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Philosophy and Identity: The Relationship Between Choice of Existential Orientation and Therapists' Sense of Self

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Abstract

This paper reports one theme – *Expression of Identity* – which emerged from a larger qualitative study. It suggests that existential philosophy offers an insight into the human condition which therapists incorporate into their world view and that choosing to be an existential therapist is a choice involving passion and commitment.

Key Words

Existential philosophy; existential therapy; identity; therapeutic approach; relationship.

Introduction

This paper discusses the close connection between therapists' sense of personal and professional identity and their choice of an existential orientation. The theme *Expression of Identity* to be discussed here was developed from a qualitative analysis of existential therapists' views of the relationship between philosophy and practice in existential therapy. Identity was not an explicit focus of the original questions posed to therapists and yet issues of personal and professional identity seemed to be of central importance when discussing their use of existential theory to inform therapeutic practice.

Choosing to draw on existential philosophy

Different therapies conceptualise the relationship between theory and practice in varied ways. Adherents to the existential approach identify a number of common themes or practices which include acknowledging and working with the 'givens' of existence such as death, isolation, freedom and meaninglessness (Yalom, 1980); working with concrete experiences; helping clients to become more authentic; working in an open and flexible way (Cooper, 2003). Therapists tend to adopt a phenomenological approach which focuses on description of the problem situation rather than interpretation of it as in psychodynamic approaches. Theory is seen as not necessarily

needed in this process, whereas this would be unthinkable in, for example, psychoanalysis or CBT. Indeed, Carl Rogers, who, like existential therapists, adopted a phenomenological stance, suggested that ‘if theory is to be held at all, it seems to me that it should be held tentatively, lightly, flexibly, in a way which is freely open to change, and should be laid aside in the moment of encounter itself’ (Rogers in Rogers and Stevens, 1968: p 186). So, although he developed a new theoretical approach to therapy, Rogers did not see it as having a place in the therapeutic encounter. In addition, existential therapy does not adhere to the medical model of diagnosis and cure, so there is a reluctance to label mental health problems and to apply treatment plans based on theoretical premises, which sits in sharp contrast to many CBT approaches. Instead the approach advocates a tentative, exploratory approach which acknowledges and mirrors the inherent uncertainty faced by all human beings (Spinnelli, 2007). The therapeutic relationship is a central element of the therapy and what happens in a therapeutic encounter is different on each occasion, depending on the unique interactions between client and therapist rather than being directed by theoretical considerations.

According to Howard (2000), what differentiates existential therapy from other approaches is the overt emphasis it places on underpinning philosophy. He argued that the goals of therapy and of philosophy are similar in that they both focus on meaning, identity and how to make sense of life. However, psychological theories, which underpin many therapeutic approaches, often aim to explain and predict human behaviour. Psychoanalysis, with its emphasis on psychosexual stages and the structural model of the mind, is a good example of this with past behaviours being seen as explaining present psychological pain. Clearly not all so-called psychological theories fit into this category but existential therapy is arguably more aware of its philosophical underpinnings than most approaches. Van Deurzen states that other approaches often neglect philosophy and that what differentiates the existential approach is its movement away from a focus on function and dysfunction to a focus on ‘the nature of truth and reality,’ on aiming to understand life as far as possible and on becoming more proficient at living (van Deurzen, 2011: p 9).

As McLeod (2009) has noted, therapists’ theoretical and clinical standpoint can be strongly linked to their sense of identity. He points to the work of Attwood and Stolorow (1993) and Magai and Haviland-Jones (2002) who have evidenced this connection in relation to well-known figures such as Rogers and Perls, with the latter making connections between biographical material and recordings of practice. The supposition is that therapists are likely to develop approaches which fit with their perspective on the world as developed through their life experiences. Therefore when deciding which therapeutic approach to adopt, most therapists are likely to consider which

orientation fits most comfortably with their beliefs around human development, origin and maintenance of problems and notions of therapeutic change.

Moss *et al.* (2014: p 3) define professional identity as ‘the integration of the professional self and personal self (including values, theories, and techniques)’. This fusing of personal and professional identities is also emphasised by Bruss and Kopala (1993) and supported in a study by Gazzola *et al.* (2014) who found that trainee counselling psychologists were very positive about what they saw as a match between their own beliefs and values and those commonly held by the counselling psychology profession.

