Exploring the future social identity of a PhD student dealing with anxiety: A psychotherapy client study

Return to Articles

Nicholas Sarantakis

I saw “Laura” (the pseudonym of a client who identified herself as a woman and who provided written consent for the publication of this anonymous client study) at the counselling and psychological services of an elite university in a major city in the United Kingdom (UK). Laura had a referral for PhD-related anxiety. Anxiety, as well as depression, is an increasingly common issue for contemporary doctoral students, and several recent studies in different countries (e.g., Hazell et al., 2021; Levecque et al., 2017) have demonstrated that this population experiences clinical anxiety and depression at a rate significantly higher than that of the general educated population of a similar age. Despite increasing interest in this phenomenon, and its pertinence for the future of society and knowledge, the specific circumstances contributing to such mental health difficulties for this population remain unclear. Therefore, it is important to investigate this phenomenon further, including how psychotherapy might help PhD students overcome mental health challenges. This study aims to contribute towards this improved understanding by exploring the nuances of the anxiety experience of a specific PhD student and how a contemporary, humanistically-oriented psychotherapeutic approach could be beneficial.

In particular, the current study provides an in vivo illustration of a gradual, collaborative navigation from Laura’s initial presenting issue (anxiety relating to her research and ongoing PhD) to the exploration of her internal tension between an external and internal locus of self-evaluation, which revealed her internalised “conditions of self-worth” (Mearns, 1994), or in other words, the culturally embedded conditions that would lead her to feel worthy and valued by others and herself. Overall, even though the study involved a rather brief therapy of six sessions, a clear positive movement was observed for Laura towards greater self-awareness and clarity regarding her present and possible future identities.

Moreover, the client study presented a valuable opportunity to the author for self-reflection as a humanistic and integrative psychotherapist. Indeed, within the context of this therapy with Laura, the challenge with my own positionality, not only as a therapist and researcher but also as a doctorate student myself at the time, was dual. On the one hand, I desired to be open to the possibility that pursuing an academic career could mean everything to Laura (as was the case for me) and that perhaps, primarily, she needed to

overcome any current difficulties at any cost to achieve this goal. On the other hand, although I did not want to assume that if Laura abandoned this aspiration, it would necessarily be a liberation from the artificial expectations imposed on her by herself and her family environment, it could be an equally acceptable option. From a therapeutic process perspective, I quickly formed the belief that the main underlying issue for Laura more concerned her identity than finding practical strategies to manage her daily anxieties, although the possibility remained that I was biased. However, I aimed to redirect the content of our sessions to the management of her current stressors, when it became apparent that this was more urgent for her and that she needed to pause her reflections about her future identity.

Furthermore, the content of Laura's concerns resonated with a few of my own experiences and feelings at that time, which presented a valuable opportunity for me to consider how I might best employ myself both as a therapist and a person for the benefit of my client (Baldwin, 2013; Health & Care Professions Council, 2021; Rowan & Jacobs, 2002) while remaining within her own frame of reference (Nelson-Jones, 2013) and self-actualising process (Rogers, 1959; Yalom, 2002). Determining this fine balance between being present as a therapist and an individual, while remaining focused on what is important for clients themselves has presented an interesting challenge for therapists over time and has been extensively discussed across different therapeutic modalities (e.g., Geller & Greenberg, 2002; Tannen & Daniels, 2020).

From a Rogerian perspective, the answer to the opportunities and challenges raised in relation to the therapist's use of self is congruence (Rogers, 1959). In particular, Rogers suggests that while therapists must be empathic towards the client's emotions *and* genuine about their own "experiencing" of similar emotions, simultaneously they must maintain a necessary distance from expressing such similar emotions or experiences to avoid distorting the client's own experience and authentic expression of it in therapy (Rogers, 1957; Rogers, 1951, p. 487). In the current client study, the above considerations were at the heart of the therapeutic approach adopted in the work performed with Laura.

Overview of Theoretical Orientation

Rogers (1957), in his most influential article, contends that the presence of six conditions is necessary and sufficient for any personality change to occur within psychotherapy. These conditions are the three core conditions that the therapist offers to the client (empathy, unconditional positive regard, and congruence), while the other three refer mostly to the client (having psychological contact with the therapist, being in a state of incongruence themselves, and perceiving the therapist's core conditions). Subsequent studies have overwhelmingly provided support for Rogers' conditions being at least vital, if not sufficient, for therapeutic change (e.g., Tudor, 2011; Watson, 2007). However, every time we, as practitioners, work with a new client, we still wonder whether such therapeutic change will really happen. Rogers (1951) describes the peak of personality development as a state where a basic congruence exists between the person's structural self-concept

and their perception or experience of the external environment and their relational world. That is to say, being in this state of congruence means that we lead a life that is fulfilling, if not perfect, just because we believe enough in ourselves and endeavour to live according to our own values. Indeed, as evident in Rogers' examples of his own therapeutic work (Kirschenbaum & Henderson, 1990), when the individual reaches this state of congruence, their self-image is sufficiently positive, grounded, resilient, and accepting of all drawbacks of the self, so that even the most adverse external experiences are not perceived as threatening to the self-image, and thus they do not cause excessive anxiety or other symptoms.

