*

A complaint, something waiting to be opened by resisting. The email becomes more than just words on a screen; in this moment, it is not just a communication but a symbolic force, embodying both confrontation and the fear of what lies unseen. The barrier to accessing its content and accusations, adding a layer of powerlessness and further frustration and distress. The ordinary act of checking emails becomes a site of rupture. The phrase, 'I felt ill' conveys a visceral, embodied reaction. It is not just inconvenience; it is an existential disturbance. The nausea suggests a deeper unease, a physiological response to something that cannot yet be processed cognitively. This moment carries the weight of core disruption, the abrupt fracturing of a previously stable reality. Perhaps the email, unread, represents a threat not just to professional or social standing but to a sense of self, an attack on competence, worth, or identity. The real disruption is not just the email itself, it is the sudden uncertainty, the feeling of stability unravelling in an ordinary moment.

A similar visceral reaction to receiving the complaint was also vividly captured by Michael:

> *There was no lead up to…I wasn't clearly expecting anything… it came completely out of the blue…It was 7.45 on a Friday night. I remember it very clearly, it's very vivid…when I opened the email I was sitting on my bed (p.2/9)…offensiveness, fear, anxiety…an anger, a feeling of the idea that I haven't done anything wrong. (Michael, p.4/11).*

Memory of the moment is sharp, vivid, embedded into Michael's consciousness with a clarity that suggests significance. This is not just remembering, this created a detailed episodic memory. The kind that imprints itself with intensity, carrying not just facts but sensations, emotions, and full-bodied re-experiencing as if he is reliving the moment. Michael clearly did not understand the accusation and felt wrongly accused. Here lies the core disruption, the moment when a stable sense of self is thrown into question. His world as he knew it had changed in that moment, challenging Michael's sense of congruence by creating a discrepancy between his internal sense of integrity and external feedback. The emotional response is not just to the email itself but to what it threatens, fairness, identity, and the very foundation of his self-perception. Believing he "hadn't done anything wrong" evokes defiance. This rupture is more than a challenge to his professional conduct, it strikes at the core of his self-perception, unsettling the delicate balance between authenticity and self-protection. The emotions are there, just under the surface, stuck between self-trust and fear of being judged. Frustration and defensiveness may seep through, distorting his outward expression, threatening the congruence he strives to maintain. The disruption remains, the memory fixed in place, a 'flashbulb memory' defined by Brown and Kulik (1977) as highly vivid, detailed memories of significant emotionally charged events recalled with clarity and accuracy. Michael's mind keeps revisiting leading to a vivid, detailed recollection of the time and day of the complaint's receipt, trying to make sense of it to heal. The link between traumatic events and memory highlights how the mind preserves and retains distressing experiences.

Despite knowing that a complaint had been made to other colleagues about them, two participants were still surprised when clients lodged an official complaint to their accrediting bodies. In Rachel's case the complainant lodged an official grievance after previously registering the same complaint across multiple organisations:

> *She wrote to me…how can I complain about you?...she had complained to everybody (p.5/33)…I thought what's going on, ohh, this is crazy (p.7/26)…it was very threatening (p.7/33)…You know that hysterical feeling that you get...where you're remembering something that was quite traumatic? (Rachel, p.20/29).*

The complaint had spread beyond Rachel's control, multiplying. Here the core disruption lies in the unravelling of certainty. A complaint should follow a process, but this situation spirals beyond logic. Despite knowing it was imminent, the emotional response shifts, "that hysterical feeling" evoking a loss of control. The overwhelming flood of emotional and psychological reactions like confusion, frustration, vulnerability, and powerlessness grasping for a stable ground that no longer exists. The emotions revealing significant aspects of her current state of being. She expresses a sense of disbelief; the complaint is not just words it carries a threat and apprehension about the subsequent investigation. She hints at a deeper rupture. This moment is not just about the complaint; it taps into something older, something unresolved. Rachel is caught in a cycle, pulled back into past distress. The complaint is not just an event, it may be a trigger, reigniting a feeling that has been felt before potentially suggesting post-traumatic stress disorder (PTSD). The disruption here is total, it is not just about professional reputation, Rachels narrative highlights the concept that cognition is not solely a mental process but also influenced by bodily experiences, sometimes resurfacing long after the initial event.

This first subtheme spotlights the psychological and physiological impact felt by the participants who were subjected to a complaint which all believed had no basis, revealing a powerful sense of injustice and betrayal. Dealing with a frivolous complaint can challenge a therapist's sense of congruence, creating a discrepancy between their internal sense of integrity and external feedback. As such the participants training around congruence - in relation to how they were taught to align their internal values with their actions - may not match the external feedback they received.

6.3.2 Sub-theme (2): Underlying Motivations

The second sub-theme emerged from factors identified by all eight participants. The significance of the impact lay in the fact that three participants interpreted the rupture in the therapeutic relationship as a personal attack on their professionalism, which was intensified by the complainant's perception of them as therapists.

In Daniel's case, he believes the complaint is rooted in perception. He articulates a sense of injustice, frustration, and even powerlessness believing the rupture stemmed from a misinterpretation of behaviour not an objective failing:

> *I had been effectively disrespectful (p.4/30)…the patients' perception was that something happened (p.11/7)…I was perceived to have a particular attitude that that patient didn't like and that was the complaint...which was a total misreading of the session (Daniel, p.18/1).*

Daniel is not only accused he is also misunderstood. The interpretation lost in translation is perceived as disrespectful which does not align with Daniel's own reality. His narrative implies that his efforts to establish rapport and create a safe, accepting, and understanding environment were unsuccessful. Daniel hints at the power of the complainant as a considerable influence in shaping perceptions of care and dynamics within the therapeutic relationship. A complaint is not just a statement, it has consequences. At its core this is a disruption of professional integrity. Person-centred therapy positions the client as the holder of power, yet a complaint shifts the delicate balance, transforming empowerment into something stronger - an interrogation, a challenge. The therapist, once a steady guide is suddenly in a position where they must justify, explain. Even believing they have done nothing wrong they may potentially have to repair. Managing this power imbalance carefully is important to maintain the integrity of the therapeutic process.

The impact appears particularly severe and consuming because of Jenny's decision to follow protocol, reaching out to her accrediting body, and temporarily stepping away from her clinical practice. Motivated by revenge a complaint still occurred. Jenny describes feeling distraught and misled by the client:

> *One night I got a WhatsApp…have you forgotten about me?…I text back, are you ok…there's no response (p.2/5)…a period of time went by…I received an email from a girl…to work through bereavement…I said yes…a day later I got an email which said…Ha! caught-cha out, I knew you had returned to work (p.2/12)...it was an extremely distressing time (Jenny, p.4/16).*

Jenny is being deceived. What was presented as real was in fact an illusion. Her words carry a sense of sudden rupture, an event that shatters the coherence of reality. This rupture occurred despite Jenny demonstrating the importance of seeking support and prioritising self-care during a time of personal crisis. There is no ambiguity here, this was a trap, something constructed with intent. If reality can be faked so well, then what can be trusted? To redress the perceived lapse in the therapeutic relationship the client uses his grievance to shift the power balance and assert his control, leaving Jenny exposed to the transference of earlier relationship dynamics. In the beginning, Jenny believed herself to be engaging in a genuine interaction. But with the revelation of deceit, the power dynamics shifts, she is now in a vulnerable position. Being 'catfished,' leaving her with a deep sense of betrayal and loss of trust casting lasting doubts about the authenticity of future connections. Jenny's experience of attending to self-care according to one's unique circumstances and emotional needs can theoretically be considered as abandonment by some clients especially if it relates to an anxious attachment type (Bowlby, 1969). Anxiously attached individuals often crave closeness and reassurance but also fear that significant people will emotionally abandon them. Despite her best efforts, Jenny is perceived as someone who has failed in her responsibility to provide consistent, empathetic, and supportive care, fracturing her self-concept.

Relationship ruptures can lead to formal complaints from clients, colleagues, or third parties. Three participants received complaints from individuals who were non-clients. The complainant's motivations may be driven by personal grievances rather than professional concerns, aimed at damaging their reputations. In Carol's case the complaint resulted from an acrimonious relationship breakup. Another participant revealed the clients husband lodged a complaint in retaliation for his wife's inappropriate behaviour. Lisa's narrative highlights the vulnerability of therapists and that theoretically no therapist is immune from receiving a complaint:

> *The complainant was my neighbour…she purported to [the association] to be a client…I responded to say this is a civil matter that I have going on with her and her husband (p.1/4)…she was never listed as a client, she's got no contract and she couldn't prove proof of payment…so she lied…and I thought after I explained that it would be dropped (Lisa, p.2/17).*

The reality is laid bare, the necessary documents, the evidence, all absent. The complaint arising from an argument with a neighbour, could be viewed as an abuse of the system. The effect is not just personal it is professional, potentially jeopardising Lisa's livelihood and reputation. The expectation is clear. Once the facts are presented the matter would be resolved. But there is a disruption of expectation here. Despite informing the association that the issue arose from a civil matter, with the complainant misrepresenting themselves as a client, the investigation continued. This moment carries a deeper implication; a concern about repercussions relating to her professional integrity and standing within her membership body. The lie does not just create confusion, it shifts the balance of power, leaving Jenny in a position where justification is no longer a simple matter of explaining facts, it becomes a battle. Her narrative reflects power imbalance, and mistrust, tinged with betrayal and confusion regarding the handling of the situation despite her clarification. Lisa is feeling resentful and mistrustful of the organisation perceiving it as avoiding reputational damage.

Sub-theme two highlights not all complaints result from a rupture in the therapeutic alliance. Motivations for complaints cited by participants in this study range from terminology and misunderstandings to revenge and vexatious accusations. Abuse of the complaints system is highlighted by grievances made by individuals who were never clients. This subtheme also spotlights how a client's attachment style may influence the transference of previous relationship dynamics onto the therapist, potentially resulting in a complaint.

6.4 Group Experiential Theme (3): Resolution

The impact of frivolous complaints can result in changes to the therapist's ways of doing and being in therapy which is expressed by the narratives of five participants in sub-theme (1). In sub-theme (2) the participants stories tell of their journey from being a victim to surviving the complaint.

6.4.1 Subtheme (1): Defensives Practices/Altered Attitudes

Eddie's narrative suggests it is not just professional it is deeply personal. It is not just a setback or a challenge it is an erosion of self. The stigma following a complaint takes a toll on professional identities. He found himself contemplating his approach to his clinical practice and how to enhance his safety:

> *Therapists can't disappear to other member organisations…because they've got a stigma against them or they actually leave the profession altogether (p.14/32)…it destroys your identity to a great extent as we live the job (p.17/8)...I now assess my client just to see whether it's safe for me (p.20/18)…my whole counselling…is tainted (Eddie, p.21/1).*

Eddie's profession is not just something he does it is a vocation. But the shift in attitude is obvious. There is a contrast between what his job was before the complaint and what it has become after. Where once the focus was on the client and their needs, now there is a shift to self-protection, caution and even fear. It is no longer about care it is about survival. Just as troubling is Eddie's use of the word "tainted" suggesting something irreversible. His whole counselling is contaminated, spoiled and no longer pure. Eddie is left questioning not only his approach but the very way of working. This reflection seems to mark a key moment where Eddie recognises the importance of safeguarding his practice for his own well-being and growth. He suggests the humiliation associated with complaints can significantly damage professional identities causing reputational damage. If the core of one's professional identity is compromised, then what remains? Eddie highlights the challenges therapists face. This disruption may lead to an unavoidable conclusion, opting out of the profession entirely. Some may feel they are being ostracised by other accrediting organisations viewed as a risk rather than a resource. Eddie's reaction was to alter his practice to weed out future potential complaints. Beyond the professional arena his social identity also comes into focus. Eddie might suffer as he struggles with the stigma of the complaint altering not only how he sees himself but how he is seen by others.

In contrast Jenny's resilience appears to have enabled her to adapt, overcome and uphold her dedication to practice without significant disruption, allowing her to focus on her clients and maintain a commitment to her practice.

> *I don't really think it affected my work…I'm well able to put it aside (p.9/23)…I didn't want to give up work without me having control over that…it didn't affect me in that way…I never thought oh here I'm giving this up (Jenny, p.17/7).*

Jenny indicates her ability to separate personal challenges from professional responsibilities. A striking assertation of resilience lies in her refusal to be forced out of her career highlighting her

resolve to maintain control over her career path and not succumb to the pressures of the complaint. There is a refusal to be undone by what has happened. Jenny's resilience is evident in her determination to persevere despite the adversity she faced, a determination to maintain professional identity intact. Jenny makes a conscious effort to separate the self from the event. And in that refusal Jenny reclaims power, ensuring that her professional and personal identity remain her own to shape as she wishes.

Two participants considered leaving the profession. Michael explains how he considered reevaluating his career path:

> *I've had hundreds and hundreds of clients, I've never even barely a disagreement with (p.10/32)…I found myself pulling back…I was questioning myself…I became quite obsessional…I started to keep my practice a bit safer, safer for me…I stopped using self-disclosure… particularly with new clients...it felt incongruent…(p.11/30)…I wasn't being fully present…fully being my own authentic self…I wasn't offering the core conditions…if I'm not offering all six of those conditions…there's a possibility that therapy is not taking place…I could have left my profession as a result of this…I did consider that (Michael, p.20/20).*

Given his history of positive client interactions, Michael expresses shock at the complaint. This appears to significantly impact his self-concept. An internal rupture fracturing his professional identity. The emotional distress, self-doubt and withdrawal results in a re-evaluation of his career path. Becoming hyper-aware of potential risks to his practice, leads to a shift in his approach, characterised by increased caution and a reluctance to disclose personal information. The core conditions are central to Michael's practice and the integrity of the person-centred therapeutic process has been fundamentally compromised. The realisation that when the ability to work authentically is threatened, the work itself may no longer be possible. And with that, Michael is left standing at the edge of a decision that could redefine everything – the consideration of leaving the profession.

Moira also contemplated leaving the profession due to the negative feedback undermining her self-confidence and job satisfaction:

> *Professional, just destructive on every level (p.4/30)…I noticed almost second guessing myself…should I say that, was that ok (p.6/20)…I had moments were I'm not doing this anymore…I'm just not…we are vulnerable to those who are very damaged (Moira, p.11/18).*

The experience causes self-doubt which is evident in Moira's tendency to second-guess her words and actions. There is a decisiveness in her words, Moira is on the edge of walking away. This moment is not simply about frustration it is an existential vulnerability. In response Moira may adopt defensive practices - a shift in the way she works marked by caution and a loss of trust in her own judgment, competence, and fear of failure. Beyond this internal struggle there is another fear about how she will be perceived by others. This social evaluative threat appears to cause Moira significant stress and anxiety, undermining self-confidence and potentially leading to avoidant behaviours like leaving the profession for fear of being judged.

Carol's narrative highlights how the complaint impaired her professionally also leading to defensive practices:

> *It really knocked me…I would have been very carefree with clients in a sense of just being myself (p.18/15)…it has tainted the professional aspect of my job as its not truthful or truth focussed…I feel sorry for the people who do this work…they seem oblivious of the massive power to destroy a person's sense of worth and career and base it on hearsay (Carol, p.21/22).*

Prior to the complaint, Carol identified herself as being open, freely expressing her authentic self, an indication that she was being congruent. That was then. Now however, it is clear the complaint has altered her perspective of her professional role, with a sudden clarity that the profession may no longer be sustainable. She now views the profession as tainted, contaminated, and false due to her

incongruence. Carol has an empathic understanding for others in the profession, recognising the destructive power of frivolous allegations. This is not just about professional risk, it is about exposure, about the significant consequences and potential harm they can inflict on an individual's personal and professional life. Her narrative suggests a vulnerability and hints at power imbalance where a complaint can destabilise or even drive a therapist away from the profession.

This sub-theme highlights how frivolous complaints impacted the participants perception of their profession identity. The impact appears far reaching, from influencing their way of being with their clients to altering their methods of practice, leaving some participants feeling inauthentic and incongruent. Although some participants considered leaving their profession, none actually did.

6.4.2 Subtheme (2): From Victim to Survivor

This subtheme focuses on the participants reaction to receiving the outcome of the investigation. Transitioning from being the victim of a frivolous complaint to surviving the investigation involves moving from a state of vulnerability and uncertainty to one of regained autonomy and resilience. The participants not only navigated the challenge; some may have actually emerged with a strengthened sense of self and control over their own narrative. Four participants expressed relief, while three participants expressed a need to just get on with their work.

For Daniel the dismissal evokes a complex mix of emotions, including relief, indicating Daniel felt validated and vindicated by the decision:

> *They sent a short letter and said…we've looked at your complaint and we've decided that there is absolutely no basis for it…you haven't done anything wrong. There's nothing found. It was just a great relief. I just left it behind me after that because I think I'd already decided to leave that work (Daniel, p. 24/10).*

Despite the positive outcome, and even with the formal closure Daniel's experience may have been one of disengagement, a mental and emotional decision to move on from his current role without seeking further engagement or reconciliation with the process. Perhaps what Daniel is articulating is a resilience of choice, a capacity to decide what can be left behind in order to preserve personal well-being and take control of his future. This process may be interpreted as defensive practice. There is an implicit sense of emotional survival. Daniel shows that he has the capacity to endure, adapt, and regain stability. But he also shows that part of resilience involves choosing what to let go of, when to withdraw, and when to move forward. Having been exonerated, Daniel may be able to transition from a position of victimhood to one of survival, reclaiming both his personal integrity and resilience.

Lisa's reaction to the outcome was apathetic:

> *That took them six months to come to that decision (p.2/22)…I'm really glad that it's over…I've got a letter saying that they're gonna take no further action…put it straight in the bin, I gave it 30 seconds of my attention…it's like a cleansing thing, I don't want that on my screen, thank you, click, click, click, get rid of it (p.16/31)…I'm just glad it's all over…Relief, relief that it didn't go anywhere…it has not been a nice process (p.17/11)… just get on with what I'm supposed to be doing, which is working (Lisa, p.20/20).*

"I'm just glad it's all over." The words exhale like a long-held breath, echoing the slow release of tension that had gripped Lisa throughout the process - she has survived the ordeal. Yet, her apathy reflects a form of emotional indifference allowing her to compartmentalise this aspect without letting the issue heavily impact her future. Her ability to move on quickly is a testament to emotional endurance, and the desire to focus on the present rather than remain entangled in past difficulties. By erasing the memory of the ordeal from her mind as well as her computer 'click' click' click' (this verbal sound effect was accompanied by a gesture of her deleting it on her computer keyboard) suggests an internal locus of control (Rotter, 1954). Her actions signify deleting the past, actively

choosing how to respond to external events rather than being a passive recipient, reflects a powerful sense of self-determination. This act reflects resilience, not just in enduring the adversity but also actively engaging with it. This shift towards empowerment and self-direction enables Lisa to take ownership so that she can concentrate on the future with renewed determination. However, "relief, relief that it didn't go anywhere," it appears it still left a mark, the storm may have passed but not without disruption.

Michael recounts his response to receiving the communication marking the end of the complaints process:

> *Never ending seven months…there was no euphoria…there was no celebration…it was just like maybe I can get on with my work now, maybe I can put this behind me or start to put it behind me (p.16/21)…by the time I got the 3rd letter…the final dismissal, I was just like, thank goodness that's that done…that's what I was waiting for, a letter that said that this is over (Michael, p.18/9).*

No euphoria, no celebration, the resolution of the complaint did not bring the anticipated sense of closure or vindication. The dismissal does not depict a sense of relief for Michael but rather exhaustion. There is an internal process of resilience, rather than seeking an external validation or sense of celebration, Michael instead craves a return to stability and personal autonomy. He maintains composure rather than framing himself as a victim or survivor. It reveals a self-directed effort to move forward, signifying a desire to regain control over his own life and emotional state. The focus on work here becomes a method of self-empowerment, a means to redirect attention away from the complaint process and towards something familiar, productive, and within his control. There is an internal decision to shift focus from the distressing process as a distant memory towards the present focusing on work and normal routine, rather than being preoccupied with the past.

Two participants expressed mixed feelings - relief, betrayal, and a perceived indifference by their accrediting bodies to their predicament, which suggests they are neither surviving nor thriving but still struggling as Moira narrates:

> *They came back with everything was taken out…that was a relief…had all the stuff been upheld, I couldn't carry on practicing (p.5/12)…there was no care around me as a therapist…no acknowledgement of my loyalty…I'm incensed that I've spent ten years paying them a fortune, what have I got, some sort of poxy 'Therapy Today' magazine, nice, thanks, love to read it…I mean, is that what I'm getting? (Moira, p.13/1).*

Despite the complaint being dismissed, Moira remains visibly shaken, as though the verdict has done little to mend the rupture within. The anticipated relief does not arrive; instead, a sense of abandonment remains, she has been left adrift in the aftermath. Her distress speaks to something deeper than the complaint itself - a fracture in trust, a misalignment between expectation and outcome. The incongruence is not just an internal struggle but a reflection of a wider struggle, where validation was sought but not fully received. Moira reveals a deep sense of injustice as she sought psychological safety (Bonner, 1961) from her accrediting body. Moira portrays being a victim of the complaint. By being loyal to her organisation for ten years she was under the impression that her membership fee would entitle her to support in times of crisis. Now it seems she feels not just unsupported, but actively overlooked by the body she had invested in. The lack of acknowledgment here challenges the idea of resilience. Moira does not appear to be rising above or growing from the experience. Instead, facing anger and disappointment, feeling abandoned without the chance to debrief to process and make sense of the experience in the aftermath. The final line conveys emptiness and disillusionment, casting doubt on any hope for resilience.

Despite the longevity of Rachel's membership there is an underlying statement about the larger implications of her treatment as if the outcome itself speaks volumes. There is a crisis of trust:

> *After their so-called an investigation…I got a very short e-mail, the investigations concluded and there's no case to answer…it was a very long-winded process…no support for me at all, just threatening, just lots of threats (p.8/13)….for 16 years I've been a member...they did nothing…nothing at all…this blackness and I thought, there you go, that says a lot too, doesn't it? (Rachel, p.19/23).*

Rachel perceives a significant gap between the organisation's core values and actions, inaction, and lack of emotional or practical support. Her excerpt could be interpreted as a recognition of a deeper issue within the association, questioning the effectiveness and integrity of the entire system it represents. The "so-called" investigation suggests scepticism on its legitimacy. The brevity of the communication she received about the investigation's conclusion, suggests a lack of transparency. Rather than providing clarity or closure, the response only deepens Rachel's sense of being misunderstood and neglected. She highlights a long-term commitment to the organisation, making her feelings of abandonment and neglect even more poignant. The use of the word "blackness" is particularly telling, suggesting a deep sense of despair, hopelessness, emotional numbness, being engulfed by darkness. Rachel is not simply disappointed or frustrated, she is experiencing a deep emotional void, conveying the accrediting body failed to fulfil its expected psychological contract (Rosseau, 1989) or offer any form of psychological safety (Bonner, 1961). There is an overwhelming sense of emptiness rather than any personal growth or resilience.

This subtheme highlights that despite the eventual dismissal of the complaints, the experience of resilience, or the absence of it, strongly shapes individuals' emotional well-being and sense of self-worth. Those who feel unsupported or abandoned may struggle to find empowerment, leading to a lasting sense of disillusionment and emotional exhaustion. Factors such as the investigation, and impact on their professional identity exacerbated these effects. The absence of communication and lack of any type of support post complaint resolution had a comparable impact to the original complaint itself.

6.5 Summary

The findings suggest that participant's experiences with frivolous complaints significantly impacted their sense of self and emotional well-being, highlighting the complexities of interpersonal dynamics and the therapeutic alliance. These interactions revealed the importance of empathy, and the cognitive dissonance felt when clients challenged their personal and professional self-beliefs. The study suggests that the core conditions of person-centred therapy may be insufficient for achieving relational depth.

Disillusionment with their accrediting body led to feelings of vulnerability, mistrust, even impacting their professional identity. However, the experience could also motivate the participants to prioritise values such as transparency, empathy, and accountability in their professional interactions. Further, it might encourage a greater focus on fostering trust, creating a supportive environment, and ensuring clients feel heard and validated. Additionally, participants may focus on enhancing their own practices through clear communication and responsiveness drawing lessons from the challenges they experienced.

The study also reveals that not all complaints stem from ruptures in the therapeutic alliance. Participants cited motivations ranging from misunderstandings and terminology to retaliation, including grievances from non-clients. It also highlights that a client's attachment style can influence transference of past relationship dynamics onto the therapist, potentially leading to complaints. Finally, it emphasises how frivolous complaints impacted participant's professional identity, influencing their interactions with clients and altering their methods of practice which for some became defensive. Certain participants felt inauthentic and incongruent and although some considered leaving the profession, none did.

Chapter 7: Methods Phase (2) Supervisor

A single Case Study

7.1 Introduction

This chapter presents the method for a single case study which explores a supervisor's experience while supporting their supervisee through the complaints process arising from a frivolous complaint. Unfounded complaints directed at a supervisee carry significant consequences on personal and professional levels. Supervisors play a pivotal role in supporting their supervisees through such situations, holding responsibility in preserving a constructive working alliance and fostering continuous professional development.

The study aims to provide insights into potential mechanisms that could address and mitigate the impact of such complaints on supervisee's well-being and professional growth. This chapter outlines and explains the methods used in phase (2) of this study and discusses recruitment strategy, data collection, analysis processes and ethical concerns, and explains how the research ensured quality and rigor. Rigour and reflexivity concepts are also outlined.

7.2 Research Questions

The study focussed on understanding how supervisors who supported their supervisees who were recipients of a frivolous complaint made sense of their experience. By using an inductive approach prioritising the perspectives of the participant's experience, through an in-depth interview, it was hoped that the lived experience of being in a supportive role to a recipient of a frivolous complaint could be explored and explained. Crotty (1998) explains that research methods are the techniques

and procedures used to collect and analyse data linked to a research question. This study used Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022) seeking qualitative data to explore a supervisor's lived experience of supporting a supervisee through a complaints process. It examined whether this experience affected the supervisor personally or professionally, and how it influenced the supervisory relationship.

7.3 Research Ethical Considerations

Ethics approval was all obtained for this aspect of the study through the University of Central Lancashire (UCLan) Ethics Committee. Full ethics approval was obtained on 3rd November 2022 (Reference number: Health 0358). See Appendix L for ethics approval letter.

Ethical considerations in this aspect of the study adhered to the same guidelines as those applied to the psychotherapy group. The participant information sheet (Appendix F) provided study details for informed consent. In addition to the information sheet the participant received a participation consent form (Appendix G) and demographic questionnaire (Appendix H) with a 7-day withdrawal option post-interview without specifying a reason. The participant signed the consent form before the recorded interview was scheduled. No incentives were offered. Participant had the option to reach out to the researcher for more information using the provided email. Confidentiality and anonymity were ensured throughout the study by reassuring the participant before the interview, reiterating the option to pause, take a break or end the interview. To maintain confidentiality the participant was assigned a pseudonym to the transcript after completion.

Data storage adhered to the UK Data Protection Act (1998), ensuring secure storage of participant data. Anonymity measures included securely storing the signed consent form and demographic

questionnaire without identifiable codes. The audio/video recording was temporarily stored on OneCloud and deleted within one week of the interview. Confidentiality and anonymity were maintained by assigning the transcription with a pseudonym which was kept on a password-protected file accessible only to the researcher until the completion and publication of the thesis, after which, in accordance with UCLan requirements, the researcher will destroy them.

7.4 Research Design

A single case study method was adopted for phase (2) of the current study to explore a supervisor's inner reflections and lived experiences of supporting a supervisee through a frivolous complaint process. Smith et al. (2022, p. 120) highlight a range of potential 'advanced' and 'innovative' approaches such as emphasising the possibility of conducting research with a single case. IPA case studies contribute significantly to understanding novel experiences by providing a detailed and nuanced exploration of an individual's personal account (Roger & Smith, 2025; Ismail & Kinchin, 2023). This approach allows researchers to uncover subtle, meaning-laden aspects of the experience that might be overlooked in larger studies (Rodger & Smith, 2025).

Smith and Rhodes (2010) emphasise that single-case studies are entirely consistent with the philosophy and methodology of IPA. Such studies allow for an in-depth, idiographic and nuanced exploration of an individual's lived experience, aligning with IPA's commitment to understanding the particular before making broader claims (Rodger & Smith 2025). The authors stress that single-case designs must still demonstrate methodological rigor, including detailed, transparent interpretative steps and a clear audit trail from raw data to analysis. Rather than aiming for generalisability, single-case IPA research seeks to offer rich, contextually grounded insights into how individuals make sense of their experiences, grounded in a double hermeneutic process (Smith et al., 2022). IPA focuses on

understanding participant's subjective realities, letting them freely express experiences without judgment (Frost, 2021). A single-case IPA study seeks to addresses research questions, aims, and objectives by enabling a rich, detailed exploration of how one individual makes sense of a specific lived experience, thereby offering deep insight into the phenomenon under investigation.

A qualitative interview aimed to uncover meanings related to key themes in the supervisor's subjective experiences, acknowledging the complexity and creative nature of these interactions (Kortstjens & Moser, 2018). The study's goal was to explore the experiences and challenges faced by a clinical supervisor supporting their supervisee through the complaints process, contributing to the existing knowledge base. The analysis process involved generating patterns of meaning from the specific case, aiming to uncover the double hermeneutic where the participant interpreted their experiences while the researcher interpreted their interpretations (Smith et al., 2022).

7.5 Recruitment Procedure

Like the phase (1) psychotherapy group, efforts were made advertise the study with ten accrediting bodies, seeking promotion on their websites, online magazines, and social media. The researcher also utilised personal social media channels for study promotion. Approval was granted by six professional bodies, while four chose not to participate. The participant responded to an advertisement on their accrediting body's website seeking volunteers to participate in a study exploring the lived experience of supervisors supporting their supervisee through a complaints process. The recruitment advertisement actively applied pre-defined inclusion/exclusion criteria, outlined in the advertisement (Appendix I), to evaluate participant suitability. Once meeting the inclusion criteria, eligible participants were directed to contact the researcher via email. In alignment with the nonmaleficence principle, the researcher informed the potential participant about the study's nature and objectives through email exchanges. The potential participant was given a two-

week period for consideration. On receipt of signed documents, the participant was officially enrolled in the study. See Appendix J Process flow chart.

7.6 Participant

This research employed purposive sampling and aimed to recruit participants who closely matched the criteria of the study and were relevant to the research aims, through psychotherapy accrediting bodies. The sampling, which was idiographic, in that it is primarily focused on exploring and understanding the unique characteristics or specifics of a particular case rather than trying to establish broad generalisations or principles to ensure consistency in line with IPA (Smith et al., 2022). All inclusion and exclusion criteria on which selection was to be based were set as follows.

Inclusion criteria for clinical supervisor:

- Potential participants must be fully accredited English-speaking supervisors registered with an accrediting body.
- To minimise recall bias, the supervisor must have supported a supervisee through the complaints process in the previous 7 years to be included in the study.

Exclusion criteria for clinical supervisors:

- A supervisor who is not currently registered with an accrediting body.
- Where the supervisor supported a supervisee through the complaints process beyond the inclusion period of seven years they will not be included in the study.

Smith et al. (2022) recommend an IPA sample size for 'professional doctorates of six to ten interviews' (p. 46) and argue that it is important not to see the higher number as being indicative of 'better' work (p. 47). The intended sample size for this phase of the study was six to ten participants. However, only one response was received. The participant made contact by responding to the online advertisement via email. Upon receiving the response, a return email was sent containing a demographic questionnaire, the participant information sheet, and consent forms. Informed consent was obtained from the respondent who met the criteria, adhering to research ethics. On receipt of the signed consent form, a one-to-one interview was scheduled.

7.7 Participant Demographic Information

The participant is referred to as David [pseudonym] throughout the study and is aged between 51-65 years old. They are currently working in both the public and private sectors in the United Kingdom. They are trained in Humanistic/Person-centred counselling and had belonged to the same accrediting body for 30 years before leaving and joining another one (Unknown). They have been providing psychotherapy supervision for over 20 years. It has been between 2-5 years since they supported a supervisee through the complaints process. To protect anonymity, names mentioned, and other identifying information have been changed.

7.8 Development of Interview Schedule

The lack of literature in this field led to a gradual, iterative development of the interview schedule. The questions needed to align with the study's aim, focus on the specific phenomenon such as identifying and contextualising the personal experiences and challenges of guiding and supporting a supervisee through the complaint process to generate data suitable for Interpretative Phenomenological Analysis. A set of eleven interview questions was developed as a guide for the

interview. They were designed to encourage the participant to describe their experiences in their own words, balancing consistency with sensitivity to specific contexts. This approach reflected Connelly and Clandinin (1990) non-directive style, prioritising participant storytelling while allowing space for free expression. Given limited participant availability, one pilot interview was conducted face-to-face with a clinical supervisor familiar with the topic. This tested the timing and sequence of questions and confirmed they elicited rich, meaningful data. No changes were deemed necessary following this review. This interview was not included in the study as it did not fit the study's criteria.

