

An Exploration of How Counselling Psychology Trainees Experience their Negative Internal Reactions to Clients

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ABSTRACT

This qualitative study aimed to explore how trainee counselling psychologists experience having negative internal reactions in relation to their clients. It seemed important to explore this domain of trainee experience since therapists have reported their training has left them ill-equipped to effectively manage strong reactions to clients (Harris, 2002). A review of the research identified a lack of process-orientated empirical studies exploring how trainee therapists understand, manage and are impacted by their experience of this client scenario. A semi-structured format was used to interview eleven trainee counselling psychologists to explore their experiences in-depth. Interviews were audio-recorded and transcribed. Analysis of the data was guided by the principles of constructivist grounded theory (Charmaz, 2006). The core category in the constructed grounded theory represents trainees' occupation of their professional identity. Its character influences how trainees are challenged by their experience, how they assign responsibility within the therapeutic relationship for their experienced conflict and how they engage with this conflict. Simultaneously, trainees' occupation of their professional identity is shaped through the process of their experience, through the reciprocal relationships that exist between the four categories. This thesis offers a holistic and process-orientated understanding of trainee counselling psychologists' experiences of having negative internal reactions in relation to their clients. It is recommended that trainers and supervisors encourage trainees to be open about, and seek help with, their experiences of this client scenario. Further research directions relating to the professional development of counselling psychologists are elucidated.

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Chapter 1: INTRODUCTION

INTRODUCTION

Psychotherapy relies upon the therapist's¹ use of self and understanding of the emotional reactions they experience in response to their clients to inform and facilitate the therapeutic process. Psychotherapeutic practitioners regularly experience potentially counter-therapeutic feelings towards their clients, yet there is a lack of empirical research investigating this domain of practitioner experience (Pope & Tabachnik, 1993). There is even less research containing information on how trainee therapists experience such reactions and that which does exist presents thought provoking preliminary findings. The aim of this study is to respond to the relative absence of process-orientated research exploring how trainees understand and manage their experience of having negative internal reactions in relation to their clients.

My interest in pursuing this topic of research came about through my early training experiences. I first began working with clients whilst training for an MSc in Counselling Psychology. In one of my placement supervision groups a strong emphasis was placed upon trainees exploring their affective and cognitive reactions to clients, particularly those experienced as negative. Initially I experienced this as a challenging and exposing task, however I came to appreciate the therapeutic value of openly engaging in this process. I found it both liberating and useful to be able to draw upon my own reactions to better understand clients.

Some years later I completed a PGDip in Cognitive-behavioural therapy. I was surprised to find that there was no discussion of trainee reactions to clients on the course and that exploration of this aspect of trainee experience was not encouraged in

¹ In this study, the term *therapist* is used to represent the psychotherapeutic practitioner role, specifically the roles of psychotherapist, counsellor and psychologist.

supervision. I wondered how other trainees understood and managed their reactions to clients. I wondered whether the importance I placed upon attending to such reactions was a result of my counselling psychology training, which had emphasised reflective practice and/or my previous supervision experience. I questioned whether, and the extent to which, other counselling psychology trainees necessarily shared my values.

In this chapter I introduce the relevant literature and critically review the empirical research relating to my chosen area of study. I begin with an introduction to therapist reactions and the concept of countertransference. I explore the research literature relating to therapist countertransference reactions and feelings towards clients and trainee reactions to clients. To gain an understanding of how such reactions might impact trainees, I explore the character of trainee therapist training experiences by focusing on the relevant literature on trainee therapist development. The chapter concludes with a presentation of my research question and aims.

1.1 Therapist Reactions

There has been extensive discussion of the emotional reactions therapists experience in relation to clients within the literature devoted to psychoanalytic, psychodynamic (Winnicott, 1949; Reich, 1960) and relational theory (Keisler, 1996; Safran & Muran, 1996) approaches to therapy. It is within these disciplines that therapists attach particular significance to the internal reactions they experience in relation to clients, as a means of monitoring and understanding their clients' interpersonal styles, relationship patterns and assumptions, and the impact their clients have upon other people (Westra, Aviram, Connors, Kertes & Ahmed, 2012). In contrast,

therapist reactions to clients have not traditionally played a prominent feature in cognitive-behavioural therapy, however more recently conceived cognitive-based theories have placed greater emphasis upon attending to relational schema and styles of interacting (Safran & Segal, 1990; Young, 1990). It is perhaps surprising that so little empirical research has focused on this domain of practitioner experience (Westra et al., 2012) when therapist reactions appear to present as an important therapeutic resource.

There exists the potential for both therapists and therapists in training to experience an array of different reactions to clients, as a routine part of their practice. These reactions can include feelings of warmth, acceptance, sadness, joy and frustration, and will fluctuate throughout sessions and over the course of working with clients. The frequency and intensity with which practitioners experience such reactions, and the forms through which they manifest, depend upon a number of different factors, but perhaps primarily upon the practitioner and the client.

In Smith, Kleijn and Hutschemaeker's (2007) study, which focuses on the specific reactions therapists experience in response to traumatised clients, they identified twenty categories of therapist reaction. These include disgust, rumination, fascination, intrusive images, sorrow and active intervention. They found that when therapists were confronted with clients' traumatic experiences, it evoked within them "a situation-specific reaction pattern characterized by shock, anxiety, being carried away by strong feelings of the client, somatic reactions and the need to talk about the experience" (p. 39).

Shaw's (2004) research emphasises the importance of bodily perceptions as a source

of interpretation for therapists. His study explored the somatic experiences of ninety experienced psychotherapists who had all used their somatic responses to clients to help them navigate the therapeutic encounter. Nausea, musculoskeletal pain and bodily reactions linked to smell were some of the physical reactions themes generated from the grounded theory analysis of data derived from an interview group and different discussion groups. Shaw's study revealed that the more emotionally involved the therapist was with their client, the more that was manifest through some form physically i.e. the more significant body phenomena appeared.

Fauth and Nutt-Williams (2005) explored levels of in-session self-awareness of trainee therapists in counselling sessions, with volunteer clients. In-session self-awareness was defined as trainees' awareness and momentary recognition of their own physical, emotional, cognitive and behavioural responses during a counselling session. Their study found that trainees experienced their increasing levels of in-session self-awareness as more helpful than hindering with clients. As their self-awareness increased, trainees became increasingly more interpersonally engaged and present with clients, who felt more helped and supported as a result.

Therapists' engagement in a continuous process of self-reflection, in relation to their influence upon the therapeutic relationship, is regarded as good professional conduct (Smith, Kleijn & Hutschemaekers, 2007). It is necessary for the therapist to differentiate their contribution from their client's in order to gain an understanding of the relational dynamic (Gabbard, 1995; Kiesler, 2001). According to Singer (1965), "it is important to distinguish between realistic negative attitudes such as annoyance with a patient's excessive and unreasonable demands and impositions on the one hand, and genuinely irrational negative reactions to a patient, reflections of

the therapist's personal problems, on the other" (p. 296). Singer (1965) highlights the importance of this aspect of therapists' practice, particularly when negative or strong emotions are being evoked in relation to clients. For example, the process of working with strong emotions has been found to impede therapists' capacity for empathy, particularly in relation to trauma material (Wilson & Lindy, 1994).

Countertransference is a term used to refer to the thoughts, feelings and behaviours the therapist experiences in relation to their client. The therapist's use of self as a tool within the therapeutic relationship can be greatly influenced by their countertransference reactions (Hayes et al., 1998). Through the process of introspection the therapist can draw upon their countertransference to gain a deeper understanding of their client through their increased awareness of the relational dynamic, which can be used to inform therapy (Gelso & Carter, 1994). Countertransference reactions also have the capacity to distort the therapist's clinical judgment and perception of their client and cause them to relate in a manner that is driven by their own needs rather than what is best for the client (Hayes et al., 1998).

1.2 Countertransference

The term *countertransference* was first introduced by Sigmund Freud in 1910 (Tonnesmann, 2005). He conceptualised countertransference as the unconscious and defensive reactions the analyst² experiences in relation to their patient. Five years earlier, Freud recorded his understanding of the strong feelings his patients developed in relation to him through the analytic process as their *transference* (Tonnesmann, 2005).

² The terms *therapist* and *client* are substituted for *analyst* and *patient* when specific reference is being made to psychoanalytic psychotherapy.

When Freud first encountered what he conceptualised as transference he experienced it as an ‘interruption’ to his patients’ free expression. He subsequently changed his stance to focus on the importance of interpreting patients’ transference, which he understood as manifestations of patients’ defences against their own repressed unconscious (Tonnesmann, 2005). He understood the emergence of these strong positive and/or negative feelings towards him as replications of “old impulses and phantasies aroused during the process of psychoanalysis with the therapist replacing some earlier person from the patient’s past” (Lemma, 2003, p231). Freud’s aim was to allow the patient to develop an emotional attachment to him so he became the subject of their transference wishes. Through denying the gratification of these wishes it allowed the patient’s conflicts to become more apparent within the therapeutic relationship through the frustration and intense affect this created (Lemma, 2003). The character of this transference regression was thought to reflect the patient’s infantile neurosis, which allowed Freud to interpret the origin of the patient’s neurotic symptoms (Lemma, 2003).

Freud considered countertransference reactions as the analyst’s transference to the patient (Tonnesmann, 2005). He believed these reactions could only have an unfavourable effect upon therapy since they reflect the analyst’s own unresolved conflicts. So according to Freud, one of the tasks of the analyst was to keep these internal representations of significant figures from their own past (Watkins, 1985) separate from the therapeutic process. Freud’s understanding of countertransference did not alter during his lifetime (Tonnesmann, 2005). Although he was the first to conceptualise the phenomenon of countertransference he offered little more beyond its initial description (Jacobs, 1999).

There is a longstanding debate about the nature of countertransference feelings, behaviours and thoughts (Peabody & Gelso, 1982; Watkins, 1985; Hayes et al., 1998; Rosenberger & Hayes, 2002). Rosenberger and Hayes (2002) identify three countertransference definitions, which they label as classical, totalistic and moderate. The classical definition concurs with Freud's understanding of countertransference reactions as the therapist's neurotic and unconscious reactions to the client's transference (Kernberg, 1965). The totalistic definition refers to all unconscious and conscious reactions the therapist has to their client (Heimann, 1950). This definition does not distinguish between reactions that originate from the therapist's own unresolved conflicts and those which stem from the therapist's and client's shared reality of their relationship (Rosenberger & Hayes, 2002). Heimann (1950) understood the therapist's countertransference reactions as a therapeutic tool. Her perspective marked a shift towards recognising the therapist's emotional responses to her clients as a means of gaining insight into the client's internal world and unconscious processes, which could be used to inform the therapist's interpretations of their client's presenting material (Lemma, 2003). The moderate definition of countertransference is in keeping with Freud's original conception in that it identifies these reactions as originating from the therapist's own unresolved conflicts. However it does not view countertransference as solely a reaction to the client's transference nor does it consider these reactions as necessarily negative (Rosenberger & Hayes, 2002).

As a phenomenon countertransference is widely recognised within the psychotherapeutic world. Although its roots stem from psychoanalytic psychotherapy and it is within this practice that consistent and detailed attention is devoted to the use and value of countertransference (Jacobs, 1999; Racker, 2007), other theoretical approaches place significance upon affect and interpersonal themes (Lemma, 2003).

The feelings and reactions evoked within therapists through their experiences of their clients are understood as providing important insight into the internal state of their clients, through such processes as projection and projective identification (Lemma, 2003). Racker (1957) identifies countertransference as “both the greatest danger and the best tool” (p. 303) in counselling. His position reflects the potential therapeutic value of the therapist’s countertransference whilst echoing Freud’s interpretation of the phenomenon as a therapeutic obstacle.

In the article “Countertransference: Its Impact on the Counselling Situation”, Watkins (1985) highlights the potentially harmful effects that damaging countertransference patterns can exert upon the counselling process and consequently clients. He identifies four prominent types of countertransference reaction: overprotective, benign, rejecting and hostile. Rejecting countertransference behaviours are often derived from the therapist’s view of their client as needy and dependent. The therapist can respond by becoming aloof and creating emotional distance from their client. According to Watkins (1985) this type of behaviour stems from the therapist’s unconscious fear of other people’s dependency needs and/or their fear of being made responsible for the wellbeing of their client. Watkins (1985) goes on to identify the therapist’s hostile countertransference as originating from the therapist experiencing something in their client’s behaviour or attitudes, which they dislike. It can also arise from the therapist’s fear of being contaminated by their client’s ‘pathology’. Hostile countertransference can manifest as the therapist working hard to disconnect from their client and can emerge in overt behaviours such as the therapist being consistently late for therapy. Watkins (1985) identifies the worst outcome of this type of countertransference as a sado-masochistic type relationship, with the therapist acting as the sadistic party. This way of

relating can serve to reinforce familiar relational pattern for the client who deteriorates as a result.

The countertransference patterns described as overprotective and benign (Watkins, 1985) may not appear as harmful however their presence can prevent clients from benefitting from therapy. In his description of overprotective countertransference, Watkins (1985) refers to the therapist as regarding the client as needy and fragile and therefore in need of protection. This may cause the therapist to try to protect their client from experiencing any hurt, guilt or anxiety through soothing them and thus limiting the client's opportunity to fully engage with their personal issues to arrive at a resolution. The therapist colludes with their client's projections of their difficulties as an external problem and does not encourage them to take responsibility for recognising their role or improving their way of coping. The therapist experiences benign countertransference when they have an overwhelming desire to be liked by their client (Watkins, 1985). Underneath this need is the fear the client will become unsettled or displeased and uncontrollably angry. In an attempt to guard against this anger, the therapist may create friendly and cheerful therapeutic environments in which the therapist and client collude together in denial against exploring 'difficult' material. The therapists may relate to their client as a peer engaging in idle chatter or pleasantries, which means the necessary therapeutic distance is lost. Watkins (1985) concludes by presenting five ways of managing these destructive countertransference patterns to prevent therapists from being driven by them. He identifies "a) self-analysis, b) personal counselling, c) supervision, d) genuineness and self-disclosure, and e) referral" (p. 359), as safe guards.

Watkins' (1985) article clearly illustrates the potentially destructive nature of therapist countertransference, yet these reactions are established as having potential therapeutic

value (Jacobs, 1999; Lemma, 2003; Racker, 1957; 2007). It therefore appears that empirical attempts should be made to understand how countertransference reactions manifest, what their implications are and how they can best be managed to promote ethical and constructive practice. It is important to understand how therapists process their experiences of countertransference and to learn how it impacts them within their professional role. This establishes countertransference reactions as a highly significant area for empirical research.

1.3 Empirical Research Literature on Therapist Reactions to Clients

Since Freud first introduced the term over 100 years ago, the majority of what is understood about countertransference is derived from clinical writings (Hayes et al., 1998). However there exists a body of analogue research on countertransference reactions. This form of research aims to replicate ‘real-life’ phenomena under controlled settings so that it can be studied. This research has in more recent years been followed by an exploration of the phenomenon in more naturalistic settings. This review will focus on the relevant empirical research from the last thirty years. It aims to offer a critical review of the empirical research on the countertransference reactions and feelings therapists experience in relation to their clients and in doing so highlight what is absent from the research literature.

1.3.1 *Empirical Research Literature on Countertransference Reactions*

Rosenberger and Hayes (2002) offer a review of the empirical analogue and field-based research on countertransference reactions from the preceding two decades. This

research is consistent with the moderate definition of countertransference since that is where the majority of research lies. Measuring the phenomenon of countertransference presents as a challenge due to its abstract nature, numerous clinical manifestations and lack of consensus surrounding its definition. Research efforts have focused on attempting to operationalise its dynamics within controlled settings with the intention of using these countertransference ‘measures’ in subsequent field-based research. As a consequence much of the research devoted to countertransference is analogue by nature.

With reference to the analogue research, Rosenberger and Hayes’ (2002) review suggests counsellors’ ability to be aware of their feelings, particularly when they are also able to draw upon their theoretical model of practice, performs a significant role in managing countertransference reactions (Latts & Gelso, 1995; Robbins & Jolkovski, 1987), as does being able to manage anxiety and being self-integrated (Gelso, Fassinger, Gomez & Latts, 1995; Van Wagoner, Gelso, Hayes & Diemer, 1991).

Several of these studies adopted and adapted Yulis and Kiesler’s (1968) measure of countertransference behaviour, which operationalises it as the counsellor’s personal withdrawal from the client. This operationalisation is based upon empirical findings and an anxiety-defence conceptualisation of countertransference, which suggest that therapists’ countertransference can manifest through “rigid behavior (reflecting defensive “blindspots”)” (Yulis & Kiesler, 1968, p. 414). Yulis and Kiesler (1968) recognised this behaviour as the therapist excluding from focus any aspects of their client’s narrative that may relate to the therapist. Yulis and Kiesler’s (1968) measure involves counsellors listening to an audiotape of a client-actress and at pauses in her speech choosing one of two statements as a response. One of the two statements represents a withdrawal of the counsellor’s personal involvement from the client. It was

theorised that this withdrawal strategy helps the therapist to avoid focusing upon their own feelings and hence avoid increasing their levels of anxiety.