This journey of the person towards a more grounded and integrated self-image is also portrayed in Rogers' (1951) fundamental concept of the "self-actualising tendency" which is the "one basic tendency of the individual" (Proposition IV; p. 487). As Rogers explains, through the growth driven by the self-actualising tendency, the person becomes not only more accepting of themselves and eventually others (and thus can enjoy more fulfilling relationships), but also more able to recognise whether any self-evaluation they experience emanates more from themselves or from others.

Through this growth process, the person gradually embraces their self-worth *unconditionally* (Rogers, 1951). Consequently, they do not necessarily need the repeated validation of others, or of external successes, to believe in themselves. However, Rogers himself acknowledges that this is an ideal situation, and that it may be unrealistic to expect oneself to be congruent and self-contained at all times. Likewise, therapists cannot always have such expectations of themselves, but they can at least endeavour to model congruence when they are present in the therapy room with their clients (Rogers, 1957).

Self-actualisation and congruence were key themes of the current study. However, the therapeutic work was additionally informed by Mearns and Thorne's (2000) observation that the therapist should also be mindful of external "social mediation forces" that may place limitations on the potential for self-actualisation.

In other words, clients often seek a balance between their visions or desires (which they regard as actualising their real selves) and the realisation that, most often, there are several external, societal factors hindering their self-actualisation that either are beyond their control or they cannot realistically overlook. Thus, the therapist has the difficult task to remain encouraging of their client's self-actualising tendency while being equally attendant to both the internal and external forces of their dilemmas and supportive of their effort to find their own point of balance. Adopting this balanced approach in humanistic therapy is of paramount importance, since the therapist might be tempted to favour, explicitly or implicitly, a particular direction for the client, which would seem to embody their self-actualising tendency but would neglect other aspects of their life context or identity, possibly because these aspects have not been important in the therapist's own life. For example, a therapist may have personally experienced marriage and the creation of a family as an essential pillar of their own self-actualisation, while for their client marriage and family may more represent gender stereotypes within their community than

a genuine desire and priority of their own. In terms of mediating factors, upward social mobility, for example, could represent a genuinely strong desire for clients, but since there are always external contingencies that mediate the achievement of such goals, as therapists we may not want to prime clients to view the achievement of this goal as their only avenue to happiness.

Regarding this area of work, the concept of "configurations of self" (Mearns et al., 2013) can be vital. This concept draws attention to the possible tension between different parts (voices) of the self, which express conflicting stances towards a significant dilemma or theme for the individual. The key here is that all of these voices deserve to be heard, acknowledged, and understood because there are almost always valid and important points to be made from all sides of an argument or dilemma. For example, a dilemma could manifest as a configuration of self A wanting to quit a current job and search for another, more fulfilling, job, while a configuration of self B might prioritise the security and familiarity of the current job. Meanwhile, a configuration of self C could exist, which simply observes this internal dialogue. In other words, a meta-cognition of the dilemma might be present, which concerns the person's experiencing of their dilemma or internal conflict. In fact, the latter self may also have a meaningful remark to make, such as "I can't believe I can't make a decision", or alternatively, "I don't know what I will do, but at least I know that now I am dealing with this!" The two, or three, voices of the self may eventually have a constructive and balanced dialogue between them. In the work with Laura, searching for this balance represented another, implicit, theme traversing our sessions, both at the time of working with her and also retrospectively when reflecting back to our sessions and writing about them—in other words, both during my *reflection-in-action* and my *reflection-on-action* (Schon, 1983).

In terms of the direction of the work with Laura, this was informed by the Rogerian understanding of what constitutes growth in therapy. In particular, Rogers (1942) views growth as a gradual movement from external, factual descriptions to deeper exploration of our present, immediate experiencing which leads to new insights. Eventually, the individual re-evaluates their behaviours, relationships, and overall self-concept in light of these insights. In later texts, Rogers (1961) elaborates this idea by identifying consecutive stages within therapeutic growth. While initially a client may be defensive and rigid in their views and resistant to change, they gradually acknowledge, experience, and negotiate their deeper, present feelings; open up to a genuine relationship with the therapist; and develop the ability to be more empathic, accepting, and congruent towards themselves and others. In other words, they move from a rigid fixity to a new openness, immediacy, and flexibility. Thorne (2007) further highlights as a fundamental goal of Rogerian therapy the ultimate holistic self-acceptance, which is free from others' judgements and various other conditions of worth.

Therefore, although person-centred therapy strongly endorses the principle of non-directivity (Levitt, 2005), in relation to the sessions' agenda and the client's life choices, there exists in fact a broad conceptualisation about what constitutes progress in therapy (in a way, there is a "process plan" rather than a "content or goal plan"). This progress is

underpinned by certain fundamental values. The process plan is consistent with the tradition's philosophy regarding the innate human potential for achieving self-acceptance and inner harmony. Indeed, it would be hard to imagine any kind of psychological therapy whose philosophical foundations are totally neutral in terms of what constitutes therapeutic change.