Following the individualised approach of Interpretative Phenomenological Analysis (IPA), a semi-structured interview was conducted to capture the intricacies and depth of David's unique and personal narrative (Smith et al., 2022). The interview was conducted with the participant through Teams and audio/video recorded. The interview focused on exploring David's experiences and practices in supporting his supervisee through the complaints process, allowing the narrative to unfold naturally. The interview began with open-ended questions designed to encourage an in-depth exploration of David's perspectives and encounters while assisting their supervisee throughout the complaint's procedure. Further, the open-ended nature of the questions allowed David to reflect on the experience and its implications. Subsequently, the conversation explored the experiences and practices in supporting his supervisee that impacted David's personal and professional life. See Table 7.1 below for a list of semi-structured questions.

Table 7.1

Semi-structured Interview Schedule (Supervisor)

Semi-Structured Interview Questions
1. Tell me about your experience of the complaint and how did you hear about it?
2. What was your understanding of your supervisee's therapeutic relationship with this client?
3. How did you experience your role in supporting your supervisee through the complaints process?
4. What behaviours did you notice you engaged in during the process?
5. How do you think this experience influenced your relationship with your supervisee?
6. What did you notice about yourself professionally because of this experience?
7. In terms of your personal life has this experience influenced your relationship with the significant people in your life?
8. Has this experience influenced your relationship with yourself or how you imagine yourself?
9. What factors, aspects, incidents, or people connected to the experience stand out for you?
10. Can you tell me a little about the level of training you received on complaints handing?
11. What else would you like to add about your experience of supporting a supervisee through the complaints process?

Assuming the role of the interviewer involved embracing the position of an engaged listener and collaborative participant. Employing a combination of empathetic and open-ended questions facilitated openness, allowing for further exploration of provided answers or stories at appropriate moments (Smith et al., 2022).

7.9 Data Collection

7.9.1 Interviews

Data was collected through a semi-structured interview, conducted online through Teams, and audio/video recorded. 'David' had the option to turn off their camera during recording, however they opted not to do so. The interview took place in December 2022 and lasted 46 minutes and 37 seconds. Notes were made immediately after the interview. These thoughts and feelings were recorded in a reflexive diary. This journal helped keep track of how the researcher's thoughts, emotions and ideas changed over time.

7.10 Data Recording and Transcription

Upon completion of the recorded interview, the interview was transcribed verbatim using the Teams Transcription tool, serving as the data source for an interpretative phenomenological analysis. The transcription tool enables page and line-numbering for later extract identification. Over 6,200 words of transcript data were collected. The transcript was carefully scanned to promptly remove any identifying information such as participants real name and place of work. Any Identifiable information was anonymised, and participant was assigned a pseudonym. The transcript was then read while listening to the recording to ensure the accurate recording of all participant words. The transcript was adjusted where necessary to correct mis-transcription of words and unclear speech. Following transcription, the participant's account was carefully listened to multiple times to immerse the researcher in the data. The electronic file was password protected with laptop stored securely in a locked cabinet. The video recording was deleted automatically seven days after the interview.

7.11 Data Analysis

Guided by the interpretative phenomenological approach, data underwent analysis in accordance with Smith et al. (2022) guidelines. The stages used throughout the analysis were as follows: employing an iterative method the transcript underwent multiple readings to develop a comprehensive understanding of David's narrative. In the initial process, interesting elements were highlighted and using the right-hand margin exploratory notes (EN) on significant aspects of the text were made. These initial exploratory notes (EN) included preliminary interpretations and any observed connections between various parts of the transcript. Upon completing the first stage, the second stage included a more in-depth analysis of the transcripts, resulting in the formulation of specific phrases or personal experiential themes (PET) believed to capture the essence of Davids narrative. The PETs using psychological concepts and ideas were recorded in the left-hand margin where the emerging themes were documented. The third stage involves further reducing the data, and efforts were made towards identifying interconnected themes, clustering related ones under appropriate headings (overarching theme labels) conveying the conceptual nature of the theme. A table was then produced that shows the overarching theme and subthemes that relate to it. Each theme is accompanied by a brief illustrated data extract. See Figure 7.1 below for the IPA Analytic Process utilised in the single case study.

Figure 7.1

The IPA Analytic Process: A Single Case Study

PHASE 1: **Experiential statements**	1. Data Transcription. 2. Reflexive reading and re-reading transcript. 3. Exploratory Noting (EN). Free association and exploring semantic content (e.g., by writing notes in the margin). 4. Formulating Experiential statements (ES). Focus on chunks of transcript and analysis of notes made into themes.
PHASE 2: **Personal Experiential Themes (PETs)**	1 Searching for connections across experiential statements (ES). 2 Naming and consolidating of Personal Experiential Themes (PETs) (candidates for themes). Structured consolidation of case-level work mapping to Personal Experiential Themes ensuring there is a link back to key data extracts either direct quotes or page numbers (including Sub-themes; linked to key examples, reflections on language, metaphor, narrative etc).
PHASE 3: **Identifying Interconnected Themes**	1. Continue the analysis drawing on the PETs to begin with, then cluster the material. 2. Examine clustered material underneath for potential cross-cutting themes. Shuffle and sort the components of the PETs.
PHASE 4: **linear account of the thematic structure**	1. Finalise sub-themes and structure case study for writing up and discussion findings; Use PETs to identify quotes to support each theme. 2. Critically revising theoretical constructs based on the findings. 3. Produce table of overarching themes and subthemes accompanied by a brief illustrated data extract.

(Adapted from 'The analytic process in IPA' Smith et al. (2022)

7.11.1 Developing the Single Case Study Themes

The study presents an in-depth single case study analysis of one supervisor's experience of supporting their supervisee through the complaints process. The iterative process was consistently applied throughout the analysis to ensure accurate data representation. Analysis of the data established four over-arching themes and related sub themes which aimed to capture the main ideas in David's narrative. The resulting framework included experiential and psychological clusters. According to Smith et al. (2022) the researcher's interpretations should internally make sense and be open to scrutiny, involving sufficient raw interview data in the form of quotes for reference. See Appendix E for a photographic representation of the step-by-step process.

7.12 Rigour and Quality of IPA

Themes in IPA directly stem from the participant's perspective, emphasising the importance of transparency for quality and rigour in interpretation and documentation (Biggerstaff & Thompson, 2008). To maintain this principle, crucial for individualised and interpretive approaches in IPA, the "double hermeneutic" functions as a vital analytical and sense-making instrument. Operating in a continuous cycle, it serves a dual purpose: uncovering meaning and providing a reflective perspective for researchers to assess their actions during the interpretative process (Finlay, 2014; Smith et al., 2022). This aligns with the epistemological stance that insight into an individual's real-life world can be gained and interpreted with credibility and transparency (Biggerstaff & Thompson, 2008).

The rigour in this aspect of the study mirrored the principles applied to the psychotherapist group, aligning with the significance of trustworthiness (Nizza et al., 2021) and rigor in qualitative research. According to Nizza et al. (2021), quality IPA research should adhere to the theoretical principles of

phenomenology, hermeneutics, and idiography. Emphasising the importance of planning, execution, reflection, and ongoing dialogue. Smith et al. (2022) underscore that rigorous IPA research must follow a comprehensive process of planning, executing and reflection throughout the research. The study placed a strong emphasis on providing a rich and detailed portrayal of the participants experience, referred to as "thick description." The depictions of both the participant and the setting are detailed to facilitate the application of findings to different contexts. Importantly, the responsibility for generalisation lies with the reader rather than the author in qualitative studies.

In line with this principle an “audit trail” (Carcary, 2020), containing a detailed record of data collection protocol, raw data, the transcript including initial experiential noting and personal experiential themes, in addition to working drafts of the study process were kept. Although not a staple of IPA it offered a transparent account of the steps undertaken through a comprehensive collection of related documentation. In line with the psychotherapy group aspect of the study a reflective journal was also maintained during this aspect of the research.

7.13 Reflexivity

The researcher employed reflexivity by examining their emotional responses and questioning biases while reviewing the participants narrative. This process aimed to ensure patterns genuinely reflected by the participant’s subjective experience. To maintain consistency, the researcher documented thoughts and responses, seeking regular supervision throughout the study (Appendix L). Reflecting on preconceptions and biases aimed to enhance the interpretative process, increase the credibility of findings, and establish trustworthiness (Dodgson, 2019).

7.14 Summary

This chapter outlined the design, methods, and data analysis components of the study. It considered participant access, recruitment procedures, and ethical considerations. Specifics about recruitment selection, the process, research context, and data collection instruments were detailed. The rationale for incorporating rigour and reflexivity concepts was explained, along with their application. Detailed illustrations were provided for ethical considerations, procedures, and the analysis process. Chapter seven will focus on presenting the research findings.

Chapter 8: Findings Phase (2) Supervisor

A Single Case Study

8.1 Introduction

This chapter presents the findings from a supervisor's experience of supporting a supervisee through the complaints process. Despite 'David's' extensive experience of over 35 years, and having supported five supervisees through the complaints process during this time, he acknowledged that his lack of formal training in navigating the complaints process presented some challenges. While his practical knowledge and interpersonal skills were assets, he sometimes felt uncertain about procedural boundaries and the complexities involved in supporting and guiding his supervisee through the complaints process. This gap occasionally hindered his confidence in navigating formal protocols, leaving him to rely heavily on instinct and past experience rather than structured guidance. It also highlighted the need for targeted training, even for highly experienced professionals, when dealing with sensitive supervisory responsibilities.

Through a semi-structured interview and subsequent analysis using Interpretative Phenomenology Analysis (IPA), four key themes emerged. The analysis is presented using verbatim quotes from the participant's transcript that illustrate the ongoing interpretation. Transcript quotations are identified with corresponding page and line number enclosed in brackets, for example (p.7/24). An example of the iterative process of data analysis is presented in Appendix E.

8.1.1 Themes

David's [pseudonym] narrative yielded four prominent themes: 'Reflecting and Reasoning,' 'Containing the Container,' 'Them and Us – Shutters Down,' 'Parallel Processes.' These themes are

presented individually, despite containing interconnected elements. See Table 8.1 for details of themes/Sub-themes.

Table 8.1.

Summary of Personal Experiential Themes (PET's) and Sub-themes

Personal Experiential Themes (PET's)	**Sub-themes**
Them and Us – Shutters down	***The Modus Operandi*** ***Necessity for Transformational Leadership*** ***Communication Inconsistency*** ***Complaints Management System*** *'I thought the association was really competent and big and able with lots of resources and it sometimes feels quite the opposite in the dealings you know' (p.5/3).*
Containing the Container	***Need of Formal Support*** ***Power Dynamics*** ***Experiencing Protracted Investigations*** ***Strength in the Collective Resilience*** *'It seems that anybody can make any kind of complaint and it's really badly managed and there's NO understanding at all of the impact that it seems to have on the supervisee (p.1/24)…I can get very emotional about it' (p.8/30).*
Reflecting and Reasoning	***Complaint Triggers*** ***Not all Complaints are Legitimate*** ***Can't do Right for Doing Wrong*** *'Clients who are vulnerable will make complaints as an opportunity to deal with their process' (p.15/1).*
Parallel Processes	**Sub-Theme (4a): The Personal Impact** ***Shifting Gears*** ***Experiencing Psychological Safety*** ***Balancing Accountability and Support*** ***The Tipping Point*** ***Jumping out of the Frying Pan into the Fire*** *'I don't like that Legalistic attitude I have now (p.5/25).* **Subtheme (4b): The Professional Impact** ***Strengthening the Supervisory Relationship*** ***Maintaining a Connection*** ***Lack of Complaints Process Training*** ***Who Cares for the Carers*** ***Alternative Dispute Resolution Options*** *'I will try and have their back and you know, keep in touch in between, but it's incredibly demanding to keep replying to those emails' (p.7/25).*

8.2 Theme (1): Them and Us - Shutters Down

The first theme relates to David's experience as a supervisor navigating the accrediting body's method of operations. David's experience reflects the limits placed on the accrediting body's ability to act on behalf of the supervisee during complaint investigations, particularly the need to maintain neutrality. This neutrality, while essential, creates tension as David highlights his inability to advocate fully for his supervisee. In this context, the situation suggests an opportunity for organisational transformation that could enhance areas like communication and training, particularly around complaint processing. These areas for development should not be seen as failures but as avenues for growth, offering a chance to improve both the support provided to all members and the overall process of complaint management within the organisation.

8.2.1 Sub-theme (1): The Modus Operandi

Throughout the interview, David expressed several interlinking themes as important to his perspective of accrediting bodies. The first sub-theme relates to their method of operating which did not always align with his preconceptions of the workings of a professional body:

> *I watch people being crushed…people who dedicate their lives work tirelessly…all they have is their reputation and it's completely and utterly squashed…I thought the [accrediting body] association was really competent and big and able with lots of resources and it sometimes feels quite the opposite in the dealings (p.4/29).*

David's sense of injustice is evident in his choice of language. He recognises the therapists' dedication and hard work, yet there is also a sense of sadness that these efforts may go unacknowledged. His opening sentence conveys a striking image of loss. A lifetime's work, once a source of identity, feels diminished, leaving a sense of disorientation and uncertainty. David then shifts from an outward perspective of his supervisees suffering to his own disillusionment. He had an

expectation of competence, a belief that the organisation would function effectively. The disappointment is not the collapse of an illusion, but the unsettling realisation of a gap between his expectation of authority, stability, and fairness and what was experienced. The disconnect leads to 'value dissonance' (Bruhn, 2008). It is a quiet dissonance rather than a dramatic betrayal, a gradual erosion of confidence suggesting a rupture in trust.

David expands on his preconceived ideas of his professional body. His experiences over the years have reshaped his perspective:

> *30 years ago, I felt like I'd arrived home…it felt like I joined a community that could somehow tackle the horrors of the world…all the organisations [accrediting body] were all in it together, now I feel very, very different, feel like we're a very fragmented community, very dysfunctional community…it's quite staggering how we fail to hear each other in our differences (p.6/15-22).*

His remark, "tackle the horrors of the world," reflects a sense of belonging and protection. It conveys a strong collective identity capable of addressing injustices, significant challenges and making a positive impact. Initially perceiving the accrediting body as a mission-driven, supportive, and unified community that was not just functional but meaningful. There is a sharp contrast between this past ideal and David's present experience signalling a rupture between him and his organisation emphasising the dept of his disillusionment. This shift from a cohesive relationship suggests a breakdown in solidarity. The once collaborative relationship has become strained. In a profession that values listening and diverse perspectives, David portrays a fundamental breakdown in mutual understanding. This sentiment is rooted in David's past belief in the organisation's potential to tackle larger issues and achieve meaningful goals, although he now acknowledges some challenges in realising this ambition.

8.2.2 Sub-theme (2): Necessity for Transformational Leadership

David expresses a sense of growing disconnection with his accrediting body over time:

> *I don't like the legalistic attitude…I wanted to remain optimistic about our [accrediting body] associations…but the reality is they've become very corporate in their approaches…very brand sort of oriented (p.6/5).*

At the heart of David's statement lies a shift from initial optimism to a more cynical reality that remaining optimistic is unsustainable. The contrast between legalism suggesting rigid, rule driven approaches, and optimism suggesting possibility and a human-centred approach reveals an internal struggle. There is an implicit contract between what David hoped for and what he has experienced as a shift away from person-centred values to something that now feels detached, transactional. David is grappling with a core disruption - the essence of the counselling profession being eroded. This goes beyond surface-level shifts, impacting the professions very foundations. The emotional tone reflects an internal conflict as he still hopes to see authenticity within the accrediting body. His tone reflects not just disillusionment but a deeper sense of alienation, frustration, powerlessness, and a loss of human connection.

8.2.3 Sub-theme (3): Communication Inconsistency

Consistency in communication is crucial for building trust, ensuring clarity, and fostering strong relationships by providing a reliable and predictable exchange of information. David observes organisational challenges and what he believes are siloed operations, where departments function with limited coordination or internal dialogue:

> *I think the inconsistencies in the letters and the failures for different bits of the organisation [Accrediting body] to talk to each other…that's what's happening at the moment and that's what happened with the previous person, there would be mistakes made in letters. Not just factual mistakes which really undermine the process and then the delays and fixing mistakes. So, you wouldn't be able to trust any of the correspondence that was the main thing, and it had a kind of like a sense of madness about it. You just couldn't believe what was coming your way (p.12/23-31). You would spend two or three hours writing something coherent and then three or four weeks would go by and you would get another inconsistent reply…it was happening quite a lot (p.12/32).*

There is a recurring nature to communication issues. These disconnects are not isolated incidents but rather an ongoing pattern of communication inconsistencies. Shifting between past and present tense referencing parallels with past experiences involving another supervisee adds to the emotional tone of disbelief and exhaustion. The repetition of these errors strips away any expectation of progress creating a form of 'learned helplessness' (Seligman, 1967). No matter how much work David puts in, the response will be the same. He implies this is not just about inefficiency; it is the destabilisation of logic and trust in the processes. Being unable to predict or influence outcomes, reinforces an 'external locus of control' (Rotter, 1954). It seems as though the experience touches on something fundamental to David's existence: when communication, the very fabric of professional interaction, becomes unreliable, the result is not just inefficiency, but a deeper erosion of trust, certainty, control and David's increasing sense of powerlessness.

David experiences the mistaken belief by the accrediting body that he was the complaint recipient, ultimately resulting in his membership suspension instead of the supervisee's:

> *So when my membership [was] suspended by mistake…the madness of it…I was like, hi I've been suspended by mistake, but I'm not allowed to talk to you to tell you that it was a mistake and they wrote back and said, yeah, that's right you can't talk to us because you're suspended and I went, what? you know…it was utter madness (p.15/22-29).*

"The madness of it," is fuelled by contradiction - inconsistency, irony, despair, and futility. The bedrock of psychotherapy is talking, yet it is marked by challenges in transparency and clarity of

values. These difficulties in communication, procedural contradictions, and the frustration of addressing an administrative error, reflect aspects of Kafkaesque bureaucracy (Kafka, 1999). The experience is frustrating, disorienting and isolating, making it difficult for David to effectively engage with the processes in place. The back-and-forth exchange reveals verbal constraint and a system that is closed off to logic. Various aspects of his narrative interconnect: the difficulty of facing suspension without the opportunity to address the issue captures David's disbelief - an attempt to process something that defies rational understanding. This denial of voice mirrors a loss of control where he not only feels wronged by the system but is also silenced by it.

8.2.4 Sub-theme (4): Complaints Management System

A shift in the approach to handling complaints signalled a commitment to handling issues more effectively to prevent frivolous complaints from slipping through the cracks:

> *The new system that our association [accrediting body] has, they've got a green light, amber and red. I was really excited because I'd JUST been to a conference saying we're now gonna deal with these things properly. We're not going to put the supervisees through…misery, we're gonna see if there are grounds for a complaint…but low and behold…an investigation process went on (p.2/23-30).*

The structured system was designed to assess complaints thoroughly, ascertain their validity, and handle them diligently and fairly, sparing supervisees unnecessary distress and hardship. However, David's enthusiasm was quickly tempered by an abrupt shift. The contrast between expectation and reality is obvious, highlighting the emotional weight of disappointment and exasperation. This linguistic shift from hopeful engagement to resignation emphasises the emotional impact of dealing with procedural challenges.

8.2.5 Sub-theme (5): Training Gaps

David's account of an administrative error suggests that some processes may require further development:

> *They wrote to all…by mistake, saying that the complaint had been quashed…in the letter they disclosed all the information about the client. There was a real breach of confidentiality for this client. We wrote and said…this has happened now, and the association [accrediting body] said we're not gonna talk about it, it's too confidential and we don't have a mechanism to talk about it (p.3/13-18).*

There is a stark contrast between the openness of the error and the closed response of the refusal to discuss the issue. The breach is not just procedural, it is an ethical rupture, a moment where safeguards fail. The phrase "we're not gonna talk about it" carries an almost dismissive tone, not just an unwillingness but an active avoidance. David portrays the accrediting body as engaging in one of Gottman's (2008) Four Horses of the Apocalypse 'stonewalling,' avoiding engagement, refusing to respond, pulling the shutters down to avoid communication instead of addressing concerns directly. The justification that the matter is "too confidential" to be discussed, creates a paradox where confidentiality is cited as a reason to remain silent about a breach of confidentiality. If an organisation, tasked with upholding ethical standards, has no formal way to address its own errors, it may leave members like David who are subject to its regulations feeling vulnerable. Another one of Gottman's (2008) Four Horsemen of the Apocalypse makes an appearance 'defensiveness.' From this perspective the organisation's actions could be interpreted as a form of self-protection by making excuses rather than taking responsibility for the breach.

David's experience reflects a broader struggle with procedural issues highlighting how complaint-handling challenges may stem from the qualifications of those responsible for managing them:

> *It would seem that the people who deal with complaints in the associations [accrediting body], they're not trained in therapy (p.15/4-5)…I don't think it's fair to them unless they're properly trained (p.16/15).*

A crucial point emerges. Those tasked with handling complaints do more than just manage issues - they are entrusted with confidential information, which could significantly impact the client if disclosed. David conveys a stark difference between those making decisions and those affected by them. David recalls a system that feels opaque, where key decision-makers remain faceless, their expertise unclear, raising questions about both fairness and competency. The phrase "it would seem" introduces a sense of uncertainty, suggesting this may be an observation rather than an established fact. However, if those overseeing complaints do not understand the psychological complexities of distress, trauma, or conflict, they may inadvertently create an environment of fear, uncertainty, or further harm. There is an unexpected shift in perspective rather than solely critiquing the system, David acknowledges the challenges faced by those administering it. The underlying concern remains: without proper training, how can they fully grasp the complexities of therapeutic practice. They too are perhaps vulnerable to making poor judgments, misinterpreting situations, or experiencing emotional strain from handling cases beyond their expertise.

8.2.6. Sub-theme (6): Balancing Client Focus and Member Well-being

David suggests accrediting bodies adopt a balanced approach, giving due consideration to both the complainant's viewpoint and the interests of their members:

> *The invisible, powerless process, you don't know who the people are…you don't get to meet them face-to-face, it's a very cold, clinical, incompetent process in my experience (p.13/3-4)…when I've met them, my heart sinks because they've got a real let's get them attitude…I'm saying no, these are the members and then I realise Oh, you don't see it like that, you'll always think the clients right (p.15/7-8).*

David portrays the complaints process an invisible and powerless process - one that is faceless and impersonal. The lack of direct interactions, the absence of knowing those involved in the process conveys a sense of alienation, as though decisions affecting members are made by an unseen force. There is a sterility to the process, as if it is mechanical, automated. A shift occurs in David's perception when he says "my heart sinks" - a visceral, emotional response to an encounter with "them." This sinking sensation might indicate resignation, despair, or even dread, a them versus us dynamic at play. However, the phrase could also reflect a projection of David's own fears, a belief that members are being judged unfairly. Then comes the striking realisation "Oh, you don't see it like that." It marks a moment of awareness, a dawning understanding, perhaps even disappointment that his perspective is not shared. An alternative interpretation is also possible: David may simply be disillusioned, or there may be an element of suspicion in his perception. The ambiguity of David's words leaves open the possibility that his distress is both a reaction to real structural failures and a personal psychological battle with his ongoing feelings of powerless, being unseen, and unheard.

8.3 Theme (2): Containing the Container

The second theme reflects David's role as a 'container,' one who provides 'a holding environment' offering professional guidance and support despite lacking formal support himself. This dynamic is complicated by David's frustration with protracted investigations leading him to advocate on behalf of his supervisee. This experience reflects a deep emotional investment in the supervisee's well-being, as David seeks to balance his own emotional response with the responsibility of providing a supportive space.

8.3.1 Sub-theme (1): Need of Formal Support

David's primary concern revolves around a need for formal support and guidance for both supervisor and supervisee:

> *That's the message, you go to your supervisor [who] will support you, we can't, we're not able to. We need a team of lawyers…need admin support with the complaints, the way they're mishandled or handled, the process is incredibly demanding, and the poor supervisee only sees me for an hour and a half if they're lucky, a month (p.7/21-24).*

This excerpt reflects a broader tension between ideals and reality. Supervision is meant to be a space of reflection, learning, guidance, and support. But David's words evoke a crisis of care, how can true support be given when he himself is stretched beyond capacity. There is an undertone of resignation. Beyond just being overstretched or under-resourced, there is a recognition that those meant to provide guidance during a complaint do not feel equipped to do so. David appears influenced not only by external pressures but by an awareness of his own limitations in confronting the complexity of the situation. David ends with a poignant observation implying a scarcity of time, a lack of adequate care or attention. The supervisee is positioned as a passive figure, at the mercy of an overstretched supervisor. There is an implicit critique here - perhaps it should not be this way. If the process itself is unsustainable, it is worth considering who benefits from maintaining it. At its core, this excerpt is about a disconnect between what is promised and what is delivered, between the needs of individuals and the constraints of the system, between the expectation of expertise and the reality of professional self-doubt.

8.3.2 Sub-theme (2): Power Dynamics

Amid his feelings of vulnerability, David began to consider whether consulting a lawyer might be necessary:

> *It's the idiots, I call myself an idiot who…get eaten up for breakfast because we just don't know how to…'play the game'…that's why I'm sad now because I know straight away, let's see do we need to get a lawyer involved? Let's get the timeline, let's get everything in order…we act in a military fashion (p.13/9-14).*

David situates himself among the "idiots," a self-deprecating label conveying a sense of personal inadequacy and vulnerability. The metaphor “eaten up for breakfast” suggests a brutal, indifferent world where those who lack the knowledge or skill to navigate its processes are effortlessly destroyed. His language is harsh, visceral, and absolute. There is no struggle, no resistance, only swift and inevitable consumption. “Playing the game” introduces a sense of strategy, rules, winners, and losers. David implies that certain aspects of life function like a game, but one in which he feels disadvantaged, as if he were not given the rulebook. There is sadness stemming from awareness and a realisation: this may be a game David was never taught, or it may be one designed to exclude him. The shift in language is striking: from the helplessness of being consumed to the rigid, tactical precision of a military operation. David now adopts the language of control - lawyers, timelines, order, a shift from chaos to command. At a broader level this shift from emotional vulnerability to strategic detachment highlights David’s need for precision but also highlights a sense of emotional distance as if David must supress his feelings to regain some power. Is it better to be an “idiot” and remain vulnerable or to master the rules at the cost of his own emotional compass.

8.3.3 Sub-theme (3): Experiencing Protracted Investigations

The impact of the prolonged distress whilst waiting for an adjudication and David’s incapacity to intervene in the process is highlighted:

> *It went on for months and months and months, maybe 18 months…the association [accrediting body] failed to keep in regular contact with the supervisee. She was in absolute misery and these really threatening letters would come from the association and there was absolutely nothing she could do about it (p.3/2-5).*

The repetition of “months” stretches out the sense of time, reinforcing the experience of endurance and unrelenting strain. While David recalls the period as unbearably long, it has almost blurred into

one indistinguishable stretch of suffering. Time does not progress in a meaningful way but instead drags on relentlessly, trapping the supervisee in a prolonged state of distress. There are elements of transference and countertransference emerging in the supervisory relationship. The supervisee's prolonged suffering seeping into David's perception, distorting his own sense of time and control. The stark emotional contrast between lack of contact with the accrediting body and threatening letters is remarkable. The paradox is unsettling: the supervisee is left alone, yet still pursued. The phrase "absolute misery" suggests a complete, engulfing suffering. It is not just about distress, but a huge emotional weight that dominates her existence. Letters arriving without warning, each one reinforcing her powerlessness. There is a collective anxiety forming, an emotional contagion. Even if the letters were not addressed to David, their impact is being felt second-hand. However, by focusing outward on the organisation's failure David may be avoiding a deeper confrontation with his own role in the situation. David appears to have become stuck in his supervisee's perspective adopting their sense of hopelessness, a shared psychological paralysis, both mentally and emotionally frozen. It seems they come to believe that no action would make a difference. The shift from frustration to resignation is a hallmark of 'learned helplessness' (Rotter, 1954), where repeated exposure to an uncontrollable situation leads to passivity.

While continuing to discuss the adjudication David conveys a sense of frustration and disappointment with time not just passing but accumulating:

> *We kept on writing…saying, come on, guys, this is now 2 years…now 3 years and they eventually wrote back and said the clients disappeared. So, on this occasion…we're not taking any further action. We wrote back and said ohh no no no no no no, this is really appalling, this is the timeline, this is what's happened, it's been explained to you over and over again. And that's not good enough (p.3/6-11).*

The frustration becomes palpable evoking a sense of being futile, a repeated effort met with silence or inadequate responses. The contrast between his casual plea "come on guys" and the stark reality

of a three-year battle suggests a growing gap between expectation and reality, between how things should work and how they actually do. David is caught in the same cycle as the supervisee echoing the previous passage: persisting, hoping, being ignored, persisting again. There is a refusal to accept helplessness, but an underlying anxiety lingers - the fear that his efforts may ultimately be in vain. Then comes the long-awaited response, not one of resolution, but erasure. The sudden and definitive severance, "the client's disappeared," an anti-climax that dismisses years of effort. There is no attempt at accountability, no acknowledgement of the prior communication. The repetition of "no" conveys visceral frustration and disbelief. It is a refusal to accept dismissal, a final attempt to push against an already closing door. However, it is also a fragile defiance. Still, even in the face of uncertainty, David insists on moving forward.

To mitigate the effect of protracted investigations David advocates for organisational structural changes to offer support for all parties involved in the complaints process:

> *I'm concerned that you only get to see them for an hour and a half a month. I would like to see something put in place where if the complaints made, an association [accrediting body] would fund extra supervision, if the organisation expects the supervisor to support the supervisee, then they have to provide extra support for the supervisor, including access to legal guidance (p.14/7-10)…Our organisations, should find a way of holding both the client and the therapist, it's not rocket science, it really isn't (p.3/25-28).*

There is a mismatch between what is needed and what is permitted. David is positioning himself as someone who wants to provide emotional support, to ensure a safe space for distress, to offer 'containment' (Bion, 1959), but is simultaneously restricted by systemic limitations. There is an underlying unease about whether adequate support during this process can truly be provided in such a limited time frame. If the supervisee brings distressing material, but time is limited for proper processing, there is no knowing where this emotional excess goes. If left uncontained it may leak into David's own emotional world. There is a shift from concern to solution, an emotional reaction to

a structural demand. The final statement is crucial. There is an implicit call for “holding” at an organisational level: if complaints impact the supervisory relationship, then additional structures must be built to absorb and process the impact. "It’s not rocket science," introduces an entirely different tone, one of exasperation, disbelief, perhaps weariness. David sees this as self-evident, obvious, and still; it is not happening. David may feel a personal responsibility to "hold" others where the system has failed. If so, this could be a precarious position, as individuals who take on too much containment without organisational support risk becoming overwhelmed themselves.

8.3.4 Sub-theme (4): Strength in the Collective Resilience

David suggests that, in connecting with others, therapists will discover the collective resilience of those who have faced similar challenges:

> *I encourage each person to talk to their peers…get support…have a community of people who are tracking what's happening, the paranoia, that kind of sense of incompetence and failure is balanced with other people’s experiences of them…all of them that have come through it, none of them have been contacted by the associations for follow up. None of them have, nobody checks in officially, but unofficially we're all supporting each other (p.11/6-11).*

There is a subtle yet powerful acknowledgment of the fragility of the individual within a disconnected system. A striking contrast between formal and informal systems of support. There is a call for community to buffer against the more isolating aspects of the experience. By having an opportunity to connect, to openly share their struggles, they know that *they* are not alone. However, his phrase reveals a silence, a void where one might expect care or follow-up. In this sense, the community takes on an almost lifeline-like role, a form of self-made containment stepping in where official support structures appear absent. David’s narrative points to something more fragile, unofficial support that exists but is not guaranteed, always at risk of disappearing because it relies on individuals rather than organisations. “Paranoia” is not simply a symptom of an individual’s

psyche, it is a collective reflection of how the absence of support and recognition distorts self-image, creates self-doubt. Still, there is a quiet, unspoken strength in this informal solidarity, from the perspectives of others who have successfully managed similar challenges.

David broadens the perspective and emphasises the necessity for insurers to offer guidance:

> *It is often the case the insurers that we use are the same insurers that…the organisations use…our insurers are saying we can't talk to you because we're supporting the organisation who's dealing with the complaint…it's just a mess…the professional associations insurers, where the same insurers as the SUPERVISEE and they just wouldn't talk to me…or the supervisee because they were talking to the association (p.14/16-25).*

There is a striking circularity to the problem: the same insurers are supporting all parties involved, but instead of facilitating resolution, this creates a deadlock. The refusal to engage suggests a deeper tension relating to who holds power in this system. The accrediting body, by virtue of its affiliation with the insurers, becomes the central authority, leaving David and his supervisee sidelined. At a symbolic level, his account speaks to broader anxieties about professional vulnerability. They expected protection but instead encounter an impenetrable structure - a locked safe without a key. David's experience resonates with themes of abandonment and isolation, neither fully excluded or able to engage.

8.4 Theme (3): Reflecting and Reasoning

This third theme highlights that frivolous complaints can arise from various sources – clients, colleagues, supervisors, or third parties, each bringing different perspectives and motivations. Complaints may stem from unmet expectations, miscommunications, or differing viewpoints on treatment. While therapists may strive to provide the best care, no one is entirely immune from receiving a complaint. They can emerge from personal, relational, or situational factors. They can be

driven by misunderstandings or external pressures, with multiple potential underlying reasons that may not necessarily reflect the therapist's professional conduct.