So we might expect that therapists and counsellors of all persuasions will be drawn to therapeutic approaches that reflect their own prior perspectives, beliefs and values, and that ‘being a therapist’ will form an important part of their sense of self. However, the research that has been conducted on this issue provides limited insight into the implications of particular therapeutic orientations and practices for personal identity.

The present study

The focus of the present study was an exploration of how existential therapists see the relationship between existential philosophy and therapeutic practice. By talking to existential therapists about their practice, we aimed to gain insight into how they bring the principles of existentialism to bear in the therapy session. Although the exploration of professional and personal identities was not an aim of the research, the flexible and open-ended method of enquiry meant that this issue, which was clearly of importance to participants, was able to emerge.

Method

Research Design

We undertook a small scale qualitative study as we were looking to understand the meanings and subjective world of our participants. Using semi-structured interviews, rather than questionnaires, enabled us to gain rich data through discussion with participants. We acknowledge that the method of inquiry used collects data on therapists’ verbal interpretation of the questions asked and as such is ‘one stage removed’ from the actual lived experience. As Giorgi (2005: p 184) makes clear when describing the act of therapy itself: ‘the lived meaning does not present itself fully through the manifest verbalisation’. However, this method of data collection enabled us to gain some insight into therapists’ perceptions of the phenomenon being explored.

Recruitment of participants

Existential therapists were contacted using Society for Existential Analysis (SEA) and UK Council for Psychotherapy (UKCP) websites. The first

author searched for therapists who defined themselves on their individual websites as ‘existential’ and who had at least two years’ experience of practising existentially. This latter inclusion criterion made it more likely they would have a sufficiently well-developed way of working. Four female and one male therapist agreed to participate. Four were based in London and the south-east and one in the north-west of England. Although a number of ethnic minority therapists were contacted, none agreed to participate. As the majority of therapists are women, it was not surprising that those agreeing to participate were predominantly female.

Data collection

The five participants were interviewed via Skype semi-structured interviews – which lasted between forty five minutes and one hour twenty minutes. One of the strengths of this type of interview as opposed to a structured format is its flexibility. It is less likely that issues around identity would have emerged if either structured interviews or questionnaires had been used. The study was approved by the School of Human and Health Sciences Ethics Panel at the University of Huddersfield. The interviews were audio recorded having obtained permission to do so. The interviewer used an office at her place of work and the therapists were based in a room of their choice. The interview questions focused predominantly on the main existential ideas underpinning their work and how they saw the relationship between existential philosophy and therapeutic practice, but also included questions on what initially attracted them to the approach and to what extent they would define themselves as an existential therapist.

Data analysis

The first author used Braun and Clarke’s (2006) version of thematic analysis to analyse the data. This involves a number of clearly defined steps and was used for two main reasons: (a) it is an accessible and rigorous yet flexible approach; (b) it is seen as a foundational method for qualitative analysis. Following transcription, the data was coded, with the codes being developed through immersion in the data. The codes were then developed into themes, including sub-themes and overarching themes. The overarching theme of *Expression of Identity* will be discussed here together with the sub-themes of *Affinity with the Approach* and *Conceptual Positioning*. The first author discussed the development of the themes with the other authors on an ongoing basis.

Findings: Expression of identity

Several themes were identified from the analysis. However, we focus here on the overarching theme of *Expression of Identity* which captures the way in which the therapists’ choice of therapeutic orientation was

discussed not simply as a choice of theory or approach, but as an expression of their identity. The sub-theme of *Affinity with the Approach* highlighted the strength of therapists' commitment to the approach and its impact on their sense of self, while *Conceptual Positioning* conveyed the way in which therapists outlined their affiliation to certain theoretical concepts and their rejection of others.

Although previous research has highlighted the link between personal and professional identity in counsellors and other health professionals and between one's world view and choice of theoretical orientation (Bruss and Kopala, 1993), these findings highlight the passionate attachment that existential therapists can feel towards their therapeutic approach.