In the work presented here, I was guided by Rogers' (1957) classical conditions for therapeutic change, as well as the above-mentioned concepts. Moreover, the current study has considered the implications of more recent research within the broader humanistic tradition in psychotherapy. In particular, Elliott (2013) conducted a systematic literature review on the effectiveness of humanistic therapies for social anxiety and anxiety more generally (Laura's main presenting issue). The review found that while traditional person-centred therapy is a valid treatment for anxiety, its effectiveness is enhanced when therapists provide more structure and flexibility in their interventions and generally adopt a more active role. Even though the work presented here was fundamentally Rogerian, a more active approach was adopted that integrated the concept of configurations of self (Mearns et al., 2013), techniques based on the idea of future possible selves (Markus & Nurius, 1986), and social identity theory (Jenkins, 2014). However, these concepts were adjusted for the context and scope of the particular therapeutic work. Specifically, the notion of configurations of self was used to help Laura acknowledge and consider all her internal competing needs. Considering possible (future) selves helped her gain more clarity about her deeper motivation (or lack of it) for her current PhD. Aspects of her identity that she may have overlooked under the psychological pressure from her family to complete her PhD and pursue an academic career were also collaboratively explored.

The Referral and Context of the Client

The therapy was conducted within a university counselling and mental health service. Service users were usually self-referred and between the ages of 18 and 30 years old. The standard duration of therapy was six sessions.

The basic information provided on Laura's assessment form was that she presented with high levels of anxiety, relating to her (funded) PhD research project. She was worried about meeting deadlines for submissions and she had been experiencing such problems for more than six months, including having to take a month off work a month ago owing to excessive stress symptoms. Laura had a good support network in her partner and family. It was the first time she had attended any form of talking therapy, and she had decided to do so because a friend of hers had found it helpful. All this information was certainly useful, but I did not mention any of it when I met with Laura; I trusted that an open, facilitative process would best allow her narrative to unfold organically and our therapeutic relationship to be established (McLeod, 2013; Wilkins & Gill, 2003).

Laura identified herself as a white, Anglo-Saxon, British woman in her late 20s, while her cultural identity was unknown. She had moved from her home town to her current location to work on her PhD, had a working-class background, was the first in her family to obtain

a university degree, was living by herself, and had a partner who self-identified as a man. She had experienced mild to moderate anxiety since beginning her PhD two-and-a-half years ago, but her anxiety had increased significantly.

The Beginning of Therapy

During the first two sessions, Laura elaborated on the discrepancy between her own doubts about the quality and appropriate level of her written work and the positive feedback she almost always received from her supervisors. She also mentioned that she was one of the few PhD students in her scientific domain who was a woman, and she found it surprising that she had been able to succeed academically up to this point. Indeed, even nowadays strong stereotypes exist among university students about which scientific domains are for men and which for women (Makarova et al., 2019), and such stereotypes were likely to have affected Laura's confidence and self-esteem in relation to pursuing a PhD in a "masculine subject". Overall, Laura was not sure why she found it difficult to believe in herself and her academic competence, despite external evidence to the contrary (namely, she had always been academically successful and she continued to progress). In Rogers' (1957) language, Laura seemed to be experiencing a basic incongruence between her self-image as a person who could never really be good enough "at this level," and her external experience of continuing to succeed. Simultaneously, as she felt the academic expectations of her increase, so her incongruence and subsequent anxiety experiences increased. Thus, we collaboratively identified this incongruence as a possible source of her anxiety.

Furthermore, in terms of Rogers' stages of therapeutic change (Rogers, 1942, 1961), Laura started to move quickly from talking about external events (e.g., her project, deadlines, meetings with supervisors) to addressing how she viewed herself. Indeed, the devaluing of her self-worth seemed to come from an internal rather than an external locus of evaluation, since there were no facts to support her self-doubts. It could be that succeeding academically was a necessary condition of her self-worth (Rogers, 1959); however, no positive academic feedback from others seemed sufficient to consolidate this since the feedback did not resonate with her own low confidence (Rogers, 1958). Hence, exploring further her experiences and feelings about her self-image, or in other words, her own "emotional truth" (Ecker & Hulley, 1996) regarding her identity, aside from the facts, was a vital aim of our work together. According to Rogers (2013), the key aim would be to support Laura—through an empowering therapeutic relationship—to listen more to her own feelings and thoughts, start caring more unconditionally about herself, and eventually believe more in herself.

Thus, I highlighted Laura's evident strengths that contradicted her own devaluing of self. An example of this occurred when she narrated how she felt overwhelmed by certain difficulties she was facing concerning giving a presentation at a conference. She provided sufficient information to demonstrate that she handled the situation quite efficiently, despite the pressure she was under, and I reflected this back to her. On another occasion, I emphasised—as a strength point for the quality of her work—Laura's desire

and tendency to find her own solutions to problems especially in relation to her concerns about taking too long to complete a task and achieving less within the same amount of time than her colleagues did. I wanted to encourage her to give more credit to herself by noting that “everyone works at their own pace” and maybe she did more work (for example, thinking about her own solutions) than she actually realised.

Laura shared her desire to find a balance between meeting the submission deadlines, being content with her work, and being able to enjoy her work and be creative. I observed that her anxiety and fear of making a mistake seemed to interfere with her enjoyment, thereby significantly hindering her ability to achieve this balance and causing her to wonder whether such over-vigilance (avoiding making mistakes) might be more harmful than beneficial for her.