8.4.1 Sub-theme (1): **Complaint Triggers**

David recounts a situation where a client attempted to solicit information from the therapist to aid in an acrimonious divorce:

> *About a year later…no further action, the CPS have investigated, the police have investigated, and it would look like it's an acrimonious divorce and the person's trying to get evidence. She then gets a letter…saying a formal complaint that's being made against her because she's failed in her duty of care (p.2/16-21).*

The situation is filled with a sense of stagnation and powerlessness. The prolonged inaction hints at a deeper frustration, a growing sense of futility. The Police investigation should have provided clarity or justice, has instead escalated the situation. The issue might not be straightforward or clear-cut, but rather emotionally charged, driven by personal vendettas. It may be that David is internalising some of the emotional turmoil and confusion his supervisee is experiencing, feeling like his hands are tied by institutional processes that seem unfair, unable to intervene in a way that feels meaningful or effective. Much like the supervisee who is accused of failing in their duty of care, David may be grappling with his own feelings of self-doubt. This internalisation is not just in relation to his supervisee, but also in terms of his own professional identity and effectiveness. If he internalises the supervisee's failure as his own, he might feel as though he has failed in his role as a supervisor.

Based on his experience of supervising complex cases David suggests that challenges and complaints may naturally arise as part of the process:

> *If we are going to work with the most fragile people with the most fragile processes, the associations [accrediting bodies] have to recognise that of course sometimes complaints will be made, and mechanisms have to be put in place so that there's a transparency and accountability (p.14/30-32).*

The term “fragile” is dramatic, it is not just a descriptor of people but also of reputations and processes. David’s supervisory role exists at the intersection of these vulnerabilities, responsible not only for the well-being of his supervisee but also for upholding the standards of a profession built on trust. This choice of language suggests he views the work with vulnerable individuals as a task of great care, requiring an awareness of the potential for harm. This foresight reveals a deep empathy, a recognition that those in vulnerable situations are often in positions where their needs and concerns are overlooked or dismissed. David does not seem to view complaints as an inconvenience, but as a legitimate and even necessary part of the process of care. He suggests an uncomfortable truth that complaints are not anomalies but inevitabilities. But inevitability does not make them any less disruptive. David conveys a broader challenge, while regulatory processes are essential for maintaining standards, there is a struggle between ensuring fairness and maintaining trust in the system. The formal nature of the complaint process can sometimes overlook the complexities of the therapeutic work which often exists in nuanced areas making it difficult to capture the supervisees professional intentions.

8.4.2 Sub-theme (2): Not all Complaints are Legitimate

The act of complaining is not always reactive it can be productive serving as a vehicle for clients to engage with their internal struggles:

> *Clients…will make complaints as an opportunity to deal with their process, not always, but sometimes. That should be respected and understood (p.15/1-3).*

There is an interesting tension in David's narrative. On the surface, his words seem straightforward, even pragmatic - complaints are often seen as expressions of dissatisfaction. But something deeper seems to be unfolding, something less tangible where a frivolous complaint takes on an entirely different meaning. It is not just an internal expression of dissatisfaction; it is now a challenge to integrity and reputation. David introduces an ethical and relational dimension. Using the word "should" implies an ethical obligation not to dismiss complaints as mere negativity but to engage with them as meaningful expressions. The complaint could function as a symbolic act. The voicing of dissatisfaction could be an externalisation of an inner turmoil. A re-enactment of past conflicts. If so, frivolous complaints become a symbolic reflection of power dynamics within the therapeutic process. David is attempting to acknowledge the complexities of distinctly opposing issues, empathising with the client's internal world, protecting the supervisee's professional integrity, and urging all parties to reflect on the underlying process that shapes their interactions.

From his own experience David has encountered clients with distorted perceptions of reality, giving him insight into how some complaints may lack merit:

> *People…will write these incredible things and bring it to, you know, bring it to this supervisee's therapy sessions. And then they'll say these things actually happened and then it gets really scary and then it just spirals out of control (p.15/10-13).*

On the surface, this excerpt seems to describe a crisis of credibility, David may be subtly questioning their truthfulness. Or it could be interpreted as David expressing admiration for the depth of emotion and creativity in these writings. There is an interesting shift in control throughout the statement. Initially, the focus is on an external group who write and bring things into therapy. However, as the description progresses, David moves from observation to a more emotionally

charged stance. “Then they’ll say these things actually happened” marks a turning point. There is a suggestion of uncertainty, about whether these writings are imaginative expressions, or factual accounts. What is scary - the possibility that these accounts are true, or the blurring of reality and fiction. The weight of responsibility in holding these narratives within the therapeutic space may be challenging. Beneath the words a tension exists between professional integrity and fear of losing control of the therapeutic process. A moment where boundaries between therapist and client, or control and chaos begin to break down. This loss of control is expressed passively; it is “it” that spirals, rather than any individual taking action. This passivity may suggest David feels powerless in these situations. He may be describing a professional challenge, or a personal struggle in maintaining stability when faced with overwhelming narratives. This could be a protective measure, keeping the experience at arm’s length, depersonalising it. Or, perhaps it reflects a genuine pattern David has noticed in his therapeutic work. If the distinction between reality and fiction becomes blurred in therapy, there is no knowing what that means for the therapist. This serves as a reminder to all in the profession that clients who fabricate or distort reality may also be prone to lodging frivolous complaints.

8.4.3 Sub-theme (3): Can’t do Right for Doing Wrong

In this brief yet powerful statement, David implies that no set of rules, no matter how carefully constructed, can account for the unpredictability and unfairness of life:

> *Because you can't legislate for, you do everything right, and then you're punished. You can't prepare anybody for that (p.14/1-2).*

David seems to be grappling with an existential frustration, a recognition that despite one's best efforts, the outcome is not guaranteed. The use of the passive voice “you’re punished” is ambiguous, adding to the sense of powerlessness. The phrase carries the weight of self-awareness, as though

David is struggling with a truth that is both deeply personal and universally cruel. There is a sense he has encountered this reality firsthand; this is not merely an intellectual observation but something lived and felt. There is no way to shield someone from the impact of such an experience. The implication being that no amount of training, foresight or emotional resilience can truly equip someone to prepare for the experience of injustice. One can follow all the right steps, play by all the rules, and yet still receive a complaint. On a deeper level, this might also connect to broader themes of 'moral injury' (Shay, 1994), the deep distress that comes when an internal sense of fairness and justice is shattered by reality. How does one make peace with a world where punishment is not always tied to wrongdoing, where preparation offers no guarantees? There is only the experience of it, and the attempt to live with it afterward.

8.5 Theme (4): Parallel Processes

The fourth theme highlights the concept of parallel process. Heightened emotions in the supervisory relationship relating to complaint processes mirror those experienced by the supervisee. By examining this interplay, David's narrative highlights how unconscious relational patterns can shape and inform the supervisory experience.

8.5.1 Sub-Theme (4a): The Personal Impact

There is an immediate intensity in David's emotions as disappointment and anger seem to arise simultaneously:

> *I was disappointed and angry when I heard the nature of the complaint and what the supervisee was going through (p.1/6-7).*

David's anger may be directed at a variety of sources – whether it is the complainant, the complaint itself, the accrediting body or the whole situation remains unclear. There is an element of perceived injustice at how events have unfolded. David is not only reacting to the complaint, but perhaps unconsciously mirroring his supervisees emotional distress. Here a parallel process may be at play. David's emotional response reflecting his supervisees frustration, helplessness, or resentment is absorbed and reenacted at another level in the supervisory relationship. The emotions are not operating in isolation but instead are enmeshed, feeding into, and shaping one another. This countertransference (Freud, 1910) where reactions or feelings become emotionally entangled, might be shaping the intensity of the reaction.

David's disappointment could be more than a professional frustration, it could evoke deeper, more personal feelings. There is a sense of betrayal, as though his supervisee's distress has unsettled David's sense of fairness. This anger may stem from an unspoken identification with his supervisee's struggle. There may be echoes of past professional or even firsthand experiences resurfacing in this moment, intensifying the emotion. What seems like a simple reaction to a complaint may actually be a complex emotional process, influenced by past experiences, relationships, and the dynamics of supervision and therapy.

8.5.2 Sub-theme 4a (1): The Benefit of Experience

David values the privilege of guiding supervisees through the complaints process and highlights the positive impact of experience gained from supporting others in similar challenges:

> *You know some of these things have happened 15/20 years ago and some in the last few months...So it does have a positive impact in being able to support other people who are going through similar processes (p.5/21-23).*

There is a striking temporal span in David's words. There is a back-and-forth between past and present. This merging of time suggests that these experiences, though distant in years, remain psychologically active and relevant. The past is not sealed off. Rather it coexists with the present, shaping David's current reality. There is an underlying heaviness to these events, what exactly these *things* are could relate to complaints, challenges or lessons learned. The ambiguity suggests that these experiences still hold emotional significance. But despite this, David signals an attempt to construct a narrative in which suffering is transformed into something purposeful. A shift from self to other as these past experiences become tools for supporting other supervisees. Perhaps this signals an effort to reclaim a sense of purpose and fulfilment. Rather than being passively shaped by past hardships, David actively utilises them in service of others. His words highlight a conflict between change and the lasting impact of past experiences. David's past is not forgotten, it has melded into the present, been reinterpreted, and renewed through helping others.

8.5.3 Sub-theme 4a (2): Shifting Gears

This excerpt begins by reflecting on an initial optimism, an idealistic belief in dialogue and logic:

> *I always start off hopeful…I believe in dialogue; I hope for logic. I learned very quickly, early on, the imperative of timelines and paper trails because the inconsistencies are quite startling and the mistakes that can be made. I noticed that I become legalistic…after the first time when I was incredibly hopeful…this is gonna be fine because we're all therapists we understand. After the first time, it was a nightmare. It was completely and utterly awful from then, I said notebooks, calendars, facts, emails, follow everything up, make sure you dot the 'I's,' cross the T's, and that's counter intuitive to me (p.4/7-16).*

David's hopefulness reflects a need for resolution and understanding, for connection stemming from a deeply human urge for order in uncertainty. But as his narrative unfolds, a shift is marked by the harsh realities of the system. The sudden encounter with inconsistency and mistakes becomes important. It highlights a transition from a belief in therapeutic practice as a joint effort to a more cynical view, where trust and idealism are undermined by the need for constant documentation.

This shift is not just logistical but psychological. It is as though David is forced to abandon his beliefs and instead adapt to a framework that demands precise control over details. The act of clinging to the details, the paperwork, the "facts" feels both protective and alienating. This may be David's way of re-establishing order in a world where the rules of engagement, initially assumed to be based on mutual respect and understanding, have failed. The shift from hope to hypervigilance, from trust to legalism, is more than a matter of procedure, it represents a transformation in David's psyche. This counterintuitive shift, seems to speak to emotional withdrawal. It is as though David's initial hopefulness was a door left open for emotional engagement, but the subsequent experience slammed that door shut, forcing him to take a more detached, cautious stance.

8.5.4 Sub-theme 4a (3): A Sense of Belonging

David's openness signals a deep personal significance, one that is not merely intellectual or procedural, but connected to strong emotional experiences:

> *I can get very emotional about it, but I still have that feeling of coming home…you know 30 years ago and I experienced it with my clients, with my supervisees in groups that I'm involved with. It's incredible what can happen, and I'm determined not to let that dysfunctional part of our community, get in the way of the work (p.8/30-34).*

The emotion is not simply about the present, it is also rooted in the past, carrying the weight of both nostalgia and long-term attachment. The past, is not just a point of memory, it serves as an emotional anchor, providing continuity between David's earlier experiences and his present reality. This sense of coming home evokes a kind of groundedness, a return to something familiar, comforting, meaningful. It conveys a feeling of safety and authenticity, as if the emotional depth of his work, whether with clients or supervisees, has always been part of his personal and professional journey. It suggests a determination that this is something worth protecting, worth fighting for. Despite the strength of David's emotional attachment and deep connection he feels to his work, the "dysfunctional part of our community" represents a disruptive influence that attempts to weaken

that connection. David's resistance to this problem reflects both a sense of empowerment and a refusal to allow external forces overshadow the meaningful work he is committed to.

8.5.5 Sub-theme 4a (4): Experiencing Psychological Safety

Building on Rogers (1957) definition of psychological safety, Hubert Bonner (1961), used the term in the context of human needs for security, the need to believe in something to feel secure, even clinging to those beliefs in the face of contrary evidence:

> *I felt like I I'd come home to a safe, respectful new family or new community...I really wanted to join my association [accrediting body], I joined as soon as I started training…I was so excited…this big institution, which wasn't that big in those days…I wanted to belong, I wanted to have an identity and I wanted somewhere that could that have my back (p.7/9-14).*

David's earlier reference to home suggested a return to familiar territory. Here it signals a sense of arrival, a moment of integration into something that feels like a protective, validating environment. It highlights not just the physical act of joining an accrediting body, but a strong emotional transformation. It is as if David is finally able to step into a space that recognises his worth, offering both safety and respect in return. This sense of safety is particularly significant. David had sought a space where he can thrive professionally without fear of judgment or rejection.

David's excitement highlights a deep emotional investment in the idea of connection and belonging to a larger community that would "have your back." The size of the accrediting body then is contrasted with its current stature. It is as if, in its earlier, smaller form, the body represented an intimate space where David could cultivate his sense of identity and purpose. Somewhere his professional identity is not just acknowledged but approved.

8.5.6 Sub-theme 4a (5): Balancing Accountability and Support

David asserts a core belief that speaks to a deep ethical commitment - this is not just a professional consideration but a moral obligation:

> *I believe that it's essential that we find ways of protecting vulnerable clients, but not to the detriment of the counsellors who work tirelessly…for every one person who might do something wrong, there's 1,000 doing a spectacular job, invisible, exhausted, and then somebody comes along, makes a complaint (p.10/19-24).*

David conveys a sense of empathy for those in need. A sensitivity to power dynamics, perhaps even a recognition of the ethical complexities inherent in the therapeutic relationship. There is a sense of moral clarity, of understanding right and wrong. David values the importance of safeguarding the wellbeing of clients, aligning with the foundational principles of the therapeutic profession. He appears to have witnessed the sometimes-difficult situations clients face and is committed to ensuring their protection is prioritised. This sense of moral duty is also influenced by a concern for the supervisees well-being. The balance between protecting clients and supporting supervisees' is introduced. David expresses an underlying frustration with how this balance is overlooked, where the welfare of the professionals themselves becomes an afterthought in the broader conversation about client protection. Safeguarding clients should not come at a cost to those who treat them. A complaint then becomes a defining event, capable of undoing years of diligent, often "invisible" work. The implication is that this process can undermine not only the therapist's professional reputation but their sense of self-worth, leading to feelings of inadequacy or defeat.

8.5.7 Sub-theme 4a (6): The Tipping Point

David decided to withdraw membership from the association:

> *There is no understanding at all of the impact it seems to have on the supervisees (p.3/31)…I left my association after 30 years…I was so excited when I joined…it crushes your spirit, it really does, they've got to know the consequences of it (p.17/8-10).*

There is a plea for greater recognition of therapists' contributions to help ensure they continue to fulfil this vital role effectively. This plea is not just a demand for change; it reflects an understanding that the impact has already taken place. The absence of awareness is not simply an inconvenience. It is something that impacts therapists at a deep level, shaping their professional identities and emotional well-being in ways that seem to be entirely disregarded. Supervisors play a crucial role in maintaining public safety, yet there appears to be contradictions in how they are supported and valued. Thirty years suggests David's initial deep commitment, even optimism, has eroded over time. This abandonment of a long-standing connection reflects the emotional impact of staying in an environment that may no longer align with David's needs or values. It is a moment of rupture with his organisation. The culmination of a gradual erosion of trust and belief. David's words give the impression of a decisive break, one that has been difficult but necessary. It is a moment of emotional release and a painful acknowledgment that the system, which once seemed promising no longer meets his needs. Use of the word "spirit," perhaps a symbol of David's passion, enthusiasm, and professional vitality, has been worn down. It speaks to disillusionment and the emotional exhaustion that comes from trying to remain part of a system that does not fully recognise or support its members.

8.5.8 Sub-theme 4a (7): Jumping out of the Frying Pan into the Fire

David's departure after 30 years signals that the cost of staying has become too great:

> *I've resigned from that association [accrediting body] now and I've joined another association [accrediting body]. But the reality is it doesn't matter which association you belong to, it's gonna happen (p.8/18-25).*

Once a source of identity, it has become unsustainable. There is a notable shift in phrasing: "I've joined another association." This could be viewed as an attempt to replace one system with another, an act of seeking refuge in a different accrediting body. On the surface, it might appear to offer a fresh start, a renewed sense of hope or belonging. But David's tone does not suggest this transition is one of pure optimism. Rather, it hints at a deeper resignation that this change, while necessary, may not provide the ultimate solution. It may signify an ongoing search for validation, for a place that feels more aligned with David's identity and purpose. David expresses a realisation that despite the shift in affiliation, complaints will still happen, and core issues or patterns still persist. This act itself may in some ways be futile. David has come to understand that the systemic challenges the profession faces are not tied to any one body, but to something deeper, more universal. Feelings of powerlessness resonate. In the backdrop of his resignation, there may also be an unspoken question about the meaning of professional belonging and identity. David may feel caught in a perpetual loop, always searching for something that offers comfort or affirmation, but never fully finding it.

8.6 Sub-theme (4b): The Professional Impact

The professional impact underscores how David's efforts to maintain a strong connection with his supervisee despite lacking formal complaints training and facing limited practical support, has strengthened their relationship. This shared challenge has fostered deeper trust and collaboration. David considers that alternative approaches could complement this process offering structured methods for addressing complaints, promoting positive communication and resolution while further enhancing the supervisor-supervisee dynamic.

8.6.1 Sub-theme 4b (1): Strengthening the Supervisory Relationship

The complaint, rather than fracturing the supervisory relationship, seems to have forged a stronger bond:

> *It brought us closer together…I had to be very flexible about the content of supervision, had to be very careful and boundaried as well, because of course it can dominate supervision sessions…being really mindful of what I'm hearing, the distress, but also trying to hold some boundaries so clients could get some space to be talked about as well…we've got long term relationships, much closer and a lot wiser (p.5/9-13).*

There is a sense of shifting between openness and control, between flexibility and boundary-setting. David describes an acute awareness, a need to carefully regulate the supervisory space. The supervisees distress must be acknowledged yet not allowed to consume the sessions. This act of containment is itself a process marked by challenges. With limited time available the amount of attention given to the supervisee's pain must be carefully balanced. It is a balancing act, connection without over-involvement, empathy without losing boundaries. However, something deeper is happening. Long-term relationships, bringing them much closer and a lot wiser suggests an evolution, a learning process, but at what cost. The crisis may have acted as a test of resilience, enhancing the connection, deepening trust. There is an echo of Winnicott's (1960) "holding environment." David, like the good-enough mother, providing a space firm enough to contain anxiety but flexible enough to allow growth. However, in holding the supervisee's distress, David may find himself caught in a similar dynamic, observing injustice, feeling both protective and boundaried, stretched between care and professional duty. The complaint may have made a lasting impression, shifting how both David and supervisee experience their work. There is an unsettling realisation, perhaps the wisdom gained is not just about supervision, but about the fragility of professional identity itself, that no matter how ethical, careful, or boundaried one is, vulnerability within the profession remains.

8.6.2 Sub-theme 4b (2): Maintaining a Connection

The fear of abandonment reverberates through the relationship, as if mirroring the supervisees own anxieties about being left, unheard, unseen, seep into the supervisory space:

> *I will try and have their back…keep in touch in between, but it's incredibly demanding to keep replying to, in those days' letters, now it's emails. And me wanting the supervisee to feel that they're not being abandoned…so I would offer extra supervision and maybe not charge for, or extra time added on so that we could keep the process going, but it felt like a drop in the ocean (p.7/25-30).*

Someone is being abandoned. It could be interpreted as the supervise, struggling under the weight of their distress. Or it could relate to David caught in the continuous pressure of high demands. He may be stretching himself to provide more contact, more reassurance, more supervision, yet feeling it is never enough. This speaks to the futility of it all. David may be feeling that he is trying to contain the uncontainable, to provide a security that perhaps even he cannot fully grasp. His generosity, the extra time, the waived fees all suggest a deep commitment, but also raises questions about depletion. In mirroring his supervisee's needs, David may risk losing himself in the process. The desire to prevent abandonment becomes its own trap, the more he gives, the more is needed. This dynamic may be unsustainable, edging towards role overload, towards resentment, towards an unspoken exhaustion that cannot be articulated for fear of reinforcing the very abandonment of his supervisee being kept at bay.

8.6.3 Sub-theme 4b (3): Lack of Complaints Process Training

Traditionally psychotherapy training programmes have primarily focused on enhancing the supervisee's clinical skills, cultivating empathy, and encouraging ethical practice. David discovered a critical gap in the existing framework of professional supervision training where something vital is missing:

> *As a trainer, I would run workshops on power and workshops on abuse and I would absolutely talk about complaints procedures and the power of the client to speak up. But that was because of my passion, I don't think we prepare students, you know, for complaints (p.13/19-23).*

David speaks with passion, with conviction, ensuring that the rights of clients are understood. However, beneath this lies an unsettling contradiction, the recognition that while therapists are educated about client empowerment, they are not adequately prepared for what happens when that power is turned towards them. The power dynamics explored in workshops emerges. David seeks to equip others with knowledge, to create a sense of protection. But just as the supervisee feels shaken by a complaint, so too does David. If power is about knowledge, about understanding systems and safeguards, then therapists entering the field unarmed for the reality of complaints poses a challenge. However, knowledge about complaints procedures is different from the lived experience of being the recipient of one. The moment a complaint arrives it is no longer an abstract topic in a training session. It becomes visceral, personal, a test of professional identity. David's words echo a broader revelation - in teaching about power, consideration should also be given to situations where therapists are powerless.

David seeks a space where real-world scenarios can be examined, where case studies of ethical, competent practitioners facing complaints can be laid bare, scrutinised, understood. However, such spaces seem scarce:

> *I've attended online events and one day events but through choice, not through requirement…I don't think there is a lot of opportunity. It would be brilliant to be able to take case studies, to some kind of training and say look, this is all of what happened, how is it that somebody did absolutely nothing wrong and they ended up like this? How can we explore that? (p.13/29-34).*

There is a quiet resignation, an awareness that these conversations though necessary, remain largely absent from formal training. Just as supervisees struggle to make sense of complaints, David

struggles to find a forum where these experiences can be processed. The absence of structured discussion mirrors the isolation that often accompanies a complaint itself, an adverse event that can be devastating, yet remains shrouded in silence. The underlying issue remains unresolved. David conveys the idea that the absence of such a space reflects a reluctance to acknowledge that doing everything right offers no safeguard against professional harm. His frustration is clear. The request for training is not just about education, it is about collective meaning-making, breaking the silence that isolates and allowing the profession to make peace with its own uncomfortable realities. The absence of a space for open dialogue and discussion on complaint procedures limits opportunities to evaluate processes.

8.6.4 Sub-theme 4b (4): Who Cares for the Carers

David shifts from a reactive emotional state to a more constructive solution-oriented mindset and proposes implementing a structured process offering support and guidance for both supervisor and supervisee:

> *I think the supervisor and the person having the complaint made against them should have a mentor, contact person within the association and they can have a firewall. But there should be a point of contact (p.15/19-21)…we should be radiating alternatives you know (p.16/1-2).*

The imagery of a "firewall" is noteworthy. In the digital world, a firewall serves as both protector and barrier, preventing harmful intrusions while allowing necessary communication. This metaphor reflects a deep concern about vulnerability in the complaint process where those involved need protection, yet also a structured means of engagement. There is an underlying struggle between the need for protection and the desire for openness. On one hand, a structured framework (firewall) is necessary to prevent harm, yet on the other, a more dynamic and creative approach (radiating alternatives) is needed to ensure progress. David may be negotiating his own experiences of

limitation versus possibility. His words might reflect a wider cultural concern regarding justice systems, and the challenge of balancing due process and progress.

8.6.5 Sub-theme 4b (5): Alternative Dispute Resolution Options

In radiating alternatives, David expresses a desire for greater understanding and reconciliation within the complaint process. His phrasing suggests an emphasis on accountability, not just in a punitive sense but as an opportunity for deeper awareness:

> *I would like to suggest that they have opportunities to really understand the consequences of their actions, I can't remember what it's called, but that when somebody's been attacked or victimised, they have an opportunity to meet the perpetrator face to face and do some kind of healing process. After the complaint is over and it's deemed frivolous, it might be really interesting for the counsellors and the supervisors to meet with the team who managed the complaint and do this (p.16/18-22).*

David struggles to recall the specific name of the process he is referencing, yet the description aligns with ‘restorative justice,’ where victims and perpetrators engage in dialogue to seek healing. This moment of forgetfulness is itself revealing. Although David may not have formal knowledge of the framework, the idea is meaningful on an intuitive or emotional level. Reference to a "healing process" brings an interesting shift in tone. Complaints are often framed within legalistic terms. However, David moves beyond this, imagining a space where all involved engage in a reflective, transformative encounter. The word "interesting" is intriguing, it carries a certain neutrality. David is cautiously proposing something that challenges conventional approaches to resolution within the psychotherapy profession.

Beneath this suggestion lies a deeper critique, suggesting complaints are simply closed and archived, with no opportunity for reflection. The perceived adversarial nature of complaint procedures

contributes to lingering tensions. By proposing to create a space for dialogue, David may be seeking to personalise a process that often becomes depersonalised. There might also be an underlying desire for repair, not just between complainant and accused but within the wider accrediting body structures that oversee these complaints.

8.7 Summary

This single case study emphasises the supervisor's crucial role in supporting a supervisee through the complaints process. It highlights that effective supervision is not just about procedural knowledge but also about emotional support, collaboration, and the availability of resources to mitigate the harmful effects of frivolous complaints on supervisees. Supervisors occupy a delicate position, caught between accrediting body expectations and their duty of care to those they support. David's suggestion of dedicated training in complaint procedures and legal interpretation suggests an awareness that navigating these processes is not just a bureaucratic task but an emotionally and professionally challenging experience. Without proper guidance, supervisors themselves risk becoming vulnerable, struggling under the pressure of both their supervisees' distress and the structural demands placed upon them.

Drawing on past experiences, David proposes a designated contact person, or restorative practices be utilised. These suggestions paint a picture of a system that is not merely reactive but proactively supportive, ensuring that both supervisors and supervisees are guided through the process with care and fairness. This approach is intended to foster clear communication channels, ensure fairness, transparency, and support constructive resolutions, aligning with his focus on nurturing a positive organisational culture. Ultimately, David's insights reveal a desire to transform supervision into a practice that not only mitigates harm but actively fosters resilience, trust, and organisational integrity.

Chapter 9: Discussion

9.1 Introduction

This chapter discusses the findings from this two-phased study which was designed to gather data to help understand the phenomenon of frivolous complaints in a psychotherapy context. Several studies have used IPA to explore complex experiences from multiple perspectives (e.g., Dancyger et al., 2010; Rostill et al., 2011; Smith & Shaw, 2016; de Visser & McDonald, 2007). Adopting a person-centred approach, the discussion explores frivolous complaints as lived experiences. Phase (1) of the study was a group of person-centred psychotherapists lived the experience of receiving a frivolous complaint; Phase (2) a person-centred supervisor - one step removed - lived the experience of supporting and guiding a supervisee through the complaints process, offers two distinct perspectives with significantly different roles in the complaint process. This chapter aims to provide a comprehensive view of these experiences, exploring in depth the varied and complex narratives shared by participants, while situating the findings within existing research. The discussion highlights findings that offer new insights or refine existing theories.

This chapter is structured to integrate the findings from both study phases (the parts) into a cohesive overarching discussion consistent with the principles of IPA. This structure reflects a gestalt approach - moving from the parts to the whole, illustrating the relationship between both phases of the study and highlighting how their lived experiences unfold and interact in the context of a frivolous complaint. This structure enables a higher level of abstraction and interpretation consistent with the ideographic and interpretative philosophy central to Interpretative Phenomenological Analysis IPA (Smith et al., 2022). The discussion is broken down into three main headings, 'Relationships', 'Ruptures', and 'Resolution.' Sub-headings are used to organise the discussion, enhance clarity, and guide the reader through the key areas.

The first heading ‘Relationships’ Is broken down into four sub-headings each focussing on a specific aspect of relationships.

Sub-heading: ‘Relationship to self’ incorporates the findings from both phases of the study and focuses on how a frivolous complaint disrupts relationship to self-concept and personal and professional identity, damages therapeutic relationships, and alters power dynamics in ways that leave both therapist and supervisor feeling vulnerable and unsupported.

Sub-heading: ‘Relationship to accrediting body’ reflects on the impact of their response incorporating the findings from both the therapist and supervisor perspectives, highlighting the gap between expected and actual support. It explores the limits of unconditional positive regard, reflecting shared frustrations and a breakdown of trust with the accrediting body experienced by both therapists and supervisor. It discusses how the investigative process adds further harm and makes the case for transformational change within the system, including better training and support for supervisors. Finally, it suggests a model of care in the form of a three-tier model of containment to be extended to all members of the psychotherapy profession.

Sub-heading: ‘Relationship to client’ draws on the findings from both phases of the study and focuses on the therapeutic alliance as a catalyst for change, how power dynamics shift after a complaint is made, and motivations as a precipitating factor of frivolous complaints.

Sub-heading: ‘The Supervisory dyadic relationship’ discusses how a frivolous complaint impacts the supervisory relationship. It highlights the ripple effect of a frivolous complaint on the supervisory dyadic relationship, revealing how the emotional and professional strain places additional pressure on a relationship already stretched by the demands of clinical practice. It discusses how specific

training in complaints management at supervisor level is not adequately addressed as highlighted by the findings that such a crucial component had been overlooked in supervisor training.

The second heading ‘Ruptures’ turns to the roots of complaints, examining the breakdown in the therapeutic relationship and the limits of remaining non-judgemental in challenging interactions. It also considers the language used to frame distress and how this shapes responses to client’s lodging frivolous complaints. Finally, it discusses the prospect of receiving a complaint from individuals other than clients with whom the therapist has a therapeutic relationship.

The final heading ‘Resolution’ addresses the consequences of unsatisfactory complaint resolution, which often deepens emotional harm and prompts therapists to adopt defensive practices or reconsider working in specialist areas. Together, these findings illustrate how frivolous complaints create a multi-layered impact - not only on individual clinicians at the therapist and supervisor level but also on their personal relationships, organisational culture, and long-term professional engagement. This chapter also identifies the strengths and limitations of the study.

The focus on the impact of frivolous complaints was driven by the researcher’s experience of supporting psychotherapists who were complaint recipients. A review of the literature revealed a gap in knowledge as this type of inquiry had not been previously undertaken. Further, there is little information to help to make sense of the personal and professional impact of frivolous complaints. The following research questions were formulated to address the topics outlined above:

Phase (1): The Psychotherapist Sample:

RQ1: How do person-centred psychotherapists personally and professionally make sense of receiving a frivolous complaint?

Phase (2): A Single Case Study:

RQ1: How do supervisors make sense of the experience of guiding and supporting their supervisee through the complaints process?

9.2 Summary of Main Findings

This section summarises the main findings from both study phases, highlighting shared experiences while maintaining distinct positions in relation to the impacts. Three group experiential themes emerged from the psychotherapists' phase (1) interpretative analysis: 'relationships,' 'ruptures,' and 'resolutions.' While four personal experiential themes emerged in supervisor phase (2) of the study: 'Them and us – shutters down,' containing the container,' reflecting and reasoning,' and 'parallel processes.'

The chapter is organised using a thematic approach. This structure has been organised to incorporate the phase (1) participants experiences from the psychotherapy sample alongside the experiences of the supervisor phase (2) of the analysis which aims to enrich the discussion. The themes integrate insights from both phases of the research, highlighting how a frivolous complaint against a psychotherapist significantly impacts both the therapist's sense of self and the emotional and professional burden carried by their supervisor. By bringing together immediate responses and later reflections, this section reveals how the experience disrupts identity, trust, and confidence for

both individuals. It illustrates the relational and psychological impact of the complaint itself, offering a nuanced understanding of its effects on self-perception, role clarity, and interpersonal dynamics.

9.3 Relationships

The discussion integrates insights from both phases of the research, highlighting how participants' experiences evolved and deepened over time. By analysing initial accounts with follow-up reflections, the finding illustrates a dynamic interplay between immediate perceptions of the impact on relationships and more reflective interpretations. This integration sheds light on the impact of the phenomenon both professionally and psychologically, revealing both continuity and similarities across phases. In doing so, the discussion offers a layered understanding that moves beyond surface-level description, aligning with IPA's commitment to capturing lived experience in its complexity.

This theme 'Relationships' explores the findings as to how a frivolous complaint against a therapist negatively affects their relationship with themselves, clients, the accrediting organisation and the supervisory dyad. This breach of trust and sense of professional identity creates significant emotional and practical challenges. The impact extends to their supervisor, who, although one step removed, experiences secondary strain as they take on the responsibility to support, guide, and advocate for the therapist within this complex and stressful context.