(1) Affinity with the approach

(a) Initial attraction

All the therapists explained their initial attraction to the existential approach in terms of its being in tune with their pre-existing world view. One therapist stated:

It's in tune with my own general outlook on life really (Yeah). I don't think it's a case of suddenly discovering something and then changing how I thought to, it was just a case of discovering, you know, a philosophical way of thinking which I already embodied (Yeah) to quite a large extent really. I just didn't know about existential philosophy and I certainly didn't know there was a therapeutic dimension to that

(Jennifer)

The attraction was immediate in most cases and passionately felt. This was sometimes accompanied by a strong sense of relief at having found a world view that mirrored their own:

It was a great relief to find that there were certain bits of method that I could borrow and that I could use and that I could learn from and that I could be inspired by, you know, and that also gave me heart in realising that obviously this is something other people were interested in

(Phoebe)

(b) Growing commitment

As well as an immediate attraction, most therapists explained how they had become more strongly affiliated with the existential tradition as they had increased in experience:

I've kind of come to see myself as an existential therapist more

and more as time goes by, even now, you know, post qualification, feeling more existential than maybe even a few years ago. So it's, it's erm, it's almost like, err, you know, I often think a lot of the existential ideas, I'll get more and more relevance the further on in your development you go

(Rufus)

Even though most of the participants acknowledged drawing on elements from other approaches, they expressed a growing commitment to the approach and all discussed existential ideas in very positive terms and in a way which suggested a stronger attachment than simply a way of working with clients.

(c) Impact on sense of self

The attraction tended to be very intensely felt and in some instances had a profound impact on the therapists, by normalising their previous life experience or by offering wisdom or an enhanced sense of meaning.

The philosophy for me gave me a sense that I wasn't alone in experiencing the world with as sometimes meaningless, as sometimes incredibly difficult. I was pleased that I wasn't alone in experiencing other people as being well as Sartre says, 'Hell is other people,' difficult (Mmm). It gave me a sense of normality, I guess, it de-pathologised my experience of the world

(Rufus)

For this participant, existential philosophy was comforting as it reduced his feelings of isolation and led to greater self-acceptance. This, it could be argued, has echoes of a spiritual awakening. For another it was also about a search for meaning:

I got interested in philosophy, I wanted to understand, erm, what it means to be alive, what it means to be human and how best to live really and so my passion was for studying philosophy to get the kind of wisdom about, well to gain wisdom from what other people had thought about human existence and human living

(Phoebe)

Finding existential philosophy seems to have provided most of the therapists with a way of making sense of the world which has had a profound impact on them. It is much more than simply a therapeutic orientation. And this strong commitment that they have seems to result from the approach's ability both to validate the therapist's already formed sense of identity and to provide them with a sense of meaning and self-understanding.

(2) Conceptual positioning

The other significant finding relates to the clear positioning of the self in relation to a range of existential concepts and a sometimes forceful rejection of other concepts which sit in opposition to existential concepts. We have termed the former, for want of a more accurate term, ‘human’ concepts and the latter ‘scientific concepts,’ due to their common association with positivist science. Human concepts can be further categorised as ‘subjective,’ ‘tentative’ and ‘experience-focused,’ while scientific concepts can be further broken down as ‘objective,’ ‘certain’ and ‘theory-focused.’

This identification with certain ideas and ways of working appears to be experienced at a very deep level which suggests a profound connection between theoretical orientation, clinical practice and self-expression. It also suggests that therapists instil theory with far greater meaning than as ‘a structured set of ideas’ or even ‘a language and a set of values’ (McLeod, 2009: p 51).

There were numerous examples of participants describing their professional stance in terms of the various ‘human’ concepts and in opposition to the ‘scientific’ ones. However, the way in which they presented this information also demonstrated a very personal positioning of the self in relation to these concepts. We provide a few examples of each of the opposing concepts here, most of which also convey the associated affective responses.

(a) Subjective v objective

Most participants expressed a strong preference for making subjective, intuitive decisions during therapy as opposed to adopting a more objective, scientific decision-making process. When asked about the concept of change and if or how they measured it in their clients, one therapist stated:

I certainly don't measure change. The word measure really doesn't come into anything for me (No) but I can sense it and I can feel it and we'll talk about it erm and I may well bring it up

(Ellie) (emphasis added)

Unlike many therapeutic approaches change is not seen as something therapists work to bring about (van Deurzen, 2011) and it is rarely measured in a formal way (Spinelli, 2007). This contrasts with other approaches where models such as CORE-OM (Clinical Outcomes in Routine Evaluation-Outcome Measure) (Evans *et al.*, 2000) are commonly employed to measure client change. None of the therapists mentioned measuring change, which is not surprising, nor is the fact that they expressed a dislike of a more objective evaluation of the client's problems which they saw as detracting from the individuality of the client's lived experience. What is striking though is how this participant conveyed a sense of complete assurance

about not measuring change, which seems to capture something about her world view ('doesn't come into anything for me') rather than simply relating to her way of working.