At the second session, Laura mentioned that she did not feel like pursuing an academic career anymore, and she described the embarrassment she would feel if her relatives and friends were to ask her, “so, what was the PhD for?” (if she were to choose a different career). She was concerned about reaching a decision and I invited her to wonder what would happen if she continued for a while to feel unsure about her future. She found that she would question her “seriousness” about her life. Subsequently, I asked her whether it was important mostly for her to answer such questions (about what her future should be) or whether she was more worried about what others would think of her. Laura was not absolutely sure how she felt about these questions, which indicated that we were possibly entering new, meaningful ground in our therapeutic journey.

I invited her to reflect more on the origin of her expectations of and doubts about herself (so she would eventually find her own answers); however, I was already formulating some tentative hypotheses. Knowing that Laura came from a working-class family background and that she was the first person in her immediate family to attend university, I wondered whether her family viewed her PhD at a prestigious university as a vehicle to upward social mobility for Laura, and possibly vicariously for them as well. Moreover, her family probably expected this social mobility to be confirmed by Laura obtaining an academic job, and thus, if she chose not to do so, she would fail their expectations. Could this—at least partially—explain why Laura felt so much pressure simply at the thought of failing her family’s expectations? I remembered Laura narrating feeling guilty for the level of support she was receiving from her family to pursue an ambition (undertaking a PhD and having an academic career) that no one else previously had pursued in her family. Might this perhaps lead her to feel that she would overwhelmingly let them down should she not reach the “end point”? Would this perceived “failure” then reinforce in Laura the feelings of inadequacy and inferiority that she was already experiencing, studying for a PhD within this elite university?

Indeed, several studies confirm that working-class university students frequently experience their struggles as “personal inferiority” rather than as disadvantage or lack of opportunity (Mallman, 2017) within a higher education milieu where social inequalities persevere (e.g., Social Mobility Commission, 2019). Such social inequalities can cause working-class students (especially in elite universities) to feel excluded from the dominant

discourses and stereotypical understandings of what it means, for example, to be an Oxford University student (Attridge, 2021). Marvell (2022) further demonstrates that this difficulty of “fitting in” continues, or even intensifies, at the postgraduate level for working-class, first-generation students who study at prestigious universities. Nevertheless, Reay et al. (2009), in an influential qualitative study, illustrate that determined working-class students with a reflective, open attitude can indeed thrive and fit in at elite universities, even if this situation is often the exception, and such universities can certainly do more to embrace a more inclusive culture, which would benefit the universities as well. Therefore, the literature discussed above reveals that the social class–related challenges with which Laura was dealing are actually quite common for working-class students studying at elite universities. Thus, research is needed to understand better how these students can be best supported through counselling and psychotherapy.

The Development of Therapy

Revisiting the previously raised topics, in sessions 3 and 4 we expanded on the issue of whether Laura allowed herself to make a mistake and what a mistake in her PhD work would mean for her self-image. I wondered whether this fear of making a mistake could explain why she felt she was taking too long to complete tasks, but I thought I should wait to observe whether such a link would become relevant to her own narrative. Subsequently, Laura reflected that her fear of making a mistake probably related to her low confidence and self-esteem. At this point, I was attempting to find an equilibrium between a more active, empathic attunement, which would also draw on her *intended* meanings (Brodley, 1996; Freire, 2013), and the classical person-centred principle of non-directivity (Levitt, 2005). I reflected that since it may not be possible (or even purposeful) for a therapist to be an exact mirror of the client’s narrative, it would probably make more sense to reflect back to them any possible intended meanings, and moreover—within a robust therapeutic alliance—the client would feel free to correct the therapist, if necessary. Indeed, if the therapist’s suggestions are offered in an open, tentative manner, they can be an invitation for the client to reflect upon them rather than receive them as authoritative explanations.

Therefore, I invited Laura to reflect more on her understanding about her dissatisfaction with the pace of her work, her intense fear of making a mistake, and her perceived low confidence and self-esteem. As I brought all these themes to her attention, Laura moved on to discussing her decreased motivation for her research work, which she initially attributed to her self-doubts about her academic ability at “this high level.” I wondered whether she had been conditioned to think that as a woman and a working-class student, she could not thrive at this level; however, I decided it would be premature, or possibly seem irrelevant to Laura, if I raised the issue at this point. Instead, I asked whether she felt that her recent thoughts about giving up the aspiration of an academic career could explain better her decreased motivation, rather than her lack of ability, and this explanation resonated with her.

I felt that we were gradually approaching the core of Laura's experienced incongruence. Laura could clearly identify the facts related to her anxiety, her feelings, her fears, and her lack of confidence and motivation. In fact, her mistrust of herself and her abilities was so strong that she all but denied (distorted) any external validation (i.e., receiving mostly positive feedback from others), since it did not match her own low self-esteem. The concepts of external versus internal locus of evaluation (Rogers, 1958) and self-actualising tendency (Rogers, 1959) were both critically relevant here, and they could help deepen our exploration to an area that deserved more attention. In fact, Laura now found herself at a critical crossroad of doubts, emanating from her poor motivation to complete her PhD. Did this indicate a change of direction in her self-actualisation process (no longer being linked to an academic career)? Was it that she no longer felt confident that she could complete it? Or did she care more about what others might think if she were to give up her PhD? These dilemmas could also be described in terms of Laura's self-configurations (Mearns et al., 2013). In particular, alongside her academic self, there was now another emerging self, wondering, "who do I really want to be in the future, what would really make *me* (and not others) happy?" Hence, I encouraged Laura to make space for all her internal voices to be heard.