9.3.1 Relationship to Self, it's Personal

This sub-section captures how frivolous complaints significantly undermines the sense of self of both therapist and supervisor while supporting a supervisee through the complaints process as competent and trusted professionals, leading to feelings of doubt, vulnerability, and inadequacy.

The study revealed participants facing frivolous accusations often experience a diminished self-concept as competent professionals, leading to heightened inadequacy and psychological distress. In line with research on valid ethical violations (Hanganu & Loan, 2022; Kirkcaldy et al., 2022; Van Horne, 2004), frivolous complaints disrupted personal lives, triggering emotions like powerlessness, shock, worry, and fear for their livelihood, along with anticipatory anxiety and trauma. The threat of an investigation, regardless of the complaint's validity, can cause similar consequences (Patel et al., 2017). The aftermath includes depression, anger, shame, reduced job satisfaction, defensive practice, and self-doubt, sometimes leading to thoughts of leaving the profession or taking time out. These correlate with the impact of justified complaints (Balch et al., 2011). For participants less accustomed to adversity, symptoms may intensify as they process the event (Sutherland & Bryant, 2005; Tedeschi & Calhoun, 2004).

Unlike the findings of Kirkcaldy (2020a) and van Rensburg & Kirkcaldy (2024), despite the initial trauma, their participants ultimately derived meaning from their experience and achieved a higher level of functioning. The present study did not reflect such a positive outcome. While some participants in Kirkcaldy et al. (2022) study reappraised their complaints through faith and humour as a coping strategy, this perspective was not reflected in the current study. Relying on humour to distance oneself from stress could be perceived as avoidance rather than genuine coping, potentially delaying emotional processing and resolution. This contrast highlights the need to understand diverse coping mechanisms in response to complaints.

Contrasts were also evident in other findings of Kirkcaldy et al. (2022; 2020a) and van Rensburg and Kirkcaldy (2024). For example, while initial anxiety may have lessened over time, participants in the current study did not become desensitised to the threat of future complaints. Despite gaining experience and knowledge in complaint processes, there was no increase in professional confidence. Rather than shifting from a defensive stance to acceptance, participants integrated defensive

practices into their professional approach. Additionally, in the present study legal and ethical training, and peer support, was notably absent. Furthermore, due to the distress experienced, participants reported no personal or professional resilience or deeper personal or professional insight from their experience. Another contrast to the findings of van Rensburg and Kirkcaldy (2024) was that participants in the current study withheld their experiences from clients and colleagues, fearing judgment and missing opportunities for dialogue and support.

From a person-centred perspective, the therapist's self-concept is crucial for effective therapy (Rogers, 1961; 1980). The participants' accounts highlight that the anxiety surrounding the frivolous complaint is frequently described alongside reflections on threats to their identity. For most participants, a disruption to self-perception creates incongruence between their self-image as competent, empathetic professionals and the negative feedback received. Preoccupation with self-doubt and defensiveness may hinder their ability to provide genuine empathy and unconditional positive regard (Rogers, 1961; 1980). Rogerian theory emphasises "incongruence" as the main source of maladaptation. Maladaptation refers to the obstacles that hinder the process of self-actualisation (James & Gilliland, 1998). Having an external locus of control, believing that one's life is mostly controlled by outside forces, rather than one's own actions (Rotter, 1954) and relying on others for self-worth are considered maladaptive behaviours (James & Gilliland, 1998).

Due to the frivolous nature of the complaint some participants struggled with self-reflection, affecting authenticity and engagement with clients attributing to changes in their therapeutic approach. This potentially compromises future therapeutic alliances due to a fear of further complaints. Rogers stressed that a therapist's self-growth and reflection are crucial for maintaining congruence, fostering trust and supporting client potential (Rogers, 1961; 1980). Disruptions in congruence due to practice changes may cause inconsistencies between internal states and outward expressions, affecting participants ability to remain fully present and genuine with future clients.

Previous studies show that organisations cultivate belonging, professional identity, a sense of community and meaningful contribution (Rizzardi, 2005). Intersubjectivity, or the shared understanding and experiences between individuals within a group, plays a crucial role in reinforcing this professional identity (Galvin & Todres, 2011). David described joining his accrediting body 30 years ago as a "coming home" experience, a meeting of minds, where alignment with the accrediting body provided a comforting interpersonal connection. However, he later perceived a disjunct between his personal beliefs and the accrediting organisation's values, a phenomenon known as 'value dissonance' (Bruhn, 2008). It is defined as a distressing mental state when a person's actions or experiences conflict with their core values or beliefs creating discomfort or stress (Ross-Hellauer et al., 2023). This value dissonance eroded his trust in the organisation's leadership and decision-making processes, fostering scepticism and diminished confidence in its policies and commitment to his values. Struggling to reconcile his professional identity with his perception of the accrediting body created a disconnection from its culture and purpose, what he once considered his professional "home."

Literature suggests that from a humanistic perspective it is acceptable for a supervisor to feel confused, frustrated, or have similar emotions (Ferreira-Meyers, 2022). David's lack of expertise and legal knowledge in responding to complaints resulted in feelings of overwhelm and inadequacy. This vulnerability, identity conflict, and struggle to reconcile his self-image with his actual capabilities, further diminishing his self-worth and confidence aligns with the findings of Stryker and Burke (2000). The supervisor's role is to exemplify how to approach feelings with "trust in the process," rather than withdrawing and becoming defensive. However, David's inability to trust in the process illustrates how value dissonance along with limited containment from the organisation can contribute to feelings of disconnection and defensiveness. This is particularly relevant when trust in the accrediting organisation's ability to provide support and validation is essential during a crisis (Nelson et al., 2008).

9.3.2 Challenging Professional Identity

This sub-section highlights how a frivolous complaint challenges both the therapist's sense of professional identity by creating a dissonance between their self-perception as a skilled practitioners' and the external accusations that threaten their credibility and confidence. Simultaneously, the finding highlights how the supervisor's professional identity is challenged as they struggle with feelings of inadequacy in their role to effectively support and guide the therapist through the crisis.

The potential impact on the participants professional reputation was just as troubling as the personal consequences of the complaint. Professional identity, closely tied to personal identity, evolves over time, and helps define one's role in their profession (Schubert et al., 2023). It reflects core attributes, including skills, beliefs, and ethics, shaping reputation and self-concept (Fitzgerald, 2020; Schubert et al., 2023; Salter & Rhodes, 2018). When self-perceptions as professionals conflict with external challenges, identity conflict arises (Erikson, 1968). Participants in this study struggled to reconcile their self-concept with external challenges.

A therapist's emotional state, professional conduct, and stress management are crucial to care quality (Hanganu & Loan, 2022; Tan & Chen, 2019; Gómez-Durán et al., 2018; Cunningham, 2011). In response to the complaint, participants focused on defending themselves and managing reputational damage, leading to feelings of frustration, powerlessness, betrayal, shame, and distrust. They became more defensive, viewing the complaint as a personal attack rather than a legitimate critique.

Identity Control Theory focuses on the nature of peoples' identities and the relationship between identity and behaviour within the framework of social structure (Burke, 2007; Robertson & Powers,

1990). It explains how participants sought to maintain their self-perception in the face of external feedback. The findings revealed the complaint disrupted this alignment, intensifying identity conflict as they struggled to reconcile their self-image with perceived unjust accusations. Participants took proactive measures to protect their professional identity, becoming more vigilant and cautious in their work to prevent future complaints. These proactive steps served as identity-maintenance strategies - ways to align the complaint with their internal self-perception, - how one interprets their own thoughts, feelings and behaviours in specific contexts, rather than altering their sense of self which is the broader, more enduring understanding of who one is across time and situations. This highlights that no therapist is completely immune to allegations of misconduct, which can affect their reputation (Williams, 2000).

Identity theory (IT) (Stryker, 1968) offers valuable insights into supervisors' professional identity by analysing role prioritisation and commitment within broader social structure. Stryker (1968) suggests an individual's sense of self consists of multiple identities based on social roles. Each identity has its own set of meanings and expectations, shaped by social influences and impacting behaviour. For humanistic supervisors balancing multiple roles (e.g., gatekeeper, mentor, teacher), the concept of salience is crucial. Salience refers to the likelihood that a particular identity will be psychologically activated in different situations (Brooks et al., 2007; Myers, 2020). The findings illuminated David's identity as a person-centred supervisor who followed Rogerian principles (Rogers, 1959). As such he addressed the complaint recipient with empathy, genuineness, and unconditional positive regard. By creating a 'containing' environment, he reassured his supervisee that they were accepted, respected, and valued. A key factor affecting identity salience is its centrality. The more important the identity, the more central it is to individuals' overall sense of self (Stryker, 1968). However, when David felt unqualified to help his supervisee respond to the quasi-legalistic aspect of the complaint, he experienced an identity crisis. The perceived expectation to act as an expert, led to a misalignment between self-perception and actual performance.

Despite the logistical stress of handling complaints, David perceived a lack of recognition from his accrediting body for his role in providing support. The absence of acknowledgment appeared to heighten his sense of incongruence. This was particularly significant given his feelings of being unqualified in this area. The findings revealed that anything challenging role identity leads to a crisis of confidence as asserted by Stryker (1968). Containment (Bion, 1962), where a trusted figure manages projected emotions, could have helped David cope with training gaps if provided by the accrediting body thus mitigating any incongruence. Existing research on this aspect of supervision is absent.

9.4 Relationship to Accrediting Body

This next 'Relationship' sub-section builds directly on the impact of the complaint by examining the subsequent response from the accrediting body, showing how organisational reactions further shape and often exacerbate the emotional and professional strain already in motion. It highlights how perceived organisational indifference, punitive culture and the notion of neutrality deepens the distress for both therapist and supervisor. This shift in focus allows for a more layered interpretation of the experience - moving from the internal to the systemic - and demonstrates how individual harm is compounded by structural responses, reinforcing the need for more supportive, transparent institutional processes.

9.4.1 Expectations Versus Reality of the Investigative Process

Oversight of the profession involves both internal and external expectations to ensure safe and appropriate services and quality care (Montgomery et al., 1999; Koocher & Keith-Spiegel, 1998). Although participants are aware of this role, there is significant misunderstanding about the nature and associated risks of the process (Williams, 2001; Williams, 2000; Gonsiorek, 1997; Montgomery

et al., 1999; Welch, 2001). Mirroring the therapist/client relationship the findings depict a rupture between the participants and their accrediting body. The complaint process contributed to feelings of powerlessness and a reduced sense of control over personal and professional outcomes. Stress levels increased due to concerns about processes, perceived expertise of committee members, and their judgments. There was a perception that the committee approached the situation with a presumption of guilt, aligning with existing literature on potential biases within accrediting organisations (Peterson, 2001; Welch, 2001; Williams, 2000; 2001). In agreement with research by Maltsberger (1994) the findings imply a fear that accrediting bodies are actively searching for and intimidating supervisees.

Effective organisational relationships are built on shared values, clear communication, and commitment to long-term collaboration. The findings revealed significant gaps between participants expectations and the actual guidance provided. Participants feared complaint committees prioritised client protection and upholding standards over supporting falsely accused members. Many participants in the current study highlighted the absence of the core conditions. They expressed a desire for committee members with a strong understanding of the psychotherapeutic profession, mental health, and factors that may motivate complaints. The findings suggest that investigation processes often lacked transparency, leaving participants feeling vulnerable to potentially untrained panels. In line with the findings of Howarth et al. (2015) participants expressed the need for a more congruent, efficient, consistent, and robust complaints system to address concerns and prevent escalation.

Participants also expressed concerns that complainants face few deterrents or risks when submitting complaints, which were perceived as straightforward, quick, and free. Some were particularly apprehensive about the potential public disclosure of complaints, described by one participant as the 'sin bin,' negatively impacting morale. They also shared feelings of frustration when complaints

were dismissed due to the apparent lack of consequences for the complaints panel regarding concerns about professionalism, efficiency, and communication - an issue reflected in previous literature (Gunther, 2014).

Participants faced considerable time and financial pressures when addressing the accusation, including additional costs for extra supervision not covered by insurance or accrediting bodies. The accrediting organisations' administrative processes were demanding and at times frustrating, with responses that participants found to be unclear or inaccurate. Participants highlighted the need for clearer guidance on response styles and content within complaint management frameworks. While some participants demonstrated greater resilience, none were entirely able to avoid the challenges associated with the complaint process, irrespective of their experience or expertise as highlighted by Hook and Devereaux (2018); Luthar et al. (2000). The formal process resulted in both personal and professional conflicts, with the post-resolution stage often viewed as unsatisfactory. This supports literature indicating that complaints often have repercussions regardless of the investigation outcome (Hanganu & Loan, 2022; Maroon, 2019; Morris et al., 2017).

Participants in both phases were unprepared for what they termed ‘the quasi-legalism’ of the complaints process. Jenkins (2020) believes that therapists need to understand civil law concepts like contract, negligence, and liability to minimise the risk of complaints. In line with research on medical practice violations, participants conveyed a sense of injustice, despite not having violated any ethical codes, and felt they were treated unfairly during the investigation process (Verhoef et al., 2015). This perception of injustice affected their self-concept, impacted self-esteem, disrupted professional identity, altered perceptions of their role, diminishing feelings of autonomy, influencing social identity, and shifting their motivation.

9.4.2 Unconditional Negative Regard and the Investigation Process

The capacity to provide unconditional positive regard has its limitations and is not without strain (Wilkins, 2000). The findings reveal one of those limits is being a recipient of a frivolous complaint. Emotional responses were notably affected, with participants describing the process as challenging, stressful, and overwhelming, correlating with the findings of studies on ethical violations (Gómez-Durán et al., 2018; Gibson et al., 2022; Patel et al., 2017; Verhoef et al., 2015). The findings emphasise the importance of conducting thorough impartial investigations, showing respect for members' professional experiences, and avoiding premature conclusions, in order to foster an environment where individuals feel valued. Participants felt that the criteria for validating complaints were insufficient, with some investigations dismissed as frivolous by one accrediting body at the outset, despite being considered valid by another. While complaint management is recognised as important, the study highlights a gap in comprehensive guidance and effective strategies within the literature for addressing unsubstantiated complaints (Morris et al., 2017).

Inconsistent communication is a key issue in poor communication (Schaad, 2019). The study observed a gap in responsiveness to communication seeking support and guidance for supervisors during the complaint process. In line with previous research on complaints processing, high dissatisfaction was reported due to delays (Peterson, 2001; Williams, 2001). Silence from accrediting bodies after interviews or responses appeared to heighten participants' isolation and stress. Similar feelings of abandonment and neglect associated with a lack of communication was described by Bourne et al. (2017); Jain and Ogden (1999) as not meeting expectations and leading to considerable psychological distress (Bradfield et al., 2023). Echoing previous research on ethical violation investigations, participants in the present study felt disheartened, believing the committees did not fully acknowledge the stress they were experiencing (Bradfield et al., 2023; Bourne et al., 2017;

Brooks et al., 2014). They expressed a desire for complaint committee communication to be supportive, fair, and focused on guidance and improvement, rather than being punitive. This aligns with qualitative research on ethical violations by Schoenfeld et al. (2001); Thomas (2005) suggesting a review and modification of complaint processes are needed.

David shared that his supervisee felt anxious, uncertain, and disheartened, due to the tone and perceived inconsistencies in committee communications. The challenges in communication, including misunderstandings, errors, and administrative difficulties, played a role in David's membership suspension. Despite efforts to reach the complaints committee, David could not make contact which increased his stress and worry over the suspension's potential impact. These processes suggest secondary harm (Freckelton, 2007b).

Understanding the complexities of complaints is essential for committee members (McGivern et al., 2012). The findings emphasise the need for raising standards, additional training, and committee appointments being made with the necessary qualifications to improve outcomes. Many participants expressed concern that committees might misinterpret the complexities of their practice and clients. David echoes Williams (2000) suggestion that training committee members in psychopathology, or considering it as part of the evidence, could contribute to a fairer approach in investigations. Participants perceived the process as overly inquisitorial or assuming guilt, in line with assertions made by McGivern et al. (2012).

Consistent with prior studies, a key source of distress significantly impacting the accused was the protracted investigation process which exacerbated emotional strain (Im et al., 2024; Kirkcaldy, 2022; Bourne et al., 2017; Bradfield et al., 2023; Verhoef et al., 2015). Case complexity doesn't always justify a lengthy adjudication, often perceived as mismanaged and subject to unsatisfactory timeframes (Gunther, 2014). David echoes Gunther's assertion and noted that prolonged

anticipatory distress is unnecessary. Aligning with previous literature on complaint adjudication processes a perceived lack of empathy with uncertainty of resolution timelines led to anxiety around potential livelihood loss (Sachs & Sinason, 2023; Kirkcaldy, 2020; Woody, 2009; Thomas, 2005; Williams, 2000).

Participants vividly recalled specific details of the event including location, activity, and emotions, resembling 'flashbulb' memories. These memories defined by Brown and Kulik (1977) as highly vivid, detailed memories of significant emotionally charged events recalled with clarity and accuracy, as if the individual were experiencing them again. Flashbulb memories are typically associated with unexpected, consequential, emotionally arousing events having personal significance to the individual (Brown & Kulik, 1977). The emotional intensity of receiving the frivolous complaint and the subsequent investigation contributed to the strength and durability of the memory. Even though complaints can be and are made, Paterick et al. (2017) asserts that in general most therapists are ill equipped to deal with the distressing psychological trauma they experience as found in this study. These feelings along with frustration and a feeling of entrapment are common features of chronic stress. Chronic stress, associated with prolonged processes, can impair cognitive functions (Judd et al., 2020; Luine et al., 1994; Ghiglieri et al., 1997; Bowman et al., 2002; Ortiz et al., 2015), increase anxiety (Chiba et al., 2012; Eiland & McEwen, 2012), often persisting for weeks post stress period (Vyas et al., 2004), potentially leading to PTSD (Judd et al., 2020).

The findings revealed although less severe, supervisors of accused supervisees also face stress and emotional strain when supporting them through a complaint. David experienced emotional strain, disrupting work-life balance and personal relationships. Witnessing the distress of supervisees led to feelings of shock, frustration, and helplessness, highlighting concerns about potential systemic challenges and a perceived lack of empathy. David's feelings of frustration and resignation suggest there may be areas where accrediting organisations could improve in supporting their members.

This corresponds with previous research which suggests that solutions are deemed necessary particularly in offering the practical assistance needed to navigate the complaints process effectively (Howarth & Hallinan, 2016).

9.4.3 Organisational Culture/Transformational Leadership

The accrediting organisation was perceived by some as prioritising clients and public image over the needs of its members. This led some participants to question the value and necessity of professional membership, particularly whether it provided benefits beyond demonstrating expertise or meeting employer requirements. Williams (2000) and Schoenfeld et al. (2001) propose that when a client submits a complaint against a practitioner, the power dynamic shifts. The findings highlighted concerns about unequal power dynamics which some participants experienced as disempowering, reflecting the potentially impersonal nature of complaint processes. This aligns with Held's (1993) perspective that power can both empower and disempower individuals (Allen, 2011). Addressing these underlying power imbalances particularly in the context of complaints may provide an opportunity to challenge perceptions of organisational culture and ensure that core relational values are upheld (Fiske, 1993).

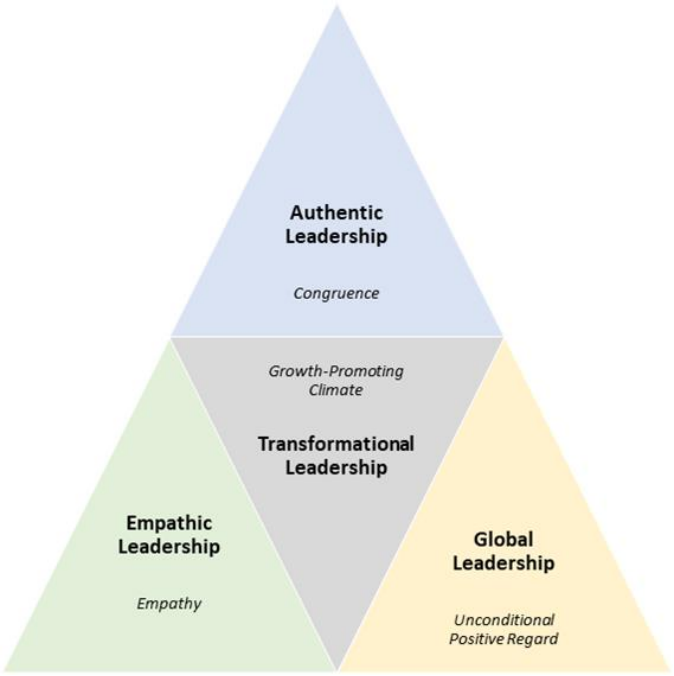
Transformational leadership prioritises individual trust over organisational branding, aligning with Rogerian (1959) principles to foster personal growth and authentic workplace connections. The findings revealed that organisational transformation is necessary to encourage commitment, compassion, and loyalty among members. This could inspire fundamental change and create a cohesive caring culture where all members collaborate, influence, motivate, and take responsibility for outcomes (Korejan & Shahbazi, 2016). Ogbonna and Harris (2000) found that organisational culture mediates the relationship between leadership and performance. In accrediting organisations,

supportive and participative leadership could shape culture, indirectly boosting member engagement.

In this context psychotherapy accrediting bodies should consider adopting a model of transformational leadership that not only drives organisational effectiveness but also fosters relational and ethical integrity. The model proposed by Xenikou and Simosi (2006), which links transformational leadership with positive organisational culture and performance, can be meaningfully adapted through the lens of Carl Rogers' (1959) core conditions for personal growth. Specifically, their emphasis on authentic leadership resonates with Rogers' notion of congruence, highlighting the importance of transparency and genuineness in authentic leadership. Similarly, their advocacy for empathetic leadership reflects Rogers' principle of empathic understanding, where leaders must seek to understand the experiences and perspectives of those they serve (1959). Furthermore, their concept of global leadership, which emphasises inclusivity and humanistic cultural values, aligns closely with Rogers' idea of unconditional positive regard, fostering an environment where individuals feel valued and respected without judgment. Integrating these Rogerian principles within the transformational leadership framework offers a compelling pathway for accrediting bodies in psychotherapy to build trust, drive cultural change, and enhance both organisational and public outcomes. Such an approach may also help mitigate the psychological and professional harm experienced by psychotherapists who have been received frivolous allegations, by promoting fairness, emotional support, and a culture of restorative justice. A leadership style grounded in empathy and authenticity ensures that individuals are treated with dignity, even while undergoing investigative or disciplinary processes. Figure 9.1 depicts a model of transformational leadership utilising the principles of Rogers (1959) core conditions.

Figure 9.1

Depiction of a Model of Transformational Leadership Utilising the Principles of Rogers (1959) Core Conditions.



Adapted from: Xenikou and Simosi (2006).

Yesil and Kaya (2013) argue that a strong organisational culture promotes consistency, order, interconnectedness, and alignment with organisational goals. Cooke and Szumal (2000) show that successful organisations encourage norms of achievement, self-actualisation, participation, cooperation, and positive interpersonal relationships. The findings depict an organisation facing challenges related to transparency, clarity of values, and communication. They highlight the absence of standardised procedures for handling complaints and misconduct leads to inconsistencies, with some accrediting bodies dismissing cases while others investigate. Gunther (2016) contends that these procedures often mimic legal processes, using formal legalistic language whilst operating in

adversarial settings. Participants felt that such structures gave accrediting bodies considerable influence over their careers, which at times left them feeling disempowered.

9.4.4 The illusion of Neutrality

Accrediting bodies like British Association for Counselling and Psychotherapy (BACP), Irish Association for Counselling and Psychotherapy (IACP), and United Kingdom Council for Psychotherapy (UKCP) play a crucial role in maintaining the professionalism and ethical norms within the field of psychotherapy They ensure the safety of the public from unethical behaviours (Van Horne, 2004; Cox, 2017a), highlighting their pivotal gatekeeping function (Bricklin et al., 2003). They also hold a dual role in that they handle complaints from the public, the outcomes of which could impact a therapist's accreditation (Allan, 2016).

These organisations present themselves as neutral on complaints, implying they neither support nor inform members or complainants. However, while asserting neutrality they also take on the responsibility for pursuing the complaint and funding the investigation. Participants did not acknowledge this assumed understanding of neutrality. The Oxford English Dictionary provides multiple definitions of neutrality. The most pertinent is "the state or condition of not taking sides; the absence of firm views, feelings, or expressions; indifference; impartiality; dispassionateness" (Oxford University Press, 2024). Neutrality in object relations theory means the therapist remains an observer without taking sides in the client's conflicts, including urges, prohibitions, and reality constraints (Summers, 2024). This stance encourages the client to also observe, reflect on, and ultimately resolve their issues (Weiss, 1988). Both Summers (2024) and Weiss's (1988) hypothesis could also apply to the perceived neutrality of the accrediting body.

According to Latour and Woolgar's (1986) theory, the formation of facts is always subject to social influences, indicating that humans are inherently biased. Therefore, it could be understood that absolute neutrality in general is impossible (Johnson, 2016). Foucault (1977) argues that neutrality is impossible because power relations shape knowledge and serve vested interests. He contends that power and knowledge are intertwined, making it impossible to separate knowledge from the interests behind it. This theory is particularly relevant to accrediting bodies, emphasising that knowledge including beliefs about complaints such as 'there is no smoke without fire,' can be shaped by individual perspectives.

9.4.5 Containing the Containers

Relational support, recognised as a key aspect of care (Held, 1993), plays a crucial role in well-being and resilience helping individuals manage anxiety related to personal values and maintain a functional sense of self (May, 1972; 1950). It also supports the quality and stability of relationships through trust and communication. Additional benefits include a better understanding of challenges, increased confidence and motivation, improved work-life balance, and lower burnout rates (Iding et al., 2023). The findings indicated that participants were unable to seek relational support due to restrictions on confidentiality outside the supervisory relationship, often leading to feelings of isolation. This prohibition along with limited access to social and emotional resources, created challenges for the participants, particularly those who rely on these connections for their well-being.

The absence of a social support system was also a key factor in perceiving the experience as traumatic. Social support, buffers against stress and its effects on physical and mental health (Cohen & McKay, 2020; Bourne et al., 2017; Caplan, 1974; Cassel, 1976; Cobb, 1976; Heller, 1979; Henderson, 1977; Kaplan et al., 1977). Dedicated support systems lead to better health outcomes,

reducing isolation, improving well-being, and coping abilities (Paterick et al., 2017; Baker & Kim, 2020; Tedeschi & Calhoun, 2004).

Conversely, insufficient support increases distress and adaptation difficulties (Ullman & Peter-Hagene, 2014). David advocated for accrediting bodies to establish a resource to link complaint recipients with other therapists undergoing similar circumstances. The goal of this resource is to empower therapists providing them with practical tools to navigate the situation, while fostering a supportive community to reduce the personal and professional impact of frivolous complaints. While the nature of the support may differ depending on the situation, ensuring that those facing complaints have access to a resource that promotes growth, accountability, and emotional support would be beneficial. Support systems encourage learning from all experiences, while also ensuring that no one avoids responsibility for legitimate complaints (Sauvage, 2020).

Seys et al. (2013) highlight the critical need for support during adverse events. Participants primarily worked in private practice without colleagues to debrief risking isolation due to lack of emotional support. Emotional support, defined as communicative actions helping others cope with distress (Burleson, 2008). It helps clarify problems, enhance self-awareness, foster courage, motivates growth and provides companionship during failure (Taylor, 2011). In line with findings by Rogers (2013) in relation to the absence of support, many participants felt that accrediting bodies did not provide the level of support and guidance they had anticipated. This absence played a significant role in the decision for some participants to resign from one accrediting organisation and join another. This study found that participants perceived accrediting bodies as lacking responsiveness to their situation and showing limited compassion. This contributed to feelings of betrayal, isolation, and loneliness, in line with earlier research on the perception of support and the processes involved in complaints investigations (Bourne et al., 2016). The participant's narratives strongly resonated with betrayal trauma theory, indicating that betrayal by a trusted other influences how negative

events are processed and remembered (Freyd, 2008). Many described the complaints process as one of their most stressful life experiences.

Some participants found connecting with other therapists facing similar challenges to be especially beneficial. Others turned to family and friends for support; a practice prohibited by accrediting bodies to safeguard confidentiality. The findings revealed the need to modify complaints processes to support therapists under investigation echoing Hanganu and Loan (2022) in relation to medical violations. Accessible and sustained supportive networks based on Rogers (1959) 'person-centred model of care' (PCMoC) to help psychotherapists adapt during and after the complaints process could prove beneficial. Given the various interpretations of person-centred care models, a 'Model of Care' broadly refers to framework for delivering services and best practices to support individuals through various stages of an event (Arnold, 2019).

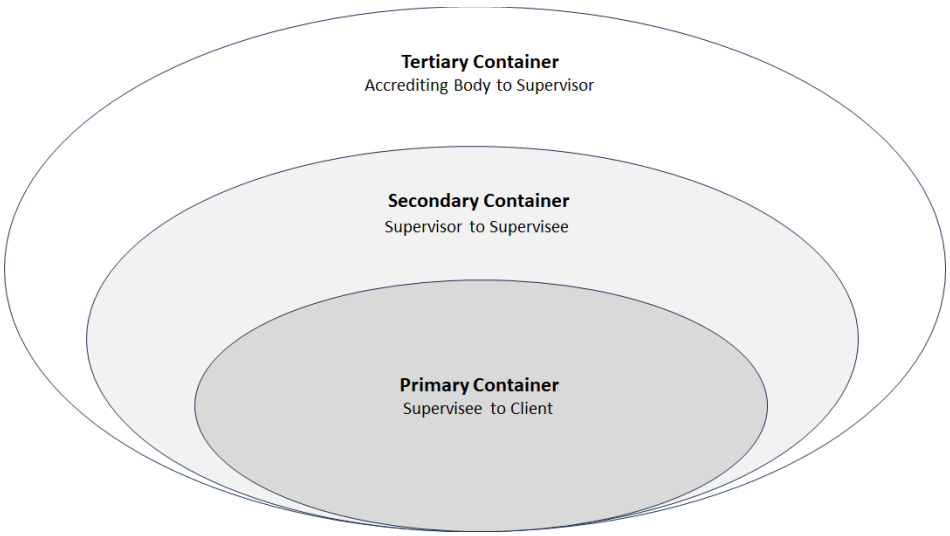
9.4.6 A Three-tier Model of Containment

The findings suggest that access to support is essential for empowering supervisors to help supervisees effectively manage complaints, highlighting a need for a model of containment that incorporates care and support from the accrediting body for both supervisors and therapists. The findings imply that David prioritised his supervisee's needs over his own despite the absence of guidance during the complaint investigation. Research by Bos et al. (2009) highlighted the importance of supervisors receiving support from clinical managers. In agreement with the psychotherapist phase of this study, David described the complaints process as isolating and challenging, leaving him with unmet expectations, feeling vulnerable and unsupported by his professional body. This experience highlighted a broken psychological contract, where mutual expectations in a relationship helping to clarify and address misunderstandings were not fulfilled (Anderson & Schalk, 1998; Guzzo & Noonan, 1994; Rousseau & Greller, 1994). David described the

need to have a safe, supportive system where he was listened to and guided through the expected complaint response similar to the 'containment' he offers his supervisees. Bion's (1962) concept of a two-tier model of 'secondary containment' (supervisor to supervisee) and Winnicott's (1960) 'holding environment' if expanded to a three-tier model as a 'tertiary container' (accrediting body to supervisor) may have proven beneficial to David during this time. The accrediting body can maintain neutrality while supporting supervisors and psychotherapists by offering them independent support options such as short-term counselling and access to a freephone careline. In addition, non-directive educational guidance and practical support that strengthens ethical supervision practices and safeguards clients, without interfering in individual regulatory judgments could be offered. Equivalent support services and mechanisms could be provided by a separate independent organisation for complainants. Figure 9.2 below depicts proposed three-tier; primary, secondary, and tertiary model of containment.

Figure 9.2

Proposed Three-tier; Primary, Secondary, and Tertiary Model of Containment.



9.5 Relationship to Client

The next sub-section ‘Relationship to client’ highlights how a frivolous complaint disrupts the therapist’s relationship with the client involved, creating a lasting sense of mistrust that can extend to future client interactions. It also highlights a shift in power dynamics, where the therapist’s professional confidence is undermined, leaving them feeling vulnerable and exposed in the clinical relationship.

9.5.1 The Therapeutic Alliance

The link between establishing a therapeutic alliance and effective therapy (Rogers, 1959) was highlighted in this study. In Carl Rogers’ (1959) person-centred therapy, the therapeutic alliance is crucial for nurturing relationships and achieving optimal outcomes (Bordin, 1979; Muran, 2022). However, these conditions have been redefined as necessary but not sufficient (Crisp, 2024; Cooper & Norcross, 2021; McLeod & Cooper, 2019). Research indicates that building an alliance early in treatment is crucial (Culina et al., 2023; Bender, 2005). Several participants revealed it was impossible to establish an alliance resulting in the complaint being lodged after the first session.