Robbins and Jolkovski (1987) employed Yulis and Kiesler's (1968) methodology to test their hypotheses relating to the relationship between countertransference reactions and empathy and the management of countertransference reactions. In their study examining 34 male counsellors' responses to HIV-infected and gay clients, Hayes and Gelso (1993) broadened their measure of countertransference beyond Yulis and Kiesler's (1968). Counsellors were shown and responded to one of four videotapes of a client-actor who was HIV-positive or HIV-negative and either heterosexual or gay. Hayes and Gelso (1993) measured affective, cognitive and behavioural components of countertransference through measuring counsellors' state anxiety, their rate of recall of words their client used relating to sex and death, and assessed counsellors' verbal responses to clients as either approach or avoidance. Gelso et al. (1995) extended this research to explore the relationship between trainee counsellors' cognitive, behavioural and affective countertransference reactions and their management with a lesbian client. A total of 68 counsellor trainees watched a videotape of a female client talking explicitly about her sexual difficulties with either her female or male partner after which trainees completed the countertransference measures used by Hayes and Gelso (1993). Supervisors assessed how trainees managed their countertransference using the Countertransference Factors Inventory (CFI), which is a 50-item instrument developed by Van Wagoner et al. (1991) to measure management of anxiety, self-insight, self-integration and empathic and conceptualising ability.

Rosenberger and Hayes (2002) argue that the body of analogue research devoted to countertransference reactions, which has been produced since the last review (Singer &

Luborsky, 1977) has made significant progress. Whereas previous research focused purely on behavioural manifestations of countertransference, some of the analogue research carried out since includes both affective and cognitive components. In addition, instead of responding to audiotape stimuli with pre-determined responses this was replaced in some cases with counsellors generating their own responses to videotape stimuli. According to Rosenberger & Hayes (2002) these two methodological developments have improved the external validity of findings from analogue research. At the same time, analogue research falls within a positivist paradigm that is consistent with the classic hypothetico-deductive method of empirical science. Despite the developments within this body of research towards greater generalisability, analogue research is narrow in terms of what it can communicate about clinical practice since its conditions and horizons are limited and so tightly controlled.

The findings from the field-based research reviewed by Rosenberger and Hayes (2002) were obtained under more naturalistic counselling settings and include both qualitative and quantitative research methods. McClure and Hodge (1987) explored the relationship between counsellors' liking and disliking of their clients and their countertransference reactions using a measure of countertransference that was grounded in counsellors' misperception of their clients. This measure was devised through 12 counsellors and 36 clients completing a personality inventory to measure their self-perceptions and counsellors' perceptions of their clients. Countertransference was identified when counsellors overestimated the similarity and dissimilarity between themselves and their clients as indicated by their clients' profiles. McClure and Hodge (1987) discovered that when counsellors had strong feelings of dislike in relation to their clients their perceptions of dissimilarity were exaggerated. When counsellors experienced strongly

positive feelings they were found to overestimate the extent to which their clients were similar.

Hayes et al. (1998) explored therapist perspectives on countertransference using a consensual qualitative research (CQR) strategy. Their intention was to increase the breadth of research beyond analogue research to establish a clinically relevant and empirically based conception of countertransference. CQR is dependent upon the consensus of researchers and an external auditor to establish themes and core ideas within the data. Semi-structured interviews are used to elicit descriptively rich data. CQR falls within a constructivist research paradigm in that it recognises socially constructed subjective realities and the importance of the influence of the researcher-participant interaction. However its reliance upon interpretive consensus and the ‘bracketing off’ of researcher biases means it leans towards postpositivism (Ponterotto, 2005). Drawing upon Hayes’ (1995) structural theoretical model of countertransference, the aim of Hayes et al.’s (1998) study was to explore the basis of countertransference reactions in therapists in relation to their unresolved conflicts (*origins*), how they are elicited (*triggers*) and the consequences of elicitation (*manifestations*). They also sought to explore how therapists manage their countertransference reactions (*management factors*) and what impact these reactions have upon the therapeutic process (*effects*).

The 8 participants used in Hayes et al.’s (1998) study were psychologists with between 5 and 42 years of post-doctoral experience and were identified as ‘expert’ practitioners by their colleagues. Interviewers observed psychotherapy sessions with psychologists and their clients, interviewing the psychologists immediately afterwards to explore their research questions. Each counsellor conducted 12-20 sessions of therapy, which generated 127 interview transcripts in total. These were analysed through examining the

data relating to countertransference origins, triggering events and countertransference manifestations. It emerged that countertransference reactions were evident in eighty per cent of the counselling sessions, which Hayes et al. (1998) interpret as an underestimation since that figure cannot account for unconscious reactions. Family issues, therapists' own needs and specific issues relating to the therapist role of performing well and managing therapy termination were common origins of countertransference. Identified triggers were found to be numerous although most were based upon therapists' subjective judgment rather than objective facts. Therefore, whether and when countertransference reactions occurred was largely dependent upon how therapists experienced their reality. Countertransference manifestations were grouped "into four categories: approach, avoidance, negative feelings and treatment planning" (Hayes et al. 1998, p.475). Countertransference tended to manifest through emotional distance between therapists and clients. In all 8 therapists negative feelings were present and included a wide range of emotions including anger, guilt, frustration, anxiety and inadequacy. Some countertransference reactions drew therapists close to or away from their client; this behaviour was not found to be dependent upon the affective nature of the emotion experienced. Some cognitive-based reactions were reflected through the decisions counsellors made when treatment planning, for example deciding to be more active in sessions or to terminate therapy early.

Hayes et al. (1998) suggest that those therapists whose intrapsychic conflicts are more resolved are more likely to be able to use their countertransference therapeutically. Therapists whose conflicts are less resolved have the potential to experience more problematic reactions to clients. Similarly, they suggest that the former are in a better place to manage their countertransference reactions as they are more able to recognise

whether, and how much of, their experience stems from their shared reality with their client or their own unresolved conflicts.

Hayes et al.'s (1998) study alone provokes many potential avenues for future research that could hold significant clinical value. Their study suggests that the experience of therapists having negative feelings whilst in sessions with clients is a common one. Rosenberger and Hayes' (2002) review of the field-based research on countertransference, which is in its early stages, highlights the need for research to continue in this area. They express concern that given the potentially counter-therapeutic effects of what is recognised as a universally experienced phenomenon, there is little field-based research devoted to countertransference reactions. What is clearly lacking in their review is research focusing on a processural and holistic understanding of how therapists experience countertransference.

1.3.2 Empirical Research Literature on Therapist Feelings

Empirical research on countertransference can be extended to include the feelings evoked within therapists in relation to their clients when its definition is considered from a totalistic perspective. Harris (2002) presents a review of the literature examining the incidence and impact of psychotherapists' feelings of anger, attraction and fear towards clients. He defines 'therapist feelings' as all feelings that are experienced by the therapist no matter where they originate from or how they are interpreted. These specific emotions were focused on since they have been researched enough to be sufficiently reviewed. It should be acknowledged that experiencing fear, anger and attraction towards a client is not necessarily counter-therapeutic. It is widely accepted that these types of reactions can provide therapists with valuable insight into their

clients' patterns of relating and treatment progression (Gelso & Carter, 1994). Nevertheless, psychotherapists have been found to experience difficulty with acknowledging such feelings (Boccellari & Dilley, 1989).

Harris' (2002) review highlights the emotionally provocative nature of psychotherapy and the potentially counter-therapeutic effects of therapists' internal reactions to clients when not openly acknowledged and managed successfully. Within the surveys Harris (2002) reviews, fear, anger and attraction were reported as experienced with regular occurrence. Despite their potential therapeutic value, these reactions were regularly associated with feelings of shame, confusion and stress by practitioners (Harris, 2002). They were commonly experienced as having a directly negative influence upon the therapeutic process or causing destructive behaviour. This occurred through the direct impact the experience of having these emotions had upon therapists. For example, through the disruption they caused to normal functioning or through evoking secondary emotions such as hate, which were brought about through therapists' inability to manage their initial feelings. It also occurred through the influence these emotions had upon therapists' attitudinal and behavioural responses to their clients. Harris (2002) states that given the regular occurrence of therapists experiencing anger, attraction and fear towards their clients, further research to examine this domain of practitioner experience is necessary. He suggests there is a need to identify what constitutes poor and good management and to explore the negative and positive effects of these feelings and their management.

Pope and Tabachnik (1993) designed a survey to explore the extent to which therapists experience feelings of fear, hate, anger and sexual attraction towards clients. A total of two hundred and eighty-five (141 men, 141 female, 3 did not indicate their gender)

clinical psychologists, counselling psychologists, psychotherapists and psychologists in independent practice responded to their questionnaire. Each of these feelings was reported as having been experienced by 80% of respondents. Fear was found to be the most frequently experienced emotion with potentially debilitating effects upon therapists. More than half (53.3%) of the respondents surveyed reported having felt so fearful of their clients it had affected their ability to concentrate, sleep or eat properly. Fear was identified as an inevitable occupational part of psychotherapists' work and was often not unjustified. Fear that their clients would take their own life was experienced by 97.2%, fear that their clients would deteriorate by 90.9%, anger due to clients' lack of co-operation by 89.8% and fear their clients would attack a person outside of the therapeutic relationship by 89.1% of respondents. Just under half (45.6%) of all respondents reported having been so angry with clients that it caused them to do something they later regretted. Over half (57%) of respondents reported having been sexually aroused whilst with clients, with 87.3% having at least once felt sexually attracted to a client. A large proportion of respondents identified the focus of their graduate training programmes on fear, sexual arousal and anger as nonexistent or poor.

1.3.3 *Summary and Reflections*

The studies reviewed present provocative findings and provide a reminder of the complex, intense and potentially stressful nature of client work. They emphasise the importance of therapists being able to successfully manage their 'negative' feelings towards clients. The extant empirical research investigating countertransference reactions and the emotional reactions of psychotherapeutic practitioners is narrow by virtue of its scarcity (Harris, 2002; Pope & Tabachnick, 1993) and the methodological approaches it employs. Studies focused on this domain of inquiry appear to fall within

positivist and postpositivist research paradigms. They are limited in their reporting of therapist experiences since responses are often confined to evaluation across pre-determined variables. It is also unclear how data derived under highly controlled conditions translates to clinical settings. This body of research fails to offer an understanding of how therapists process their feelings of attraction, anger and fear towards clients and how these experiences impact therapists more broadly in their work.

Therapists often become the target and object of clients' strong affective responses and when this occurs therapists can experience an array of emotions, some of which may be hard to manage (Mehlman & Glickauf-Hughes, 1994). There is a lack of empirical research focusing on the process of how therapists experience having reactions to clients, which they may experience as difficult or challenging. There is also a scarcity of research devoted to exploring how therapists understand and manage this experience and how it impacts them within their professional role. Being aware of such feelings and attempting to make sense of them is a vitally important part of therapeutic work (Pope & Tabachnick, 1993). In light of this evidence, it is important to consider how trainee therapists experience what present as potentially powerful emotional reactions to clients.

1.4 Empirical Research Literature on Trainee Reactions to Clients

In the studies reviewed by Harris (2002) many psychotherapists expressed that they felt their training had left them ill equipped to effectively deal with experiencing strong reactions to clients. This does beg the questions how then do trainee therapists

understand and manage what present as potentially disruptive reactions to clients and how are they impacted by such experiences?

In a study of the training experiences of five counselling psychology doctoral trainees, one of the main challenges trainees identified was managing reactions to clients (Hill, Sullivan, Knox & Schlosser, 2007). The aim of Hill et al.'s (2007) study was to gain an understanding of the inner experiences of trainees, with a specific focus upon the feelings and concerns that were evoked through their training process. CQR was used to analyse trainees' weekly journal entries relating to the challenges of becoming psychotherapists over a 15-week course. One of the intense reactions trainees experienced "was feeling upset when clients did not meet their expectations" (p. 444), which Hill et al. (2007) suggest "reflected trainees' need for control or predictability" (p. 444) within the therapeutic relationship. Trainees felt pulled towards helping their clients to feel better and worried about their capacity to empathise with clients who were either very similar or dissimilar to them.

Peabody and Gelso's (1982) study specifically focused upon exploring how trainee countertransference reactions impact their capacity to empathise with clients. They explored the relationship between countertransference and empathy in a group of 20 male counsellor trainees using quantitative research methods. Countertransference was operationalised as personal withdrawal from the client, based on the assessment procedure developed by Yulis and Kiesler (1968). Three different actresses played the roles of a seductive, hostile and neutral client. Trainees listened to the three audiotapes from the perspective of being the therapist in an ongoing therapeutic relationship with the client. At ten time points within each audiotape, the recordings were paused to allow trainees to select one of two interpretive responses to the client. Trainee

countertransference behaviour was found to be negatively related to their assessed empathy towards the seductive client but not towards the hostile or neutral client. Being open about their countertransference reactions presented as a management strategy, which helped promote trainees' capacity for empathy. It is important to highlight the limitation of operationalising countertransference behaviour as 'withdrawal of personal involvement from the client', which the authors acknowledge as just one form of countertransference behaviour. In contrast to Hill et al.'s (2007) research, the use of a pre-determined measure of countertransference and pre-determined responses means this study is limited in terms of what it can communicate about how trainees experience countertransference reactions.

Similarly to Hill et al.'s (2007) study, De Stefano et al. (2007) and Nutt-Williams, Judge, Hill and Hoffman (1997) used CQR to provide further insight into how trainees experience their reactions to clients. De Stefano et al.'s (2007) study explored how trainees experience clinical impasses with clients. CQR was used to analyse 8 transcripts from MA students attending a counselling psychology programme. Each trainee participated in a semi-structured interview after experiencing what they recognised as a clinical impasse. Three themes were identified as relating to trainees' experience of an impasse: not knowing what to do/what they know, experiencing negative affect and experiencing a sense of failure in session. The experience of negative affect seemed to be associated with a feeling of 'stuckness', which accompanied trainees' experienced inability to manage the session. Negative emotion was experienced in different ways, which included as a reaction to trainees' own perceived ineffectiveness and was considered an obstacle to doing good work.

In their study Nutt-Williams et al. (1997) aimed to explore the types of personal reactions trainees have in counselling sessions and their attempts to manage them. They employed quantitative and qualitative methods to elicit feedback from 7 novice psychotherapy trainees, 30 clients and 7 supervisors. CQR was used to explore trainees' personal reactions and their management through the analysis of trainee, client and supervisor responses to open-ended questions in post-session interviews. Quantitative data was collected through self-reports of trainee anxiety levels and self-efficacy and supervisor ratings of trainees' management of their reactions and therapeutic skills. The findings of this study reveal that trainees experienced an array of positive and negative feelings with clients. Throughout a semester trainees' reactions were found to interfere "with their ability to provide maximally effective counseling" (Nutt-Williams et al. 1997, p. 390). There were times when trainees struggled with negative emotions, which included feelings of frustration, anxiety, distraction and inadequacy. These emotions occurred in relation to silences and trainees' perceptions of their skills and difference in culture. Trainees experienced personal anxieties relating to the experience of conflict with their client, concerns about their role as a therapist and reactions to specific client issues. They developed a range of management strategies to cope with their negative feelings when they were experienced as a distraction. Active suppression was one of the three main coping strategies trainees used to manage their reactions, which Nutt-Williams et al., (1997) suggest is a less than ideal way of learning to manage them.

1.4.1 *Summary and Reflections*

Research suggests that trainees often struggle with countertransference reactions (Nutt-Williams et al., 1997; Van Wagoner et al., 1991). The empirical research focusing on trainee reactions to clients is scarce and tends to fall within positivist and postpositivist

paradigms, although studies that employ CQR as their methodology present the potential for more exploratory-based findings. Journal entries were used as the source of data in Hill et al.'s (2007) study. Nutt-Williams et al.'s (1997) and De Stefano et al.'s (2007) studies collected data through semi-structured interviews, which have the potential to generate rich exploratory data through the researcher-participant interaction. These studies provide a degree of insight into how trainees experience their reactions to clients. It is clear trainee negative reactions have the potential to spill into their client interactions through trainees' urge to suppress them and through their experience of them as impairing their effectiveness.

These studies present thought provoking preliminary findings. They highlight that what is lacking within the empirical research literature are in-depth, *process-orientated* explorations of how trainees experience having negative reactions in relation to their clients. To learn more about the potential impact this client experience has upon trainees, it is necessary to explore the research literature devoted to therapist development.

1.5 The Professional Development of Trainee Therapists

Typically trainees are understood as often feeling anxious about their counselling performance, which is likely to impede their ability to engage in effective practice (Friedlander, Keller, Peca-Baker & Olk, 1986). They experience conflict-evoking reactions towards clients (Nutt-Williams et al., 1997; Hill et al., 2007) and supervisors (Nelson & Friedlander, 2001). Research has identified self-efficacy as an important constituent of therapist training (Larson et al., 1992; Sharpley & Ridgeway, 1993) and

has been associated with trainee effectiveness (Ridgeway & Sharpley, 1990) and performance (Friedlander et al., 1986). Through the process of training, trainees are expected to rapidly adopt the professional helper role (De Stefano et al., 2007). It was evident in the research reviewed above that trainees struggle with experiencing negative feelings towards their clients, which they attempt to avoid (Nutt-Williams et al., 1997), and experience negative affect in association with their perceived inability to manage their client sessions (De Stefano et al., 2007). It therefore does not appear unreasonable to assume that some trainees might experience a discrepancy between their developing identity as a ‘professional helper’ and experiencing negative reactions towards their clients.

Alonso and Rutan (1988) make reference to the ‘learning regression’ adult learners necessarily go through during which they are required to tolerate the experience of feeling confused and ignorant. Being a trainee therapist in a psychotherapy setting, which can present as both an intellectually and emotionally demanding experience (Alonso & Rutan, 1988), can be daunting in itself irrespective of whether the trainee is experiencing negative reactions to their client. The aim of reviewing the literature devoted to therapist development is to understand how normative professional development might relate to and influence trainee experiences and their negotiation of their negative reactions. Relevant models of therapist development, critical incidents and professional identity development research are examined to gain an insight into developmentally appropriate trainee characteristics and the types of experiences that might inhibit or enhance professional development.