We picked up on these themes during our fourth session, and I suggested we try a thought experiment, which would consist of imagining career scenarios for her future. This way, we would be able to examine more vividly how she would feel about herself in these different scenarios and how she would feel about the reactions she would anticipate from others about her choices. Consequently, the tension between others' expectations and her own deeper desires (which might be not needing to prove anything to others or conform to any social norms) would be highlighted. I intentionally invited Laura to explore a hypothetical scenario of herself as a farmer in the future to elicit any stereotypes or social discourses that she might have internalised. She imagined her family, and others, being disappointed in her and wondering "why she had wasted her time on a PhD" (since she had become a farmer) and "why she did not pursue an academic career." I invited her to explore how this kind of feedback (which she acknowledged as benign) would lead her to feel about herself. She contemplated this and found that she would feel she had failed in her life and wasted several years on the PhD, since she was apparently "not good enough" to have an academic career, and that others would be able to see that. She came to realise that she was not allowing space for alternative interpretations of this scenario to be heard. For example, could she have a happy life outside of academia, or could she view her PhD as a growth experience rather than a way to gain social status? Laura was moved by the realisation that her fear of failure originated in others' expectations rather than her own needs and desires, and since she was now weeping, she said, "now we are both snivelling" (I had apologised earlier for sniffing, since I had a blocked nose). Laura added, "I don't want to care about what they think . . . I just don't know how . . . I just want to be happy!" I wondered about the origin of this difficulty with not caring about what others thought, but I knew that this was the time to remain silent and simply present, since she was sitting with her realisation and beginning to explore her future identity.

Heading Toward the End of Therapy

At the start of our fifth session, I reminded Laura that we had two more sessions remaining and asked her about her thoughts on this. She had not realised that we would finish so soon, but she eventually thought that it would be good for her “to have a break” and focus on her PhD, since engaging in our sessions (and especially reflecting on them) was “draining”. I sensed a void of *unfinished emotional business* (Greenberg, 2017) in her at that moment, but I could also understand her point about taking a break from therapy and reflection.

At this session, Laura told me that after our last conversation she had decided to keep her thoughts about her future to herself, and agreed with my observation that maybe this strategy would protect her from external judgements. We also discussed the strategies she could use to manage her stress for upcoming presentations and text submissions (for example, by breaking down the different stress-provoking aspects and working on one of them at a time). Additionally, we acknowledged that it was understandable that she sometimes felt demotivated or tired in relation to her research work after three years of intense commitment and that she could not always feel absolutely content with the quality of her work, especially when pressured by deadlines. On a positive note, the possibility of asking for an extension for her final thesis submission no longer seemed a failure to her.