Relational depth theory coined by Mearns (1996) is a concept traditionally associated with the humanistic theoretical framework. It embodies the therapist's empathetic understanding, genuine connection, and unconditional acceptance, creating a safe environment for clients to explore their inner experiences (Mearns & Cooper, 2005). Through empathic attunement (Knox at al., 2020) the therapist aims to deeply comprehend the client's reality, fostering self-awareness and actualisation. Without relational depth, the therapeutic rapport may remain superficial, leaving clients feeling unacknowledged or misunderstood, potentially leading to dissatisfaction (Mearns & Cooper, 2005). From a complaint perspective Rogers (1959) concept of the therapeutic alliance and Mearns and

Cooper (2005) emphasis on relational depth overlooks the nuanced variety of client characteristics as a barrier to optimal therapeutic engagement.

While relational depth theory values clients' emotions and subjective reality, person-centred approaches may lack structure and guidance for those with interpersonal difficulties. Clients presenting with distress or distorted perceptions of self and others can face unique challenges in building and maintaining relational depth (Leahy, 2008; Katzow & Safran, 2007). Therefore, it could be understood that while the therapeutic alliance forms the foundation of the therapeutic relationship, relational depth represents a higher level of connection and engagement within that alliance. Indeed, Mearns and Cooper suggest that relational depth is better understood as a continuum phenomenon similar to hunger rather than a clear-cut phenomenon like being pregnant (Cooper & Mearns, 2017).

Both approaches acknowledge that difficulty forming relationships can affect psychological distress, the therapeutic process, and relationship quality (Leahy, 2008; Katzow & Safran, 2007). Therapists' responsiveness is crucial, requiring instinctive adaptation of interactions and interventions to each client's unique needs (Stiles, 2009). Some supporters of Rogers (1957) now believe that adopting a diagnostic approach can offer a preliminary grasp of the client's psychology, aiding them in attaining self-acceptance (McWilliams, 2011). This method integrates an understanding of psychological disorders emphasising the therapeutic bond and the unique experiences of the client (McWilliams, 2011).

9.5.2 Power Dynamics

The findings suggest that it is impossible to prepare psychotherapists for receiving a frivolous complaint. This brings a sense of frustration and helplessness in the face of unforeseen consequences, even when participants followed all correct procedures and guidelines. Williams (2000) argument reminds us that supervisors must be prepared for their supervisees to face allegations motivated by factors other than a legitimate quest for justice. David's experience of supporting his supervisee through the process reflects an awareness of the inherent challenges and uncertainties of complaints.

Despite prevailing literature on power and dynamics within the therapeutic relationship, clients who lodge frivolous complaints hold a certain influence over therapists, while therapists do not have an equivalent level of power (Schoenfeld et al., 2001; Williams, 2000). Gunther (2017) asserts that the processes triggered by complaints can reflect underlying power imbalances. These dynamics are important in understanding the impact of complaints and the subsequent processes on the professionals being complained against. Williams (2000) cautioned about potential fabrication and distortion of claims by clients, citing factors like revenge, malingering, specific psychopathologies, fraud, 'recovered memories,' and the desire to avoid unwanted treatments. The findings of the current study revealed that clients abused their power and used the complaints process to impact the therapist's reputation or income as a form of retaliation to seek retribution. Official complaints may also serve to gauge the potential success of civil legal actions (Oosthuizen & Carstens, 2015). Indeed, one participant in the current study was subjected to a complaint investigation in retaliation for a civil action against a neighbour even though they had never been a client. All participants believed they could justify their actions ethically or practically. They believed the client's strategic

use of power dynamics shifted focus from genuine therapeutic reasons raising concerns about the integrity of the complaint process.

The frequency and motivations behind frivolous claims remain unclear, as does the optimal response system. Celenza (2011) advocated for a compassionate and informed approach to the accused. Hedges (1999b) feared accrediting bodies may display an unintended bias against practitioners and prioritise complainants who are experiencing instability, potentially misinterpreting therapists' work. David held that if complaints committees fail to acknowledge the impact of client dysfunction, they will inadvertently find in favour the complainant and render unfair judgments against his supervisee. Williams (2000) observed that in parental alienation cases, angry parents may file complaints if therapists fail to support their bid for exclusive custody - a finding also revealed in the current study. This highlights the importance of the supervisors understanding that complaints are not always a result of actual negligence or malpractice but may instead stem from the client's distress or anger.

9.6 The Supervisory Dyadic Relationship

This sub-section spotlights the ripple effect of a frivolous complaint on the supervisory dyadic relationship, revealing how the emotional and professional strain places additional pressure on a relationship already stretched by the demands of clinical practice. It highlights a parallel process that mirrors the disrupted therapist-client dynamic- where roles are destabilised, and emotional burdens are shared but unevenly held.

9.6.1 The Ripple Effect of Person-centred Supervision.

The way a supervisor conducts supervision significantly affects a supervisee's performance (Bright & Evans, 2019). A positive supervisory relationship enhances effective interventions and the growth of

both parties and their clients, especially in person-centred psychotherapy (Rogers, 1951; Watkins, 2017; Kilminster & Jolly, 2000; Ladany et al., 2013; Holloway, 1995). Rooted in psychoanalysis, the 'parallel process' is described as a reflection, where dynamics in the supervisory dyad often mirrors the therapeutic relationship (Searles, 1955). Parallel process and supervisory alliance are considered the primary factors that shape the supervisory relationship (Watkins, 2015a). Supervision is one avenue by which trainees can develop awareness of parallel process and learn how to manage it (Hayes et al., 2023). The findings concur with Searles (1955) as David mirrored the same feelings and frustrations as his supervisee due to inadequate skills and training around complaints management.

According to Bell et al. (2010) complaints can disrupt the supervisory relationship. In line with Carmichael (2010); Forshaw et al. (2019); Scott et al. (2009), the findings of the present study indicate that David felt protective of his supervisee assuming responsibility for efficient processes and procedures. He also recognised the importance of maintaining supervisory boundaries to avoid crossing the line into unethical personal therapy as proposed by Theriault and Gazzola (2018). Doehrman (1976) argued that supervisors must recognise how therapists present client issues, as unresolved parallel processes can harm both supervisory and therapeutic relationships. Research also shows supervisees often withhold information from supervisors (Mehr et al., 2010; Hess et al., 2008; Ladany et al., 1996). Literature suggests supervisors' reactions are shaped by investigation outcomes and perceived responsibility reflecting how they managed the supervisee regarding the complainant (Engel et al., 2006; Levinson & Dunn, 1989).

Supervision serves as a crucial supportive space and mechanism. When a complaint is received, recipients may turn to their supervisor to function as a 'container' to hold and ease their anxieties, emotions, and feelings (Hogben, 2023). The findings highlight David sought the same 'containment' of a supportive mechanism for psychological safety from his accrediting body. Psychological safety encourages seeking help in demanding situations (Edmondson et al., 2016). The findings suggest that

access to psychological safety from David's accrediting organisation was not available. The findings also suggest the lack of organisational support contributed to feelings of frustration, powerlessness, and moral distress, highlighting a tension between ethical obligations to his supervisee and perceived limitations within the system. This lack may have made it more challenging for David to create a safe and supportive holding environment for the supervisee, had he not demonstrated resilience.

9.6.2 Shortcomings in Supervisor Complaints Management Training

Clinical supervisors need to undergo training to receive accreditation in supervision (Borders et al., 2014; Grant et al., 2012; Hawkins & Shohet, 2012), possess practical expertise in counselling and psychotherapy (Bernard & Goodyear, 2019), exhibit empathy (Marcela, 2012), and demonstrate emotional maturity and confidence in their position (Ellis, 2010). David is expected to participate in continuing professional development (CPD) and supervision (Watkins, 2018) and while necessary the findings suggest that these requirements are not sufficient. CPD training transpires throughout the supervisor's career (Watkins, 2018). However, the study spotlights the assumptions that all clinical supervisors possess the skills to address any supervisee-related concerns. It also highlights training specifically related to matters associated with complaint management, risk minimisation and the supervisor's involvement in the role of complaints are currently not adequately addressed. It became clear in the findings that training institutions and accrediting bodies had overlooked such a crucial component of supervisor training.

9.7 Ruptures

The discussion on 'Ruptures' focuses on the breakdown in the therapist-client relationship that can lead to complaints, highlighting the limits of maintaining a non-judgemental stance in challenging interactions. It also explores the underlying motivations that may drive clients to complain, revealing

how unmet expectations, client dysfunction, or miscommunication can escalate into formal grievances. The discussion draws attention to the use of positivist language - such as referring to psychological distress as "dysfunction." Further, it spotlights that complaints may stem from third parties and non-clients rendering it impossible for the therapist to be immune to receiving a frivolous complaint.

9.7.1 When the Therapeutic Alliance isn't Good Enough

Ruptures are defined as a breakdown in the client/therapist collaborative process, treatment goals, or strain on the emotional bond are common in various treatment stages (Safran & Kraus, 2014; Eubanks, 2018). As corroborated in this study some ruptures involved a breakdown or failure to establish collaboration from the outset (Gelso, 2014; Safran et al., 2009). Ideally, ruptures would be followed by therapeutic repair between the client and therapist (Bordin, 1979; Safran et al., 2011). The rupture-repair process is considered a two-way, interactive experience (Safran et al., 1990). Bordin (1979) suggests that addressing and repairing ruptures in the therapeutic alliance can strengthen the relationship and provide therapeutic benefits. He believes that ruptures are unavoidable in therapy and that without them, therapy cannot be effective. However, none of the participants in this study were afforded the opportunity to repair the tear.

Client complaints offer valuable insights into individual's expectations revealing issues of high importance that may not be otherwise captured (Montini et al., 2008; Van Mook et al., 2012; Reader et al., 2014; Gillespie & Reader 2016). Complaints often highlight concerns about care, professionalism, and are increasingly seen as a key resource for improving mental healthcare quality (Van Mook et al., 2012; Mattarozzi et al., 2017; Behrens, 2018). However, the link between complaints and care quality is complex. Not all adverse events or dissatisfaction result in complaints,

and accusations can arise even when care is exemplary (Williams, 2000; Hedges, 2002; Peterson, 2001; Gutheil & Gabbard, 1998; Gutheil, 1989).

Some participants felt blindsided by a complaint believing they had a strong bond with the client. This situation challenges the idea that ruptures are always essential in therapy (Lambert & Barley, 2001). If a client disengages without expressing concerns, the therapist cannot repair the rupture, losing potential benefits of working through it (Safran et al., 2011; Safran & Muran, 2000). This suggests that preventing ruptures through proactive communication and a stable alliance may sometimes be more effective than relying on ruptures to enhance therapy (Safran & Muran, 2000). It underscores the need for a safe environment where clients can express concerns openly, rather than allowing them to fester into unresolved complaints (Horvath & Bedi, 2002). Thus, from Horvath and Bedi (2002) and Safran and Muran (2000) perspective on rupture-repair 'a stitch in time saves nine.' However, this perspective may overlook ruptures due to the client's subjective experience or misinterpretation, which might not be reparable (Williams, 2000). Addressing these challenges is crucial for research on client complaints.

9.7.2 Frivolous Complaints and the Limits of Unconditional Positive Regard

Unconditional Positive Regard central to person-centred therapy, emphasises accepting clients without judgment (Rogers, 1959). However, when faced with frivolous complaints, therapists must navigate the delicate balance between maintaining this acceptance and addressing the potential misuse of the therapeutic space. The findings suggest that offering unconditional positive regard to clients is relatively straightforward when they are genuine and cooperative. Maintaining this stance becomes significantly more challenging when faced with a frivolous complaint. Such complaints can

severely test the boundaries of trust and professional integrity, making it difficult to sustain a nonjudgmental and empathetic approach towards the client.

The study highlights how the emotional strain of defending oneself against unjust accusations can undermine the therapist's ability to maintain the same level of care and respect towards a client, especially when that client is actively challenging their professional credibility. The findings suggest, clients may exert coercive influence through intimidation, harassment, or frivolous allegations. As such, true unconditional positive regard may be difficult to maintain consistently because humans are inherently biased, influenced by emotions, experiences, and perceptions. While one may strive for nonjudgmental acceptance, biases can make it challenging to fully separate a person's actions from their intrinsic worth.

When complaints are filed, the process usually involves evaluating if the practitioner caused harm and consider any distortion in the client's perspective (Williams, 2000; Gunther, 2016). Clients can file complaints not based on actual misconduct but on perceived disconnects (Keith-Spiegel & Koocher, 1995; Williams, 2000; Gunther, 2016). Clients can also reward or punish on a relational level through approval or expressions of dissatisfaction (Gunther, 2016). Further, reward power can manifest through 'hiring' or 'firing' the therapist (French & Raven, 1959). From his experience as an expert witness for therapists Hedges (1999a) identifies a widely misunderstood concept he terms 'terrifying transference' (p.2) wrongly used as a basis for complaints, especially from clients he describes as 'borderline,' 'rageful,' or 'disturbed.' Williams (2000) calls this 'Victimised by Victims.' The findings highlight that some clients misused complaints to falsely accuse, retaliate, or control therapists for perceived slights or disagreements resulting in the therapist feeling threatened and vulnerable. Schoener et al. (1989) highlights a research gap in understanding the power dynamics and motives behind such complaints.

9.7.3 The Humanistic Concept of 'Dysfunction'

Humanistic therapy's oversight of power dynamics in the therapeutic relationship is entwined with its rejection of the concept of 'dysfunction' (Jacobs & Cohen, 2010). Dysfunction occurs when individuals experience a disconnection from their emotional and ethical principles (Watson & Greenberg, 1998). This line of thinking allows for the identification of psychological illness based on a divergence from societal or cultural norms and expectations (Jacobs & Cohen, 2010). While the philosophical foundations of a purely person-centred approach may be valid, there is an awareness of modern scientific (medical model) approaches through the use of media, which will also influence clients attending for therapy (Soth, 2007). Therapists trained in person-centred counselling, may not have the capacity to work with clients presenting with such psychological illness and may risk practising outside their scope of training. If therapists want to avoid professional complaints, Redding and Herbert (2011) suggest that clients should be informed about alternative approaches.

Although Rogers acknowledged psychopathology and used positivist language of psychological illness (Rogers, 1959), he diverged from mainstream psychiatry and psychotherapy by deeming therapist's understanding of psychopathology is less crucial for successful therapy (Crisp, 2024; Frances, 2023; McWilliams, 2011; Lazarus, 2007; Silberschatz, 2007). The Rogerian approach fails to address the needs of clients with personality disorders, severe mood disorders, or psychosis, whom research suggests requires more structured interventions and symptom management or specialised treatment (Linehan, 2020; McWilliams, 2011). Cooper (2004, p.1) asserts that within the person-centred field several therapists have attempted to understand severe psychological distress from a humanistic perspective. Presently no therapeutic model of psychopathology from a person-centred perspective beyond utilising the core conditions has emerged. Hipólito et al. (2022) argues that regardless of the psychopathological diagnosis, therapists will have to cope with two therapeutic

frameworks: the biomedical model and the person-centred model and in all cases, it is important to maintain congruence in the therapeutic approach.

9.7.4 'Dysfunction' as a Motivation for Complaints

Client motivations for raising complaints in psychotherapy are often overlooked in research, (Williams, 2000). A pivotal article by Williams (2000) identified key psychological dysfunctions that might trigger complaints including Cluster B disorders like borderline personality disorder (BPD), schizophrenia, paranoia, and various forms of dementia. Similarly, Bond (2015) notes that certain client behaviours can also lead to complaints. Several participants cited borderline personality disorder (BPD) as the reason behind the complaint, noting that clients with BPD often struggle with interpersonal relationships, impulse control, emotional instability, intense relationships and exhibit erratic and dramatic behaviours (DSM-5, 2013). Several participants voiced that clients diagnosed with a personality disorder, lodged the complaint due to misunderstandings, misinterpretations and heightened emotional responses. Participants also noted that personality disorders, notably BPD, significantly challenged the formation and maintenance of a strong therapeutic relationship, making it impossible to achieve relational depth supported by research by Culina et al. (2023); Bender, (2005). May (1958) believed in the 'daimon system', which represents primal drives and instincts including anger, sex, and power within individuals, emphasising their potential to either enhance authentic living or contribute to psychopathology depending on how they are integrated and managed. Therefore, it would be beneficial for those involved in complaints investigations to consider that the client's unmanaged primal drives could lead to miscommunication or misunderstanding of the therapist's intentions or methods. These highlight safeguarding challenges therapists face from clients with a personality disorder diagnosis who are driven by various emotional and practical motives to make accusations without facing any consequences (Williams, 2000).

Client's personal schemas can also significantly influence the motivation for a complaint (Leahy, 2008) such as a therapist taking a holiday potentially triggering a client's abandonment fears. The concept of personal schemas was corroborated in this study as one participant took time out while managing grief, only to become a victim of 'catfishing' by her client. The findings suggested that the complainant's challenging behaviour may have exacerbated the situation, resulting in more negative consequences for the participant.

Several participants identified that the complainant lodged complaints with several organisations. Complaints stemming from unreasonable behaviour often point to 'querulent paranoia,' characterised by intense, emotional grievances that lack coherence or clear objectives (Morris et al., 2017; Lester, 2017). Legally, a 'querulent' is someone who persistently feels wronged and frequently initiates baseless legal actions over trivial matters (Levy, 2015; Mullen & Lester, 2006; Lester, 2017). The link between personality disorders as defined in the DSM-5 (2013) and psychiatrists use of BPD to describe querulent conduct behaviours has been highlighted by Morissette (2019).

In the current study the perceptions of the participants in terms of the reason for the frivolous complaint fall into three categories. Misuse of the complaints process included complaints submitted by individuals who were not clients because of - a breakdown in a personal relationship, a civil dispute and jealousy on the part of a client's spouse. A second category related to miscommunication or misunderstanding of the therapists' dialogue/client dysfunction and because of the therapist taking leave. The final category related to unmet expectations on the part of the client with complaints being triggered by language or facts expressed by the therapist which were not in line with what the client wanted or expected to hear. The saying 'you are one borderline away from losing your license' underscores that frivolous complaints often stem from challenging interpersonal relationships rather than practitioner errors (Zur, 2008).

David noted that predicting which clients will file complaints is difficult due to the complex needs of individuals frequently encountered by supervisees. Paradoxically, therapy may inadvertently promote a victim narrative, leading to hidden aggression expressed through complaints (Dineen, 1996; Gunther, 2014). Given the prevalence of clients presenting with personality disorders in clinical settings (Levy & Ellison, 2022; Welch, 2001; Williams, 2000; Gutheil, 1989), David stressed the need for accrediting bodies to recognise that not all complaints are genuine. Clinical supervisors play a pivotal role in recognising and understanding these client characteristics and behaviours, yet there appears a gap in training for complaints panel members in relation to 'dysfunction.' This knowledge deficit is particularly concerning. Complaints committee members lacking professional expertise in psychotherapy may potentially result in misinterpretations or misjudgements, resulting in false complaints being upheld (Hedges, 2002; Williams, 2000).

Determining the exact ratio of frivolous accusations is challenging. David believes that in working with vulnerable clients experiencing disassociation and distorted realities, complaints are an inevitable part of the process. There appears to be an overrepresentation of complainants classified under BPD (Gutheil & Gabbard, 1998; Raffle, 2013). Indeed Williams (2000) asserts that individuals with borderline traits may use complaints processes to act out their 'good and bad' internalised parental representations (p.1). As such accrediting bodies should be cautious of complaints processes being manipulated as part of a recognisable pattern in this disorder (Goisman & Gutheil, 1992; Zur, 2017; Gutheil, 1989). Given these concerns, David suggests it might be necessary to reassess the adversarial structure employed in complaints processes and carefully deliberate on other options.

9.7.5 Non-clients and Third-party Complaints

A notable revelation emerged in the findings, wherein several participants received complaints from non-clients, highlighting the importance of accrediting bodies investigating the background preceding a complaint. While client feedback is often the focus of attention, the findings highlight the importance of recognising third-party complaints underscores the wider impact of frivolous claims on a psychotherapist's reputation and practice. Participants in the current study reported deliberate abuse of complaint procedures to file complaints with malicious intent constituting a form of mistreatment, harassment and in several cases the need for revenge. In one case the complainant continued their grievance action by appealing the complaint dismissal, intensifying the distress despite the appeal lacking logical grounds.

A further finding echoing previous literature revealed that ethical guidelines can be exploited by disgruntled family members seeking revenge in child custody disputes, by directing their anger at therapists (Bradshaw, 2007; Kandle, 2006; Williams, 2000). Montgomery et al. (1999) found child custody cases to be the second most common source of grievances against psychologists and the third highest cause of malpractice lawsuits. The findings suggest the ease of filing complaints and lack of fees enable such actions.

9.8 Resolution

'Resolution' centres on the significant impact of an unsatisfactory complaint resolution, which often adds insult to injury by prolonging distress and undermining trust in the accrediting organisation's fairness and support. The discussion highlights that the lack of satisfactory resolution may lead therapists to adopt defensive practices or alter their attitudes toward their work in specific areas affecting their professional confidence and reshaping how they approach their professional roles.

9.8.1 Resolution without closure

A dismissed frivolous complaint can cause therapists to adopt overly cautious or defensive measures, potentially hindering authentic client engagement and therapeutic effectiveness. The findings suggest that the complaints process itself causes just as much harm as the complaint, intensifying feelings of injustice among the wrongly accused. This aligns with the findings of Kirkcaldy (2022) study on psychologists who faced allegations against them regardless of the outcome. Even after complaints were dismissed, perceived stigma, stress, and emotional damage persists (Hanganu & Loan, 2022; Kirkcaldy, 2022; Verhoef et al., 2015; Schoenfeld et al., 2001; Welch, 2001; Montgomery et al., 1999). Participants felt isolated and unrecognised for the challenges they were facing. Without acknowledgment or apology, some became overly cautious to avoid future accusations. Positive psychology emphasises the importance of active constructive responding to nurture relationships (Gable et al., 2018; Passmore, 2022; Kirkcaldy, 2022). The findings suggest accrediting bodies could adopt this policy to restore well-being and reduce the impact of negative experiences. Corresponding to previous findings on the impact of malpractice complaints on medical professionals by Hanganu and Loan (2022), some participants felt a sense of relief after being exonerated. Others experienced lingering frustration and distress about the investigation process. They reflected on the uncertainty emphasising the lasting emotional impact while questioning why they were subjected to the ordeal in the first place. Despite the relief some participants felt after exoneration, the experience served as a reminder of the fragility of reputation.

9.8.2 Defensive Practices/Altered Attitudes

Feelings of self-doubt and the negative impact can intensify over time leading to lasting changes in clinical practice (Debono et al., 2020). Even when dismissed, complaints result in defensive rather

than reflective practices (Kearns, 2011). Defensive practices are a common response to the risk of complaints (Hanganu & Loan, 2022; Hook & Devereaux, 2018; Casemore, 2001; Vargas-Blasco et al., 2020; Laarman et al., 2019). Following the frivolous complaint, some participants adopted defensive measures to prevent future issues. One participant stopped using self-disclosure to build the therapeutic alliance, despite literature suggesting appropriately sharing personal information is vital for clients with personality disorders to strengthen the therapeutic relationship (Okamoto et al., 2019). In line with research on defensive medicine several participants avoided clients with characteristics or diagnosis that require complex specific interventions (O'Dowd et al., 2021; Cunningham & Wilson, 2011), referred clients with complex needs or changed their specialty (Laarman et al., 2019; Wallace at al., 2013). While risk management strategies such as defensive practices aim to reduce exposure to complaints, they may not always provide adequate protection (Bennett et al., 1990; Goisman & Gutheil, 1992). Therapists often work within organisations that prioritise risk management over nuanced client-supervisee dynamics. The findings suggest that prioritising client-related risk management may overlook broader structural challenges within accrediting bodies' complaint processes.

Unlike studies by Bourne et al. (2017) and Wallace et al. (2013) noting that psychological stress associated with complaints caused some of their participants to contemplate early retirement or change profession, the thoughts of leaving the profession among participants in this study were fleeting. Contrary to previous research, where complaints led practitioners to enhance communication, explanations, note-taking, and client empathy (Sauvage, 2013; Nash, 2011), no participant in this study acknowledged any learning from the complaint process. It is important to consider that given the frivolous nature of the complaint, it is understandable that participants struggled to reconcile the need to change their practice with their established professional identities.

Unlike to the findings of Kirkcaldy et al. (2022); van Rensburg & Kirkcaldy (2024) the experience of the participants in the current study led to uncertainty and questioning their personal and professional lives. Further, many felt a diminished sense of purpose and struggled with the emotional impact of the process. Instead of feeling motivated to support others, some hesitated to share their experiences even with family or friends, fearing judgment or misunderstanding. Research by Kirkcaldy et al. (2022) and van Rensberg and Kirkcaldy (2024) found that the opportunity for growth and deeper insight can emerge from complaints, fostering a more balanced approach to risk management and client relationships. However, this was not the findings of the present study, where participants demonstrated a heightened focus on risk management, often prioritising caution over deeper client engagement and flexibility in their professional practice.

When faced with frivolous complaints, therapists must balance defending their integrity and managing their reputation. The study identified upholding personal and professional values while addressing frivolous accusations was crucial to safeguarding their reputation and maintaining the trust and respect of peers and clients. Further, being accused involved in a quasi-judicial procedure, and the stress of responding to a complaints panel still remains embedded in the participant's lives a finding supported by medical research (Arimany-Manso et al., 2018; Gómez-Durán et al., 2018; Santoro, 2014; Sanbar, 2007). Participants believed a complaint can follow them throughout their career, influence job opportunities, accreditation renewal, and professional insurance. While frivolous complaints can be difficult to refute (Goisman & Gutheil, 1992; Gutheil & Gabbard, 1998), as this study suggests, far more daunting is escaping the shadow of the stigma they cast.

9.9 Strengths and Limitations of the Study

The study's main strengths lie in its design, which prioritised participant safety and yielded rich, detailed data on the phenomenological experience of receiving a frivolous complaint in a

psychotherapy context. The phenomenological framework was consistently applied in both data collection and analysis. Effective validation strategies included reflexivity involving the researcher reflecting on their biases through journaling and peer review, where the researchers' supervisors reviewed the findings. Additionally, an audit trail ensured transparency, and thick descriptions provided rich detail to support the credibility of the interpretations. These strategies ensured trustworthiness and guaranteed the findings are firmly grounded in participants' experiences. Key quality and rigor indicators were assessed using Nizza et al. (2021) 'four markers of high-quality IPA' and Smith et al. (2022) IPA quality evaluation principles. Nizza et al. (2021) evaluated quality through the lens of; constructing a compelling unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of participant's words; attending to convergence and divergence. The study showed sensitivity to context (Nizza et al., 2022) through close analysis of participants' words, language nuances and the meanings ascribed, tone, relevant literature review, and addressing ethical considerations. Ethical sensitivity was shown by the respectful approach to researching individuals affected by frivolous complaints.

Although an audit process is not a staple in IPA it should allow tracing the researcher's journey from raw data to final themes, ensuring coherence and credibility rather than verifying reliability. Although data analysis is iterative and non-linear with multiple revisits, a detailed record should enable an independent auditor to follow the research path. In this study, all analysis stages were reviewed by supervisors, and all materials are available for inspection. Despite an organised recruitment process, challenges arose due to major accrediting bodies reluctance to promote the study, limiting participant numbers. The small sample size in this phenomenological study (Smith et al., 2022) limits transferability to all frivolous complaints in counselling and psychotherapy. However, small sample studies are valuable if they reveal new insights or challenge existing assumptions. Stephens' (1982) concept of vertical generalisability highlights that findings should deepen understanding, contribute to theory, and generate new hypotheses (Johnson, 1997; Kearney, 2001;

Yardley, 2008). This aligns with IPA's emphasis on theoretical transferability, encouraging re-evaluation of what is known about the phenomenon (Smith et al., 1995; 2009; 2022; Packer, 2011).

A further limitation was the psychotherapist sample, which consisted only of therapists in private practice. The purposive sampling method may have introduced selection bias, possibly leading to a subgroup of therapists with particularly distressing experiences. Additionally, the ethical sensitivity of the topic required de-identification of participants. Further, the retrospective nature of the study introduces recall bias and subjectivity, as fact verification is not possible. Despite these limitations, the study aims to contribute to the literature on the impact of frivolous complaints on psychotherapists. In environments with ethical complaint risks, informed practitioners are likely to handle complaints more effectively. This study's primary goals were to analyse and understand the connection between the impact and how participants made sense of their experience, highlighting the need for further research to validate and expand these findings.

Phase (1) of this study is the first to analyse the lived experience of psychotherapists in receipt of a frivolous complaint. Phase (2) of the study being the first to analyse the supervisor's experience of supporting the supervisee through the complaints process, addresses the literature gap identified in Chapter 3. It made a unique contribution to knowledge on the wider domain of psychotherapy complaints in general. Using IPA, the findings were nuanced, context-specific, and unique to this study's participants. Consequently, as discussed, only cautious claims regarding vertical or theoretical transferability are made. The results aligned with current literature on ethical violations within various professions and questioned existing theory. For practitioners, the findings provide valuable insights and highlight the importance of using IPA in psychotherapy research, encouraging its application to explore psychologically focused research questions.

Practitioners might assess whether the new insights enhance clinical reasoning, challenge traditional thinking, or contribute to understanding therapists' experiences and stigma following a frivolous complaint. The study also questions person-centred theory (Rogers, 1959) suggesting that while the approach provides valuable client-centred insights, there is a risk of inadvertently reinforcing maladaptive querulant behaviours, particularly in individuals with certain personality traits due to its non-directive and unconfrontational stance.

9.10 Summary

This chapter has discussed, synthesised, and critically evaluated the overall findings of this study and has identified their unique contribution to knowledge. This new study, through detailed idiographic analysis, has offered valuable insights into a previously under-researched population and holds the potential to contribute significantly to broader initiatives to support therapists who are recipients of a frivolous complaint and the supervisors who support them through the complaints process. The following chapter concludes this thesis by reflecting on what has been achieved and the implications for further research and practice.

Chapter 10: Conclusion

10.1 Overview of the Study

Prior to conducting the present study, there was a lack of qualitative research aimed at understanding the subjective experience of frivolous complaints, highlighting an important gap in knowledge about the impact of frivolous complaints on the psychotherapist and the clinical supervisor who supports them. While some studies briefly mentioned frivolous or false complaints, they did not make them the primary focus of the research. Instead, they offered only limited insights and brief glimpses of the experience of receiving a frivolous complaint. Over the period of this study, no new qualitative studies relating specifically to frivolous complaints in psychotherapy were published. Therefore, it was argued that given the underdeveloped state of research in this field, further research with an in-depth exploration of the lived experience of complaints dismissed as frivolous was needed. The present study was considered important because it could contribute to clinical practice by offering new insights and add to the theoretical understanding of the personal and professional impact by providing new experiential data, as well as generating new options for further research.

This study employed Interpretative Phenomenological Analysis to explore the experiences of person-centred psychotherapists who were recipients of a frivolous complaint in addition the study explored the subjective experience of a clinical supervisor who supported a supervisee through the complaints process. By using phenomenological enquiry, the research gained an in-depth and detailed understanding of the realities of receiving a frivolous complaint, a perspective overlooked in previous studies.

This study was two-phased. In phase (1) eight person-centred psychotherapists were interviewed online on one occasion. Participants lived in the United Kingdom (widespread locations), and the

Republic of Ireland and were in the 51 - 65 age range. Time since receipt of complaint ranged from a minimum of one year to a maximum 5 years. All interviews were recorded and transcribed. In-depth data analysis was undertaken following published guidance (Smith et al., 2022; Eatough and Smith, 2017; Smith and Osborne, 2015). In phase (2) a clinical supervisor who supported a supervisee through the complaints process was interviewed. The interview was recorded and transcribed. In-depth data analysis was also undertaken following published guidelines for a single case study (Smith et al., 2022). The findings for both phases are discussed below with reference to the research questions.

10.2 Summary of the Main Findings with Respect to the Research Questions

10.2.1 Phase (1): Psychotherapist Group

Phase (1): The Psychotherapist Group:

> RQ1: How do person-centred psychotherapists personally and professionally make sense of receiving a frivolous complaint?

The findings from this phase of the study revealed that psychotherapists who receive frivolous complaints are deeply affected by these accusations and the ensuing investigation. Many participants experienced significant personal consequences, such as fear, frustration, and heightened stress. The participants highlighted the impact on their self-perception and professional identity as ethical practitioners. The psychological impact was compounded by the extended impact or 'collateral damage' on their personal relationships. Professionally, instead of finding a hoped-for source of guidance and support, participants described feeling abandoned relying on their own resources to make sense of the experience. They faced doubts about their clinical decisions, feared

further complaints, suffered increased anxiety, and a tendency to avoid clients, particularly those with similar presentations to the complainant.

Several participants highlighted the significance of receiving a complaint from members of the public who were not their clients. The stress and anxiety they felt was compounded by the effort it took to prove the complainants were using the grievance procedures for nefarious reasons, such as retribution and retaliation. The findings from this study support arguments originally put forward by Williams (2000) and subsequently corroborated by Kirkcaldy (2022), that psychotherapists may face allegations motivated by factors such as vengeance, mental illness, and misunderstandings, other than a legitimate quest for justice following ethical breaches.