1.5.1 *Models of Therapist Development*

Educators and supervisors working within the domain of counselling and psychotherapy have tended to conceptualise trainee development through the lens of their theoretical model (Chang, 2011). However more generic models of therapist development have also been created. Stage models of counsellor development reside on the premise that therapist development entails progression through a series of stages. The Integrated Developmental Model (IDM) (Stoltenberg, 1981; 2005) is the most elaborated and researched stage model (Chang, 2011). It was developed for the purpose of supervision to more fully understand supervisee development through distinguishing developmental stages and corresponding supervision needs. The IDM for supervision (Stoltenberg, 2005) is a more comprehensive version of Stoltenberg's (1981) early model. The IDM identifies three levels of trainee development, which occur across different domains of professional practice. It describes trainee characteristics at each level, together with the appropriate supervision environments necessary to enhance trainee development. Stoltenberg and his colleagues observed through their own experience as supervisors and with reference to the supervision research base, that as supervisees become more proficient practitioners, this is reflected through their self-other awareness, autonomy and motivation (Stoltenberg, 2005). They use these three dimensions to evaluate trainee developmental progress.

The IDM (Stoltenberg, 2005) characterises beginner trainees (Level 1) as typically anxious about their client work and highly motivated. Trainee anxiety is identified as a function of their self-focus, which is orientated towards negative assumptions about their ability to practice and being evaluated. Beginner trainees are focused on managing their own thoughts and emotions and trying to develop their practical skills. As their skills develop, trainee (Level 2) awareness tends to shift towards their client. This shift

can have the effect of increasing trainees' sense of autonomy and motivation, as well as evoking negative emotions and confusion. Development to Level 3 is defined by a "change in the self-other awareness structure" (Stoltenberg, 2005, p. 859) where trainees are able to retain a connection to their client and remain aware of their own responses. They reflect more on the therapeutic process, drawing upon prior experience. Trainees' increase in confidence is reflected through their increased sense of autonomy and motivation.

In their model of counsellor-therapist development Skovholt and Ronnestad (1992) extend professional development beyond the formal training phase. They provide a theme-based model of normative development across the professional life-span, which moves away from the confines of identifying stages of development. They identified twenty themes of development from the transcripts of semi-structured interviews with 100 counsellor-therapists who ranged from being in their first year of graduate school to having more than forty years of postgraduation practice. Skovholt and Ronnestad (1992) organise these themes into four groups: "primary characteristic themes, process descriptor themes, source of influence themes, and secondary characteristic themes (p. 505). The overall character of the process of counsellor-therapist development moves away from an initial reliance upon external authority to reliance upon internal authority through therapists' interactions with multiple sources of influence over time.

In the context of this study, the primary and secondary characteristic and source of influence themes appear the most relevant. In the primary characteristic theme, Skovholt and Ronnestad (1992) identify greater integration between one's professional and personal self, a transfer from reliance upon external to internal expertise and movement from received towards constructed knowledge as indicators of professional

development. They identify rigidity in working style increasing and then declining, with professional reflection becoming the eventual central development process. The source of influence themes present interpersonal encounters as strongly influencing professional development with clients serving as primary teachers. Newer members of the profession tend to experience strong affective reactions to their professional training and senior colleagues and prefer modelling as a learning method. The themes contained within the secondary characteristic domain identify increased boundary setting and a movement away from assuming responsibility for clients' improvement with professional development. In order to develop, therapists are required to move from a position of idealism to realism, an important component which Skovholt and Ronnestad (1992) label as "realignment from a narcissistic position to a therapeutic position" (p. 513). The former represents a belief that one has the power to cure whereas the latter invests less in being a "curative agent" (Skovholt & Ronnestad, 1992, p. 513) and involves the realignment of power from therapist to client.

Both Stoltenberg's (2005) IDM and Skovholt and Ronnestad's (1992) themes of counsellor development provide an illustration of the professional development process through the evolving therapist characterisations they offer. What is missing is an understanding of how trainees' experience and management of their negative reactions impacts their progression through their developmental process. Is it an experience that hinders trainees' professional development through causing them to remain 'stuck' within a developmental phase or is it an experience that has the potential to accelerate growth? How do trainee experiences of this type of client scenario change as they develop?

1.5.2 *Critical Incidents in Trainee Professional Development*

Skovholt and McCarthy (1988) highlight the fit between the phenomenon of critical incidents and life-span development descriptions of growth and change. Life-span development psychology is “concerned with the description, explanation and modification (optimisation) of developmental processes” (p. 69) across the life course of humans (Baltes, Reese & Lippsitt, 1980). According to Baltes et al. (1980) a life-span development orientation is appropriate when behaviour involves a change process. Life-span development recognises human growth as a lifelong, multidirectional and multidimensional process (Sugarman, 2001). It encompasses a diverse range of theories. Both Erikson (1982) and Levinson, Darrow, Klein, Levinson and McKee (1978) identify a series of stages that occur throughout the human life course. For Levinson et al. (1978) transitional periods between each stage must be negotiated, which can occur with ease or great challenge. Erikson (1982) asserts that to successfully transcend to the next life stage without being hampered by challenges from previous stage(s) individuals must resolve a psychosocial conflict that is characteristic of their present life stage. From a life-span perspective it would appear that the critical incidents therapists experience provide the opportunity for professional and potentially personal growth.

Skovholt and McCarthy (1988) review 58 reported personal accounts of the impact of critical incidents on counsellor development. These ‘critical incidents’ are conceptualised as “lived experiences” (p. 69), which counsellors identified as having had a direct impact upon their professional development (Skovholt & McCarthy, 1988). The influence of people was found to be prevalent across the reported experiences with clients contributing the greatest role in their capacity as ‘teachers’. As is consistent with a life-span perspective, these critical incidents occurred at different developmental points and did not automatically have a direct result upon growth. Some were

experienced as setbacks and were characterised as negative occurrences whereas others were perceived as positive at the time of their experience.

Research has explored critical incidents as significant learning experiences in the development of neophyte trainee psychotherapists. These incidents have been identified as involving trainees coping with feeling similar and dissimilar to clients, struggling with self-efficacy and self-awareness within their professional identity, experiencing difficulties when clients fail to meet their expectations and being self-critical of their own performance (Hill et al., 2007).

Furr and Carroll (2003) highlight the necessity to understand the experiences that influence counsellor development in order to design effective training programmes. In their study involving 84 masters-level counselling students, a “critical incident was defined as a positive or negative experience recognized by the counseling student as significant” (Furr & Carroll, 2003, p. 485). Students responded in writing to an open-ended question that required them to provide a description of the nature of their critical incident. A phenomenological approach was used to analyse students’ descriptive narratives. Experiential learning emerged as a major theme through the analysis process. Some trainees reported negative experiences as their critical incident, which tended to relate to supervisory conflicts and dissatisfaction with their counselling experiences. For many these experiences were reported as a catalyst for development since they required students to take responsibility for problem solving. It would be useful to know how trainees interpret their experience of having negative reactions to clients; whether from a developmental perspective it is necessarily experienced as ‘negative’ or whether it has the potential to be experienced as ‘developing’.

1.5.3 *Professional Identity Development*

Professional identity development is an integral constituent of professional development. It could be argued that the development of a professional identity is an especially important task for trainee therapists since the therapist role draws heavily upon the use of self. As part of their training process it would therefore appear necessary for trainees to establish the extent to which they integrate their personal self with their professional self and where those boundaries lie.

Auxier, Hughes and Kline (2003) present a tentative substantive theory of counsellor identity development. Their study focuses on the training experiences of 8 masters-level counselling students. Their aims were to explore trainees' most important developmental experiences and trainee perceptions of the influence of both their personal characteristics upon their professional development and their professional development upon these personal characteristics. Data was derived through two sets of interviews and a focus group and was analysed using grounded theory (Strauss & Corbin, 1998) applied from a postpositivist perspective. The resultant theory describes a "recycling identity formation process" (Auxier et al., 2003, p. 32). It illustrates how trainees' counselling identity was identified, clarified and reclarified through the "cyclical processes of conceptual and experiential learning" (Auxier et al., 2003, p.35). Where an individual's professional training and personal attributes become integrated within a professional community, a professional identity is formed and tested through the feedback of others. According to Auxier and colleagues (2003) the findings of their study lend support to the developmental stage models that identify counsellor identity formation as a growth process (Skovholt & Ronnestad, 1992; Stoltenberg, 1981).

Gibson, Dollarhide and Moss (2010) sought to explore the professional identity development process of trainees through a constructivist lens. Data was collected through focus groups with a total of 43 participants from two professional counsellor training programmes, from “four training levels (before coursework, before practicum, before internship and at graduation” (Gibson et al., 2010, p. 25). Through the process of their analysis Gibson et al. (2010) identified and described three transformational tasks necessary for professional identity development. Finding a working understanding of counselling, taking responsibility for personal growth and forming an identity that is integrated with the professional community are the three transformational tasks. Within these transformational tasks the process of movement from reliance upon external authority to internal validation occurs. In Gibson et al.’s (2010) study the ‘recycling’ identity forming process identified by Auxier et al. (2003) was found to be evident with trainees only in the latter stages of their training. Trainees were found to engage in a process of personal and professional integration, as is reflected in Auxier and colleagues’ (2003) findings.

Eckler-Hart’s (1987) study explored 15 clinical psychology trainees’ experiences of learning to practice and develop their identities as psychotherapists using thematic analysis of semi-structured interview transcripts. The self-protective competencies trainees were seen to develop through the different phases of their training were conceptualised in terms of Winnicott’s (1965) theory of true and false self. Eckler-Hart (1987) highlights the challenges trainees face in learning to be open to their clients in order to establish deep relationships and to respond to them spontaneously without allowing their ‘true self’ to impinge upon, or be impinged through, the process. According to Eckler-Hart (1987) when trainees are anxious “about the vulnerability of one’s true self, the false self takes over for protection” (p. 685). Trainees experienced

their false self as impeding their capacity to 'be with' clients. Among the descriptions of trainees' false self was the 'competent therapist' who had learned techniques that provided a sense of security but had not integrated them sufficiently to apply them unobtrusively. Many of the trainees were concerned with developing a professional identity strongly identified with their personal identity. Eckler-Hart's (1987) study draws attention to the intrinsic relationship between trainees' use of personal self and their professional psychotherapist role.

These studies offer different perspectives on the professional identity forming process. What they do not provide is insight into how trainees experience the process of their professional identity formation: what it means to them, what it evokes within them and how they understand and negotiate this process. It is also unclear how trainees' experience of having negative reactions in relation to their clients impacts and fits with their identity forming process.

1.5.4 *Summary and Reflections*

A review of the literature and research on therapist development, critical incidents and therapist identity development presents some interesting findings. Through the course of their development trainees' focus has been found to shift from self-focused to client focused through to occupying a position of shared self-client focus (Stoltenberg, 2005). Professional development was indicated through a movement from reliance upon external to internal expertise and from a narcissistic to a therapeutic position (Skovholt & Ronnestad, 1992). An emphasis on the importance of experiential learning from clients was identified (Skovholt & McCarthy, 1988; Skovholt & Ronnestad, 1992), as was the utility of conceptualising therapist professional development from a life-span

perspective (Auxier et al., 2003; Skovholt & Ronnestad, 1992; Stoltenberg, 1981). The research on trainee therapists' professional identity development draws attention to the task of negotiation, which occurs between trainees' personal and developing professional self (Auxier et al., 2003; Eckler-Hart, 1987; Gibson et al., 2010).

As has been highlighted throughout this chapter, the body of research reviewed lacks holistic and process-focused explorations of how trainees experience having negative reactions to their clients and how this experience impacts their professional development process. The research is also limited from a counselling psychology perspective since it mainly focuses upon counsellors and counsellor development. Like clinical psychologists, counselling psychologists are trained to integrate psychological theory and research with therapeutic practice. They are expected to be competent in one theoretical model of therapy with a working knowledge of a second. However counselling psychologists "perhaps place a greater emphasis on therapeutic skills and a humanistic value-base, plus personal and relational understanding, than might be obtained from clinical psychology training" (DCoP; BPS, 2013). It could therefore be argued that counselling psychology places greater emphasis on the 'use of self' compared with clinical psychology. This stance is congruent with the tradition of counselling and psychotherapy, yet counselling psychology training differs in that it provides a "greater width and depth of psychological knowledge" (DCoP; BPS, 2013). Counselling and psychotherapy training courses tend to specialise in one model of therapy (DCoP; BPS, 2013) and tend not to require their trainees to engage in research. Since counselling psychology has its own distinct professional identity, it is necessary to explore how trainee counselling psychologists understand and experience the formation of their professional identity through their training. Given the emphasis the profession places upon the use of self, it is important to learn how the experience of

feeling negatively towards clients influences trainees' capacity to make use of their self and whether they chose to remain in touch with their reactions and as a consequence their self.

1.6 Rationale for Current Study

This critique of the literature aimed to review the empirical research devoted to exploring trainee therapist reactions to clients. To arrive at a broader understanding of the context of these findings, they were presented alongside a critical review of the empirical research investigating therapist countertransference reactions and professional development. It is clear the majority of empirical research devoted to exploring countertransference reactions has been conducted within positivist and postpositivist frameworks. This is consistent with most of the research devoted to trainee therapists, which tends to focus on the acquisition and development of skills. In-depth qualitative studies exploring trainee experiences of having reactions to clients, their training process and development are scarce within the literature.

This review acknowledges the therapeutic utility (Gelso & Carter, 1994) and potential negative impact therapist countertransference reactions can have upon their effectiveness as practitioners (Hayes et al., 1998; Watkins, 1985). It highlights how little field-based research focuses on exploring therapist reactions to clients (Pope & Tabachnick, 1993; Rosenberger & Hayes, 2002). Psychotherapists have been found to experience difficulty with acknowledging reactions of anger, fear and attraction towards their clients (Boccellari & Dilley, 1989). If qualified and experienced practitioners find it challenging to even acknowledge such experiences then how do trainees negotiate and

make sense of their reactions to clients, particularly when they are experienced as ‘negative’?

It has been established that trainee therapists typically feel anxious about their performance, which can prevent them from practicing effectively (De Stefano et al., 2007; Friedlander et al., 1986) and they have identified having to manage their reactions to clients as one of the most challenging aspects of training (Hill et al., 2007). In-depth qualitative studies exploring how trainees process the experience of having negative reactions to clients and the impact this experience has upon their professional development, are scarce within the existing research literature. Research exploring personal experience and meaning is congruent with the espoused values of counselling psychology, as is a focus on the use of self from which these reactions are derived.

1.7 Aims and Research Questions

The aim of this study is to provide an in-depth *process-orientated* and *holistic* exploration of how trainee counselling psychologists experience, respond to and understand their negative reactions to clients. It aims to contribute to existing knowledge of trainee experiences both within the domain of counselling psychology and those of the wider fields of psychology, counselling and psychotherapy.

The nature of this study is exploratory rather than theory-driven, with the intention being to remain as open as possible to trainees’ personal experiences of this client scenario. Negative reactions are labelled as ‘negative internal reactions’ in order to distinguish between trainees’ internal responses, their external manifestations and/or

responses to them. They are not referred to as ‘negative countertransference reactions’, partly because there is a lack of consensus regarding the definition of countertransference, but mainly because this labelling makes assumptions about their origin and attaches theoretically driven meaning. Referring to trainees’ reactions as ‘negative internal reactions’ aligns them with a totalistic definition of countertransference (Haimann, 1950).

The main research question guiding this exploratory study is:

How do trainee counselling psychologists experience having negative internal reactions in relation to their clients?

The main themes explored within this research question are:

- *How are these reactions recognised / how do they manifest?*
- *How are they understood? (personal/professional perspective)*
- *How are they responded to?*
- *How is the experience managed?*
- *What is the impact of this experience? (personal/professional perspective)*

In Chapter 2, a clear rationale for the research framework and design chosen to explore this research question is presented. The processes involved in collecting and analysing the necessary research data are described in detail.

Chapter 2: METHODOLOGY

METHODOLOGY

This chapter presents the research framework and design chosen to explore how trainee counselling psychologists experience having negative internal reactions in relation to their clients. It provides a rationale for my choice of a constructivist paradigm rooted in symbolic interactionism (Blumer, 1969) and a constructivist grounded theory methodology (Charmaz, 2006). It addresses issues of research quality and ethical considerations and describes the data collection and analysis processes.

2.1 Research Framework and Design

2.1.1 *Research Paradigm*

A research paradigm forms the philosophical and conceptual framework within which the social world can be studied. It is an interpretive framework that acts as a guide to orientate research, encompassing epistemological, ontological and methodological assumptions (Lincoln, Lynham & Guba, 2011; Morrow, 2005). A strong research design requires a paradigm consistent with the researcher's beliefs about truth and the nature of reality (Mills, Bonner & Francis, 2006). My research was undertaken within the paradigmatic framework of constructivism. Constructivism seeks to understand the unique experience of the individual. It differs from interpretivism, which also focuses on how humans make sense of their reality and the meaning they attach to it, through its emphasis on the constructed nature of social and psychological phenomena. Constructivism occupies a relativist position as it considers reality to be inter-subjective and therefore constructed through micro or macro social processes. Ponterotto (2005) traces this ontological perspective to Kant's *Critique of Pure Reason* (1966) in which

Kant asserts that human claims about the external world cannot be separated from their own internal experience. Within a constructivist paradigm participant reality is accessed through interaction with the researcher. This interpretative and interactional dialogue shapes participant reality, in addition to their social environment and history (Ponterotto, 2005).