The following extract captures a commonly held view about a scientific, medicalised approach to therapy:

I certainly don't see therapy about cure in any shape or form really. I understand, or I try to, I do understand the issues that people bring in existential terms...I think that's the difference between an existential approach, a real reluctance to want to medicalise everyday life really er which I believe is an increasing trend in our society erm we all seem to be , whatever our issue can have a medical label nowwhich is something which I disagree with that

(Jennifer) (emphasis added)

Here the therapist expressed a strongly held belief in not medicalising everyday life. This and her own existential stance are presented in polarised terms with the former position being forcefully and personally rejected in favour of her own existential perspective.

(b) Tentative versus certain

All therapists emphasised the idea of working in a flexible and tentative way which reflected their strongly held belief that we live in an uncertain world. This is not just about therapeutic practice, but a whole way of seeing and being in the world. This is positioned against the notion that there can be any degree of certainty either in life or in therapeutic practice. One participant referred to the existential perspective as advocating the notion of 'uncertainty and how erm how as human beings a lot of what we are struggling with is trying to find certainty where there is no essential... certainty' (Ellie).

Allied to the belief in an uncertain world, is the central premise that the therapist does not know where the therapy will take herself or the client:

So erm, in a way, it's almost like existential theory is a theory about not knowing and it sounds almost contradictory, but it provides some, erm, it provides not evidence based, but it provides, erm, some kind of support for not being theory driven or not being technique driven

(Rufus)

This tentative approach is reflected in the therapist stance adopted by all but one therapist – that of fellow traveller – someone who is 'no more the expert on living than they are' (participant 1). Although some therapists

emphasised their skills more than others, only one saw themselves as a kind of teacher. The idea of being an expert was almost universally rejected with one participant contrasting her unhelpful experience of the psychodynamic approach in which the therapist insisted ‘on harking back to my relationship with my father or my childhood’ with the existential approach which ‘seemed to address, erm well you address you know the, the, the issue, the human condition really in a very egalitarian kind of way and that appealed to me. I wasn’t very keen on setting myself up as the expert’ (Ellie). So the therapists positioned themselves with clients as fellow human beings who are also facing the challenges of the human condition. This notion of therapist identity stands in sharp contrast to therapist positioned as the expert. The reference to ‘harking back’ was expressed in irritated tones suggesting a strong aversion to what she saw as an approach grounded in a cause and effect methodology.

Another aspect of the therapists’ rejection of the concept of certainty was their clear preference for increasing client awareness and understanding over seeking explanations for client distress. This was sometimes presented as sitting in opposition to other approaches where seeking explanations was the aim:

But I guess in certain respects, in terms of how I practice it’s certainly very different from the psychoanalytic tradition or the psychodynamic tradition which relies much more on looking for an explanation for things. I’m much more concerned about understanding and I see understanding as a more hermeneutic kind of on-going endeavour, you know, one question kind of raises another question

(Jennifer)

Sometimes the preference for understanding over explanation was framed as a moral choice that was personally meaningful. So resisting explanatory approaches was an important part of expressing what they stood for and did not stand for on a deep personal level. The following extract exhibits a stronger, explicitly stated antagonism towards use of explanations almost as if this was morally problematic:

*So it was all about interpretation and all about, erm, explanations and analysis and these things **I found, erm, very annoying** because they seemed to go in a very different direction than what philosophy was about, which was to understand and take a much wider perspective, rather than probe in that particular theoretical way and to use a particular kind of framework to, erm, to make interpretations to people. **It always seemed to me that that was wrong.***

(Phoebe) (emphasis added)

Thus, participants seemed to identify very strongly and very personally with the concepts of tentativeness and openness and to reject, sometimes passionately, ideas of seeking certainty and explanations.