Participants highlighted varied experiences with the therapeutic relationship, ranging from an inability to establish one, to believing it was well-established. Those who struggled to form an alliance often reported complaints arising after the first session. The study highlighted the challenges of psychotherapy, particularly in managing expectations, building trust, and fostering a strong therapeutic relationship - key to successful person-centred therapy. Some participants felt they had developed a solid therapeutic relationship over years and were baffled by the complaint, which shattered their trust.

Participants expressed difficulty understanding the reasons and timing of the complaints despite following proper protocols. Emphasis was placed on the complainant's motivations for submitting the frivolous complaint. While all participants were surprised to receive a complaint, several accounts indicated challenges in establishing interpersonal relationships with certain clients, such as those exhibiting persistent grievances or diagnosed with conditions like borderline personality disorder (BPD). Participants believed that the interpersonal challenges of these clients make it difficult to form a stable and positive therapeutic alliance (Culina et al., 2023; Bender, 2005; Lingiardi

et al., 2005). It seemed important for the participants that complaints committees acknowledge and understand that therapists who are willing to engage with clients struggling with interpersonal relationship difficulties, aggression, blame, and externalised anger are at a heightened risk of receiving complaints (Williams, 2000; Thompson, 2007).

The impact also manifested in changes to future therapist-client relationships, with an increased emphasis on adopting defensive practices. Some accounts revealed participants would no longer work in certain specialist areas. Some participants revealed changing their approach or ceasing to use self-disclosure as a means of developing the therapeutic alliance. This resulted in the practitioner experiencing incongruence in their work.

The accounts also suggested there was a fear of stigmatisation by colleagues, other accrediting bodies, and insurers because of the complaint, even though it was dismissed as frivolous. The findings also suggested that the psychologically troubling aspect of receiving the frivolous complaint was not acknowledged by their accrediting body. They struggled with isolation, a lack of both formal and informal support, concern for their welfare and inadequate communications. The inability to seek out informal support from colleagues, family, or friends due to maintaining confidentiality was viewed as problematic especially as there is no restriction on the complainant to maintain discretion. Participants believed the impact and isolation of receiving a complaint could have been eased by formal support mechanisms for practitioners in their position.

An unexpected finding was the disconnect between the participants expectations of the accrediting bodies and their actual role or function. Trust in their organisation diminished partly due to being unaware that accrediting bodies must remain completely neutral in the face of a complaint. Their belief was they would receive support from the organisation during challenging times. The shame and isolation felt deterred some participants from contacting and seeking support from colleagues.

They sought to restrict sharing the complaint beyond the organisation to minimise the sense of stigma they might feel if colleagues or clients became aware of the complaint. The investigative processes further burdened the participants and added to their emotional distress. They believed the processes involved were just as impactful, if not worse that the actual impact of receiving the complaint. All the participants believed the current complaint procedures which left them feeling presumed guilty until proven innocent needs to be reviewed.

The findings suggest further work is needed particularly around the management of frivolous complaints. The composition of the complaints committee where members may not be trained in psychotherapy, and prompt and effective communication to all parties concerned was highlighted. These aspects of the processes were described as adding to the trauma the participants were already experiencing. The findings suggest that members should be informed that despite following ethical guidelines the prospect of receiving of a complaint is still possible. Participants suggested training for all members around complaints management should be a mandatory requirement.

10.2.2. Phase (2): Single Case Study

> RQ1: How do supervisors make sense of the experience of guiding and supporting their supervisee through the complaints process?

The participant described how he believed his supervisee was a very experienced, well-equipped, and capable therapist. Through the parallel process, the participant observed that the compassionate care and attention given to complainants by the accrediting organisation was sometimes lacking for those facing a frivolous complaint. As a result, the participant felt it fell on him as their supervisor to provide the necessary conditions to enable the supervisee to navigate the distressing event. The need for support, 'holding' (Winnicott, 1960; 1988) and 'containment' (Bion,

1962) was offered by the supervisor (secondary container) to support and guide their supervisee (contained), helping them to manage and make sense of their emotions and thoughts, and transforming distressing feelings into something more manageable and meaningful. This secondary container also acted as a place where the therapist had an opportunity to assess what they believe happened that warranted a complaint.

The study revealed the participant managed this secondary containment through the therapeutic work of active listening, empathetic understanding, problem solving support, encouragement and reassurance and creating a supportive environment. The findings suggest that this process of secondary containment during the complaints investigation brought the participant and his supervisee closer as a result. By employing secondary containment and offering a holding environment, he not only addressed the immediate concerns related to the complaint but also strengthened the supervisory relationship, leading to greater mutual respect and collaboration.

The findings suggest that the participant experienced heightened stress, increased workload, and faced an emotional burden. Observing trauma in his supervisee deeply affected the participant, evoking intense emotions such as shock, anger, frustration, and a sense of resignation due to perceived systemic gaps and challenges in communication with the accrediting organisation. The findings suggest that in empathising with his supervisee the participant may have experienced secondary traumatic stress because of his supervisees first-hand experience of receiving the frivolous complaint. He prioritised the needs of his supervisees over his own during the complaint investigation process, the result of which manifested in personal life and relationship strain.

The study revealed that the time required to provide the extra support and guidance the supervisee needed was given at his own expense. Further, the participant acknowledged he did not possess the expertise or legal knowledge to deal with responding to complaints resulting in a sense of

overwhelm and inadequacy. He experienced an absence of containment, support, and guidelines regarding his expected role in the complaints process. The findings from this study may provoke the accrediting organisation to consider the concept of secondary containment as offered by the supervisor in the form of 'tertiary container.' This supportive and understanding environment could be put in place and activated at the time the complaint is received.

The participant identified himself professionally as a very experienced supervisor having supported five supervisees through the complaints process throughout his extensive career. He expressed surprise that processes had not changed over the years and the need for specific training in this area was highlighted. In the past supervisors were appointed based on length of service – usually more than five years. Currently supervisors must undergo post graduate supervisor training to attain the status. The participant asserted that despite his many years of service, specific continued professional development (CPD) training in complaints management processes was not made available to him. The participant spoke of his lack of knowledge of the quasi-legalistic nature of the complaints process, and the requirement for guidance from specialist individuals in the legal field to be made available. Given the nature of the profession, he anticipated that the accrediting body would demonstrate effective interpersonal processing skills, which are essential for personal and professional relationships. The participant believed it plays a significant role in psychological well-being which involves the ability to navigate and resolve conflicts in a way that maintains or strengthens relationships. However, he observed a concerning divide among practitioners regarding the accrediting body, highlighting the need for urgent attention to restore trust and cooperation.

10.3 Relevance to Other Healthcare Practitioners

It is argued here, with reference to theoretical transferability, that a range of healthcare and allied

practitioners may, by examining the findings of this study and by adopting Spencer (2015) theory of psychological resilience, may find themselves better equipped to address the concerns and priorities of practitioners receiving a frivolous complaint. The findings of the current study may prove useful for:

- Those who are already working as psychotherapists and clinical supervisors
- Those who might in future become psychotherapists and clinical supervisors
- Counsellors
- Counselling psychologists
- Accrediting Organisations
- Nurses
- GP's
- Consultants
- Physiotherapists
- Dentists
- Chiropractors/Osteopaths
- Dietitians
- Gardai/Police
- Teachers/Lecturers
- Any allied health service where professionals may be vulnerable to a frivolous complaint
- Academic researchers with an interest in the psychotherapy profession.

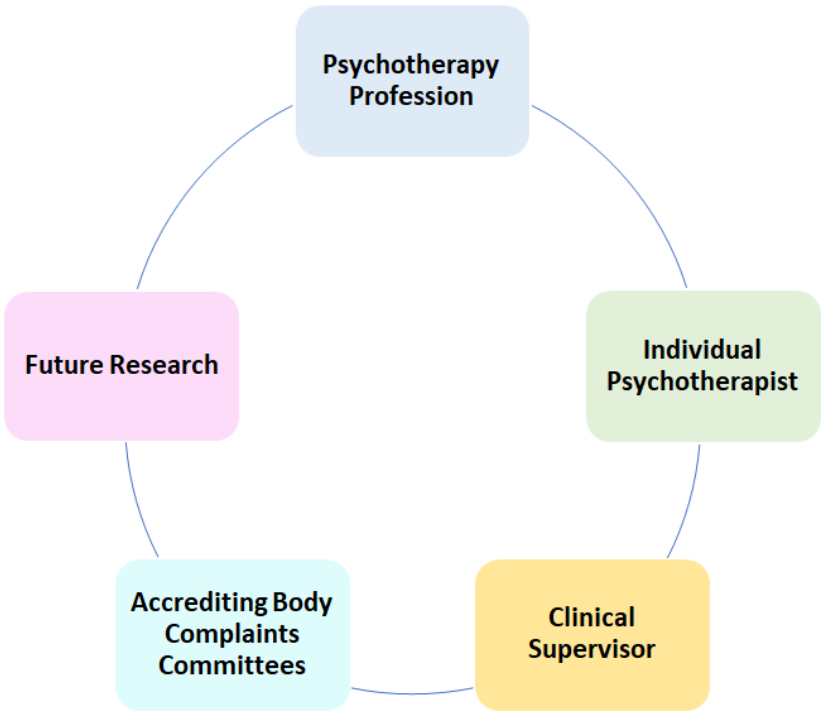
10.4. Implications and Recommendations

Five implications and recommendations domains emerge from the findings of this study. The recommendations are presented in a model that represents a continuing sequence of domains in a

circular flow. There is no hierarchy as each domain has the same level of importance and are multi-directional. Figure 10.1 is a representation of this model.

Figure 10.1

Model Representing the Implications and Recommendations for Various Domains Arising from this Study.



10.4.1 Implications and Recommendations for the Psychotherapy Profession

The present study demonstrated the valuable insights gained from using a phenomenological perspective. The findings as illustrated by both phases of the study suggest that being the recipient of a frivolous complaint can lead to personal and professional impairment, even though the claims were unsubstantiated. Further, the findings indicate that frivolous complaints have comparable negative effects to those caused by valid ethical violation claims as reported by (Kirkcaldy et al., 2022; Thompson, 2007; Williams, 2000; Hedges, 2018; Sachs & Sinason, 2023). Therefore, it may be useful for serious attention to be given to the issue of frivolous complaints and their personal and professional impact on psychotherapists and the reputation of the field of psychotherapy.

Interpersonal relationships

The quality of the therapeutic relationship is the key determinant of counselling outcomes, outweighing specific techniques or interventions (Rogers, 1951). According to Rogers, an individual's approach to interpersonal relationships, especially in therapy, shapes the outcome of each interaction. Therapist responsiveness is crucial when counselling clients with cluster B personality disorder diagnoses such as borderline personality disorder (BPD) due to its unique challenges and the importance of a strong therapeutic alliance (Culina et al., 2023). Rogers (1951) emphasised that a supportive, empathetic environment fosters self-solving abilities and personal growth. However, in line with previous literature (Williams, 2000) the findings from the present study suggest that in working with clients who experience dissociation and distorted realities, there is a possibility that misunderstandings and complaints could arise. Psychotherapists sometimes operate within private settings, conducting therapy in rooms where no witnesses are present. As such it is not possible to provide concrete evidence relating to complaints.

Some participants highlighted specific challenges linked to complex personality disorders, noting the impact on their inability to participate in meaningful and rational discussion throughout the complaints process. Enhanced therapist training to improve interpersonal skills, emotional attunement, and handling difficult therapeutic dynamics, especially for clients who experience interpersonal challenges, dissociation, or distorted realities is crucial. While specialist knowledge for those assessing complex presentations during the complaints process appears essential. By integrating these principles, psychotherapy may continue to evolve ethically and effectively by prioritising the therapeutic relationship, enhancing client growth, and minimising misunderstandings to reduce frivolous complaints, especially when working with vulnerable populations.

10.4.2 Implications and Recommendations for Psychotherapists

Professional Immunity

The most important thing a psychotherapist should understand is that no one is entirely immune to receiving a complaint regardless of their intentions, level of expertise, or commitment to embodying the core conditions of person-centred therapy. On a professional level, it is recommended that practitioners be equipped with an understanding of the emotional and practical steps to take when faced with a complaint. Staying calm, gathering facts, contacting insurers immediately and knowing how to respond appropriately are important in managing the situation effectively and ensuring a fair resolution. Complaints are shrouded in silence that isolates as there is currently no forum where these experiences can be processed. A key recommendation to counter defensive practices is to equip therapists to feel safe following a complaint as only through open acknowledgement can meaningful reflection and learning occur.

Accessing support from insurers, colleagues, practitioner networks, or other professionals may be beneficial to combat isolation and shame associated with receiving a frivolous complaint. Those who have experienced this situation may offer valuable guidance or insights, including realistic expectations about timelines, potential outcomes, and steps towards resolution. This combination of emotional reassurance and practical guidance may have made a difference in how current participants coped with the frivolous complaint.

On a practical level therapists must be prepared to respond in an informed and competent manner including the preparation and handling of quasi-legal documents. Access to continued professional development in relation to complaint responses would be a valuable resource. Graduate, postgraduate, and CPD training courses should include strategies related to the impact of a frivolous complaint and self-management. Participants would view this development as an important and timely step but emphasise the need for it to be implemented by well-informed organisers with relevant experience. This is important to ensure it does not become another example of top-down decision-making, which was a key concern that led participants to engage in this research.

Unionising the profession

Accrediting organisations have understandably prioritised protecting clients from unethical practitioners. While client protection remains essential, in addition to advanced training implementing additional measures to support practitioners in managing professional complexities could be highly beneficial. Where absent, unionising the profession may be the most effective way for therapists to protect themselves from the impact of frivolous accusations. Union support involves coordinating with professional organisations and insurance companies to help resolve complaints quickly or minimise professional repercussions without shifting toward increased advocacy specifically for psychotherapists.

10.4.3 Implications and Recommendations for Supervisors

Supervision is a standard component in the career of a psychotherapist. The study illustrated that supervisors could contain, support, and offer guidance to their supervisees through the complaint's procedure. However, the findings suggest the need for specific training in complaint management beyond ethical dilemmas and the supervisors' expected role in the process. Additionally, understanding the experiences of supervisors may benefit from a more personalised approach to complaints management.

The findings revealed the importance of supervisors recognising that complaints may sometimes stem from a client's anger rather than actual negligence or malpractice by the supervisee. Training for supervisors should be designed to develop an understanding that is informed by and tailored to address the unique practical and personal concerns of individual supervisees in receipt of a frivolous complaint. They may encourage supervisees to explore problem-solving strategies to help them find an approach that aligns with their goals preserving what they value most in their lives (Rao et al., 2019). Supervisors should be attentive to the diverse ways their supervisees respond to stigma-related stress following a frivolous complaint. For instance, stigma may place an unwelcome focus on professional identity, which some clinicians may find challenging to accept (Hanganu & Loan, 2022; Verhoef et al., 2015; Thomas, 2005; Schoenfeld et al., 2001; Welch, 2001; Montgomery et al., 1999). Support and guidance provided by supervisors should be designed to align with the complaint recipient's ability to manage distress, isolation, stigma, and the therapist's specific circumstances and experiences. This is particularly important if additional complaints arise. Sensitivity to how stigma interacts with other aspects of their personal experience is essential. This may help ensure support is both holistic and effective. This study highlights the importance of supervisors, accrediting bodies and complaints committees developing an understanding of stigma and shame.

The findings highlight that accrediting bodies lacked an established framework that equally prioritised support for both supervisor and supervisee. This left the supervisor feeling unsupported throughout the process. It is proposed that loosely based on Rogers (1951) model of client-centred care, a model of supervisor-centred care be designed and implemented. The aim of this model would be to alleviate some of the burden in relation to pseudo-legal complaint responses and supporting the supervisee outside of 'normal' supervision. This model could include the accrediting body becoming a 'tertiary container' for the supervisor during the complaint process. Containing at this level would involve the accrediting body reaching out to the supervisor if requested, and where relevant provide them with the necessary emotional or practical support to effectively provide guidance to the affected supervisee.

10.4.4 Implications and Recommendations for Accrediting Bodies Complaint Committees

The study found that participants often work within organisational structures that tend to emphasise risk management and liability concerns. This can sometimes overshadow the complexities of client-therapist dynamics. Accrediting bodies may benefit from understanding that participants in this study expressed a desire for a sincere apology for the harm and distress caused by the frivolous complaint. Participants would also value reassurance that colleagues and others would be informed about the wrongful accusation and its resolution. Practically, recording and publishing case studies of non-guilty findings, adjudication outcomes, or case dismissals could provide valuable learning opportunities. Using case-studies of actual complaints to illustrate lived experiences and humanise complaints will enhance awareness, ethical reflection and help to publicly clear therapists of wrongdoing while fostering professional discussion on the nature and frequency of complaint categories.

Effective communication, being listened to, and feeling understood are central to what is valued in these situations, as is the case in all relationships. When communication and listening are limited, it creates a sense of isolation, making meaningful connection more difficult. Encouraging open dialogue and active listening can help bridge this gap. Consideration should be given to the impact of an organisation's communication style especially when formal pseudo-legal language is used. There may also be an opportunity to ensure that the focus is on supporting therapists to thrive, rather than merely survive or struggle, in the aftermath of a frivolous complaint.

The findings suggest that frivolous complaints may be challenging to defend. As such, accrediting bodies are gently encouraged to explore adjustments to their complaint processes, to address members' needs. There is also a need for a more compassionate and constructive investigative process. The current situation, where therapists feel they are presumed guilty from the outset by their accrediting bodies and must defend themselves against frivolous accusations, risking insurance coverage, livelihood, well-being, and reputation, suggests that the process may need to be reconsidered. For complaints arising from client misunderstanding or vindictiveness, the focus of interventions may be more effectively placed on restoration and education, rather than punishment. The goal should be to protect and strengthen the client/therapist relationship (Kandle, 2007).

Accrediting body complaints committees could foster stronger relationships with their members by developing a deeper understanding of the vulnerability, anxiety, and frustration often associated with complaints. These emotions are heightened by the lengthy and complex investigative process. It might be helpful to acknowledge the challenges faced by those without adequate training in handling frivolous complaints, while also promoting a spirit of teamwork and collaboration that prioritises members' perspectives. This could involve validating complaints while also guiding sense-making of the process in the context of personal and professional lives. Referring members to appropriate professionals with a knowledge of complaints processes could also be beneficial.

Building on findings from previous research on ethical violations (Williams, 2000; Thompson, 2007; Kirkcaldy et al., 2022) now may be an opportune time for accrediting bodies and members to collaborate on better support for psychotherapists facing a distressing, prolonged process. Mandating regular reviews of policies and procedures across all accrediting bodies would help ensure they operate consistently and meet the same standard of performance and organisational accountability. These reviews would assess how such protocols are established, how complaints are managed, and whether staff receive regular training. They could also evaluate the integration of restorative practices, mediation, and accountability into complaints processes.

Caring for the carers

Rogers (1951) person-centred model states that individuals have the capacity to heal if given support, respect, and unconditional positive regard in a caring authentic relationship. loosely based on Rogers (1951) model of client-centred care, consideration could be given to the research, design, and implementation of an efficient and effective standardised model of therapist-centred care for psychotherapists to help them manage complaint related stress and anxiety. This model could help alleviate feelings of abandonment, mistrust, reduce the overall impact on therapists and improve relationships between members and accrediting bodies. Implementing and activating a care model on receipt of a complaint may contribute to best practice in supporting therapists in receipt of not just frivolous complaints but complaints in general. Consideration could be given in relation to what requirements that psychotherapists and supervisors would find useful in such models of care.

Primary, Secondary and Tertiary Containment

Thought needs to be given to developing a three-tiered approach to 'containment' during the complaints process. This additional tier would focus on the accrediting organisation providing the

same containment to the supervisor that the therapeutic relationship and the supervisory dyad utilise. Incorporating the model of supervisor-centred care, tertiary containment would ensure that supervisors feel empowered and able to guide the supervisee through the quasi-legalistic aspect of the complaint process thus ensuring that they offer robust 'holding' to the supervisee. It may prove valuable if a detailed training manual was developed outlining the three-tier model of containment to be made available to all members through their accrediting body website.

Redressing the power imbalance

As power needs to be managed, establishing independent oversight bodies and standardising procedures across professional organisations may enhance consistency, transparency, and fairness in investigations and outcomes. Power dynamics displayed by accrediting bodies, given their authoritative influence on members within the context of complaints, needs to be addressed. Power by definition is driven by interests, and employed to achieve specific goals (Foucault, 2020). It was important to participants that the accrediting bodies' concept of neutrality in relation to frivolous complaints is carefully considered in terms of organisational policy and culture.

Foucault (2020) argues that knowledge is shaped by human desires and investments, as individuals are driven by self-interest or loyalty in their actions. As such, beliefs about client complaints, such as the idea that there is 'no smoke without fire,' may not be entirely neutral. Maintaining independence could help reduce the risks of conflicts of interest. The establishment of an independent central registry, encompassing all accrediting bodies could prove useful. This independent body could be managed by trained psychotherapy professionals who understand the complexities of the field and the motivations behind complaints. Additionally, it could specialise in complaints management, offer supervision and training, and investigate cases where complaints are lodged for vexatious reasons.

While clients have the right to file complaints for ethical breaches, it is also important to establish a strong and reliable system of protection and defence for psychotherapists (Howarth & Hallinan, 2016). The standardisation of complaints processes across all accrediting bodies would promote a complaints process that is clearer, more consistent, dependable, and fair. It is recommended that all accrediting bodies actively create a psychological safety policy. Following the principles of psychological safety, the goal of this policy is to foster a culture of trust, fairness, transparency, support, well-being, and constructive learning while maintaining professional accountability. Adopting a compassionate and well-informed approach towards the accused is recommended for all involved in the process. These practice implications can only be considered if the findings from the present study are disseminated to relevant audiences (clinical practitioners, accrediting bodies, and insurers).

Competence comes from comprehensive training

The findings suggest that those involved in the adjudication process do not understand the various factors that may contribute to frivolous complaints. Training in the complexities of working with clients who struggle with interpersonal relationships, particularly regarding clients who may act out towards their therapist, could benefit those handling investigations and adjudications. This would support a more informed and balanced evaluation process. Upholding higher standards for individuals involved in the complaint process can contribute to more positive outcomes overall and help ensure that appointments to complaint committees are based on knowledge, qualifications, and competence.

Although members undergo rigorous training for accreditation, a need exists for training in the skill of navigating and resolving difficult encounters into their core certification programmes. Mandatory specialised training on complaint management and response, which are currently insufficiently

addressed, is needed. Practically this would help ensure members are well-equipped to handle complaints with competence and sensitivity. Training programmes providing a combination of competencies including legal and ethical frameworks, confidentiality and duty of care, professional boundaries, complaint process and procedures, emotional support and supervisee well-being, promotion of reflective practice and communication are warranted. An emphasis on risk assessment and management, conflict resolution skills and providing resources for ongoing professional growth post complaint would further support psychotherapists in responding rather than reacting to frivolous complaints with professionalism and empathy.

Supervisors need to provide a safe, balanced space for reflection while maintaining professional accountability. Specific training could cover practical support, including guiding supervisees in structuring their responses, signposting legal or professional resources, and managing risk and boundaries. Additionally, training could focus on recognising and managing vicarious distress, resilience, and creating a safe space for reflection without defensiveness helping both supervisees and supervisors learn from the process and restore confidence in practice.

Balancing Collaboration and Discipline

The findings suggest that traditional adversarial complaint processes can create complications for complainants, the accused, and the profession. This draws attention to the contradiction within a profession tasked with safeguarding the public yet seemingly neglecting to apply the same standard of care and healing to its own members. This incongruence calls for deeper attention. Therefore, there is a need to advocate for disciplinary models that prioritise care, healing, growth, and the empowerment of both complainants and practitioners.

Promoting a no-blame culture, transparency, and a presumption of innocent until proven guilty would help minimise reputational harm and transform mistakes into learning opportunities. Accrediting bodies should consider updating complaints processes and be open to feedback from clinicians to enhance engagement, improve communication, identify problems, support professional practice, and ensure that issues are addressed. Selecting experts within specific fields when handling specialised complaints may be beneficial. Scheduling complaint committee meetings promptly, ensuring timely and effective communication, and avoiding unnecessary delays in investigations would protect therapists from unnecessary stress, maintain high professional standards, and support better client care. Investigations could be more than just about investigating the complaint they could also serve as collaborative spaces for interaction and learning. Complaint committees could emphasise collaboration and guidance while also ensuring effective discipline when necessary.

It is recommended that clinicians participate in investigative processes and serve as temporary complaint committee members to enhance ethical understanding and accountability. Temporary members may offer impartial perspectives and contribute feedback on procedural matters. A system for randomly selecting volunteers from a complaints register could boost engagement in professional development. Regular collaboration between complaint committees and the legal community could further improve complaint management.

Alternative dispute resolution - Restorative Practices

Shapiro et al. (2008) argued that adversarial complaint processes can undermine collaborative, humanistic values, often presuming professionals are guilty until proven innocent. It could demonstrate compassion if accrediting bodies offered alternative dispute resolutions (ADR) for frivolous complaints. ADR's especially restorative justice (RJ) and mediation are recommended. Originally intended to heal crime victims, RJ now supports a broader range of needs, relying on

voluntary participation, outcome commitment, and offender accountability (Goldblum, 2023; Marshall, 2020; Carroll & Reisel, 2018). Restorative practices could support therapists in healing after complaints by focussing on empathy, guided discussions, and tailored responses (Molloy et al., 2023). Practically, this would create space for both the complainant and recipient to reflect and find containment. By prioritising dialogue, learning, and fair resolution, RJ can enhance professional development, reduce conflict, and strengthen ethical practice within the therapy profession. This creates a more trusted, transparent, and supportive system for all.

It is also recommended that accrediting bodies consider independent mediation to facilitate resolution between therapist and complainant before the complaint escalates into a formal investigation. While person-centred psychotherapy focuses on relationships, participants believed that accrediting organisations currently do not provide ways to address therapeutic relationships that have broken down. However, introducing independent mediation or RJ would require the backing of accrediting organisations, specialised training, funding, and a cohesive strategy.

Finally. it is strongly recommended that all accrediting bodies initiate the development of a policy brief to guide the consistent, transparent, and fair handling of complaints against its members. A strong policy brief distils research findings in plain language and draws clear links to policy initiatives. The best policy briefs are clear and concise action-oriented stand-alone documents that focus on a single topic. A policy brief concerning complaints against members of the accrediting body should outline the need for standardised, transparent, supportive and fair complaint-handling mechanisms to protect public interest and uphold the integrity of the profession. Developing this policy would enhance the organisation's credibility while ensuring that members are treated fairly and consistently when complaints arise.

10.4.5 Implications and Recommendations for Future Research

Research focussing on the impact of frivolous complaints in a psychotherapy context is lacking. The findings clearly illustrate that the impact of frivolous complaints is multifaceted and enduring. The protracted investigatory process was just as distressful as the complaint itself. The threat to personal and professional identity, the isolation, stigma, and injustice of receiving a frivolous complaint and the mistrust in the complaints processes used by accrediting bodies added to participants' burden. Based on the findings of the current study, future research on frivolous complaints requires urgent attention.

10.4.6 Future Research Recommendations

- Research is needed to ascertain the prevalence of frivolous complaints within each psychotherapy modality including the reasoning behind the number of complaints to identify risk factors, improve training and refine client-therapist 'fit.'

- IPA research examining client motivations for filing frivolous or false complaints would provide valuable insights into this distressing, disruptive, and emotionally taxing phenomenon affecting psychotherapists.

- Research on the power shift towards a complainant during a complaint especially where power is being used to manipulate the therapist. This knowledge is required to inform those involved in the complaints process by enabling them to differentiate between genuine ethical violations and manipulative complaints, ensuring fair investigations that protect both client rights and therapist integrity.

- Research to motivate changes in complaint processes and inspire training sessions for legal professionals and complaints committees on the complexities of therapeutic practice involving clients with interpersonal relationship difficulties could help improve understanding of how these dynamics influence grievances.

- More research is required across all modalities to investigate the disconnect between members perceptions of the accrediting body's role during the complaint process, and what their actual role is. The aim could be to uncover the reasoning behind misunderstandings.

- Using IPA, data could be collected on the perceptions of members within various accrediting bodies regarding the organisation's culture, with an emphasis on examining standards, perceived advantages, limitations, and gaps in the resources and protocols used to address frivolous complaints.

- IPA would also be well placed to carry out an in-depth examination of the effects of complaints on multiple psychotherapists across several modalities. This could be a promising topic for further qualitative research, enabling a more thorough exploration of the impact of frivolous complaints on psychotherapy modalities other than person-centred.

- The findings of the current study could be shared with therapists through formal methods like focus groups to see if they align with other formally accused therapist's experiences of complaints. IPA could be used to analyse focus group data (Palmer et al., 2010). Adopting this approach may result in a more in-depth exploration of specific findings identified in this study. These elaborations may contribute to a body of evidence that accelerates the often-slow application of research into clinical practice.

- Consideration could be given to participatory action research. Engaging researchers and accused therapists in collaborative research can drive social change by empowering and benefiting participants through teamwork and fostering solutions to their challenges. Involving formally accused therapists and supervisors as co-researchers could help identify priorities for addressing the distress of frivolous complaint processes. This collaborative approach ensures research remains relevant and leads to meaningful strategies, policies, and practices that address the issues identified during the research.

- Future research is needed around the prevalence of supervisors who have supported a supervisee through a complaints process to identify what their expected role was, what their perceived level of expertise was in relation to managing complaints, and the time implications of this aspect.

- In depth research involving therapists, supervisors, accrediting body complaints committees, and insurers, working together to explore challenges in practice delivery while recovering from complaints, could be valuable. This information would help all involved better manage the impact of complaints.

- An extension of this current study utilising an IPA multi-perspectival design such as a 'directly related design' (Larkin et al., 2018) - when related groups involve samples such as 'dyads' in the form of complaints committees and complaint recipients, that are involved in the same experience, but are likely to have different perspectives of it, might prove beneficial. This new work could be informed by the findings of the present study and could provide 'actionable outcomes' with clear implications for practice.

- Research identifying and publishing a statistical breakdown of complaints received by all accrediting bodies and insurers that have been dismissed as frivolous either before or after an investigation is a key area.

- Research data on the reasons behind frivolous complaints could provide several benefits for training to highlight the level of impact that such complaints have, reduce professional burnout, inform policy that ensures fair investigations, improve complaint systems to reduce harm to therapists, address complainant power imbalance and establish the fact that clients can 'act out' towards their therapist.

- Contrary to their expectations of receiving support, some participants felt stigmatised and shamed due to presumed guilt. A progression of the current study might include all involved focussing on how injustice, stigma, and shame is manifested, experienced, and managed within the investigative process. This may be a fruitful topic for further qualitative enquiry because it may offer new insights and a more nuanced understanding of the issues of shame and stigma.

- Research on the quantity of therapists who practice defensively in the aftermath of a complaint could guide the development of policies and strategies that promote a healthier, more supportive professional environment for therapists. This, in turn, would contribute to the well-being of both the psychotherapist and the future clients they serve.

- Further research on alternative dispute resolution such as restorative justice or independent mediation within the psychotherapy profession is required. Using such alternatives may offer a way to filter out minor disputes to enable accrediting bodies to focus on more serious

ethical violations whilst also reducing personal and professional harm to recipients of frivolous complaints.

10.5 Conclusion

Experiencing, managing, and making sense of a frivolous complaint is personally and professionally daunting. No therapist is immune from receiving a frivolous complaint despite professional experience, adopting the core conditions of person-centred theory PCT, or adhering to all ethical conventions associated with the psychotherapy profession. This study highlights that complaints may originate from a variety of sources other than therapeutic ruptures, including colleagues and third-party individuals who are not clients. The findings emphasise that a single frivolous accusation is just as impactful as an accusation of an ethical breach simply because it is made with the primary intent to cause distress to the recipient. The findings can be used to provide guidance on personal and professional support in the wake of a frivolous complaint. Therapists who are well-informed, prepared, and properly supported may not only overcome this challenge but may flourish despite the hardship. By dedicating focused attention to the subject of frivolous complaints, advocating for greater empirical research and data collection, and by actively confronting the issue, advancement in this area is entirely possible. To progress, it is suggested that the psychotherapy field adopt an inclusive approach that integrates relational complexities into complaints handling. By aligning complaint processes with person-centred therapy (PCT) values, like empathy and unconditional positive regard, accrediting organisations are in a position to foster professional growth and stronger relationships in the aftermath of frivolous complaints.

The findings may also inform therapeutic practice by encouraging therapists to manage complaints with professionalism, avoid defensiveness, practise self-care, and engage in reflective practice. Strengthening support structures like clear complaint procedures, improved training, and

collaboration with accrediting bodies can enhance fairness, transparency, and open dialogue within the profession. Peer support networks may reduce isolation and empower therapists by facilitating shared experiences and guidance. Streamlining investigatory procedures across all accrediting bodies can mitigate distress, while targeted legal training would enable more appropriate responses to frivolous allegations, fostering trust in the system.