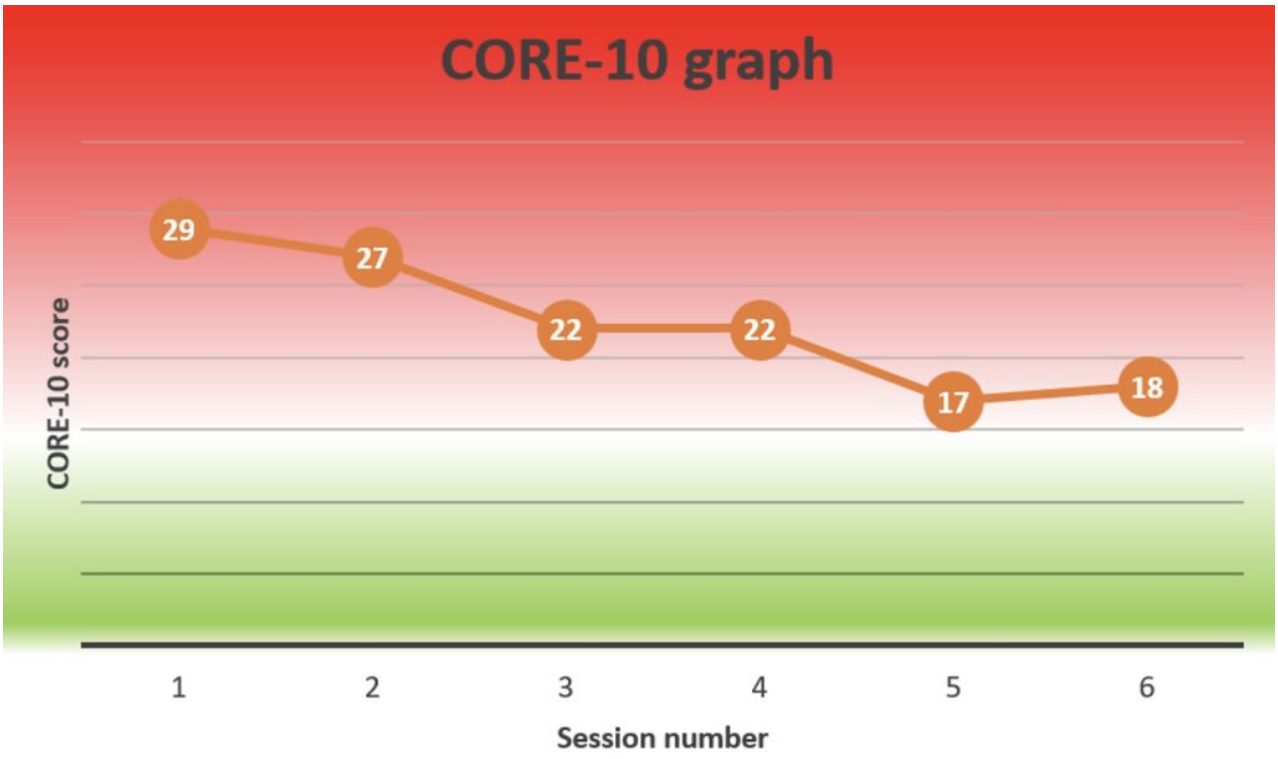
At our last (sixth) session, I asked Laura whether she would like to review important themes we had discussed or address a completely new topic. She felt that all the issues we had discussed were “one big [inextricable] thing”. However, she revisited the contrast between her factual achievements and her belief in her own worth and abilities, her concerns about her career and life after the PhD, and her stress management regarding her upcoming submissions to her supervisors. Laura felt that coping with the anxiety about her PhD viva was more urgent at that moment, so I offered to plan with her an approach to preparing psychologically for that. She mentioned the anxiety of “screwing up” and panicking during the viva (which she described as an acting performance). I shared with Laura the association that occurred in my mind between her metaphor and my own experience of being an amateur actor and musician in the past and how assessors valued more the ability of a performer to recover from an awkward moment than the ability to avoid making any mistakes at all—an observation that comforted her. We also explored the idea of rehearsing her viva answers to possible challenging questions with her partner or friend and how it might be useful to work step by step through the different areas of her anxieties. As we said goodbye, she shared that she had found this last session really useful, but she would have to revisit the other themes we discussed “when the time comes”.

Results & Discussion

Overall, the therapeutic approach presented in this paper was appropriate and fruitful for Laura. The decrease in her anxiety levels are demonstrated in the Clinical Outcomes in Routine Evaluation 10 (CORE-10) outcome measure chart in Figure 1 (CORE IMS, n.d.). This is a well-validated psychometric tool, applicable to all therapeutic modalities and

presentations of psychological distress. It does not require an assessment or specific diagnosis (Barkham et al., 1998), and therefore it was suitable for this study's client. The CORE-10 is a commonly used psychometric measure in the UK (CORE, 2007). It consists of 10 questions that clients answer on a Likert scale from 0 to 4, and the overall score can range from 0 to 40 (with a score of 10 being the clinical cut-off and any score from 25 and above indicating severe psychological distress). It can be seen from the graph below that Laura moved from severe to moderate psychological distress throughout the course of our sessions. No follow-up data exist beyond the final session.

Figure 1. Laura's CORE-10 Results



From a qualitative perspective, Laura was able to contain her anxiety to a large extent. Moreover, she gained in-depth insights into her internal conflicts which would eventually help her make more informed decisions about her future. In particular, through punctuating Laura's strengths, she realised that the source of her insecurity was internal rather than based on an external reality. By utilising concepts such as the configurations of self, she was encouraged to attend equally to all her internal voices and not only that telling her "you are not good enough for this PhD." Other voices within Laura were perhaps saying "my self-worth does not need to be threatened by a possible mistake in my research", or asking, "do I really want to pursue this for myself or so as not to disappoint others?" Indeed, some parts of Laura were able to imagine a successful, happy life without an academic career.

This led to the next step, which was for Laura to imagine vividly her life in different future scenarios as a way of uncovering her deeper dilemmas, such as whether the idea that "not following an academic career equals a failure" stemmed from the internalised stereotypes of others or dominant societal discourses rather than her own beliefs. In other words, this brief therapeutic encounter delineated Laura's journey from dealing with academic stress towards discovering an underlying tension between an internal and external culturally conditioned locus of self-evaluation and self-worth. We did not reach any conclusions or final answers to most of Laura's dilemmas, partly because of the limited number of sessions offered by the organisation and perhaps also because answers to Laura's dilemmas required more time to arise. However, we did embark on a self-discovery journey, which I am sure continued after our farewell.

This client study by no means proposes a universal therapeutic approach for such issues. It rather intends to provide an in vivo example of a therapeutic process in contemporary humanistic therapy and to encourage broader reflection on how social class and gender-related stereotypes may obscure a client's own values and future social identity. The way that such an approach could be applied in different contexts would inevitably depend on the specific therapeutic goals and personality of each client, as well as the therapeutic style and training of each therapist. For example, this approach would most likely be beneficial to a client seeking self-awareness rather than immediate anxiety management.