(c) Experience-focused v theory-focused

All the participants placed a strong emphasis on focusing on the client's experience by working phenomenologically and most positioned themselves in opposition to deterministic theoretical constructs:

*I think that's a big difference, the emphasis more on phenomenology, trying to understand the subjective experience of the client on their terms, not bringing in theory too much and certainly not looking for cause or deterministic sort of facts, you know the past, you know the idea of the past determining the present **wouldn't have any kind of place in the existential kind of approach** really*

(Jennifer)

Again this is not surprising in itself, although the rejection of determinism is absolute here – there is no place for it in this approach. Elsewhere, it is the choice of words used to describe the concepts which often conveys the strength of feeling involved in the affiliation to one philosophical standpoint and the complete rejection of another:

*And what **I really liked** about that [the existential approach] was that it seemed to...be about meeting someone where they are **not dragging them into theories and not dragging them into, erm you know, not dragging them into ideas** where they don't want to go and meeting them where they are and that **definitely appealed**.*

(Ellie) (emphasis added) and:

*I, as a human being, am sitting with this other human being and, you know, **we're in it together** and erm, and it's an exploration and I'm not erm **I'm not imposing my highfaluting erm psychological ideas** on them. You know **there's something about just, just being in the room and me being just as affected by the human condition as they are***

(Ellie) (emphasis added)

So the existential approach is presented as clearly preferable and personally meaningful ('definitely appealed' and 'there's something about...') whereas the psychodynamic approach is depicted using derogatory language ('dragging

them' and 'highfaluting') together with an implication, in this example, that this approach could have a detrimental effect on clients.

Discussion

The original aim of this study was to explore existential therapists' perspectives on the relationship between philosophy and practice in existential therapy. However, the importance placed by therapists on existential philosophy and practice as a means of expressing personal and professional identity emerged as a central issue for the participants. The key findings focused on the strength of therapists' commitment to the approach and its impact on their sense of self; they conveyed their personal and professional identity partly by means of their expressed affiliation to certain theoretical concepts and their rejection of others. Professional identity showed itself to be entwined with personal identity. This is supported by Scott and Black (1999, in Goltz and Smith, 2014) who state that professional identity is a crucial element of an individual's sense of self. However, in the case of the existential therapists interviewed in this study, the importance of their therapeutic practice for their identity clearly went beyond simply 'being a therapist', in the same way that 'being a police officer' or 'being a teacher' might be important to a sense of self in those professions. The therapists were clearly identifying specifically with existentialist practice.

The therapists asserted that they felt a personal affinity with existential ideas and that this led to their initial attraction to the approach. There is a significant amount of research supporting the idea that counsellors *choose* a theoretical approach based on their personality or world view (Varlanni and Bayne, 2007; Murdock *et al.*, 1998; Poznanski and McLennan, 2011). But this study goes one step further by highlighting the passionate attachment that therapists can feel towards their therapeutic orientation. Discovery of the approach often had a profound impact on the individual, by normalising their experience or by offering wisdom or an enhanced sense of meaning. Atwood and Stolorow (1993) discuss how those who develop theories often use the theory to work through unresolved issues in their own lives. Feltham purported, somewhat polemically, that therapists, indeed individuals more generally, develop and 'irrationally defend systems of thought' based on their own emotional needs (Feltham, 1999:183). Although our participants were not developing a grand theory and they did not explicitly discuss their emotional needs, they were nevertheless engaged in making choices on which aspects of existential theory were personally meaningful, for example Sartre's 'hell is other people' expressed by one individual, which served to de-pathologise her experience. The powerful ways in which the therapists sometimes expressed their affiliations and antipathies certainly suggested a powerful emotional resonance. Also, as McLeod (2009) highlights,

when an aspect of a recognised theory does not quite fit with an individual's own experience, it is likely they will develop their own take on the theory as some of the participants conveyed. Van Deurzen and Adams assert that what sets the existential approach apart is its movement away from illness and cure to a focus on the broader philosophical issues (van Deurzen and Adams, 2011:p 8). The emphasis is on what it means to be alive and to live a 'worthwhile' life (van Deurzen and Arnold-Baker, 2005: p 3). Perhaps existential therapists make a particularly deep personal connection with the approach because it offers this opportunity, through the philosophy, to make sense of what it means to be human. They tend to 'live' their philosophy as well as practice it.