This study makes a key contribution to knowledge on a theoretical level by providing detailed insights into the lived experience of person-centred psychotherapists receiving a frivolous complaint and a supervisor supporting a supervisee through a complaints process, contextualising participants' perspectives through Interpretative Phenomenological Analysis (IPA). From a practical perspective the findings of this study offer diverse applications across various contexts. Collectively, this work and the implications and insights derived from it provide a valuable contribution to advancing psychotherapy practice.

Finally, while psychotherapy must remain firmly rooted in compassion and accountability toward clients in crisis, it is equally necessary to acknowledge that practitioners themselves can become vulnerable to processes that do not quickly distinguish between legitimate grievances and frivolous accusations. Therefore, it is important that accrediting organisations, in their pursuit of client safety, must also protect the dignity and wellbeing of the those who provide therapy. While every complaint carries the potential for both harm and healing, the validity of a complaint does not necessarily determine its impact; even frivolous allegations can undermine professional confidence and leave lasting emotional effects.

From the beginning of any helping relationship, the practitioner and the client bring uncertainty, so that when managing and responding to complaints there is a need for 'acceptance of uncertainty' (Jones, cited in Casemore, 2001 p.131).

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Appendix A

Participant Information Sheet Phase (1): Psychotherapists

PARTICIPANT INFORMATION SHEET

PSYCHOTHERAPISTS

1. Title of Study

An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.

2. Version Number and date

Version # 2 08.09.2022

3. Invitation

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

4. What is the purpose of the study?

The purpose of the study is to explore two elements:

(1) the lived experience of humanistic/person-centred psychotherapists who were the recipient of a complaint that has not been upheld by their accrediting body in the United Kingdom or the Republic of Ireland within the last 7 years as it was deemed to be frivolous.

(2) the experiences of clinical supervisors who have supported a supervisee through the complaints process within the last 7 years to reflect on and discuss their experiences.

This research is designed to address the gaps in previous research, by exploring the prevalence, reasons and factors that could be reviewed in light of this information that may need to change or be implemented in terms of training. It will strive to shed light on the identification, prevention and management of complaints of this nature in the future. By exploring the supervisor/supervisee experience of the complaints process the information can be used to improve practice, training and increase knowledge in the field.

5. Why have I been invited to take part?

You have been invited to participate because you are an accredited psychotherapist with at least 3 years post qualification experience working from a humanistic/person-centred perspective and have been the recipient of a frivolous complaint that was not upheld by an accrediting body within the previous 7 years.

In total 10 Psychotherapists will be recruited to take part in this study.

6. Do I have to take part?

It is up to you to decide whether to take part. Taking part in this study is entirely voluntary and you are free to withdraw your participation, without explanation, and without incurring a disadvantage.

7. What will happen if I take part?

If you agree to take part in this study there are just a few steps that you will need to follow and they are outlined below.

a) Return Documentation

You have two weeks from receipt of this document to decide whether you wish to take part. If you have not responded during this two-week period a follow up reminder email will be sent seeking a response one week from that date. If no response is received within that week, then no further communication will be made.

In order to take part please print, sign and scan the Participant Information Sheet, the Consent Form and the Participant Demographic Information Form and return them to me at SGrainger2@uclan.ac.uk Alternatively, you can e-sign the three documents and return them to me at the same email address.

b) Researcher makes contact

The researcher (myself Sharron Grainger) will contact you by email and you will be invited to take part in an online recorded interview at a time that suits you. The interview will last approximately 60 minutes and will be conducted on Teams.

c) What happens at the interview

At the start of the interview, Sharron will ask you to provide a pseudonym in order to protect your identity. This pseudonym and not your real name will be used on any documentation being used in the study. The interview will consist of open-ended questions to discuss your experiences in a conversational way. During the interview you can talk freely about your experience as it is a confidential process. The interview should not last longer than 60 minutes.

8. How will my data be used?

Information on how your data will be used can be found in the table below.

How will my data be collected?	Your data will be collected during the course of the study including the following: Participant Information Sheet

	Consent Form Participant Demographic Questionnaire Emails between you and the researcher Notes taken by the researcher during the interview process Interview recordings Anonymised interview transcripts Anonymised extracts from the interview transcripts used in the final thesis.
How will my data be used?	Any data collected during the course of the study will be used for the purpose of this study and for no other reason. The data collected at various points throughout the course of the study is required to shed light on the impact of frivolous complaints on psychotherapists and the identification, prevention and management of complaints of this nature in the future.
What measures are in place to store, protect the security and confidentiality of my data?	Completed Consent Forms, Participant Information Sheet and Participant Demographic Questionnaires will be password protected and will be kept on a secure protected laptop locked securely when not in use which can only be accessed by the researcher. Interview files will automatically be saved to the University's OneDrive which can only be accessed by the researcher and their supervisors. Audio and/or video elements will later be transcribed by the researcher using Teams transcription also stored on OneDrive. The recordings will be deleted once transcription is completed. Non electronic physical data such as printed transcribed interviews for data analysis, will not contain any identifying details. They will be allocated a number and stored separately in a secure locked metal filing cabinet in a locked room in the researchers home with restricted access so that participants cannot be matched to the transcriptions other than by the researcher.
How long will my data be stored for?	All data both printed and electronic will be stored, analysed and reported in accordance with the University (UClan) data protection/ privacy policies and relevant Data Protection Acts and will be securely destroyed 7 years after the submission of this research.
Will my data be anonymised?	Yes. Your identity will not be revealed in the research to anyone else in or outside the University of Central Lancashire (UClan). No other identifying information will be used in this study. Pseudonyms will be used at all times.

Who will have access to my data?	Only the researcher will have access to your personal identifiable information (e.g. name and email address). Any other data will be anonymised for use in the study and will be accessible only by the research team in the University (UCLan).
Will my data be archived for use in other research projects in the future?	Some anonymous, non-identifying quotes from transcripts, your perspective, as well as broad themes and recommendations found in the research data will be used in the final thesis. They may also be included in future research papers, publications, journal articles or presentations by the researcher. No personally identifiable information will be present in such papers or presentations.
How will my data be destroyed?	In accordance with the University (UClan) data protection/ privacy policies and relevant Data Protection Acts data will be securely destroyed 7 years after the submission of this research.

Your involvement in this research and all information that you give will be kept strictly confidential. The Study has been reviewed and approved by the University of Central Lancashire Research Ethics Committee and is conducted in line with the University's data protection protocol.

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of 'advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The University privacy notice for research participants can be found on the attached link:

https://www.uclan.ac.uk/data protection/privacy-notice-research-participants.php

9. Are there any risks in taking part?

While this study does not involve any significant risks, there may be discomfort in conveying your experiences. It may at times be emotionally distressing to recall and discuss your experiences. You may not know what the risk to your wellbeing involves until you start to participate in the research. Any feelings or concerns related to the complaint may re-surface.

If your participation in this study does cause any upset or distress, you can take a break during the interview if you need to. If you continue to feel upset you should contact your personal therapist or supervisor to discuss your feelings. Alternatively, if they are not available you may wish to contact a support helpline. (Appendix **X** Support Helplines).

10. Are there any benefits from taking part?

While there are no therapeutic benefits resulting from conducting this research, this study will advance our knowledge on the impact of unfounded complaints and may help to design training in this area. 1

The potential benefit of being a participant in this research is that you will have the opportunity to be understood and heard as you reflect on your own experiences. Additionally, it is anticipated that the results will be of benefit to the wider psychotherapy community. The results of the study may be used to inform complaint management protocols. This research does not intend to resolve any specific ongoing complaints that participants may have.

11. What will happen to the results of the study?

The results of this study will be published as part of my Doctoral Thesis. Data may also be included in future research papers, publications, journal articles or presentations by the researcher. No personally identifiable information relating to the participants will be present in such papers or presentations.

12. What will happen if I stop taking part?

Participation in this study is voluntary, and you can withdraw without giving a reason or explanation by contacting Sharron Grainger at SGrainger2@uclan.ac.uk

If you wish to withdraw during the interview, you will be given the choice to either withdraw from the remainder of the interview and allow the researcher to keep any data already collected, or, withdraw from the remainder of the interview and withdraw any data already collected, which will be destroyed and no further use will be made of it.

If you wish to withdraw from the study, please note that data already collected can only be withdrawn up to seven days (one week) after the interview. Once data has been collated and/or reported it may not be possible to isolate and extract.

In all scenarios above please contact me at SGrainger2@uclan.ac.uk

13. What if I am unhappy or if there is a problem?

The researcher is not able to give advice regarding any decisions about your complaint or offer counselling or psychotherapy.

If you are unhappy, with any aspect of this research, or if there is a problem, please feel free to let me know by contacting SGrainger2@uclan.ac.uk and I will try to help. If you remain unhappy, or have a complaint which you feel you cannot come to me with, then please contact the Ethics, Integrity and Governance Unit at OfficerForEthics@uclan.ac.uk.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

14. Who can I contact if I have further questions?

If you have any questions about the research, please do not hesitate to contact the researcher by email at SGrainger2@uclan.ac.uk

Thank you.

Appendix B

Participant Consent Form Phase (1): Psychotherapists

Template Participant Consent Form

Psychotherapists

Version number & date: **V3 17.10.22**

Research ethics approval number: **HEALTH 0358 FR**

Title of the research project: **An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.**

Name of researcher: **Sharron Grainger**

Please initial box

1. I confirm that I have read and have understood the information sheet dated [**DATE**] for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that taking part in the study involves a recorded online (via Teams) interview lasting approximately 60 minutes and that I will be asked open ended questions to describe my experience of being a recipient of an unfounded frivolous complaint. I understand that I am free to decline to answer any particular question or questions and that the video function can be disabled should I so choose. ☐

3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time up to one week post interview, without giving any reason and without my rights being affected. ☐

4. I understand that I can ask for access to the information I provide and I can request the destruction of that information at any time prior to data analysis**.** I understand that once the researcher has started analysing the data that it cannot be withdrawn. ☐

5. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire. ☐

6. I understand that audio/video recordings will be transcribed verbatim using Teams transcription and will automatically be saved securely to the UCLan University OneDrive and can only be accessed by the researcher and their supervisors. Non electronic physical data such as printed transcribed interviews for data analysis, will not contain any identifiable information and will be allocated a number and stored ☐

separately to the consent forms so that participants cannot be matched to the transcriptions other than by the researcher.

7. I understand that the research team will respect my confidentiality and I give permission for them to have access to my responses. ☐

8. I agree that my information can be quoted in research outputs such as the researchers Thesis, publications or presentations but there will be no identifiable information. ☐

9. I agree to take part in the above study ☐

_____	_____	_____
Participant name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Principal Investigator

Marie Percival

MPercival@uclan.ac.uk

Student Investigator

Sharron Grainger

SGrainger2@uclan.ac.uk

Appendix C

Participant Demographic Questionnaire Phase (1): Psychotherapists

University of Central Lancashire
UCLan

Participant Demographic Questionnaire - Psychotherapist

This questionnaire includes 9 questions that should only take a few minutes of your time to complete. All of the information you provide in this questionnaire will be used for the purpose of this study only. The information contained in your response to the questionnaire will be treated as strictly confidential. Thank you. ***Please complete this questionnaire by ticking the appropriate box(s) for each question below:***

Q1: What is your Age?

- ☐ 20 – 35 years
- ☐ 36 – 50
- ☐ 51 – 65
- ☐ Over 65

Q2: What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other… (Please specify)
- ☐ Prefer not to answer

Q3: Are you currently practicing?

- ☐ Yes
- ☐ No

Q4: What is your Country of practice?

- ☐ Republic of Ireland
- ☐ United Kingdom

Q5: How many years have you been in practice as a Psychotherapist?

- ☐ 0 – 5 years
- ☐ 6 – 10
- ☐ 11 – 15
- ☐ 16 – 20
- ☐ Over 20

Q6: What type of employment are you in?

- ☐ Private Sector
- ☐ Private Practice/Self Employed
- ☐ Public Sector
- ☐ Public Sector/Self Employed

Q7: What is your specific modality within the Humanistic Discipline?

- ☐ Gestalt
- ☐ Person Centred
- ☐ Existential
- ☐ Human Givens
- ☐ Psychosynthesis
- ☐ Reality Therapy
- ☐ Solution Focussed Therapy
- ☐ Transactional Analysis (TA)
- ☐ Transpersonal Psychology
- ☐ Other…. (Please specify)

Q8: What Professional Body/bodies are you accredited with?

- ☐ BACP
- ☐ IACP
- ☐ APCCA
- ☐ UPCA
- ☐ UKAHPP
- ☐ UKCP
- ☐ NCIP
- ☐ APCP
- ☐ PCTSCOTLAND
- ☐ Other… (Please specify)

Q9: How long has it been since you received the complaint?

- ☐ 0 – 2 years
- ☐ 2 – 5
- ☐ 5 – 7

Appendix D

Psychotherapist Recruitment Advertisement

An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.

ARE YOU an experienced accredited psychotherapist working from a humanistic/person centred perspective?

HAVE YOU been in practice post-accreditation for at least 2 years?

HAVE YOU been the recipient of an unfounded frivolous complaint?

IF SO, would you like to share your experiences of the event?

I am a Psychologist, Psychotherapist and Clinical Supervisor in practice for more than 12 years. I will be interviewing person centred psychotherapists online to explore their experiences of being the recipient of an unfounded frivolous complaint within the last 7 **years**. Your details and any information gathered will be anonymised. The information you provide about your subjective experiences will be used to add to the knowledge base of this particularly important aspect of clinical practice.

If you meet the above criteria and would like to take part in this study, please do get in touch with me sgrainger2@uclan.ac.uk and I will send you an invitation to participate in addition to all the information you will need to help in informing your decision to partake in this study.

I look forward to working with you.

Sharron Grainger
Psychologist/Psychotherapist/Clinical Supervisor
Professional Doctorate Researcher at UClan

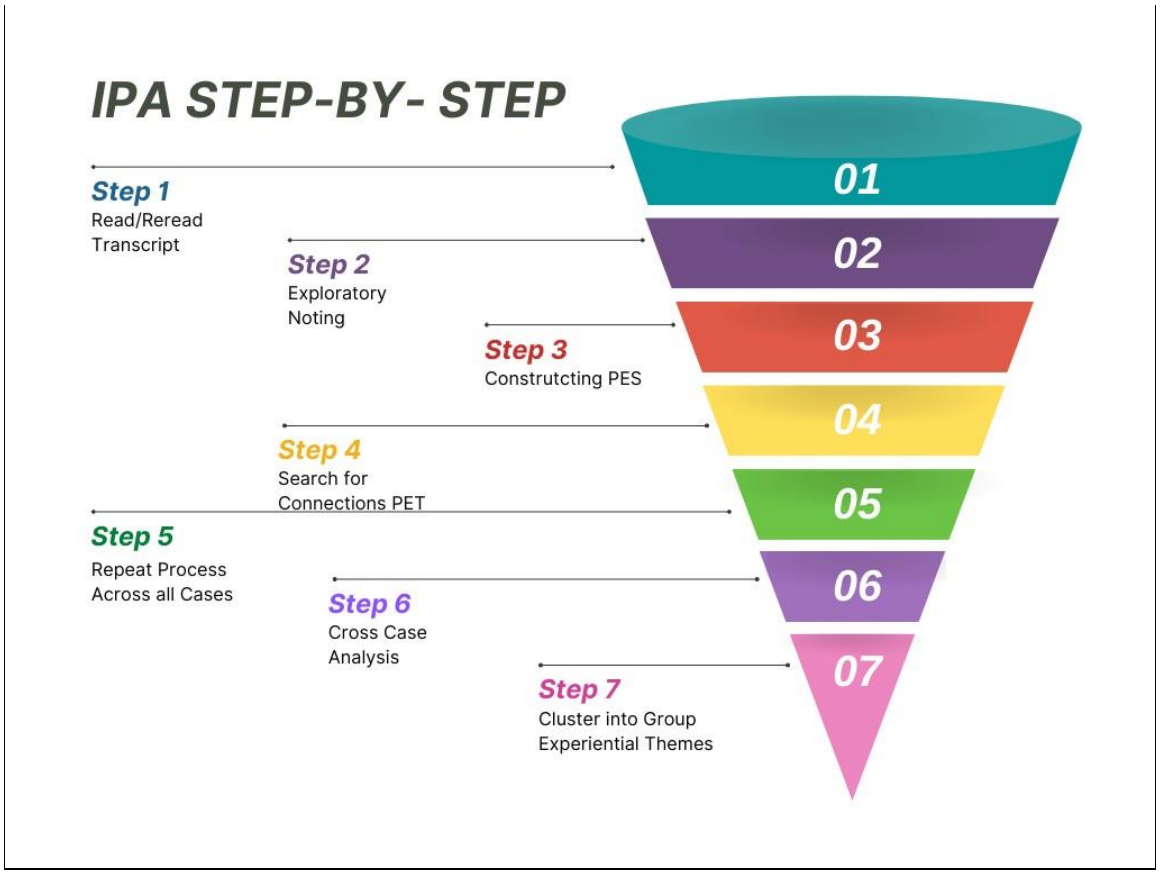
This research has been approved by the Health Ethics Review Panel at UClan

Appendix E

Photographic Representation of IPA Step-By-Step Process

Images of Interpretative Phenomenological Analysis of Psychotherapists Interview Transcripts (applying the process of Smith, et al, 2022, p. 75)

Smith and Osborn (2003) suggest that researchers 'imagine a magnet with some of the themes pulling others in and helping to make sense of them' (p. 71)



IPA is not a prescriptive approach; rather, it provides a set of flexible guidelines which can be adapted by individual researchers in light of their research aims (Smith, Jarman, & Osborn, 1999; Smith & Dunworth, 2003; Smith & Osborn, 2003)

The 'Doing' of IPA

Stage 1 Read Several Times: Read and reread the first transcript.

Stage 2 Exploratory Noting: EN: The iterative process begins with initial noting about the transcript written in different colours for each of the descriptions, language, and concepts;

Stage 3 Constructing PES: PES: Personal Experiential Statement: The focus then shifts from the transcript to working primarily with the exploratory notes 'which involves breaking up the narrative flow of the interview' and from the participant to the analyst interpretation in order to construct experiential statements.

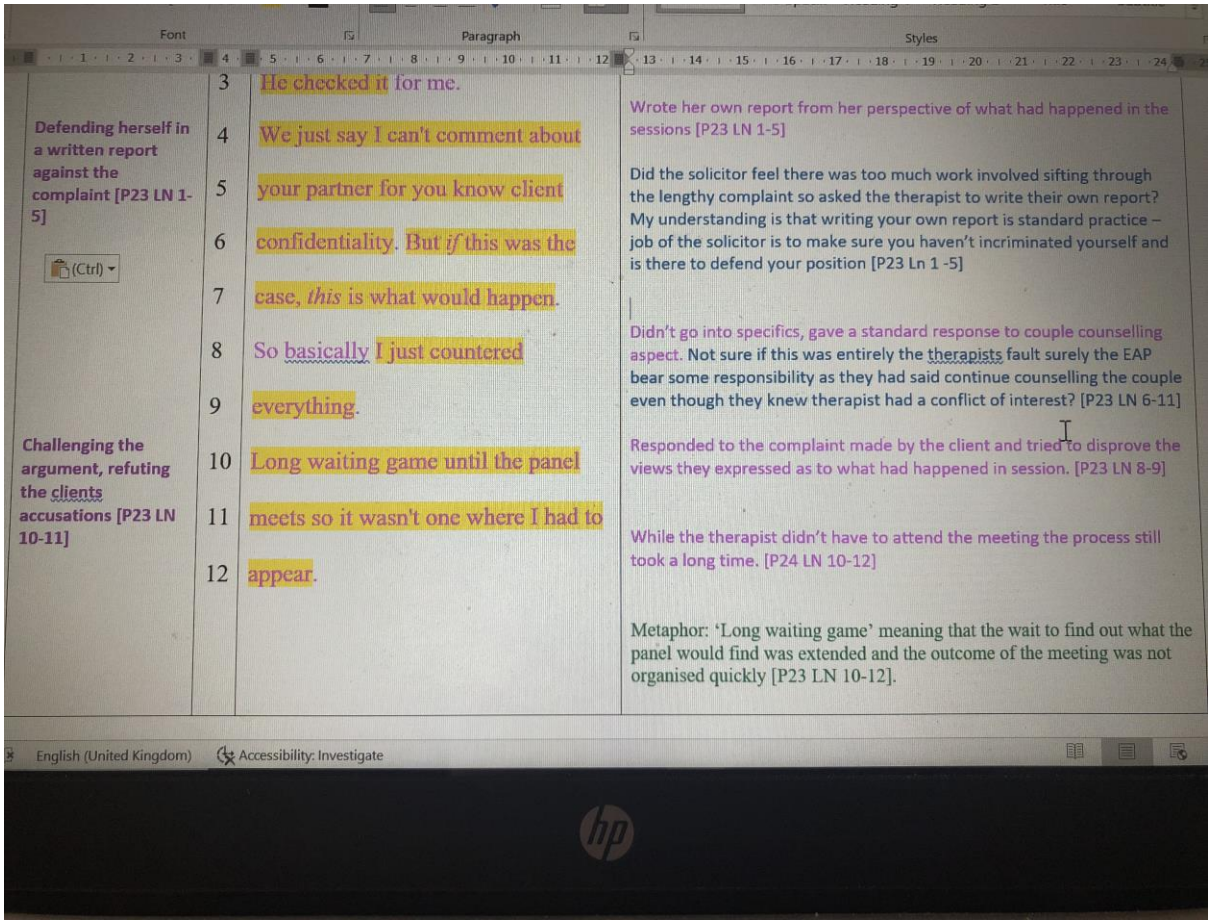
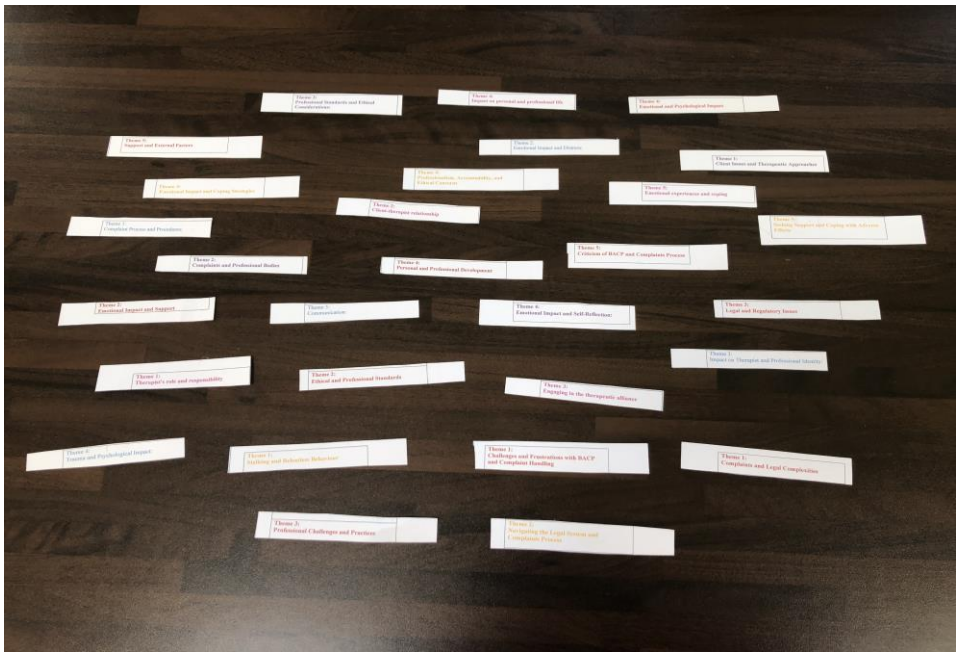


Photo depicts Exploratory Noting EN on the right and Personal Experiential Statement PES on the left

Stage 4 Searching for Connections: Explore the correlations among Personal Experiential Statements (PESs), identifying potential groupings and visualising their clustering. Extract excerpts to create a visual representation for the participant, marking the source line of each statement related to a PES.

P17 LN 1-6	Navigating the Legal System	[P15 LN 6-13]	Unconscious Processes	[P15 LN 1-6]	Suggesting alternative options to prevent hopelessness	P14 LN6-11	Questioning therapist's expertise	P11 LN1-5	Support and reassurance	[P16 LN 6-12]	Legal and Ethical Considerations	[P7 LN 16-19]
	Retaliation	[P 15 LN 9-12]	Legal Complexities	[P17 LN 1-4]	Ambiguous client responses	P15 LN 1-3	Personal impact on the therapist	P11 LN 6-11	Relationship with client	[P17 LN 1-5]	Professional Identity and Consequences	[P8 LN1-21]
P17 LN 11	Identifying Motivations	[P 17 LN 3-12]	Ramifications of Complaint and Car Accident	[P17 LN 10-13]	Altered dynamics in the presence of parents	P15 LN6-11	Appropriate word choice	P12 LN 4-9	Confidentiality	[P17 LN 6-12]	Emotional Impact	[P8 LN 22-24]
	Tarnishing the Reputation	[P 18 LN 1-9]	Impact on Insurance Fees	[P18 LN 1-4]	Speculation of traumatic experience with father	P16 LN 7-11	Understanding unconscious motivations	P13 LN 1-13	Support network	[P19 LN 9-13]	Self-identity and Professional Ethics	[P9 LN 1-3]
P18 LN 1-11	Seeking Help	[P 20 LN 1-13]	Lack of Personal Service	[P18 LN 8-13]	Comprehending portrayal of harmless events as traumatic	P17 LN 1-12	Separating behavior from the client	P14 LN 1-10	Personal boundaries and privacy	[P20 LN 10-13]	Complainant and BACP	[P 9 LN 9-11]
	Seeking help	[P 22 LN 1-10]	Impersonal Call Centres	[P19 LN 2-3]	Finding irony in speculating client's issue	P18 LN 4-7	Recalling the client	P14	Impact on emotions	[P21 LN 1-10]	Emotional Impact	[P9 LN 17-19]
P19 LN 1-18	Redressing the Power Imbalance	[P 23 LN 2-14]	Sense of Being Under Scrutiny	[P20 LN 1-4]	Group therapy as an alternative to one-on-one therapy	P19 LN 1-12	Failings of EAP organization administration	P15 LN 1-13	Struggle against complaint	[P22 LN 2-3]	Emotional Impact	[P10 LN 1-3]
	Adverse Results	[P 25 LN 4-12]	Considering Going Without a Solicitor	[P20 LN 5-9]	Client's dissociation, disordered thoughts, and anger	P20 LN 1-12	Conflict of interest and taking control	P16 LN 4-5	Belief in invalidity of complaint	[P22 LN 5-10]	Professional Identity and Consequences	[P10 LN 7-11]

Exploration of the correlations among Personal Experiential Statements (PES)

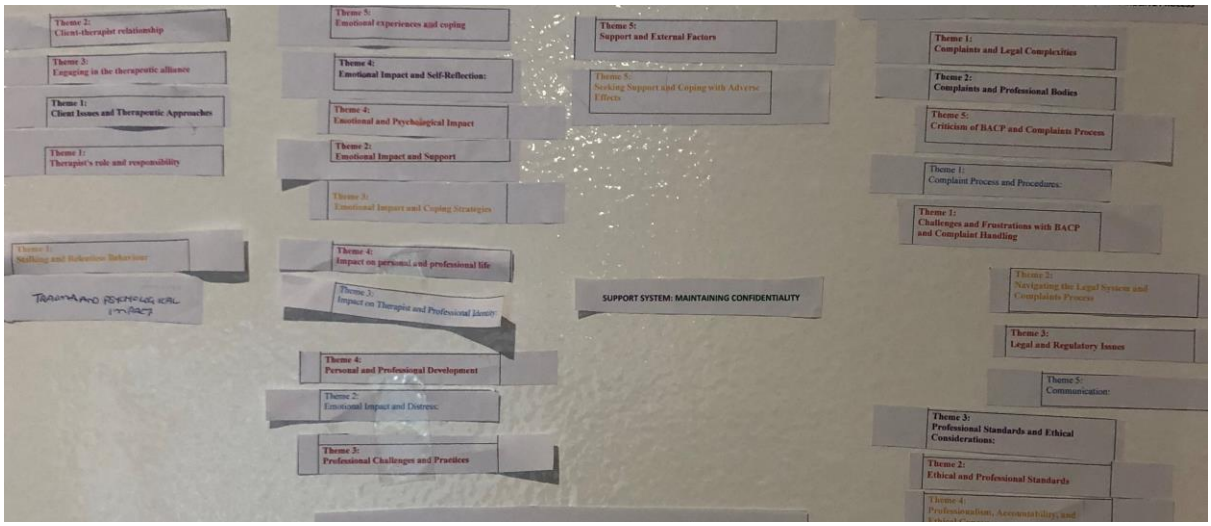


Going Old School: Scattering of PES in random order – Helicopter View

Stage 5 Repeat Process: Proceed to the subsequent case and replicate the procedure up to this stage; continue this repetition until all cases have been thoroughly analysed

Personal Experiential Statements to Personal Experiential Themes

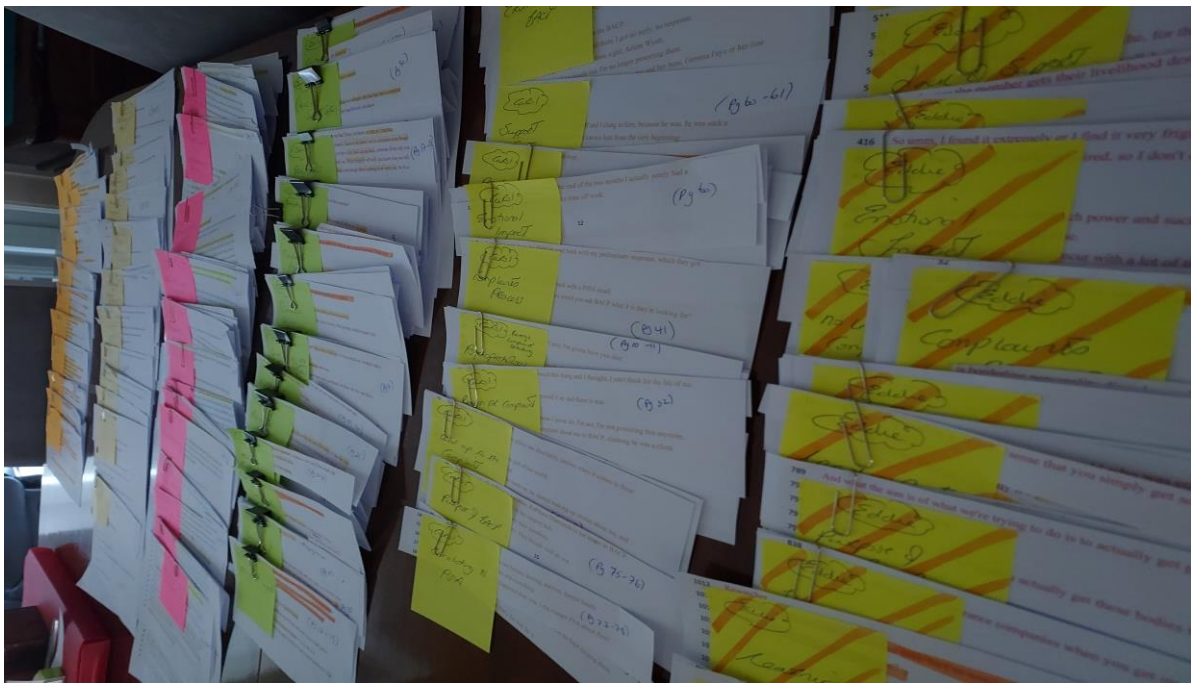
Stage 6: Cross Case Analysis Search for patterns, associations, and significant GETs throughout the cases; this exploration could potentially result in the reorganisation and renaming of experiential themes.



Clustering of colour-coded PETs in search of GETs (remembering it's an iterative process!)

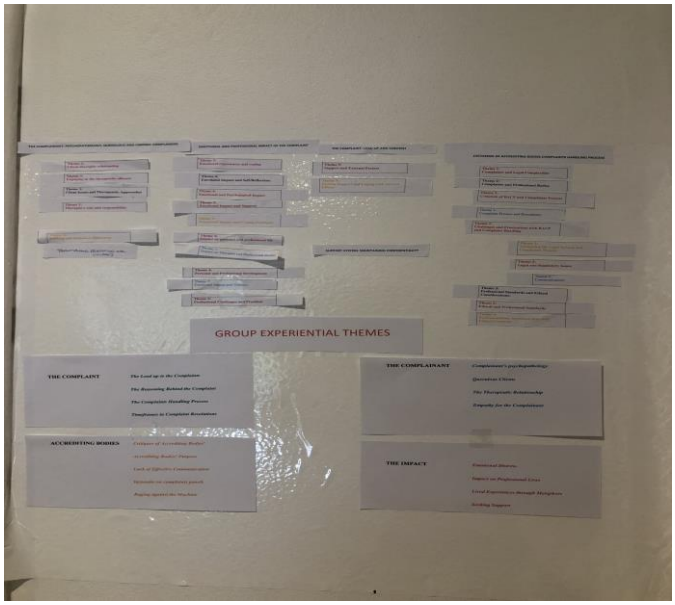
Stage 7: Verify Re-examine the transcripts to see how themes appear across different cases. A visual.