Constructivism challenges the ‘received’ view of science through its acknowledgment of human participation in the construction of knowledge (Raskin, 2002). Positivism is consistent with the classic hypothetico-deductive method of science. It is concerned with the systematic observation and quantification of phenomena in order to create generalised findings, which provide an explanation of the subject of study from which predictions can be made. Positivism is grounded in the ontological perspective of naïve realism, which purports the existence of an independent reality that can be captured and understood (Lincoln et al., 2011). Postpositivism shares much in common with positivism through its belief in an objective reality. It aims to explain, predict and control phenomena. These paradigms form the foundations of quantitative research. Both extend the researcher’s role as a detached manipulator whose values, ideally at least, bear no significance on the research process. However, unlike positivism, postpositivism considers that objective reality can only be approximated (Guba, 1990). This position is aligned with the ontological perspective of critical realism (Ponterotto, 2005), which subscribes to the philosopher Popper’s rejection of the observation-induction school of science. Popper (1974) argued that in order for the subject matter of a hypothesis to be of scientific value it must be capable of being falsified by the evidence sought to evaluate it. This is in contrast to positivism, which focuses its efforts on the verification of theories through finding and establishing ‘facts’.

Constructivism recognises knowledge as being co-constructed through social processes and interactions. Unlike positivism and postpositivism, constructivism does not adhere to the belief that there exists an external truth that can either be observed or approximated. Constructivism places emphasis on understanding human subjective experience. It recognises that when data is gathered within the context of an interview that participant experiences are co-constructed through their interaction with the researcher. This mirrors the process of counselling and reflects the emphasis counselling psychology places upon negotiating perceptions “without assuming an objectively observable ‘truth’” (Strawbridge & Woolfe, 2003, p.8).

2.1.2 *Epistemological Position*

There is no single author to accredit with the evolution of social constructionism (Berger & Luckmann, 1966; Gergen, 1999). In the 1960s researchers became alerted to the need to engage in the issue of how science should be defined (Bryant & Charmaz, 2007). Berger and Luckmann (1966) challenged positivistic epistemologies. They asserted that reality is constructed between and by those who experience it (Gergen, 1999) and is influenced by the historical, social and cultural contextual time frame within which it is experienced. Humans are not recognised as having stable personalities but different identities created within the context of specific interpersonal interactions, times and settings (Gergen, 1999). Language is identified as the tool through which meaning is co-constructed since the individual or society can only be understood through the language used to describe them (Darlaston-Jones, 2007). This implies that the ‘real self’ is not knowable beyond the language processes that constitute it (Neimeyer, 1998).

Symbolic interactionism resides within a social constructionist framework³. It emphasises the relationships between meaning and action (Charmaz, 2003). Symbolic interactionism asserts that people are dynamic agents who actively construct meaning and their understanding of reality, society and their own selves through interactions. The term ‘symbolic’ refers to the person’s interpretations of the meanings of these interactions (Blumer, 1969). Blumer (1969) identified symbolic interactionism as based upon the following seven principles, as described by Crooks (2001): Humans’ capacity for thought is shaped through their interactions. The expression of human thought is through the meanings and symbols learned through interactions. It is these meanings and symbols that allow humans to act and interact and are modified through their interpretations of these interactions. This process occurs through humans’ ability to consider possible actions and their consequences through interaction with themselves. Interaction with themselves and others allows humans to make sense of their world and to make choices. Society is created through a network of interactions and actions, which in turn form the social context in which these processes occur. The concept of ‘social role’ is of importance to social constructionists (Gergen, 1999) as our action and interactions are played out through the roles we create for ourselves, or which are imposed upon us, within different social contexts.

Symbolic interactionism provides a good fit with the nature of my research due to its emphasis on meaning being shaped through interaction. In my role as researcher, I interviewed fellow trainee counselling psychologists about their experience of having negative internal reactions in relation to a client. I considered that trainees’ cognisance

³ According to Gergen (1999) symbolic interactionism falls short in its reconstruction of what it is to be a person, from a purely relational foundation. He states symbolic interactionism retains a sense of individualism as communication is essentially shared between one subjective self and another. He also asserts that the symbolic interactionist perspective is aligned with social determinism, since it implies that humans are ultimately determined through interaction with others and therefore have no conception of themselves independent of the perspective of others.

of their professional identity and our shared professional status would influence how they made sense of their experiences and how I would interpret them, both within the research interview and through my analysis process. These influences would be reflected in the meaning and ‘symbols’ they used to communicate their experience and how I understood it. I believed trainees’ conceptualisations of their ‘self’ in their professional identity (or social role) together with my own conceptualisations of my ‘self’ within the roles of researcher-interviewer and trainee counselling psychologist would be influenced through and by the process of our interactions.

2.1.3 *Choice of Methodology*

Qualitative research methods are best suited to exploring the meanings people attach to their experiences and for investigating social interactions (Morrow & Smith, 2000), which is consistent with the aims of my research. Strawbridge and Woolfe (2003) highlight the natural tension that exists between the humanistic values of counselling psychology and the experimental behavioural science foundations of psychology and pervading biomedical model of psychiatry culture. Qualitative methods applied within a constructivist framework reflect the ethos of counselling psychology, which places the subjective experience of the self and others at its core.

2.1.4 *Grounded Theory*

Grounded theory (Glaser & Strauss, 1967; Glaser, 1992; Strauss & Corbin, 1998, 1998; Charmaz, 2000; 2006) methodology allows an open exploration of human experience to emerge from descriptive data through the formation of theoretical categories to generate a clear explanation of the examined phenomenon. Glaser and Strauss (1967) first

introduced this qualitative methodology to construct theory about the important issues people experience. Commonly, the term grounded theory refers to both the theory that results from the research process and the methodology used to generate the theory. Since its inception grounded theory methodology has evolved to incorporate a “family of methods” (Bryant & Charmaz, 2007, p. 11). It “is currently the most widely used and popular qualitative research method across a wide range of disciplines and subject areas” (p. 1), with a broad and expanding literature base (Bryant & Charmaz, 2007).

The original version of grounded theory (Glaser & Strauss, 1967), which Glaser (1978; 1992) has since developed and claims is the true version (Charmaz, 2011), was devised to counter the dominant use of quantitative methods for social scientific inquiry (Charmaz, 2000). Glaser and Strauss aimed to devise a methodology that could produce qualitative research that bore equal significance to that produced by statistical quantitative methods (Bryant & Charmaz, 2007). Their grounded theory methodology offered a “foundation for rendering the processes and procedures of qualitative investigation visible, comprehensible and replicable” (Bryant & Charmaz, 2007, p.33). They explicated how theory could be systematically constructed through the constant comparison method (Glaser & Strauss, 1967), whereby data is simultaneously collected and analysed. Between and within participant narratives data is compared with data to extract meaning, which is generated in the form of codes. Throughout the process new data is fed into the analysis. Through the comparison of codes with data and codes with codes, codes multiply and concepts emerge through the constant comparison process. Through their dense relationships with the data, concepts emerge and categories are suggested through generation, elaboration and refinement processes. Selective coding of new data seeks to refine and develop categories and their relationships. Through these processes theory is formed, which is grounded in and therefore emanates directly from

participant experiences. A grounded theory is therefore constructed through and guided by an investigation of the data rather than by hypothetical theorisation.

Bryant & Charmaz (2007) argue that the original version of grounded theory, which sought to oppose the prevailing quantitative values of the time actually simulated them but through a different form. Strauss and Corbin (1990; 1998) have presented a second version of grounded theory incorporating assumptions of postmodernism that locate research within a time and context. Their form of grounded theory challenges positivist assumptions that theory should be replicable and generalisable beyond the context in which it is derived (Charmaz, 2000). According to Glaser, the techniques contained within Strauss and Corbin's (1990) grounded theory force the data into "preconceived procedures, thus losing the fundamental grounded theory emphasis on emergent analysis" (Charmaz, 2011, p.168). More recently a third version of grounded theory has emerged (Charmaz, 2000; 2006), which embraces the methodological strategies from the classic version (Glaser and Strauss, 1967) but has its foundations in constructivism.

2.1.5 Rationale for Choice of Constructivist Grounded Theory

Constructivist grounded theory (Charmaz, 2006) is a methodology that sits comfortably within my research framework (Fassinger, 2005; Mills et al., 2006; Ponterotto, 2005). It offers a flexible set of guiding analytical principles which place the "researcher as the author of a reconstruction of experience and meaning" (Mills et al., 2006, p. 2), recognising theory generation as an interactive process. Its methodology enables an in-depth understanding of participant experience to be explored. It facilitates the exploration of my particular focus on how trainees process and respond to experiencing

negative internal reactions to their clients since its analysis emphasises attending to process and action (Charmaz, 2006).

Objectivist grounded theory (Glaser, 1978; 1992) occupies a positivist stance, which purports the existence of a knowable and objective reality (Strawbridge & Woolfe, 2003). It does not attend to the influence of the researcher or social context from which data is derived (Glaser, 1998, 2003). It assumes that ‘theory’ exists in the external world and is there to be ‘discovered’ by the researcher, who remains separate from the process (Glaser, 2002). Constructivist grounded theory, which is grounded in symbolic interactionism (Charmaz, 2011), adopts a relativist stance through recognising the existence of multiple realities. This helps the researcher, together with the reflexivity they employ, to recognise the existence of different perspectives taken by the researcher and participants throughout the research process. It seeks to produce an interpretive understanding that takes into account the influence of the subjectivity of the researcher and participants rather than a ‘generalisable’ theory that is separate from the context in which and through which it is produced (Charmaz, 2011). Throughout the research process reflexivity is cultivated through the writing of memos that assist the researcher in monitoring her impact on data generation and analysis through making her own influences and processes explicit.

Strauss & Corbin’s (1998) grounded theory appears to share the same epistemological and ontological values as constructivist grounded theory, however its practical application suggests postpositivist leanings. Strauss & Corbin (1998) recognise the multiplicity of truths and theories as the interpretation of the researcher, but they advocate ‘bracketing off’ researcher preconceptions. I do not believe it is possible to ‘bracket off’ the conscious or unconscious contents of our minds as this makes the

assumption there exists an external objective reality. Furthermore, this perspective it is not helpful to the development of the therapist as it negates the necessity to integrate negative internal reactions that can be used to inform client work.

Constructivist grounded theory has the capacity for theory generation, which can capture the subtleties of phenomena that have received little or no explorative attention (Fassinger, 2005). This quality together with its incorporation of context distinguishes it from other methodologies, such as phenomenological approaches like Interpretive Phenomenological Analysis (Smith, 2004), which also focus on subjective experience. These two characteristics make constructivist grounded theory a particularly appropriate methodology for my chosen area of research. Constructivist grounded theory is also strongly compatible with a symbolic interactionist perspective (Bryant & Charmaz, 2007). Both grounded theorists and symbolic interactionists consider humans as acting as individuals and collectivities. The emphasis symbolic interactionism places upon “meaning and action complements the question grounded theorists pose in the empirical world: What is happening here?” (Bryant & Charmaz, 2007, p. 21). There exists a shared focus on attending to process, with grounded theorists attempting to describe fundamental social and social psychological processes and symbolic interactionists perceiving social life as consisting of interacting social processes. Like symbolic interactionism, constructivist grounded theory recognises meaning as constructed through interaction and therefore considers researcher interpretations of participant actions as a co-construction. It is this position, which distinguishes constructivist grounded theory from other versions.

2.2 Issues of Research Quality

Arguably, it is inappropriate to evaluate qualitative and quantitative research with the same criteria (Lincoln et al., 2011). The criteria used to evaluate trustworthiness or ‘rigor’ in qualitative research is to an extent dependent upon the paradigmatic underpinnings of the research (Nutt-Williams & Morrow, 2009). I will demonstrate how the practical application of constructivist grounded theory (Charmaz, 2006) enables me to accomplish my research aims through illustrating the consistency of its methods with my research paradigm and ‘trustworthy’ qualitative research criteria (Morrow, 2005; Nutt-Williams & Morrow, 2009).

Good qualitative research is dependent upon descriptively rich data (Polkinghorne, 2005). I aimed to achieve this through an ‘intensive’ interviewing style (Charmaz, 2006) that is open yet directive and which allowed me to explore trainees’ interpretation of their experience in-depth.

With constructivist grounded theory sampling and data analysis commence concurrently. An alternating cycle of induction and deduction allow categories and themes to become apparent, which are compared and contrasted with new and existing data. This abductive process facilitates sensitivity to suggested findings as is considered ideal in qualitative research (Nutt-Williams & Morrow, 2009). It can also be identified as a triangulation strategy, which increases the credibility and quality (Patton, 2002) of the research since this process renders different perspectives to be considered within the analysis. As analysis progresses the data gathering process becomes flexibly directed by emerging unanswered questions and undeveloped ideas. Theoretical sampling is driven by the evolving theory. It is employed through modifying the interview schedule and returning to the existing data to orientate a focus towards explicating categories and their interrelationships. Theoretical sampling is not employed to select specific

participants with the intention of ‘representing’ a population or increasing the generalisability of the theory (Charmaz, 2006). Sampling terminates at the point at which theoretical saturation is achieved (Nutt-Williams & Morrow, 2009). According to Charmaz (2006) “categories are ‘saturated’ when gathering fresh data no longer sparks new theoretical insights, nor new properties of your core theoretical categories” (p. 113).

Qualitative researchers acknowledge the benefits of subjectivity whilst simultaneously attempting to interrogate their own position and perspective through reflexivity (Nutt-Williams & Morrow, 2009). Constructivist grounded theorists adopt a reflexive stance towards participant reported experiences and their own involvement with and interpretation of the data. Critical reflexivity (Charmaz, 2006) is cultivated through the writing of memos, which assist the researcher in monitoring her influence on data generation and analysis. Immersion in the data is achieved through the use of ‘active’ coding, which intends to keep the voice of the participant present (Mills et al., 2006). Charmaz (2006) embraces the position of the researcher as co-constructor whilst recommending adopting a stance of “theoretical agnosticism” (Henwood & Pidgeon, 2003, p. 138) and delaying the literature review until the final stages. She advocates testing out ‘emergent’ ideas through theoretical sampling and abductive reasoning within the field rather than engaging with the existing literature. In this study the grounded theory is recognised as ‘constructed’ rather than ‘emergent’. It is argued that a theory that is identified as ‘emerging’ (Charmaz, 2006) from the data implies the presence of a theory within the data, which is incongruent with constructivism.

Glaser (2002) has claimed that the application of grounded theory within a constructivist paradigm legitimises the forcing of data since it allows the researcher to

construct it in her own way. For Charmaz (2006) the endeavour is to understand participant experiences with an awareness that ultimately their perspective comes through the researcher. Glaser (2002) acknowledges researcher bias but considers it as an additional variable. Charmaz argues that Glaser's objectivist position forces the data as a lack of awareness of one's own assumptions and absence of self-reflection throughout the research process can lead alternative possibilities to be neglected.

In its presentation of research grounded theory addresses the issue of representation (Morrow, 2005) through including extensive quotes from participants to illustrate how the theory is 'grounded' in the lived experiences of participants (Fassinger, 2005). The context of where the research takes place must be explicated since theory generation is an interpretive task that illustrates the meaning of participant experiences within a specific context (Nutt-Williams & Morrow, 2009).

2.3 Researcher-Interviewer

Constructivist grounded theory recognises the researcher as an integral part of the research process. Adopting a reflexive stance throughout the research process enables both the researcher and reader to have an awareness of how the researcher's own interests, background and assumptions influenced the inquiry process. It is therefore necessary for me, as the researcher, to explicate the influences I have brought to the process from the start.

As mentioned in Chapter 1, I began this research process valuing the exploration and therapeutic use of experiencing negative internal reactions in relation to clients whilst

knowing that engaging in this process can be a difficult experience. Throughout the research process my professional identity as a trainee counselling psychologist placed me in a position of sensitivity to trainee experiences and their meaning. It is not possible for me to separate my values, training experiences and knowledge from my interpretation of trainee experiences but I can acknowledge their influence. Reflexivity is an integral part of constructivist grounded theory (Bryant & Charmaz, 2007). It is also a core value of counselling psychology. I experienced explicating my process through introspection and memo-writing (see *Appendix A* for a memo example) as a natural part of the procedure.

Throughout the interviewing process I was aware that trainees' cognisance of our shared identity may encourage them to be open with me but at the same time could inhibit their description of their experiences. With this in mind, I aimed to personify a non-judgemental and enquiring stance. As I allude to in Chapter 3, two trainees highlighted the potential influence of my professional identity in the interviewing process. One expressed that the interview felt like a competency test and the other felt it important to directly state that she is not an awful therapist. These comments suggested these trainees felt they might be judged in some way by the reader or myself. Their projected anxieties could have stemmed from a belief that I knew or perhaps in some way represented the 'correct' way to practice. Their feedback reinforced my understanding that as the researcher it is not possible to separate your influence from the research process.

2.4 Ethical Considerations

2.4.1 Ethical Approval

Approval from the Research Ethics Committee of the School of Psychology, University of East London, was sought and gained prior to the commencement of participant recruitment. The application for ethical approval and ‘approval granted’ letter from the University Ethics Committee can be found in the Appendices as *Appendix B* and *Appendix C* respectively.

2.4.2 Informed Consent

Efforts were made to ensure trainees were fully aware of what their participation would involve. Trainees received the Participant Invitation Letter (*Appendix B-1*) when they expressed interest in taking part. I was explicit in my presentation of the research objectives and procedure. I encouraged trainees to ask any questions they may have throughout the research process. I endeavoured to be transparent at all times and to engender in trainees a feeling they were actively engaged in the research process.