The other significant finding was the clear positioning of the self in relation to a range of existential concepts and a sometimes forceful rejection of other concepts which sit in opposition to existential concepts. This identification with certain ideas and ways of working and rejection of others appears to be experienced at a very deep level which suggests a profound connection between theoretical orientation and identity. Certainly when something is deeply felt and when we are aiming to help others to understand us as clearly as possible, for example in a research interview, it can be as effective to tell them what we are NOT as what we are. This echoes elements of Personal Construct Psychotherapy (PCP) (Winter and Viney, 2005) which purports that what a person disaffirms is just as telling as what they affirm. It is debatable whether approaches such as CBT and psychodynamic therapy would be as concerned about saying what their approach is NOT. This may be because they regard themselves as more mainstream. Previous research has tended to focus on which concepts counsellors were most / least attracted to. For example, Murdock *et al.* (1998), demonstrated that existential and gestalt practitioners chose their orientation because it is the most holistic and least behavioural (as opposed to experiential) approach. Poznanski and McLennan (2011) found that counsellors they termed 'experiential/gestalt' (the latter of whom have many similarities in approach to existential counsellors) chose the approach because they favoured subjectivity and intuition which echoes our findings. However, our research also highlights a fierce affiliation to a broad philosophical perspective and a rejection of certain concepts and values which sat in opposition to their preferred, sometimes revered ways of working and of viewing the world. This sometimes implied a broader rejection of another theoretical orientation because of the alien world view it espoused. Although relating to another profession rather than theoretical orientation, Mellin *et al.*'s (2011) findings that counsellors often, somewhat inaccurately, regarded psychologists as focusing predominantly on testing and as being distant in their relationships with clients conveys something

of this negative perception of other schools of thought. Arguably, Feltham (2010: p 57) encapsulates something of this stance when he stated that many 'theories are faith-like and somewhat hostile to others'.

Buckman and Barker (2010) suggest that each therapist develops a very personal, individualised approach, based on his / her personality, attitudes and training background, rather than adhering rigidly to a theoretical model devised by others. This suggests that one's own identity and sense of what is meaningful comes into play when developing one's clinical practice. Similarly, Feltham (1999) regarded it as an 'open secret' that many therapists modify and personalise their approach and do not train others in the ways they themselves work.

Overall, the therapists' expression of having found an approach which offers meaning or wisdom about what it means to be human captures something of the powerful effect existential philosophy has had on therapists' sense of identity.

Conclusions

This study highlights the powerful attraction these existential therapists hold towards their therapeutic orientation. This is sometimes due to the orientation closely mirroring a previously held personal philosophy; at other times the focus is on the profound impact the discovery of the approach had on the individual. The other significant finding relates to the clear positioning of the self in relation to a range of existential concepts and a sometimes forceful rejection of other concepts which sit in opposition to existential concepts. But what seems highly significant is that these existential therapists are intensely invested in their approach from a personal as well as professional perspective. We would argue that because the philosophical underpinnings of the approach offer a way of addressing the sorts of questions that most human beings ask themselves about what it means to be human (van Deurzen and Arnold-Baker, 2005) it is likely that the ideas will resonate at a very deep personal level. Certainly the language used to express this affiliation is at times powerful and suggestive of a profound emotional connection between theoretical orientation, clinical practice and identity.

Further research could explore whether existential therapists do show more investment in their perspective than proponents of other approaches and, if that is the case, how that manifests itself. These findings could support would-be therapists when choosing their therapeutic orientation, particularly as they indicate the profound importance of choosing an approach which allows expression of one's sense of self. Our broader study, which is ongoing, aims to contribute to the growing body of research into existential therapy with the aim of clarifying the theory/practice relationship together

with highlighting the value of this therapeutic orientation.

Like similar qualitative studies caution is needed in transferring the findings to different contexts. There is also an inevitable limitation arising from the self-report methodology used. The sample was small and biased towards a white female middle-class perspective. Future research could employ a larger, more representative sample and could focus more directly on identity issues. It could also incorporate analysis of therapists' expressions of their identity in therapeutic settings as well as their verbal expression of its meaning.

Postscript

If you are either a trainee existential therapist or qualified under two years ago, or you are a trainer of existential therapists and would like to participate in the next stage of this research study focusing on the relationship between existential philosophy and practice please contact Vicki Smith at University of Huddersfield, Department of Behavioural and Social Sciences, Queensgate, Huddersfield, HD1 3DH or email v.smith@hud.ac.uk

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