Going Old School: Cutting up the transcripts to Verify Personal Experiential Themes (PETs)



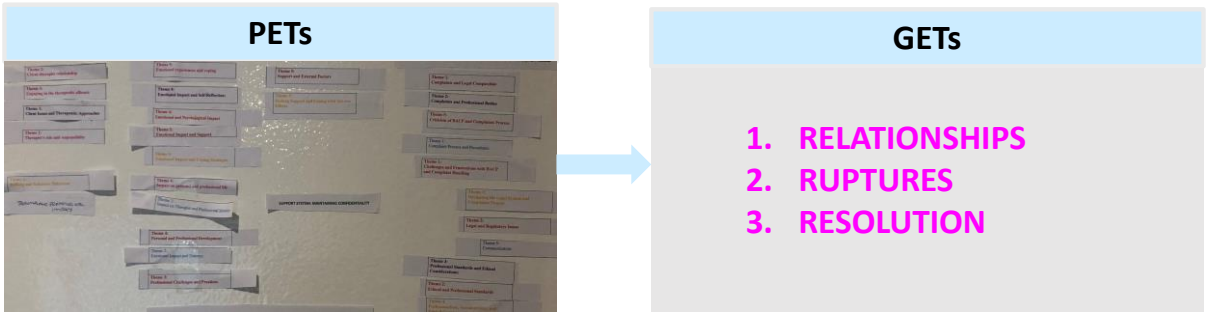
Repeating the PETs cross-checking process across all eight of the transcripts

Stage 8: Cluster Look for the common Group Experiential Themes



From PETs to GETs: Clustering of the Colour Coded PETs to arrive at Group Experiential Themes

Moving from Personal Experiential Themes (PETs) to Group Experiential Themes (GETs)



Phase 1 Psychotherapists: The Group Experiential Themes

Appendix F

Participant Information Sheet Phase (2): Supervisor

PARTICIPANT INFORMATION SHEET

SUPERVISORS

1. **Title of Study**

An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.

2. **Version Number and date**

Version # 2 08.09.2022

3. **Invitation**

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

4. **What is the purpose of the study?**

The purpose of the study is to explore two elements:

(1) the lived experience of humanistic/person-centred psychotherapists who were the recipient of a complaint that has not been upheld by their accrediting body in the United Kingdom or the Republic of Ireland within the last 7 years as it was deemed to be frivolous.

(2) the experiences of clinical supervisors who have supported a supervisee through the complaints process within the last 7 years to reflect on and discuss their experiences.

This research is designed to address the gaps in previous research, by exploring the prevalence, reasons and factors that could be reviewed in light of this information that may need to change or be implemented in terms of training. It will strive to shed light on the identification, prevention and management of complaints of this nature in the future. By exploring the supervisor/supervisee experience of the complaints process the information can be used to improve practice, training and increase knowledge in the field.

5. **Why have I been invited to take part?**

You have been invited to participate because you are a clinical supervisor who has supported a supervisee through the complaints process within the previous 7 years.

10 fully accredited clinical supervisors will be recruited to take part in this study.

6. Do I have to take part?

It is up to you to decide whether to take part. Taking part in this study is entirely voluntary and you are free to withdraw your participation, without explanation, and without incurring a disadvantage.

7. What will happen if I take part?

If you agree to take part in this study there are just a few steps that you will need to follow and they are outlined below.

d) Return Documentation

You have two weeks from receipt of this document to decide whether you wish to take part. If you have not responded during this two-week period a follow up reminder email will be sent seeking a response one week from that date. If no response is received within that week, then no further communication will be made.

In order to take part please print, sign and scan the Consent Form and the Participant Demographic Questionnaire and return them to me at SGrainger2@uclan.ac.uk Alternatively, you can e-sign the two documents and return them to me at the same email address.

e) Researcher makes contact

The researcher (myself Sharron Grainger) will contact you by email and you will be invited to take part in an online recorded interview at a time that suits you. The interview will last approximately 60 minutes and will be conducted on Teams.

f) What happens at the interview

At the start of the interview, Sharron will ask you to provide a pseudonym in order to protect your identity. This pseudonym and not your real name will be used on any documentation being used in the study. The interview will consist of open-ended questions to discuss your experiences in a conversational way. During the interview you can talk freely about your experience as it is a confidential process. The interview should not last longer than 60 minutes.

8. How will my data be used?

Information on how your data will be used can be found in the table below.

How will my data be collected?	Your data will be collected during the course of the study including the following: Participant Information Sheet Consent Form Participant Demographic Questionnaire

	Emails between you and the researcher Notes taken by the researcher during the interview process Interview recordings Anonymised interview transcripts Anonymised extracts from the interview transcripts used in the final thesis.
How will my data be used?	Any data collected during the course of the study will be used for the purpose of this study and for no other reason. By exploring the supervisor/supervisee experience of the complaints process the information can be used to improve practice, training and increase knowledge in the field.
What measures are in place to store, protect the security and confidentiality of my data?	Completed Consent Forms, Participant Information Sheet and Participant Demographic Questionnaires will be password protected and will be kept on a secure protected laptop locked securely when not in use which can only be accessed by the researcher. Interview files will automatically be saved to the University's OneDrive which can only be accessed by the researcher and their supervisors. Audio and/or video elements will later be transcribed by the researcher using Teams transcription also stored on OneDrive. The recordings will be deleted once transcription is completed. Non electronic physical data such as printed transcribed interviews for data analysis, will not contain any identifying details. They will be allocated a number and stored separately in a secure locked metal filing cabinet in a locked room in the researchers home with restricted access so that participants cannot be matched to the transcriptions other than by the researcher.
How long will my data be stored for?	All data both printed and electronic will be stored, analysed and reported in accordance with the University (UClan) data protection/ privacy policies and relevant Data Protection Acts and will be securely destroyed 7 years after the submission of this research.
Will my data be anonymised?	Yes. Your identity will not be revealed in the research to anyone else in or outside the University of Central Lancashire (UClan). No other identifying information will be used in this study. Pseudonyms will be used at all times.
Who will have access to my data?	Only the researcher will have access to your personal identifiable information (e.g. name and email address). Any other data will be anonymised for use in the study and will be accessible only by the research team in the University (UCLan).
Will my data be archived for use in other research projects in the future?	Some anonymous, non-identifying quotes from transcripts, your perspective, as well as broad themes and recommendations found in the research data will be used in the final thesis. They may also be included in

	future research papers, publications, journal articles or presentations by the researcher. No personally identifiable information will be present in such papers or presentations.
How will my data be destroyed?	In accordance with the University (UClan) data protection/ privacy policies and relevant Data Protection Acts data will be securely destroyed 7 years after the submission of this research.

Your involvement in this research and all information that you give will be kept strictly confidential. The Study has been reviewed and approved by the University of Central Lancashire Research Ethics Committee and is conducted in line with the University's data protection protocol.

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of 'advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The University privacy notice for research participants can be found on the attached link:

https://www.uclan.ac.uk/data protection/privacy-notice-research-participants.php

9. Are there any risks in taking part?

While this study does not involve any significant risks, there may be discomfort in conveying your experiences. It may at times be emotionally distressing to recall and discuss your experiences. You may not know what the risk to your wellbeing involves until you start to participate in the research. Any feelings or concerns related to the complaint may re-surface.

If your participation in this study does cause any upset or distress, you can take a break during the interview process. If you continue to feel upset, I suggest that you should contact your personal therapist or supervisor to discuss your feelings. Alternatively, if they are not available you may wish to contact a support helpline. (Appendix Support Helplines).

10. Are there any benefits from taking part?

While there are no therapeutic benefits resulting from conducting this research, exploring the supervisor experience of supporting a supervisee through the complaints process can be used to improve practice, training and increase knowledge in the field.

The potential benefit of being a participant in this research is that you will have the opportunity to be understood and heard as you reflect on your own experiences. Additionally, it is anticipated that the results will be of benefit to the wider psychotherapy community. The results of the study may be used to inform complaint management protocols. This research does not intend to resolve any specific ongoing complaints that participants may have.

11. What will happen to the results of the study?

The results of this study will be published as part of my Doctoral Thesis. Data may also be included in future research papers, publications, journal articles or presentations by the researcher. No personally identifiable information relating to the participants will be present in such papers or presentations.

12. What will happen if I stop taking part?

Participation in this study is voluntary, and you can withdraw without giving a reason or explanation by contacting Sharron Grainger at SGrainger2@uclan.ac.uk

If you wish to withdraw during the interview, you will be given the choice to either withdraw from the remainder of the interview and allow the researcher to keep any data already collected, or, withdraw from the remainder of the interview and withdraw any data already collected, which will be destroyed and no further use will be made of it.

If you wish to withdraw from the study, please note that data already collected can only be withdrawn up to seven days (one week) after the interview. Once data has been collated and/or reported it may not be possible to isolate and extract.

In all scenarios above please contact me at SGrainger2@uclan.ac.uk

13. What if I am unhappy or if there is a problem?

The researcher is not able to give advice regarding any decisions about your complaint or offer counselling or psychotherapy.

If you are unhappy about any aspect of this research, or if there is a problem, please feel free to let me know by contacting SGrainger2@uclan.ac.uk and I will try to help. If you remain unhappy, or have a complaint which you feel you cannot come to me with, then please contact the Ethics, Integrity and Governance Unit at OfficerForEthics@uclan.ac.uk.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

14. Who can I contact if I have further questions?

If you have any questions about the research, please do not hesitate to contact the researcher by email at SGrainger2@uclan.ac.uk

Thank you.

Appendix G

Participant Consent Form Phase (2): Supervisor

University of Central Lancashire
UCLan

Template Participant Consent Form

Supervisors

Version number & date: **V3 17.10.22**

Research ethics approval number: **HEALTH 0358 FR**

Title of the research project: **An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.**

Name of researcher: **Sharron Grainger**

Please initial box

10. I confirm that I have read and have understood the information sheet dated 17.10.22 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

11. I understand that taking part in the study involves a recorded online (via Teams) interview lasting approximately 60 minutes and that I will be asked open ended questions in relation to my role as clinical supervisor who has supported a supervisee through the complaints process. I understand that I am free to decline to answer any particular question or questions and that the video function can be disabled should I so choose. ☐

12. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time up to one week post interview, without giving any reason and without my rights being affected. ☐

13. I understand that I can ask for access to the information I provide and I can request the destruction of that information at any time prior to data analysis. I understand that once the researcher has started analysing the data that it cannot be withdrawn. ☐

14. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire. ☐

15. I understand that audio/video recordings will be transcribed verbatim using Teams transcription and will automatically be saved securely to the UCLan University OneDrive and can only be accessed by the researcher and their supervisors. Non electronic physical data such as printed transcribed interviews for data analysis, will not contain any identifiable information and will be allocated a number and stored separately to the consent forms so that participants cannot be matched to the transcriptions other than by the researcher. ☐

16. I understand that the research team will respect my confidentiality and I give permission for them to have access to my responses. ☐

17. I agree that my information can be quoted in research outputs such as the researchers Thesis, publications or presentations but there will be no identifiable information. ☐

18. I agree to take part in the above study ☐

_____	_____	_____
Participant name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Principal Investigator

Marie Percival

MPercival@uclan.ac.uk

Student Investigator

Sharron Grainger

SGrainger2@uclan.ac.uk

.

Appendix H

Participant Demographic Questionnaire Phase (2): Supervisor

University of Central Lancashire
UCLan

Participant Demographic Questionnaire - Supervisor

This questionnaire includes 9 questions that should only take a few minutes of your time to complete. All of the information you provide in this questionnaire will be used for the purpose of this study only. The information contained in your response to the questionnaire will be treated as strictly confidential. Thank you. ***Please complete this questionnaire by ticking the appropriate box(s) for each question below:***

Q1: What is your Age?

- ☐ 20 – 35 years
- ☐ 36 – 50
- ☐ 51 – 65
- ☐ Over 65

Q2: What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other… (Please specify)

  _____
- ☐ Prefer not to answer

Q3: Are you currently practicing?

- ☐ Yes
- ☐ No

Q4: What is your Country of practice?

- ☐ Republic of Ireland
- ☐ United Kingdom

Q5: How many years have you been in practice as a Supervisor?

- ☐ 0 – 5 years
- ☐ 6 – 10
- ☐ 11 – 15
- ☐ 16 – 20
- ☐ Over 20

Q6: What type of employment are you in?

- ☐ Private Sector
- ☐ Private Practice/Self Employed
- ☐ Public Sector
- ☐ Public Sector/Self Employed

Q7: What is your specific modality within the Humanistic Discipline?

- ☐ Gestalt
- ☐ Person Centred
- ☐ Existential
- ☐ Human Givens
- ☐ Psychosynthesis
- ☐ Reality Therapy
- ☐ Solution Focussed Therapy
- ☐ Transactional Analysis (TA)
- ☐ Transpersonal Psychology
- ☐ Other…. (Please specify)

  _____

Q8: What Professional Body/bodies are you accredited with?

- ☐ BACP
- ☐ IACP
- ☐ APCCA
- ☐ UPCA
- ☐ UKAHPP
- ☐ UKCP
- ☐ NCIP
- ☐ APCP
- ☐ PCTSCOTLAND
- ☐ Other… (Please specify)

  _____

Q9: How long has it been since you supported the supervisee with the complaint?

- ☐ 0 – 2 years
- ☐ 2 – 5
- ☐ 5 – 7

Appendix I

Supervisor Participant Advertisement

An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice.

ARE YOU an experienced accredited Clinical Supervisor?

HAVE YOU been in practice as a Clinical Supervisor for at least 2 years?

WOULD YOU like to share your experiences of being a supervisor who has supported a supervisee through the complaints process?

I am a Psychologist, Psychotherapist and Clinical Supervisor in practice for more than 12 years. I will be interviewing clinical supervisors online to explore their experiences of supporting a supervisee through the complaints process within the last **7 years**. Your details and any information gathered will be anonymised. The information you provide about your subjective experiences will be used to add to the knowledge base of this particularly important aspect of clinical practice.

If you meet the above criteria and would like to take part in this study, please do get in touch with me sgrainger2@uclan.ac.uk and I will send you an invitation to participate, in addition to all the information you will need to help in informing your decision to take part in this study.

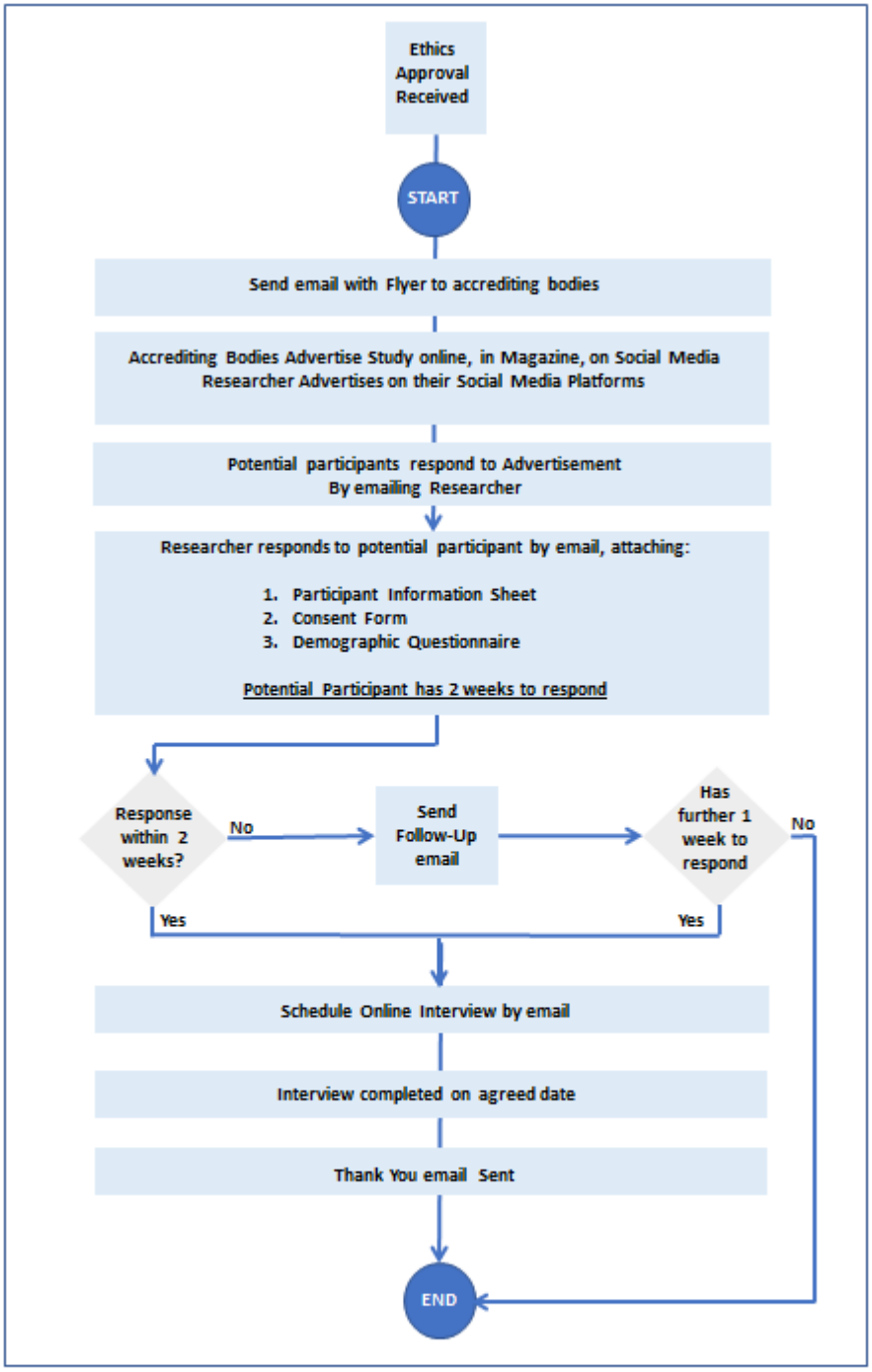
I look forward to working with you.

Sharron Grainger
Psychologist/Psychotherapist/Clinical Supervisor
Professional Doctorate Researcher at UClan

This research has been approved by the Health Ethics Review Panel at UClan

Appendix J

Recruitment Process Flow Chart



Appendix K

Reflexivity

As discussed in Chapter 1, this study adopts a reflexive stance through hermeneutic reflection to understand and clarify the researcher's position and influence (Finlay, 2003a; Shaw, 2010). Reflexivity involves critical self-examination. Therefore, this chapter is presented in my first-person voice to tell the story of my journey on the IPA road.

Becoming a Pracademic

Moving from a professional role to an academic one involved rediscovering how to acquire knowledge while immediately putting it into practice. Panda (2014, cited in Hollweck et al., 2021, p.13) suggest that “pracademics have a crucial role to play in connecting the dots between scholarly and practical domains.” I was connecting the dots as I went along which felt both tiring and exhilarating at the same time. Embarking on this study I was unaware as to how my background as a practising psychotherapist, clinical supervisor, and board member of the Psychologists Protection Society (PPS) would impact the study's direction, development, and findings. To align with the phenomenological approach, as ‘prescribed’ by Smith et al. (2022) I maintained a reflective diary to enhance self-awareness. I recorded my thoughts, questions, anxieties, and experiences as comprehensively as possible to understand how my perspective as a ‘pracademic’ - practitioner and a novice qualitative researcher might influence data collection and analysis. For this researcher, the progression from practitioner to developing researcher and ultimately to pracademic has followed a continuous circular process. Previous practical experiences have guided current practical experiences, which will likewise shape future practices.

Initially, I was concerned about my involvement in the PPS and its potential impact on the research. Being in this position I was up close and personal with the messy business of complaints, some justified, others not so. But it was never the board members remit to decide what was real and what was not. Our role was to decide what was the best course of action for the therapist, be that access to the free legal helpline or to permit some dedicated time with a solicitor as they sought to make sense of the complaint and more crucially their response. This concern led me to take a step back from my duties on the board to allow me to maintain objectivity and avoid any conflicts of interest or bias, ensuring the integrity and impartiality of the study. I sought to distance myself from complaints, to view them at a distance rather than through a microscope. The thought that I would be aware of a participant's past complaint worried me. A worry, like most worries, that was unfounded.

The reassurance provided by the established ethical framework, along with the clear guidelines and protocols embedded in each method, helped me come to terms with my role as an insider-researcher. My initial lack of awareness about my immersion in a particular worldview conflicted with the goals of my research. At the beginning, I found it difficult to recognise my apparent biases of focusing excessively on negative aspects of participant's experiences. Due to the negative responses in relation to their experiences from the participants this seemed an impossible task. To address these biases, I revisited the data and started afresh, time and time again. However, I eventually realised the deeper, more influential factors affecting the study remained largely beneath the surface, representing only the tip of the reflexivity iceberg. I became conscious that my philosophical stance influenced the way I interpreted the data, designed the study, or drew conclusions. As a psychotherapist I understand how certain modalities are phenomenological in nature because they emphasise understanding the client's subjective experience and seeing the world through their eyes. Still, I found it challenging to 'bracket' my 'fore standings' (Smith et al., 2022) and transition from focusing on unknowing what I know, to a more interpretive, subjective

approach that centres on understanding personal experiences and perceptions of the participants (phenomenology). This shift required me to immerse myself totally in each participant's subjective experience. I experienced insights but often lost them, as they fleetingly occupied my mind, often at 3am, making my IPA research identity feel unstable. I found it challenging to accept that participant's accounts were not objective truths but rather their subjective experiences. I constantly checked my emotional response, often feeling anger at their plight. Acknowledging my personal involvement in the data was unsettling.

An early diary entry in June 2023 reveals:

> *Initially, I resisted the idea that the 'I' in IPA was 'me,' 'the researcher' and struggled with the implications of my presence in the study. My voice was deeply ingrained in my research diary which led me to fear contaminating the data. Despite recognising intellectually that IPA involves the researcher, I found it challenging to accept my role in shaping the thesis. Feedback from supervisors, initially perceived as critiques of technique, revealed deeper philosophical concerns. Over time, I began to question my assumptions more deeply, but insights remained transient. Only recently have I begun to understand my role better which has helped clarify my understanding of the lived experience of receiving a frivolous complaint and making sense of previously abstract concepts.*

The Participants

Without participants there could be no IPA study on frivolous complaints in a psychotherapy context. Due to it being an under researched aspect of the profession there exists very little on the topic. My reflexive diary offered insights into my past self, helping me retrace my steps and understand how early concerns influenced data collection and analysis. For instance, diary entries from 2022 revealed my anxiety about the difficulties with recruiting participants in relation to how the research would unfold. There was also the significant ethical challenge in safeguarding the anonymity, confidentiality, and privacy of all participants when using IPA research methods. Each interviewee's account inevitably referenced other individuals such as the complainant, the

accrediting body, or complaints committees. Despite not knowing these individuals personally, there is a risk that a story might be recognised by someone close to a participant.

Although I have obtained permission from my interviewees to use their accounts, I remain deeply concerned about maintaining the anonymity and confidentiality of both the interviewees and other individuals mentioned. To address this, I have altered names and certain details and have presented the material in the most ethical and respectful manner possible. Stories involving third-party complaints were particularly challenging to anonymise. Some participants who shared their experiences with third-party complaints were anxious about protecting their anonymity, perhaps fearful of any further reprisals. To ensure complete anonymity, the details of the stories would need to be significantly altered, which would compromise the accuracy of their experiences as shared with me. Absolute anonymity and confidentiality are not achievable, and I believe that those who agreed to speak with me accepted this condition. Given that this research involves a sensitive topic, it is crucial to avoid repeating any 'violations' of therapy that have already been a source of concern. While confidentiality is a fundamental aspect of ethical practice, Barnes (1998) contends that it can be approached either in a rigid or a realistic manner. When approached rigidly, confidentiality might shift towards secrecy and isolation rather than truly safeguarding it. Barnes argues that this rigid approach can sometimes harm the client's best interests.

Each of the participants had a different story to tell, each resonating with me in many ways, while each having something in common, *their* stories were now part of *me*.

My diary entry from June 2023:

> *I am surrounded by the voices of angry participants with accusations and controversies, finger pointing and a possession of an external locus of control. I understand at a deep level what it must be like for them, for who has not been accused of something that they did not do – even something simple? How we responded to that simple accusation is surely only a*

microcosm of the feeling endured by the participants who have been falsely accused of some transgression that now affects their personal and professional life. Yet, I sit here surrounded by their voices with an ever increasing need to reach for the smudge stick to cleanse my space and my soul, to rid myself of this external anger, anger that does not belong to me, if only for brief moments, yet accumulates inside of me to a point where I want to scream like a child 'IT WASN'T ME!

Diary entry August 2023 when sleep was interrupted yet again:

The study participants were like my dedicated fan club always front row at the theatre of my life both day and night, relentlessly auditioning for the role of 'dream invader' and guess what, they succeeded. Each and every one of them managed to invade my sleep.

One night I woke up in the middle of a dream where I was bestowing a top secret 'spy name' on my participants only to be known by me. It appears that even my subconscious has a knack of playing 'dream invaders.' If I wasn't writing about the participants and their experiences, I was trapped in a mental game of 'guess what's on their minds.' My world has shrunk so much that every conversation now is 'visual,' it feels like I'm deciphering human subtitles trying to decode their secret intentions while my ears are on a break from listening.

Data Analysis and Interpretation

The process of data analysis and interpretation presented both the most challenging learning experience and the most intense growth. I had to learn how to apply and adapt Interpretative Phenomenological Analysis (IPA) to the participant's narratives. IPA is inherently inductive, with me serving as the primary tool in the analysis; my interpretation of the data was what shaped the themes. Looking back, I recognise that selecting IPA was central to the research process. The iterative double hermeneutic cycle, essential for the systematic use of IPA where the researcher interprets how participants make sense of their experiences not only acknowledged my insider perspective but leveraged it. This gave me confidence in my role as the interpretive analyst.

In the early stages of the research, I over emphasised underlying assumptions and influences. However, new perspectives became clearer during the analysis and writing stages of this study, through the process of hermeneutic reflection (Finlay, 2003a; Shaw, 2010) and, in phenomenological

terms, by delving into the essence of the phenomena themselves (Husserl, 1970). Throughout this study, I regularly integrated my subjective experiences to both explore and critique the data (Packer, 2011). Simultaneously, I tried to challenge my understandings of complaints to gain a fresh perspective. Finlay (2008) compared this process to a dance, where past experiences are set aside in an evolving, unplanned manner. This metaphor captures the difficult nature of phenomenological inquiry, highlighting the challenge of tracing the origins of insight and the importance of critical self-analysis to understand the researcher's influence.

Analysing the data requires a substantial investment in temporality. A caveat should come with conducting IPA 'however long you think the analysis is going to take double it.' My diary entry in early April 2023 reveals how I experienced this aspect:

> *I feel like a salmon swimming furiously upstream to reach my group experiential theme (GET) creation goal. The difference between me and a salmon (I hope) is that I won't reach my demise when I get there!*

The 'doing 'of the analytical process for a novice researcher takes its toll. The complexity of managing unfamiliar methodologies and interpreting vast amounts of data can be overwhelming. For novice researchers, the cognitive load and the sustained focus required during the analytical process can lead to mental fatigue and a slow progress.

Diary entry April 2023:

> *My head is buzzing, I have so many ideas rattling around in the attic of my brain that I don't know what to be doing right now. I have fallen in and out of love with my analysis over the past few weeks, hating the slow somewhat monotony of it all. Then I have a breakthrough, and I can't wait to start working on a new section or a new transcript. The constant rollercoaster of emotions, that is IPA.*

I recall a reflexive diary entry made on July 2nd 2023

> *The data follows me around like a shadow. At times right in front of me, at times behind me or beside me, but never fully present, even when the sun isn't shining it is just a cloud away. I lie awake at night wondering what 'they' meant when something unclear had been said that I cannot clarify at this point. At times, the data converges with my own thoughts on the subject, and I struggle to separate 'them' from 'me,' what 'I' know already and what 'they' have told me, especially as it corroborates what is already known by 'me'.*

While an August 2023 entry reflected on the iterative nature of IPA which should not be underestimated. Embodied knowing is part of the process:

> *In relation to the iterative stage of IPA I had to; think about the data; digest it; let it ferment; leave it to percolate; then regurgitate it. The discovery is enabled by the methodology of IPA. Quantitative methodologies are predefined categories and theories. In qualitative IPA studies, this person is in the world, and I am 'being with them' in their world. The philosophical IPA is independent self, self in relation to others, a self in relation to the world. As the researcher and interpreter, I am making my contribution, it is all transparent. Getting deep into the philosophy helps one to see the living – these are the theoretical foundations. Participants past experiences impact how they 'show up' in the world. Philosophical underpinnings enable me to understand their experiences. Embodied knowing helps me to feel what they are feeling but these feelings must be 'bracketed' and separated from me, only to belong to them. Why do I awaken during the night with these thoughts? Because embodying the data is a part of the IPA research, because the data is in my mind constantly. Sometimes I lose all sense of reality as I enter a state of flow, I am literally going with the flow. Sometimes I don't know how I am doing the analysis because of this flow state, and I find myself lost, drowning once again in the data that I am analysing. Interpreting the findings could be the embodiment of the analysis for I am representing the participants.*

My diary entry from Sept 2023 highlights the iterative nature of IPA analysis:

> *Returning again and again to analysing the data, starting from scratch, continuing from where I left off, coming to the conclusion that analysing the data was like trying to eat a mountain of broccoli, imbuing a feeling like I'll never get through it and even if I did, I'd never feel satiated. I read and re-read each line so many times that I started questioning if time itself had started to slow down just to mess with me. Each day I faced the daunting prospect of tackling the transcripts from EN to PES to PET to GET consoling myself with thoughts like 'if you manage to survive ten pages today, there are only 999 more to go! It felt like a never-ending saga, a Groundhog Day of transcripts. But lo and behold, from what felt like an eternity I emerged triumphantly from the depts of all nine transcripts ready to conquer the herculean task of actually writing down the findings.*

In closing

My reflexive diary, which served as a tool for reflecting on my past self, was instrumental in retracing my journey and gaining insight into how my initial concerns may have influenced my data collection and analysis. It is not surprising that as a novice qualitative researcher, I initially sought reassurance in formal structures and methods, finding the creativity and risk-taking inherent in IPA unsettling and challenging. However, as I write at the conclusion of this study, I can now see that my professional background, if not my phenomenological expertise, might have allowed me to approach the study with a fresh perspective and offer new insights. As a psychotherapist with an interest in frivolous complaints, using interpretative phenomenological analysis (IPA) allowed me to deeply explore and understand the subjective experiences and meanings that psychotherapists attach to receiving such complaints, offering a nuanced perspective that can enrich therapeutic practices and enhance our comprehension of how these complaints impacted their lives. I end my reflection by drawing on the words of Sara Ahmed (2017) which resonates with the essence of interpretative phenomenological research, where re-examining experiences from different perspectives uncovers deeper layers of meaning, much like 'turning a word this way and that…listening for resonances,' allowing new meanings to emerge with each shift in the participant's subjective perspectives.

> *An intellectual journey is like any journey. One step enables the next step…I hope by retaking the steps to make some of my arguments in a more accessible manner…In retracing some of the steps of a journey, I am not making the same journey. I have found new things along the way because I have stayed closer to the everyday…Turning a word this way and that, like an object that catches a different light every time it is turned; attending to the same words across different contexts, allowing them to create ripples or new patterns like texture on a ground. I make arguments by listening for resonances.*
>
> *(Ahmed, 2017, pp.11-12)*

Appendix L Ethics Approval

University of Central Lancashire
UCLan

University of Central Lancashire
Preston PR1 2HE
01772 201201
uclan.ac.uk

03 November 2022

Sharron Grainger / Marie Percival
School of Community Health and Midwifery
University of Central Lancashire

Dear Sharron / Marie

Re: Health Ethics Review Panel Application
Unique Reference Number: HEALTH 0358

The Health Ethics Review Panel has granted approval of your proposal application 'An exploration of the lived experience of receiving an unfounded frivolous complaint in the context of psychotherapy practice'. Approval is granted up to the end of project date.*

It is your responsibility to ensure that:

- the project is carried out in line with the information provided in the forms you have submitted
- you regularly re-consider the ethical issues that may be raised in generating and analysing your data
- any proposed amendments/changes to the project are raised with, and approved by, the Ethics Review Panel
- you notify EthicsInfo@uclan.ac.uk if the end date changes or the project does not start
- serious adverse events that occur from the project are reported to the Ethics Review Panel
- a closure report is submitted to complete the ethics governance procedures (existing paperwork can be used for this purpose e.g. funder's end of grant report; abstract for student award or NRES final report. If none of these are available, use the e-Ethics Closure Report pro forma).

Yours sincerely

Lucy Hives
Deputy Vice-Chair
Health Ethics Review Panel

* for research degree students this will be the final lapse date

NB - Ethical approval is contingent on any health and safety checklists having been completed and necessary approvals gained as a result.