Informed consent was obtained through trainees signing the Informed Consent Form (*Appendix B-2*) before their interview. Trainees were advised they were able to withdraw their consent at any time and that should they choose to, the researcher reserved the right to make use of their anonymised data in the analysis and write-up process.

2.4.3 Anonymity and Confidentiality

Through the Participant Invitation Letter trainees were made aware of the procedural steps the researcher had designed to ensure their anonymity and protect their

confidentiality. Trainees were encouraged to ask any questions and express any concerns they may have about their involvement in this study.

The procedure of this study was designed to eliminate and reduce any detrimental impact to trainees as a result of their involvement. It was anticipated that the research interview could evoke distressing and/or unsettling material for trainees, which at the time of their agreed participation they may not be fully aware of. Prior to giving their consent trainees were informed that the reflective process encouraged could cause them to re-evaluate themselves, their practice and relationships. In an attempt to minimise any psychological risk or impact to present relationships with clients, trainees were asked to describe a past experience with a client they no longer worked with.

Trainees were fully ‘debriefed’ at the end of their interview. They were able to ask any questions and/or express any concerns they might have relating to their involvement. I referred trainees to the list of suggested sources of psychological support contained within their Debriefing Information sheet (*Appendix B-7*), which I talked through with them and they signed.

2.5 Data Collection

2.5.1 *Sampling Procedure*

A purposive sampling strategy was employed to recruit counselling psychology trainees whose experiences would enable the research objectives to be fully explored, within the ethical boundaries of the study. To be eligible to participate in this study, prospective participants needed to be willing to explore in-depth their experience of having negative

internal reactions in relation to a client they no longer worked with. They were required to be ‘in-training’ as a counselling psychologist on a British Psychological Society (BPS) accredited training route. This extended to trainees who had completed the course components of their training but were yet to submit their doctoral research thesis. There was no ‘exclusion criteria’ beyond these specified boundaries. As a consequence of these broad boundaries, there was significant variation within the sample, for example in terms of trainees’ year of training, theoretical orientation of practice and placement type. This variation within the sample is clearly outlined in Figure 1, which contains the relevant demographics of trainees who participated in this study.

The focus of the sampling procedure was to explore trainees’ experiences in-depth rather than to generate a generalisable theory, as is consistent with grounded theory (Charmaz, 2006). Due to the scarcity of in-depth, process-orientated research focusing on the experiences of trainee counselling psychologists, broad inclusion criteria were selected. This was partly done with the intention of giving trainee counselling psychologists a voice, as a collective group, but also with an awareness that a more narrowly focused criteria could present potential recruitment problems within the time constraints of this study. Therefore the homogeneity of the sample was restricted purely to ‘trainee counselling psychologists’.

Trainees were recruited through the following methods:

- A recruitment poster (*Appendix B-5*). This was circulated to trainees by four of the eight South East England based counselling psychology training programmes contacted with a recruitment letter (*Appendix B-6*) to seek permission to recruit from their trainee cohort.

Figure 1. Trainee Demographics

<u>Gender / Age / Nationality / Ethnicity</u>	<u>Year of Study</u>	<u>Current Estimated Client Hours</u>	<u>Current Theoretical Orientation</u>	<u>Estimated Client Hours when Working with Client</u>	<u>Theoretical Orientation when Working with the Client</u>	<u>Sessions Available to Client</u>	<u>Placement Type</u>
F / 25 British / White British	1 of 4	450 or above	Psychoanalytic	50 – 99	Psychoanalytic	Open Ended	Adult Therapeutic Community Acute Residential
F / 31 Greek/ White Greek	4 of 4	450 or above	Existential	200 – 249	Existential	7	Adult Charity Sector
F / 28 British / White British	2 of 3	150 - 199	CBT	0 – 49	CBT	6	Adult NHS Primary Care
F / 28 British / White British	1 of 4	50 - 99	Person-centred CBT	0 – 49	CBT	12	Adult Charity Sector
F / 33 British / White Italian – Egyptian	3 of 3	450 or above	Integrative	350 – 449	Psychodynamic	60	Adult Charity Sector
F / 33 British / White British	8 of 8	450 or above	CBT Integrative	450 or above	CBT Integrative	12 - 18	Adult NHS Primary Care
F / 25 British / White British	3 of 3	250 - 349	CBT Person-centred Psychodynamic Integrative ACT Mindfulness- based approach Pluralistic Compassion- focused Solution- focused	200	CBT Person-centred Pluralistic	12	Adult NHS Primary Care
M / 39 British / White British	4 of 5	250 - 349	Integrative	50 – 99	Integrative	One Year	Adult NHS Secondary Care
F / 34 British / Asian Chinese	1 of 4	0 - 49	Person-centred CBT	0 - 49	Person-centred	6	Adult NHS Primary Care
F / 60 Irish / White Irish	3 of 5	350 - 449	Integrative	250 – 349	Integrative	One Year	Adult Charity Sector
F / 34 British / White Russian	4 of 5	450 or above	Integrative	0 – 49	Integrative	Open Ended	Adult Charity Sector

- A recruitment notice, based on the information contained within the recruitment poster, in the Division of Counselling Psychology BPS e-letter and trainee forum section and on the Counselling Psychologist UK Facebook page.
- Through word-of-mouth between trainees who had already participated in the research and their training colleagues.

Trainees who contacted me by email, expressing an interest to participate and who were eligible to participate, were emailed a copy of the Participant Invitation Letter. Following agreement to participate, a research interview was arranged at a convenient time and location for both parties. Interviews took place in a private and quiet place or at the researcher's or trainee's training institution.

A grounded theory was generated from data derived from the first nine interviews. Theoretical sampling was employed to explicate the categories and their relationships contained within this model through interviewing the tenth and eleventh trainees and analysing their data. Data collection was terminated in response to the fact no new properties were constructed through this process, which indicated that theoretical categories were saturated. It could be argued that theoretical saturation was not achieved in an absolute sense since it cannot be asserted that all potential avenues within the interview data were explored and exhausted. However within the parameters of this project, sufficient data was collected and analysed to construct well-delineated theoretical categories, which form a meaningful representation of trainees' experience.

2.5.2 *Interviewing Process*

Interviews were conducted between April 2012 and May 2013, and lasted between 40 and 75 minutes. Trainees were reminded to refrain from revealing details, which could lead to the identification of themselves and/or a third party. With consent the researcher audio recorded each interview. In the majority of cases interviews were terminated when they reached a natural end. At this point trainees were fully ‘debriefed’ as described earlier.

Interviews were semi-structured in format and guided by the Interview Schedule, which was created with the intention of eliciting from trainees rich descriptions of their experiences. The initial Interview Schedule (*Appendix B-4*) contains eight core questions with supplementary prompting questions. It was designed and used to orientate my and trainees’ focus towards the research aims whilst allowing us the freedom to explore within that frame (Charmaz, 2006). I actively encouraged trainees’ exploration of their experience using prompts and probes, for example ‘So why do you think that was frustrating for you?’ and ‘You said you felt angry sometimes, can you tell me a little more about that?’ In the interviews my questioning did not rigidly stick to the precise phrasing of the questions contained within the Interview Schedule but rather they were used as a guide. I held the research question in mind throughout the interviewing process. In an attempt to avoid any potential misrepresentation, clarification was sought when trainees’ intended meaning was not explicitly apparent. Themes became apparent through the interviewing process, as interviewing and data analysis were concurrent. Theoretical sampling was employed through supplementing the Interview Schedule with questions designed to facilitate the exploration and expansion of themes that had evolved through the analysis of previous interviews. For example, I began to ask trainees about the relationship between their ‘personal self’ and

professional identity. These supplementary themes are contained within the Supplemented Interview Schedule (*Appendix D*).

2.6 Data Analysis

My aim was to produce a grounded theory firmly rooted in trainees' experience and to avoid constructing a purely descriptive analysis or one based upon preconceptions. I hoped to achieve this aim by following Charmaz's (2006) guidelines for fostering theoretical sensitivity and reflexivity through the use of open coding, memo writing, theoretical sampling and the constant comparison of data, codes and categories. A summary with reflections was recorded after each interview (see *Appendix E* for an example). Throughout the research process memos were written to capture new and evolving concepts, connections and themes and to promote critical reflexivity through making my cognitive and emotional reactions to the data explicit.

2.6.1 Open Coding

I began analysing my first interview transcript line-by-line; labeling the data with a meaningful conceptual code i.e. an *open code*. Each code took the form of a representational action using the gerund i.e. the verb's action noun, to aid the detection of "actions and processes" (Charmaz, 2006, p.69) and to promote close adherence to the data (Glaser, 1978). The exception to this rule were the *in vivo*⁴ codes, which were also used to preserve trainees' meaning when their words concisely captured the essence of what they were conveying and did not necessarily take the gerund form.

⁴ For example, "CBT just absolutely flew out of the window" [T4, ll 139-140] and 'Client making "it impossible not to dislike him" [T2, ll 4-5].

My experience of coding line-by-line was that it did not provide a good fit with the material. By focusing on such small segments of data I was failing to capture some of the important meanings and concepts contained within it. I discussed my concerns with my supervisor who suggested I try coding ‘chunks of meaning’. This method proved to provide a better fit with the data. I re-analysed my first interview transcript and analysed subsequent interviews this way (see *Appendix F* for an example of this coding procedure).

Theory was developed through the constant comparative method (Glaser & Strauss, 1967) through which data is simultaneously collected and analysed. Interview transcripts were coded prior to the next interview. After I coded the first three interviews the codes generated were compared and contrasted with codes and data between and within each transcript. This process continued throughout the analysis with codes generated from each interview transcript being compared and contrasted with codes and data within each transcript and with previous transcripts.

Throughout this *open coding* process analytic and self-reflective memos were written whenever a new idea or relationship within the data was suggested. Memos were also used to record implicit meaning within the data, which appeared too interpretative to justify in the form of a code at this more descriptive stage. These memos were used in the theoretical coding process to aid category formation and refinement. Cards were initially used to record which open codes each generated open code related to in terms of their representational meaning. After the analysis of the sixth interview a total of 750 open codes had been generated. Cards were then substituted with Excel spreadsheets, as it was found to be a more manageable way of accessing and sorting the data.

2.6.2 *Focused Coding*

As new data was fed into the analysis open codes proliferated and concepts were suggested. By transcript five, decisions began to be made about which open codes categorised the data most “incisively and completely” (Charmaz, 2006, p. 58). Through this process open codes were refined and grouped to generate focused codes. These codes were compared with existing codes to assess their relevance and consistency. This procedure was employed to establish whether they could be assimilated or remain as focused codes.

2.6.3 *Theoretical Coding*

Through the rigorous coding process of generation, elaboration and refinement suggestions for categories became apparent through the central position they occupied within the data. The process of grouping focused codes into ‘conceptual’ clusters was informed by ideas developed in existing memos. Focused codes were sorted into as many clusters as was relevant. What became clear was that many focused codes could be allocated to many conceptual categories. This suggested rich relationships existed within the data, which is reflected in the final theory. New data was compared with suggested concepts to explore their prevalence and to define and expand their varying conditions. Through this process focused codes were collapsed into other focused codes or raised to form higher conceptual categories.

2.6.4 *Refining Categories*

Data collection and analysis continued simultaneously. Memos were referred to, sorted and generated. This process aided the identification of central categories and the

connections between them and highlighted any gaps that might exist. With reference to the data, existing conceptual categories were raised to main categories or collapsed into other categories. The core category was identified through its encompassment of trainees' experience and its centrality within the data. In response to the developing theory theoretical sampling was employed in interviews 10 and 11 to further expand and clarify the theory and its properties. The theoretical model formed was further refined through its comparison with interview transcripts and with reference to relevant literature.

2.6.5 *The Abstraction Process*

Figure 2 illustrates the different levels of abstraction that occurred through the analysis process. It provides examples of how open codes were created from the transcript material and grouped to form focused codes, which were then condensed to form theoretical categories: main categories, sub-categories and their properties.

Figure 2. Illustrative Examples of the Abstraction Process

<u>Sub-categories</u>	<u>Properties</u>	<u>Focused Codes</u>	<u>Open Codes</u>	<u>Transcript Material</u>
<i>CATEGORY 4: Disengaging and Engaging in Response to the Experienced Conflict</i>				
<i>Disengaging</i>	Asserting the Power Differential within the Therapeutic Relationship	Responding to negative internal reactions through the therapeutic relationship	Choosing not to invite the client to the group	"[...] we look for people to come to groups, perhaps I wouldn't look for him because I feel like he's going to be angry if I've knocked. Perhaps I didn't want him to come to the group [...]" [T1, 146-148]
			Responding in a punitive manner to the client	"[...] I said, well you realise you're going to have to pay for the session because you didn't give me the amount of notice that's...And I, after the fact, I remember, sort of reflecting on my reaction, thinking, well that was not, if I had thought about it I would, why, why did I pick that? (R: Mm) There was something punitive about that, and I was being punitive to the client, so I had definitely kind of let the, my negative internal feelings influence my response to the client." [T10, 23-29]

Adopting the role of 'Expert' Professional	Adopting 'expert' stance serving as a barrier to client	"[...] that being an expert thing was easier for me to do, when I'd think, but I'm going to be a counselling psychologist, so that gave me like a professional standing but it served just as this barrier to her [...]" [T4, ll 469- 471]
	Defending own competency through becoming 'intellectual'	"[...] there was a lot of stuff that I perceived as er, intellectual, and therefore I already felt inferior to that, because I did not share that knowledge, so my interventions therefore were erm, quite intellectual. I was trying to dig in. I would try to outsmart him, with my interventions by making them clever, making them smart, and going, trying to dig deeper." [T11, ll 107-111]

A complete representation of the abstraction process from focused codes to sub-categories to categories is presented in *Appendix G*. Properties of sub-categories came from focused codes, which were condensed to represent specific qualities of their sub-category. Further examples of trainees' quotes supporting the construction of each category and their sub-categories, beyond those given in Chapter 3, can be found in *Appendix H*.

2.7 Summary

This chapter began with a rationale for my chosen research framework and design, which explicated my epistemological position and methodology. It illustrates how the research process was conducted, emphasising the reflexive role of the researcher. In Chapter 3, the findings from this study are presented in their grounded theory form.

Chapter 3: ANALYSIS

ANALYSIS

This chapter describes the grounded theory created through the analysis process guided by Charmaz's (2006) constructivist grounded theory methodology. It provides an interpretive, theoretical model of how trainee counselling psychologists experience having negative internal reactions in relation to their clients. Three main categories and one core category were constructed from the original transcript material through the abstraction process of open, focused and theoretical coding. These conceptual categories were organised to form a meaningful representation of trainees' experience. They are presented, together with their sub-categories and properties in Figure 3. The resulting grounded theory reflects the change that occurs to trainees' relationship with their professional identity as a result of their experience, as depicted in Figure 4. This chapter presents the grounded theory, category by category, through analytic prose and quotes from trainees to bring to the fore their lived experience.

3.1 The Grounded Theory

The categories constructed through open, focused and theoretical coding, memo-ing and the sorting of data form the foundations of the grounded theory. Through its description of the relationships between and properties contained within its theoretical categories, this grounded theory offers an interpretation of how trainee counselling psychologists experience having negative internal reactions to clients.

The grounded theory generated identifies a *basic social process* (Glaser, 1978), which centres on the core category. A basic social process was not actively sought through the

analysis process therefore no attempts were made to force the data in pursuit of it. A basic social process is one kind of core category; it may not always be present in a grounded theory whereas a core category always will. Basic social processes are “processural” (Glaser, 2005, p. 1), with two or more distinct stages which “process-out” (Glaser, 2005, p. 2) i.e. change through time. They account for the majority of variation in change within an experience over time, context and behaviour (Glaser, 2005). How trainees experience having negative internal reactions in relation to their client appears to be intrinsically related to how they ‘occupy’ their professional identity as a trainee counselling psychologist. This core category is a fluid construct representing the process of change that occurs within trainees’ inhabitation of their professional identity through their experience. It illustrates how trainees’ professional identity is dynamically shaped through the process of their experience whilst it simultaneously influences its character. This ‘reciprocity effect’ is realised through the reciprocal relationships that exist between the core category and three main categories, which concurrently influence one another throughout trainees’ experience.

Figure 3 provides a categorical representation of the grounded theory displaying its core category, three main categories and ten sub-categories and their properties.

These will be explored throughout the chapter.

Figure 3. Categories, Sub-categories and Properties

CORE CATEGORY:

Occupation of Professional Identity as a Trainee Counselling Psychologist

Sub-categories

Encountering Personal ‘Obstacles’ within the Therapeutic Relationship

Properties

- Experiencing the Impact of Personal Influences
Manifesting within the Relationship

- Experiencing Conflict between Personal Expression and
Maintaining Professional Identity

*Drawing upon Internalised Model of
Counselling Psychology Training*

- Fit between Experiencing Negative Internal Reactions and Professional Identity
- Being Inhibited by Trainee Identity

Interacting with the Service

- Experiencing Conflict between Internalisation of Counselling Psychology Training and Interactions with the Service
- Lacking Adequate Support

Expecting the Client to...