From a theoretical perspective, even though I initially regarded my work with Laura as a person-centred therapy approach, I eventually realised that this approach may lend itself —by its open-ended nature—to other modalities as well, as long as they respond to the client's needs. In relation to the client discussed in this paper, some eclectic cognitive behavioural therapy techniques allowed Laura to work on her more specific, tangible goals regarding her preparation for her PhD viva. On other occasions, when Laura felt more energised to explore and pursue bigger life questions, we naturally followed a more person-centred pathway, which enabled her eventually to take more ownership over her life choices, identity, and sense of purpose.

Conclusion

From a personal reflexivity perspective, my own resonance with some of the client's presenting concerns caused me at times consciously to restrain from assuming that her academic experience was necessarily similar to mine. In particular, being a man with an upper-middle-class family background, perhaps I could not relate directly to Laura's need for upward social mobility, and possibly I unconsciously primed her to reflect more on her personal fulfilment rather than the prospect of upward social mobility through an academic career. However, I was pleased when she said, "you are obviously familiar with all that" (meaning the research requirements), as I understood this statement to be evidence that I had not compromised my congruence and empathy in an attempt to remain neutral and bracket my own experiences. In fact, I could relate with her academic struggles and pressures, and with her search for a social identity of her own, but not so much with her family pressures and the gender stereotypes dominating her academic

field. While relating and empathising with the former elements felt more natural to me, understanding the latter required a conscious effort on my part and some reminiscing on my own experiences of feeling an outsider, or feeling that I did not have the “right to fail.” My own experiences were of course quite different from Laura’s. As critical as it is to use ourselves as therapists only for the benefit of our clients (Baldwin, 2013; Rowan & Jacobs, 2002), it is equally important that our clients meet a real person in the therapy room.

Acknowledgement

A huge thank you to “Laura” who shared with me her intellectual and emotional world and granted me permission to write about this fascinating case study.

Declarations

The author declares that this is an original article by the author which has not been published or submitted for publication elsewhere and that there are no copyright materials included in it, which would require the permission of a third party. The client of this case study provided her written consent for the study to be written and published. The author removed or slightly altered all specific information which could possibly provide indications of her personal identity, in order to protect her anonymity. This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of Glasgow Caledonian University. The author declares that no funds, grants, or other support were received during the preparation of this manuscript. The author has no relevant financial or non-financial interests to disclose.

References

Attridge, É. (2021). Understanding and managing identity: Working-class students at the University of Oxford. *Journal of Further and Higher Education*, *45*(10), 1438–1453. https://doi.org/10.1080/0309877X.2021.1985979

Baldwin, M. (Ed.). (2013). *The use of self in therapy* (3rd ed.). Routledge. https://doi.org/10.4324/9780203076156

Barkham, M., Evans, C., Margison, F., McGrath, G., Mellor-Clark, J., Milne, D., & Connell, J. (1998). The rationale for developing and implementing core outcome batteries for routine use in service settings and psychotherapy outcome research. *Journal of Mental Health, 7,* 35–47.

Brodley, B. T. (1996). Empathic understanding and feelings in client-centered therapy. *The Person-Centered Journal*, *3*(1), 22–30.

CORE, IMS (n.d.). The CORE outcome measure. http://www.coreims.co.uk/About_Core_System_Outcome_Measure.html

Ecker, B., & Hulley, L. (1996). *Depth-oriented brief therapy: How to be brief when you were trained to be deep and vice versa* (1st ed.). Jossey-Bass Publishers.

Elliott, R. (2013). Person-centered/experiential psychotherapy for anxiety difficulties: Theory, research and practice. *Person-Centered and Experiential Psychotherapies*, *12*(1), 16–32. https://doi.org/10.1080/14779757.2013.767750

Freire, E. S. (2013). Empathy. In M. Cooper, M. O'Hara, P. F. Scmid, & A. C. Bohart (Eds.). *The handbook of person-centred psychotherapy & counseling* (pp. 165–179). Palgrave Macmillan. https://doi.org/10.1007/978-1-137-32900-4_11

Geller, S. M., & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapy encounter. *Person-Centered & Experiential Psychotherapies*, *1*(1–2), 71–86. https://doi.org/10.1080/14779757.2002.9688279

Greenberg, L. S. (2017). Emotion-focused therapy of depression. *Person-Centered & Experiential Psychotherapies, 16*(2), 106–117. https://doi.org/10.1080/14779757.2017.1330702

Hazell, C. M., Niven, J. E., Chapman, L. R., Roberts, P. E., Cartwright-Hatton, S., Valeix, S., & Berry, C. (2021). Nationwide assessment of the mental health of UK doctoral researchers. *Humanities and Social Sciences Communications*, *8*, Article 305. https://doi.org/10.1057/s41599-021-00983-8

Health & Care Professions Council. (2021). *Standards of proficiency–Practitioner psychologists*. https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-practitioner-psychologists/

Jenkins, R. (2014). *Social identity*. Routledge. https://doi.org/10.4324/9781315887104

Kirschenbaum, H., & Henderson, V. L. (Eds.). (1990). *The Carl Rogers reader*. Constable.

Levecque, K., Anseel, F., De Beuckelaer, A., Johan Van der Heyden, J., & Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy*, *46*(4), 868–879. https://doi.org/10.1016/j.respol.2017.02.008

Levitt, B. E. (Ed.). (2005). *Embracing non-directivity: Reassessing person-centred theory and practice in the 21st century*. PCCS Books.