- Expecting Appreciation
- Expecting the Space to be Used 'Meaningfully'
- Expecting 'Co-operation'
- Letting Go of Client Expectations

CATEGORY 1:

Challenging Trainees' Developing Counselling Psychologist Professional Identity

Sub-categories

*Splitting and Integrating Personal Self
with Trainee Counselling Psychologist
Professional Identity*

Properties

- Recognising Personal Self as an Integral Component of Professional Identity
- Splitting Personal Self from Professional Identity
- Becoming More 'Integrated' Through the Experience

*Being Disempowered and Finding
Empowerment within Professional Identity*

- Losing Confidence
- Being Deskilled
- Gaining a Sense of Empowerment Through the Experience

CATEGORY 2:

Assigning Responsibility within the Therapeutic Relationship, for the Experienced Conflict

Sub-categories

*Identifying the Client as the Source of the
Experienced Conflict*

Properties

- Client Violating Boundaries of 'Acceptable' Human Behaviour
- Client Obstructing the Therapeutic Process

*Sharing Responsibility for the
Experienced Conflict Manifesting within
the Relational Dynamic*

- Recognising Being Drawn into a Pattern of Relating with the Client
- Taking Responsibility for Aspects of the Experienced Conflict Originating from within

CATEGORY 3:

Disengaging and Engaging in Response to the Experienced Conflict

Sub-categories

Disengaging

Properties

- Avoiding the Experienced Conflict in Relationship with the Client
- Supervision Assisting Trainees' Disengagement
- Asserting the Power Differential within the Therapeutic Relationship

Engaging

- Engaging with the Experienced Conflict
- 'Spinning' the Experience to Better Engage with it

3.2 Core Category: Occupation of Professional Identity as a Trainee

Counselling Psychologist

The core category was identified through its prevalence across and reciprocal relationships with the three main categories. It performs an integrating function through providing an explanation of how variances between trainees' experiences can be accounted for, as it reflects the essence of what is happening in the data. How trainees occupy their professional identity is apparent through how they experience having negative internal reactions in relation to their client. This core category represents trainees' unique understanding of what it means to be a trainee counselling psychologist. It describes how trainees inhabit their professional identity in this client scenario and how the character of this identity shapes their experience whilst being shaped through it.

The core category is considered a construct that is actively inhabited by trainees who are dynamic agents within it. As was constructed in trainees' research interviews, the

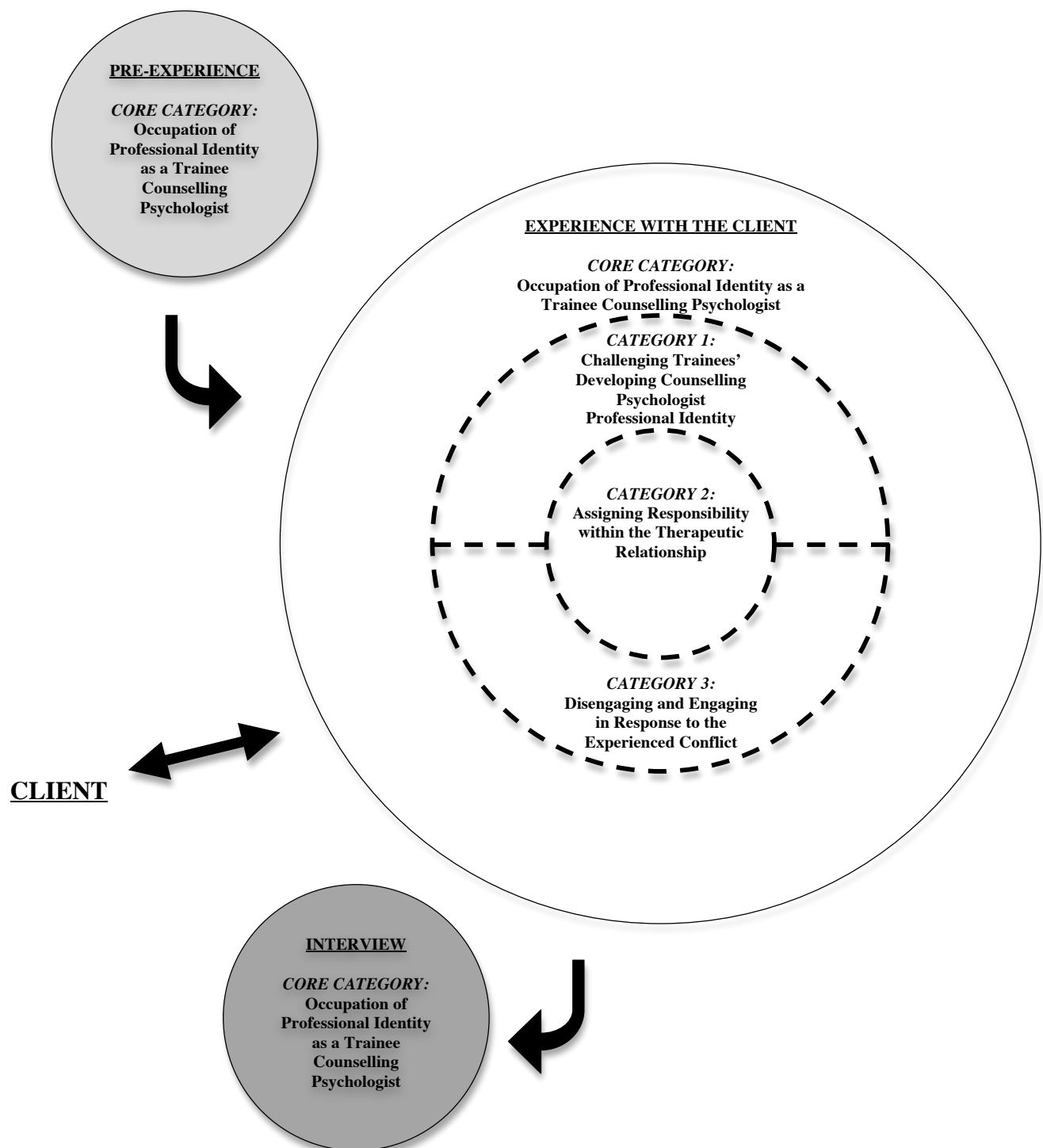
experience of being confronted with a client who evokes negative internal reactions provokes trainees to evaluate how they occupy their professional identity. This has the consequence of modifying and/or more firmly rooting them within different aspects of this core construct. A state of internal conflict accompanies trainees' negative reactions. This conflict is evoked through the interactions that occur between trainees' experience of this client scenario and their occupation of their professional identity. The character of trainees' experience of conflict, in terms of the challenge it presents (category 1), how trainees assign responsibility for it (category 2) and whether they engage or disengage with it (category 3), forms a representation of how they occupy their professional identity in this experience (core category). Through the processes involved in negotiating their conflict interactions take place between the reciprocal relationships that exist between the four categories. They shape trainees' professional identity through this process whilst being shaped by it. This core process constitutes an evolving pathway of professional development, which has the capacity to transform trainees' professional identity. Figure 4 provides a diagrammatic representation of this process.

The phase 'experience with the client' represents the fluid, reciprocal and continuous interactions that occur between each category through the process. The 'pre-experience' and 'interview' phases represent trainees' understanding of how the factors, which shape their professional identity in this experience are influenced and changed by it. These 'identity shaping factors' are represented by the sub-categories contained within this core category.

Encountering Personal 'Obstacles' within the Therapeutic Relationship, Drawing upon Internalised Model of Counselling Psychology Training, Interacting with the Service and Expecting the Client to... are the sub-categories contained within this category.

They represent how aspects of trainees' personality and personal experiences, their understanding and experience of counselling psychology values and training, their

Figure 4. A Diagrammatic Representation Illustrating the Process of Trainees' Professional Identity Transformation Through their Experience



experience of the service in which they interact with their client and expectations of their client, shape their experience and are shaped through it.

A state of internal conflict is created within trainees when they perceive a mismatch between the factors shaping the character of their professional identity and their experience of their client. The quotes from T9 below illustrate how conflict is evoked within trainees in two different ways. A state of internal conflict is initially created through the discrepancy T9 experiences between her client's threatening behaviour and her expectation of how he should behave. This evokes negative internal reactions within her.

“[...] he said something kind of directed at me using me as an example of, of kind of being female, you know, erm and he said something like if er, if I and then directed at me, if I were say, said something to belittle him, in his words, belittle him, or made him feel small then he will retaliate. Erm and he, and it, it was quite hostile really, and in me that, that created a lot of anxiety in me (R: Hm, hm) and I remembered feeling quite threatened.” [T9, ll 25-30]

Further conflict and therefore negative internal reactions are then evoked through T9 experiencing her initial affective response as incongruent with her understanding of how she should occupy her professional identity.

“[...] having experienced those emotions to the extent where I just didn't know what to say, erm, or to proceed with that session that was a very uncomfortable thing for me to think about. It, it, I think it highlighted to me how actually er, I, I'm not as capable as I would like to be (R: Hm, hm) erm as a trainee, as a therapist, actually in a helping role there are other things to think about and to, you know, this, something like this, something as volatile as this can, can be, what, can come up at any time. And I, it just shattered my assumption about being a trainee, in a, well, being a counselling psychologist (R: In, in what sense?) Er, in the sense that actually we're fallible (laughs). You know we're not erm, all-knowing [...]” [T9, ll 197-208]

Trainees also experience conflict when they perceive a mismatch between the identity shaping factors contained within this category. For example, T7 experiences conflict manifesting through the interaction between her internalised ideals of counselling psychology and the service where she interacts with her client.

“[...] in the service there’s kind of this well, you know, if this is how it is with chronic pain and if they are not willing to read the science that you’re giving them and take that away it’s not working with you want that and they’re not ready for therapy and you have to just sort of say sorry, bye bye, we’ve got a long waiting list (R: Mm) erm, which really doesn’t fit with me, and it don’t, doesn’t fit with our philosophy as counselling psychologists [...]” [T7, ll 154-160]

The factors contained within the sub-categories of this core category are described below. They influence trainees’ occupation of their professional identity and therefore how they experience having negative internal reactions to their client.

3.2.1 *Encountering Personal ‘Obstacles’ within the Therapeutic Relationship*

This sub-category represents aspects of trainees’ personalities and personal experiences, which they perceive as influencing their experience of their client. Specifically these are influences which trainees experience as creators of barriers and difficulties within the therapeutic relationship. These personal ‘obstacles’ become apparent through trainees’ internal awareness of their presence and interpretation of their impact, or potential impact, manifesting within the therapeutic relationship.

Personal ‘obstacles’ represents a collection of idiosyncratic aspects of trainees, which include their age, physical appearance and ethnicity. T7 experiences her age as creating

a barrier with her client through the doubt she believes it provokes about her competency to do her job.

“[...] I felt very much like I was being judged by her and especially because I find, you might have noticed, I’m twenty-five like, I’m the, I’m the youngest person on my course and I think that when people automatically come and meet me, I mean I don’t think it helps that actually I might look younger than I am, (laughs) erm, when people come and see me, erm, there’s that automatic oh my God, like, she’s young enough to be my daughter. Like, what on earth can this girl tell me about my life [...]” [T7, ll 94-100]

Interestingly T1 is also 25-years-old and did not mention her age once, whereas for T7 this personal aspect of herself forms a core ‘shaping’ constituent of her professional identity.

Trainees experienced past relational experiences and patterns as actual or potential obstacles. T8 becomes aware of familiar feelings of not wanting to see his client again and being unwilling to help him, which he has previously experienced in his personal life.

“[...] I kind of get into a state where, erm, it feels to me like, well I suppose I’m not, not willing to forgive or move forward or it’s I’ve just had it and I feel kind of implacable and they feel like an enemy [...]” [T8, ll 114-117]

Trainees are also aware that their own non client-based needs can interfere with the therapeutic relationship. For example, what is apparent throughout T1’s experience is that her concern to comply with her service and to prove herself to her colleagues contributes to the breakdown of the therapeutic relationship. On reflection in the interview she experienced herself as having taken on the role of a “policing figure” [ll 383] and felt “persecutory” [ll 390] towards her client. T1’s descriptive use of these

words enabled me to gain a real sense of how she came to experience herself within her client experience.

“I ‘spose what was significant about my own personal feelings was that he was my first client in this job role in this workplace, so I ‘spose to begin with there was lots of expectation placed upon myself. And feelings about, I think, a first client anyway you feel quite a sense of responsibility and what are other people going to think [...]” [T1, ll 368-372]

Trainees perceive their instinctive human responses to their client as presenting an obstacle within the therapeutic relationship, as they are experienced as compromising their ability to maintain their professional identity. This causes trainees to suppress how they would like to, or imagine they might, respond to their client. T2 experiences her client as profoundly threatening. She feels vulnerable within her professional identity as it creates a position of helplessness for her. T2 is unable to respond to her client’s verbal attacks in the way she knows how to in her personal life since this way of coping does not fit with her perception of her professional role. Her experience of being “trapped in the room” [ll 82], in the context of her narrative, conveyed a sense of her also being trapped by her professional identity.

“[...] the kind of options that I had at that point was to either cry or to either leave the, ‘cause the thing was I remember feeling trapped in the room because obviously as a counsellor you can’t really go anywhere, you know. And I remember like the first and only time that I felt that is being trapped in this professional role where I feel uhm, intimidated and bullied (R: Mmm) er, but I can’t do anything about it. I can’t leave. I can’t say, you know, fuck off. I can’t do anything about it.” [T2, ll 80-86]

Trainees’ personal ‘obstacles’ help shape how they occupy their identity as a trainee counselling psychologist and therefore their client experience. They play a role in evoking trainees’ negative internal reactions. They influence how trainees’ professional

identity is challenged within their experience, how they assign responsibility within the therapeutic relationship and whether they engage and/or disengage with their experienced conflict. This occurs through their influence upon the interactions that occur within and between trainees and their client.

3.2.2 *Drawing upon Internalised Model of Counselling Psychology Training*

This sub-category represents the training experiences, knowledge base and skills set trainees internalise through their counselling psychology training. There exists the potential for significant variation in counselling psychology training experiences. This is due to the emphasis training institutions place upon different theoretical orientations of practice and the potential freedom trainees have to choose the services where client hours are accrued. This sub-category reflects the values and ideals of counselling psychology that trainees incorporate to provide an understanding of what it means to inhabit their professional training role. This includes, at the very least, a vague awareness of where they are in their professional development in terms of their capabilities and knowledge and the limitations that come with being a trainee.

Trainees' internalised model of their counselling psychology training is a strong category, which runs throughout their experience. In this section it is represented through trainees' relationship with experiencing negative internal reactions in their professional role and the limitations their 'internalised model' imposes upon them. The influence of this sub-category also emerges through trainees' interactions with their service and expectations of their client, which is explored in subsequent sections.

Trainees' perception of the degree of 'fit' between experiencing negative internal reactions in relation to their client and their professional identity has a significant impact on their experience. This relationship illustrates how trainees' personality and personal beliefs interact with their training to influence how they occupy their professional identity. The acceptability of experiencing negative internal reactions can mirror how open trainees are to experiencing these types of reactions in their personal life. For example, T6 attributes her openness to experiencing conflict and negative emotion in response to her clients as in part a reflection of the culture she was brought up in.

"I, I experience conflict in terms of the feelings, the feelings are conflictual but I don't feel conflictual in terms of, ooh, I shouldn't be having these feelings (R: Mmm) or it's bad of me to have them [...]" [T6, ll 327-329]

T3 perceives herself as a "good girl" [ll 199], which she states is the reason she was drawn into a "helping profession" [ll 198]. For her this means she experiences a lack of fit between her internalised model of counselling psychology, which she equates as synonymous with her personal identity and having negative reactions towards her clients.

"[...] I'm the nice one that helps people out, I'm not the one who, and if somebody's in need and in pain then you know, you shouldn't respond by being pissed off with them." [T3, ll 200-202]

Four of the trainees, T6, T8, T10 and T11, came from the same training institution. Due to the specific character of their training course this meant that they were all practicing from an Integrative perspective, despite being in different training years. It would appear likely that their theory of practice influenced their attitude to experiencing

negative reactions to clients. These four trainees are all very explicit in conveying the acceptability and value of experiencing negative reactions, which they describe as an integral part of their professional identity. They stress the ethical necessity of engaging in reflective practice to ensure their reactions inform their client work rather than interfere with it. In contrast, other trainees clearly perceive conflict between their professional identity and experiencing these types of reactions, which present as in opposition to their professional ideals and capacity to engage with theory-led practice.

“[...] you’re not supposed to feel negative about your clients. Uhm, you’re supposed to have unconditional positive regard and I didn’t, didn’t have that.” [T4, ll 289-290]

Negative reactions arise through trainees’ experience of being constrained by their trainee status. They experience conflict through the interaction between their experience with their client and their internalised model of training, which is limited. Trainees are inhibited in their practice through their lack of skills and relevant experience and by their prescribed model of practice. T11 describes how she felt disabled by her lack of understanding and experience of her client’s presentation.

“[...] there was a clear presentation of narcissistic personality disorder according to the DSM, in him (R: Mm), but at that stage I did not have enough understanding of what that entails and what’s the best way of er connecting and breaking through that (R: Mm) so that I could actually be helpful to him and see what’s behind that wall.” [T11, 170-174]

Trainees’ internalised model of their counselling psychology training plays an integral role in influencing how they occupy their professional identity. It strongly influences the character of their experience through the conflict that arises through trainees’

comparison of their internalised values, ideals and expectations with their client experience.

3.2.3 *Interaction with the Service*

Trainees' interactions with the service in which they see their client shape how they occupy their professional identity within this experience and present as a potential source of conflict. Trainees experience conflict when their interactions with their service challenge their understanding of how they should occupy their professional identity. This occurs through the expectations the service places upon trainees, which they experience as in opposition to their counselling psychology ethos. Trainees feel they are expected or compelled to inhabit their role within their service in a manner, which they experience as compromising. For T3, being asked by her supervisor why she has not managed to bring her client's anxiety and depression scores down contributes to her feeling negatively towards her client.