Makarova, E., Aeschlimann, B., & Herzog, W. (2019). The gender gap in STEM fields: The impact of the gender stereotype of math and science on secondary students' career aspirations. *Frontiers in Education*, *4*, 60–67. https://doi.org/10.3389/feduc.2019.00060

Mallman, M. (2017). The perceived inherent vice of working-class university students. *The Sociological Review*, *65*(2), 235–250. https://doi.org/10.1111/1467-954X.12422

Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, *41*(9), 954–969. https://doi.org/10.1037/0003-066X.41.9.954

Marvell, R. (2022). ‘Walking through fog’: Social inequalities and the journey to postgraduate taught study in England. *Studies in Higher Education*, 1–13. https://doi.org/10.1080/03075079.2022.2072479

McLeod, J. (2013). *An introduction to counselling* (5th ed.). Open University Press.

Mearns, D. (1994). *Developing person-centred counselling*. Sage Publications.

Mearns, D., & Thorne, B. (2000). *Person-centred therapy today: New frontiers in theory and practice*. Sage Publications.

Mearns, D., Thorne, B., & McLeod, J. (2013). *Person-centred counselling in action* (4th ed.). Sage Publications.

Nelson-Jones, R. (2013). *Introduction to counselling skills: Text and activities* (4th ed.). Sage Publications.

Reay, D., Crozier, G., & Clayton, J. (2009). ‘Strangers in Paradise’?: Working-class students in elite universities. *Sociology*, *43*(6), 1103–1121. https://doi.org/10.1177/0038038509345700

Rogers, C. R. (1942). *Counselling and psychotherapy*. Houghton Mifflin.

Rogers, C. R. (1951). *Client-centered therapy*: *Its current practice, implications and theory.* Constable.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*, 95–103. https://doi.org/10.1037/h0045357

Rogers, C. R. (1958). The characteristics of a helping relationship. *Personnel & Guidance Journal*, *37*, 6–16. https://doi.org/10.1002/j.2164-4918.1958.tb01147.x

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In H. Kirschenbaum & V. L. Henderson (Eds.). (1990). *The Carl Rogers reader* (pp. 236–257). Constable.

Rogers, C. R. (1961). *On becoming a person*. Houghton Mifflin.

Rogers, C. R. (2013). The basic conditions of the facilitative therapeutic relationship. In M. Cooper, M. O’Hara, P. F. Scmid, & A. C. Bohart (Eds.). *The handbook of person-centred psychotherapy & counseling* (pp. 24–27). Palgrave Macmillan. https://doi.org/10.1007/978-1-137-32900-4_2

Rowan, J., & Jacobs, M. (2002). *The therapist’s use of self.* Open University Press.

Schon, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Social Mobility Commission (2019). *State of the nation report 2018–19: Social mobility in Great Britain*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/798404/SMC_State_of_the_Nation_Report_2018-19.pdf

Tannen, T., & Daniels, M. H. (2020). Counsellor presence: Bridging the gap between wisdom and new knowledge. *British Journal of Guidance and Counselling*, *38*(1), 1–15. https://doi.org/10.1080/03069880903408661

Thorne, B. (2007). Person-centred therapy. In W. Dryden (Ed.). *Dryden's handbook of individual therapy* (pp. 144–172).Sage Publications.

Tudor, K. (2011). Rogers' therapeutic conditions: A relational conceptualization. *Person-Centered & Experiential Psychotherapies*, *10*(3), 165–180. https://doi.org/10.1080/14779757.2011.599513

University of Manchester (2019). *Inequality in the UK higher education system*. Global Social Challenges. https://sites.manchester.ac.uk/global-social-challenges/2019/05/23/inequality-in-the-uk-higher-education-system/

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. HarperCollins Publishers.

Watson, J. C. (2007). Reassessing Rogers' necessary and sufficient conditions for change. *Psychotherapy: Theory, Research, Practice, Training*, *44*(3), 268–273. https://doi.org/10.1037/0033-3204.44.3.268

Wilkins, P., & Gill, M. (2003). Assessment in person-centered therapy. *Person-Centered & Experiential Psychotherapies*, *2*(3), 172–187. https://doi.org/10.1080/14779757.2003.9688310

Dr. Nicholas Sarantakis *is a counselling psychologist and a senior lecturer of integrative counselling and coaching at the University of East London. He is an integrative/pluralistic private practitioner, a clinical and research associate of the Instahelp online counselling centre (Sigmund Freud University, Austria), and a clinical associate at the Chelsea Psychology Clinic in London. He previously worked for Middlesex University, University of Northampton, Teesside University, and York St. John University as a senior lecturer/lecturer and program director. Dr. Sarantakis has published peer-reviewed studies on group/family psychotherapy, pluralistic and lifespan development therapy, an anti-discriminatory stance in psychotherapy, and the relationship between language and thought. His other published articles are on professional platforms such as* The Psychologist *(British Psychological Society). He is currently developing a model of integrating classical ancient mythology in contemporary psychotherapy and has previously led a research project on experiential–existential group psychotherapy after a life crisis or psychological trauma.*

Return to Articles