“[...] this pressure from the service to get outcomes. And my absolute discomfort with that, you know, as a counselling psychologist that's not what I'm about. That's not what I want to do.” [T3, ll 35-39]

Trainees also experience conflict through their experience of not being adequately supported in their practice by their service. This refers to trainees not receiving what they believe they need from supervision. It also refers to the support trainees require in terms of the referral process, which some experience as inappropriately judged, and to their physical environment, which some trainees experience as not providing adequate protection from clients.

At the time of their experience and on reflection in their interview, some trainees did not experience their supervisor as providing them with the guidance they needed to enable them to understand and focus upon what is most beneficial for their client, as T5 describes.

“[...] I was kind of presenting her as working with CBT techniques, maybe we did possibly umh concentrate a bit more on what could be done, what work and maybe we sort of looked at formulations which really we didn't even have time to do with the client. So maybe that in a way took me away a little bit on a different, as, as opposed to being sort of just a relationship building set-up. Maybe that's what may have took me away [...]” [T5, ll 395-400]

Trainees' interactions with their service exert an influence throughout their experience of this client scenario. For some trainees these interactions form the original source of their conflict, for others their state of conflict is maintained through these interactions. For some trainees it is these interactions, which are integral to their professional development experience through the changes and learning they facilitate as is reflected in categories 1, 2 and 3.

3.2.4 *Expecting the Client to...*

In this aspect of the core category trainees present clear expectations of how clients should occupy their 'role' within the therapeutic relationship. Negative internal reactions are evoked within trainees through the conflict they experience when their client fails to meet these expectations. Through the simultaneous interviewing and analysis process I consistently encountered this theme. Trainees did not explicitly refer to their client 'expectations', nonetheless they were implied through their descriptions of the client behaviours which evoked reactions. Theoretical sampling was employed in

the interviewing process to explicitly explore with trainees what their expectations are of clients. When asked directly trainees did not state expectations beyond what is contained in T10's response below.

“Well I don't really have expectations particularly other than erm, if we, we make the sort of contract to be there for each other each week at the particular time, we give each other notice, so in the sense that there's a contract in place and the terms of which are fairly clear, those would be expectations I would have. Therapeutically I don't have expectations, erm, and as I've just indicated some of even those contract expectations erm, can be, are flexible if they need to be.” [T10, 82-87]

It appears that having specific expectations of their client, and a long list of them, in some way does not fit with trainees' understanding of how they should occupy their professional identity. This may have prevented them from being aware they have any expectations or caused them to be inhibited in expressing them to a fellow trainee. It appears that trainees expect their client to demonstrate some form of appreciation through displaying gratitude and respect. This expectation places conditions upon clients' behaviour which trainees then deem as acceptable or unacceptable, as T1's experience illustrates.

“[...] the staff were all shit basically and that you know, he just wants to leave, he's had enough. And then I just feel like my God, we've put so much work into you for the last however long it was, a year a, no, it felt really like, I felt there was no kind of gratitude whatsoever [ll 109-112] [...] he's been given so much opportunity. And for him to kind of feel like I that I just felt quite angry.” [T1, ll 115-116]

There is an expectation clients should use the therapy space offered in a 'meaningful' way. Clients are expected to take responsibility for helping themselves through willingly engaging in a process of self-reflection and focusing on what they can change within themselves rather than on how other people should change. T4 describes the

frustration she experiences with her client who, from T4's perspective, does not appear to be engaging with therapy in a meaningful manner.

"[...] I found her uhm, very challenging because she would often avoid uhm, talking about herself, which is quite difficult in therapy. Uhm, er, she would fall asleep in sessions, she didn't have any condition that made her fall asleep [ll 17-19] [...] we'd then get to the point when there was the possibility for some sort of intervention. And, or, she would do, for example, an example is that she would take a piece of paper that I had given her, you know, maybe we were looking at a thought record or something and she would put it underneath the leg of her chair and sort of sit." [T4, ll 36-40]

Part of the expectation of clients helping themselves is to co-operate with the therapeutic process by allowing themselves to be helped.

"[...] our relationship from the beginning was a contradiction in terms. He came to receive therapy but he didn't really want therapy. And I was there to offer therapy but he wasn't allowing me [...]" [T2, ll 505-508]

Through the processes trainees engage with to negotiate their experience, as described in categories 1, 2 and 3, some trainees learn to let go or modify their expectations of their client. This reflects a developmental change in trainees' understanding of what it means to occupy their professional identity that is brought about through their experience. For T8 this change comes about through engaging with his experienced conflict in supervision and manifests with him learning to 'be with' rather than 'do to' his client.

"[...] being with, sitting with, actually sort of taking in. We've talked about this in supervision how we might actually be important to take in his feelings of despair and actually feel them, actually feel them [ll 449-451] [...] working with the psychodynamic theory of schizoid people or narcissistic people so I would still be interpreting how there

might be two different parts of him but it wouldn't be, I wouldn't really be expecting a response." [T8, ll 458-460]

Trainees' understanding of their professional identity and practice is reflected in their expectations of their client. It appears that when their client is responding as is expected, trainees feel more able to practice in a manner that is consistent with their expectations of their professional role. When clients do not 'comply' trainees' inhabitation of their professional identity appears to be challenged thus creating a state of conflict. How this conflict manifests and is responded to is explored in the following sections.

3.2.5 *Summary*

The professional identity shaping factors identified in the sub-categories of this core category are present throughout trainees' processing of their experience. They are, in a sense, lying dormant within trainees prior to their client experience as represented in the 'pre-experience' phase in Figure 4. The character of trainees' professional identity emerges through the influence these factors have upon how their professional identity is challenged, how they assign responsibility for their conflict and whether they engage or disengage with this conflict during their experience. At the same time these factors are shaped through trainees' experience through the reciprocal relationships that exist between categories. These influencing and shaping effects are explored throughout the rest of this chapter.

3.3 Category 1: Challenging Trainees' Developing Counselling Psychologist Professional Identity

This category describes the impact experiencing this client scenario has upon trainees, which provides insight into and influences the character of their professional identity. This character is expressed through the challenge the experience presents to trainees' self-concept within their professional identity. Trainees' 'self-concept' is understood as how they perceive and evaluate themselves.

The negative internal reactions and experience of conflict that are evoked within trainees causes them to be confronted with an awareness of their 'personal self' within their professional identity. This brings to light the extents to which trainees integrate their personal self, for example their own feelings, values and needs, with their professional identity. This is represented in the sub-category *Splitting and Integrating Personal Self with Trainee Counselling Psychologist Professional Identity*. Through their experience trainees are also confronted with a sense of their own competency within their role, which is represented by the sub-category *Being Disempowered and Finding Empowerment within Professional Identity*. Through the analysis process these sub-categories were constructed as integral components of trainees' occupation of their professional identity; expressing aspects of the character of this identity together with how it is impacted and changed through the experience.

3.3.1 *Splitting and Integrating Personal Self with Trainee Counselling Psychologist Identity*

This sub-category represents the relationship between trainees' personal self and their understanding of their professional role and its potential to change through this client experience. As explained above, negative internal reactions are a product of the state of conflict trainees experience through the interaction between the factors that shape the character of their trainee counselling psychologist identity and their client's presentation. Through their very nature the negative internal reactions trainees experience are located within their personal self. What becomes apparent through trainees experiencing them is their potential to create or expose a split between their personal self and professional identity.

As noted above, some trainees are open and even welcome, in theory at least, the experience of having negative reactions to clients. They actively engage with these reactions throughout their experience; utilising self-reflection and supervision as is described in category 3. These trainees experience their personal reactions and therefore personal self as an integral part of their professional identity and use them to inform their practice. T11 completely rejects the idea that it is possible to split her personal self from her professional identity. The integration between her personal and professional self forms the very core of her professional identity.

"I can't even think of it, of being separate. I just, that's a schizoid (laughs). That is a completely schizoid way of thinking about it that it could be so split. Not at all. You know, I'm on an Integrative course. My approach is Integrative and there's absolutely a must to integrate personal with professional, you know." [T11, ll 268-272]

Other trainees, at least initially, experience a conflict between their internal responses to their client and their trainee counselling psychologist identity. This conflict manifests through aspects of their personal self being split off from their professional identity. For T3 being the “good girl” [ll 199] means that experiencing negative reactions in relation to her client is “bad” [ll 211] and therefore unacceptable.

“[...] I shouldn’t you know, unconditional positive regard, I shouldn’t feel angry with this client. I shouldn’t feel uhm, I shouldn’t be having thoughts like why don’t you just [ll 183-185] [...] you must’ve think that. Shut that down. Slam that down (R: Is, is that what you had a tendency to do before? Or...). Uhm (R:...or that was a thought that you er...?) That’s a bit crude. Yeah, that’s probably a bit extreme. Uhm, that’s probably a bit crude and a bit extreme but I think that was kind of the thought was, oh, you know, and also there’s something wrong with me. You know, this is bad, this is a bad thing for me to be doing.” [T3, ll 204-212]

Through their experience some trainees’ relationship with their professional identity becomes more integrated with their personal self. This transformation occurs to a greater and lesser extent in different trainees. For some trainees this transformation is characterised through a growing acceptance of these reactions, as T9 illustrates below. Whereas for other trainees the presence of negative reactions becomes a fundamental part of their practice, which they fully embrace.

“[...] it’s definitely a more natural process rather than something that ooh, it shouldn’t happen (R: Mm) or ought not to happen. That’s not so much in, in my mind now (R: Mm). And that’s quite refreshing. It’s, it’s quite reassuring actually.” [T9, ll 426-429]

Interestingly T4 attributes the split she imposes between her personal and professional self as responsible for at least some of her negative internal reactions. At the start of her experience T4 fears that if she brings herself and her humanity into the therapeutic

relationship then her client will see her as a fraud and realise T4 has no control of therapy.

“[...] now I think I would go away from it learning you’ve got to, you’ve just got to be yourself in there and, you know, in the relationship and not be afraid of that. I think before I thought that to be boundaried and professional you had to put, leave yourself at the door but actually I wouldn’t say that at all any more and I was doing that so much that I think that’s part of why I was becoming so annoyed.” [T4, ll 542-547]

Those trainees who reflect upon achieving a greater sense of integration through the process of their experience perceive it as development. This client experience holds the same potential for development to occur within trainees’ sense of their professional competency, as it explored in the next sub-category.

3.3.2 *Being Disempowered and Finding Empowerment within Professional Identity*

This sub-category represents the impact this client experience has upon trainees’ sense of their own competency within their professional identity. It encompasses trainees’ experience of being disempowered within their professional role; reflected by their loss of confidence and experience of being ‘deskilled’. It is acknowledged that loss of confidence and being deskilled are inextricably linked since it is difficult to separate the two concepts when data is derived from trainees’ self-reports. For example, just because a trainee feels deskilled it does not necessarily mean they are although of course it is possible that this very feeling can then cause them to deskill themselves, as T7 illustrates. What is important is that trainees report an experience of both losing confidence and being deskilled within their professional identity.

“[...] what I do is I find myself acting in a way that fits with either their expectations or my projected expectations (R: Mm, mm) so...(R: Which is?) Young, blonde...(R: Oh, so you almost sort of...) Deskilled (R: Right). I deskill myself, I think. Great (laughs). Well done me.” [T7, ll 482-490]

This sub-category also illustrates how through their experience many trainees gain a more solid sense of their own professional competence through their ability to work with the challenges it presents.

The impact of experiencing negative internal reactions causes trainees to lose confidence, which they perceive as inhibiting their practice. T1 feels disempowered in her practice. In her interview she reflects upon how she would have liked to work with her client but experienced his “silencing” [ll 247] impact as preventing her from doing so.

“Like I feel like I should’ve explored that a lot more (R: Mmm) but it felt really difficult. There was something about him that it just felt so difficult and his ability to silence is quite powerful I think. His ability to kind of cut that off (R: Cut communication off?). Yeah, uhm...(R: What impact did that have on you when he would do that?). I think it felt like he cut communication off by like silencing me. I felt like I couldn’t challenge what was obviously going on and so that felt quite restrictive.” [T1, ll 240-248]

Trainees’ perception of their professional competency is challenged through their client experience, which causes many of them to believe they lack the necessary skills to work successfully with their client. T8’s sense of his client is that what he is bringing to therapy is beyond what T8 has the capacity to contain and work with.

“[...] my sort of self-image of being a competent person who’s, who’s in control of the therapy was challenged at times. It was by this guy in a serious way [ll 314-316] [...] I didn’t feel, quite a lot of the time I, I, I felt he was too powerful, too dangerous to

contain, very dark, powerful energy erm, erm, yeah, sometimes I felt out of control.”
[T8, ll 342-344]

At the end of her interview I asked T4 whether there was anything else I should know about her experience, to which she replied, “I am not an awful therapist” [ll 685]. Her response echoes the comments T2 made post-interview about her experience of the interview being like a competency test. I endeavoured to present a non-judgemental stance throughout interviews. I normalised trainees’ experience after their interview. I shared what had motivated me to explore this subject and thanked trainees for being so open. At least with these two trainees they believed something of what they had shared with me might be deemed ‘unacceptable’. This could be due to our shared professional status, which may have caused them to project their own anxieties about whether they are competent practitioners onto me. These responses, together with the interview material, conveyed to me just how potentially threatening it can be for trainees to be open about experiencing this client scenario.

For many trainees what they initially experience as disempowering becomes an experience that provides them with a sense of empowerment within their professional identity. This professional development occurs through the increased sense of confidence and competency they gain through the processes they employ to navigate their experience. For T3 it confirmed for her that she is capable of becoming a counselling psychologist. She realises she can work with challenging clients who bring ‘shocking’ material (she uses the word ‘shocking’ eight times throughout her interview) and who wish to shock her.

“[...] it was almost kind of affirming for me (R: Yeah, yeah). That probably sounds very cold but, (pause) you know, well there was a sense that if I can, if I can handle him

and, and this stuff, this stuff he's bringing me then (pause) you know, (R: Mmm) maybe I can do it (R: Yeah yeah), maybe I should stick around for the second year." [T3, ll 487-491]

3.3.3 *Summary*

This category describes the impact trainees' experience of this client scenario has upon them and their occupation of their professional identity. It illustrates how the challenge this experience presents is influenced by the professional identity shaping factors contained within the core category. It shows how the character of how trainees occupy their professional identity can transform through their experience. This occurs through the relationship between their personal self and professional identity, and through their sense of professional competency and confidence. As well as being influenced by their experience, these aspects of trainees' professional identity contained within this category concurrently influence the character of their experience. Trainees' sense of competency and confidence and their degree of personal self and professional identity integration influence how they understand and respond to their experience. This is explored in the next two sections devoted to categories 2 and 3.

3.4 **Category 2: Assigning Responsibility within the Therapeutic Relationship**

This category represents trainees' understanding of where the conflict they experience in this client scenario originates. It illustrates how trainees locate the source of their experienced conflict within the therapeutic relationship in the client and/or in them. The sub-category *Identifying the Client as the Source of the Experienced Conflict* represents

trainees assigning responsibility to their client for their own internal responses to them. *Sharing Responsibility for the Experienced Conflict Manifesting within the Relational Dynamic* represents trainees' recognition of their shared role in the evolution of their negative internal reactions. Some trainees who assign this responsibility to their client maintain this position throughout their experience, despite their efforts to overcome these reactions and best help their client. Others shift towards a position of recognising the contribution both they and their client make to their experience of conflict through the process of their experience. This category extends beyond describing trainees' understanding of their experience. It represents how trainees conceptualise their experience, which crucially bears influence upon how they interact with their client and seek to resolve their conflict. It represents how the influences that shape trainees' professional identity and how they experience the impact of their experience, influence how trainees make sense of it.

3.4.1 *Identifying the Client as the Source of the Experienced Conflict*

This sub-category represents how trainees assign their client as the main source of their conflict. In this experience trainees who identify their client as the source of conflict, experience them as disregarding the basic norms of what is understood as 'acceptable' behaviour towards the trainee or/and people in the client's life. Trainees also experience the client as deliberately obstructing the therapeutic process thus challenging trainees' expectations of how their client should present and respond within the therapeutic relationship.

Trainees appoint their client as the source of conflict when they perceive their client as violating the boundaries of acceptable human behaviour. The manner in which T6's

client manages his responsibilities as a father is abhorrent to her. She understands her negative internal reactions as originating from his reported behaviour.

“[...] issues with benefits and being hounded for child uhm...maintenance stuff, which of course is another thing that makes you think, oh, it’s difficult to like someone who you know leaves behind a trail of children and doesn’t (R: Mmm) support them.” [T6, ll 178-181]

When trainees experience their client as deliberately blocking their attempts to help them they assign responsibility to the client as the source of conflict. This reflects trainees’ expectations of their client.

“[...] there was almost like a feeling of she wasn’t ready to work on herself but then the presenting outside of her was like, no, I want therapy and I guess that, quite not being clear, so you want therapy but not for you, but to sort of change your, your, your family and (R: Mmm) so it may be a bit of confusion on my part, uhm... (R: In terms of ...what to do, or?) Yeah... what is therapy gonna be about then, if fifty minutes is just spoken about others (R: Mmm) and my attempts to bring you into the session are completely sort of knocked to one side.” [T5, ll 325-332]

For some trainees their experience is that they almost have no choice but to feel negatively towards their client. For T2, her client “made it impossible not to dislike him” [ll 4-5] as she experienced him as having “a lot of hate, hatred and stuff and like proper projected onto [her]” [ll 22-23]. Within their experience trainees recognise the limits of what they are able to ‘tolerate’ from their clients. It appears that once or when this limit is reached blame is assigned to their client, which then impacts how trainees respond to their resulting conflict. For T1, she seems to reach a point where she feels she can do no more as her client will not change his behaviour.

“[...] I just didn’t have that persistence anymore to keep on trying to engage with him and there’s only so many times that someone can complain (R: Mmm hmm) about something before you start to not want to engage with them I think.” [T1, ll 171-174]

It is important to remain mindful that each trainee worked with a different client. Some clients were experienced by trainees as far more challenging than others. So this sub-category does not necessarily represent trainees’ lack of awareness that they form one half of a relational dynamic from which their experience of conflict emerges. It does not mean that assigning responsibility to their client for their experienced conflict necessarily reflects a denial or avoidance of acknowledging their role within the relational dynamic. However some trainees, at least through part of their experience, are blinkered in their assignment of responsibility for their conflict. They neglect to recognise what they bring to the therapeutic relationship in terms of their expectations, which are attached to their professional identity and own relational patterns. This could be thought of as trainees ‘splitting off’ this part of their experience, projecting their negative internal reactions onto their client and therefore labelling them as the source of conflict.

3.4.2 *Sharing Responsibility for the Experienced Conflict Manifesting within the Relational Dynamic*

Trainees are able to recognise the role they play in maintaining and/or creating their experience of conflict, as represented in this sub-category. Some trainees acknowledge their contribution to a greater extent than others, depending upon the nature of their experience and the degree to which it is reflected upon. Some trainees are aware of their role in their conflict at the time of their experience, acquired through a process of

independent self-reflection. However, more often than not trainees gain this understanding through reflecting upon their experience in supervision. For other trainees it is not until the research interview, through the process of reflecting upon their experience through the lens of further training and a broader knowledge base, that they gain this insight.

Trainees are able to recognise they are drawn into what they identify as their client's established relational dynamic, which involves them responding or being expected to respond in a manner that is familiar to their client. For T10, she experiences herself being drawn into the role of parent with her client, which she understands as a way of relating her client has a tendency to evoke in others.

“[...] I found myself erm, struggling with being the parent in the room and erm...(R: In what sense?) By directing her to, to not talk content and to try and talk about her and her feelings. That was a very difficult place for her to go [ll 110-114] [...] I think this was a, a dynamic of hers that she had learned early on to erm, get where, what she needed, to get her needs met but it was a, and I fell into it.” [T10, ll 167-169]

Trainees also recognise that some of what they bring to the relational dynamic reflects their own personal obstacles and expectations of their client and they appreciate how this significantly contributes to or is the main source of their conflict. After her experience, T1 was able to recognise that her client's response to her absence of several weeks from the service, where she saw him daily, contributed to her experience of conflict through the feelings and responses it evoked within both her client and herself.

“[...] it's not just an absence for him, it's an absence for me. And it's difficult when you've been, had a break, to start counselling again (R: OK). So awareness of like the influences that were influencing my behaviour at the time, you know, I know that I was really unhappy being sent somewhere else, like all these kind of things you can think

about what's going on for you and perhaps why I didn't want to confront him [...]" [T1, ll 503-508]

Through her experience, T4 was able to see how her negative internal reactions to her client, which manifest as her relating defensively, fed what she experienced as her client's "strange, erratic behaviours" [ll 413] thus serving to reinforce T4's negative reactions to her.

"[...] it was almost like wanting to seek permission to go to certain places in therapy and I wasn't granting that. I was just very guarded and had the barrier up. And as you say, once, I think once she saw that, then she went ok, right, I know how this works [ll 401-404] [...] I do feel that there would've been, that she would've come as a different person and I...and I can say that also because the moments when I offered her something different, you know like I said, she cried [...]" [T4, ll 406-409]

Just as 'blaming' their client for their experienced conflict could be thought of as trainees splitting off this aspect of their experience, 'sharing responsibility' could be perceived as a reflection of trainees incorporating their personal self into their professional identity.

3.4.3 *Summary*

This category illustrates that how trainees choose to assign responsibility within the therapeutic relationship for their experience of conflict is influenced by the factors shaping their identity as a trainee counselling psychologist. Trainees' understanding of their experience and assignment of responsibility for their conflict provides insight not only into how they experience their client but also how they understand the therapeutic relationship. Trainees are able to acknowledge and understand their contribution to their

experience of conflict through the process of their experience and on reflection in the research interview. Those trainees who move towards a position of sharing responsibility with their client for their experience of conflict perceive it as development. It could be argued that this shift represents a position of greater integration between trainees' personal self and professional identity. It is important to highlight that just because a trainee assigns responsibility to her client for her experienced conflict does not necessarily mean her personal and professional selves are not integrated or that her response is inappropriate. It is when trainees are blinkered in their assignment of 'blame' to their client that they appear to demonstrate a lack of integration within their professional identity. How trainees assign responsibility for their conflict influences whether they choose to engage or disengage with this conflict. It is these dynamics, which are explored in the next section.

3.5 Category 3: Disengaging and Engaging in Response to the Experienced Conflict

This category represents how trainees understand and manage the conflict and negative internal reactions they experience in relation to their client. It describes two processes of trainees engaging and disengaging with their experienced conflict. The sub-category of *Disengaging* represents trainees disengaging with their conflict in some form, consciously or unconsciously, in an attempt to reduce their experience of conflict and discomfort. The sub-category *Engaging* represents trainees actively making attempts to engage with their experience of conflict to try to understand and resolve it. Trainees' engagement and disengagement are fluid processes, which involve some trainees

shifting between the two activities and engaging with them to varying degrees. It is important to bear in mind that trainees' accounts of how they understand and manage their reactions do not provide direct access to what occurred in 'reality'. They do however convey trainees' understanding of the reality of their experience as reflected upon within and influenced by the context of the research interview, which from a constructivist and symbolic interactionist perspective is what is significant. The overall character of T3, T4, T5, T8 and T10's experience suggests that they move from disengaging to engaging with their conflict through the process of their experience. This occurs with various speeds and levels of assistance. For T2 and T1, after trying to engage with their conflict through their interactions with their client and in supervision, therapy ends with both of these clients without a resolution. T11, T7 and T9 engage with their conflict in supervision but remain stuck in their disengagement in relation to their client. All their clients prematurely terminate therapy. In contrast, T6 appears able to fully engage with her conflict throughout her experience.

3.5.1 *Disengaging*

Trainees disengage with their experience of conflict physically and psychically through their interactions with their client and through supervision. Some trainees actively avoid being 'available' to their client through engaging in a shallower level of interaction, for example by "zon[ing] out" [T4 ll 153], or through not extending the therapeutic space to their client. Due to the "torturous" [ll 276] nature of T2's experience she decides not to offer her client further sessions.

"[...] I had to choose one of these uhm long term client and my supervisor said to me, why don't you ask him? I was like, are you kidding me? (R: Mmm) You know? No, absolutely no way [ll 126-128] [...] I would prefer if it stayed in the curiosity and not in

the actual practice with him, because, you know, it's OK to be challenged but not to be, you know, crushed" [T2, ll 252-254]

As was constructed in their research interviews, both T7 and T1 experience their supervision experiences as reinforcing their disengagement from their client. T1's experience of her client is normalised by her supervision group who do not encourage her to explore the therapeutic relationship further, which in retrospect T1 regrets. From T7's perspective her supervisor places too much emphasis on CBT techniques at the expense of cultivating the therapeutic relationship.

"[...] I felt quite angry at myself because I thought if I'd just left all that textbook stuff and actually just tried to build a relationship with her, she might still be coming [ll 395-397] [...] I would be shoving all of that stuff out the window completely until we had a relationship that was strong enough to even (R: Mm) start with that, erm, but that just wasn't what I was encouraged to do." [T7, ll 150-153]

Trainees disengage with their conflict through distancing themselves from their client by reinforcing the power differential within the therapeutic relationship. For some trainees this involves adopting the stance of 'expert' professional. Asserting her intellect is a familiar way of coping for T11, which she identifies as being rooted in her upbringing.

"So I always, if there is threat, if I'm under stress, I always start intellectualising a lot, going to the head, become very cognitive. It's easy and yes, this is where it fits knowledge is power (R: Mm). Intellect is power, therefore being in my head is more powerful than staying with the feelings [ll 134-138] [...] I already felt inferior to that because I did not share that knowledge, so my interventions therefore were erm, quite intellectual. I was trying to dig in. I would try to outsmart him with my interventions by making them clever [...]" [T11, ll 108-111]

T11's strategy of disengaging is influenced by her experienced diminished sense of competency and one of her personal obstacles. Her experience illustrates the reciprocal relationships that exist between categories.

3.5.2 *Engaging*

Trainees engage with their experience of conflict through actively reflecting upon it through the process of private reflection and/or in supervision and/or openly with their client. This sub-category represents the two different functions that serve trainees by engaging with their conflict.

Through engaging with their experience of conflict trainees gain greater understanding of its origin and maintenance and are in a better position to try to resolve it in relationship with their client. Engaging with her conflict in supervision provided T4 with a better understanding of her client and how to work with her, without T4 disengaging with her through dismissing her own negative reactions.

“[...] I couldn't push those feelings out of my mind during the session but I did have other thoughts and feelings about her as well and, and I could build on those in supervision and uhm, my supervisor was just able to sort of er, challenge my responses and help me to realise when stuff was coming from me, when it was coming from her, understand when it was coming from her why it might have been coming from her [...]”
[T4, ll 262-266]

Like T4, T10 also learns to draw upon and cultivate some of the other reactions, besides the negative ones, she is experiencing towards her client.

“[...] what reflection and supervision kind of brought me to was that it was really important for me to, to, to erm, expand the empathy I already felt for this client and let that colour my, and influence my responses emotionally to her.” [T10, ll 62-65]

T5's quote illustrates how engaging with her experience of conflict in supervision shapes her practice and alters how she occupies her professional identity through changing her understanding of her role within the therapeutic relationship and her expectations of her client.

“[...] I took it to supervision, you know, I did kind of say this client's driving me mad and you know, there's not much of her in the room and I just feel frustrated. She's just going on and on about other people and, uhm, it's never about her [ll 122-125] [...] I think I tried to change my attitude afterwards. I didn't sort of go in thinking, right, we've got some things to work through [ll 131-132] [...] So I wasn't going in thinking, ok what has she done, what can she do, I was just, let's just listen, uhm, and bring it back to her as much as possible and try and involve her.” [ll T5, 133-135]

For some trainees the process of engaging with their experience of conflict does not necessarily reduce their state of conflict with their client but is a coping strategy, which enables them to persevere with their experience. By adopting a certain perspective on their experience, for example 'spinning' it as a learning experience as T11 does, the experience is made more bearable. Some trainees are aware of getting something 'extra' from their experience, which makes it more tolerable. It is not only his client's charisma that enables T8 to cope with some very difficult and scary reactions to him but also the fact T8 needs to work with his client in order to fulfil his training requirements.

[...] it was almost like a sort of terror of being destroyed by him, erm, that was going on sort of under the surface, and erm, but along with that was a kind of almost like a morbid fascination with him and he was actually a very charismatic person. So a kind of dangerous, seductive, charismatic quality about him [ll 13-17] [...] he was the only guy

that I was seeing cos I'd had problems finding a placement. So erm, in a way I sort of clung to that client because he was the only one, erm, so it was really important for me that I was seeing him, erm, so I, so I guess in a way that probably overrode feelings of not being very good at it [...]" [T8, ll 230-233]

Trainees' shift towards engagement with their conflict away from disengagement reflects the opportunity for professional development this client scenario offers. It provides trainees with a new perspective on their experience. This does not necessarily make the actual experience of having such reactions any easier but it enables trainees to better understand how to respond to their reactions.

3.5.3 *Summary*

This category describes how trainees manage their experience of this client scenario through engaging and disengaging with their experienced conflict. It illustrates: how this process is influenced by the factors shaping the character of trainees' professional identity, the challenge this experience presents to their developing professional identity and how they assign responsibility for their conflict. It also shows how the processes of engaging and disengaging trainees employ to negotiate their way through their experience influences their occupation of their identity as a trainee counselling psychologist. This occurs through their impact upon trainees' professional identity shaping factors, for example through modifying their expectations of their client and altering their internalised model of their professional training.

3.6 Professional Identity Development Through the Experience, Reflected in the Core Category

How trainees experience having negative internal reactions in relation to their client is a reflection of how they occupy their professional identity as a trainee counselling psychologist. The character of their professional identity is reflected in the three main categories and core category through the experience. The sub-categories contained within the core category represent the influences trainees take into their experience, which they have to negotiate and to an extent re-evaluate through their process. They influence how trainees occupy their professional identity within their experience, which is expressed through categories 1, 2 and 3. At the same time trainees' professional identity is shaped through the process of their experience through the reciprocal relationships that exist between these categories. In different ways through their experience trainees gain some form of enhanced understanding of what their professional identity means to them and how they wish to inhabit it.

In the research interviews trainees' construction of their professional development took different forms. Some trainees experienced a profound shift in their positioning within and understanding of their professional identity. For other trainees their development was represented, for example, in terms of letting go or modifying their expectations of their client (T5) or recognising the value of exploring conflict and what they themselves bring to the relational dynamic (T1). The changes trainees experience are encompassed by an overall theme of gaining a greater understanding of how they wish to occupy their trainee counselling psychologist identity. For example, the development T8 experiences within his professional identity appeared to occur at a fundamental level. Through his experience he integrates more of his personal self into his profession identity, which

helps him to understand how he would like to practice with clients. Acquiring this understanding is of particular significance for trainee counselling psychologists since their training equips them with the knowledge and skills to work with different modalities across different clients groups and within a variety of contexts.

“[...] maybe this experience of working with this guy helped to bring me more into line, I suppose, identify as who I am as somebody who generally is available to listen to people and try and help them in a sort of existential way (long pause). I suppose part of my emerging personal identity, as well as professional so it probably brought the two together a little bit.” [T8, 609-613]

T3 explains how her experience provided her with the opportunity to establish the values she wishes to practice by.

“[...] But there was definitely conflict there. But in a way that conflict was probably quite useful because it made me really think about, OK well if you don't want this, what do you want? (Laughs) You know if this isn't how you want to work, help me think about how I did want to work, if that makes sense?” [ll 160-163] [...] I think it informed that kind of identity building process or clarifying process or whatever you want to call it.” [T3, ll 479-480]

For T2 her experience cements her faith in the counselling psychology profession.

“[...] I was learning and I was, you know, being challenged, but not that much but, a little bit every time and my therapy was doing well and my academic side was doing and it was kind of all going alright and then suddenly this thing in the middle ‘doo doo doo’ (R: Mmm) kind of shook me to, to the foundations of my, and then I started kind of going back to zero and being like, oh what am I doing again? Why am I doing it for? And, you know, proper like doubting [ll 264-270] [...] going through the kind of negative experience and coming out stronger and kind of wiser. So I went through the doubt and the, and the (pause) you know (pause) all the negative experience, feelings and then I came out of it feeling uhm, I suppose stronger and more sure of what I wanted to do.” [T2, ll 380-383]

T7's quote below illustrates how the influences contained within the sub-categories of the core category shape how she occupies her professional identity in this client experience. She tries to remain true to her counselling psychology values and meet the requirements of her service whilst being influenced by her personal obstacle of believing she is "rendered incompetent" [ll 609] by her age.

"[...] I felt so kind of lost and conflicted. Like my aim was to make my supervisor happy. My aim was to erm, keep my client coming (laughs). My aim was to try and help her with her chronic pain. My aim was to teach her the things that my supervisor had told me to teach her and my aim was at the same time to try and stay, try and bring in some of the stuff that actually worked at Uni, like about relationship but about me. And, and my aim was to kind of try and bring some of me into the room. I was kind of trying to do like, loads of things at the same time [...] [T7, ll 327-334]."

The character of T7's professional identity in this experience influences the impact it has upon her in terms of how it challenges her professional identity, how she assigns responsibility for her conflict and her degree of engagement with it. In turn, these processes shape how she occupies her professional identity. During her experience T7 complies with her supervisor's wishes even though they do not fit with her own beliefs. Through the experience she learns to have faith in her own understanding of how she should occupy her professional identity and to utilise her personal self within that.

"I think it's made me so much stronger. I think it's made me really question who I am as a practitioner and what I want to be as a practitioner, erm. And I think that erm, I'm much, I'm much more confident in my intuition, I think. Erm, rather than saying, oh I shouldn't, rather than understanding my feelings as, I'm getting this feeling because I'm not a very good practitioner or something (R: Mm) erm, I actually have faith in that now and I'm like, now you're getting this for a reason and you can use this within your work." (T7, ll 544-550)

Through her experience T9 becomes more accepting of having and exploring negative internal reactions in relation to her clients. T10 gains experience of drawing upon the feelings she felt alongside her negative internal reactions to develop and embody a greater sense of empathy for her client and to appreciate that sometimes therapy is “not about [her] doing” [ll 196] to the client but ‘being with’. T11 gains a better understanding of what she brings to the relational dynamic through her personal and professional self being so well integrated within her professional identity. T4 realises the importance of bringing her personal self into her professional identity. She learned that through engaging with her negative internal reactions and bringing more of her own humanity into the therapeutic relationship, her client shifted to mirror T4’s own openness and willingness to explore.

T6 is the only trainee for whom this experience does not seem to enhance her professional development. This could be explained by the fact T6 has been ‘in-training’ for significantly longer than any of the other trainees interviewed. T6 presents as firmly rooted in a well-defined professional identity, which is clearly integrated with her personal self. She places a strong emphasis on the value of experiencing negative internal reactions in relation to clients. The source of T6’s internal conflict is her dislike of what she experiences as her client’s rigidity and ‘misogynistic’ behaviour. The negative internal reactions she experiences do not pose a challenge to how she occupies her trainee counselling psychologist identity. This could suggest that trainees’ developmental stage plays a fundamental role in how they experience this client scenario. This suggestion is supported by T4’s comment below.

“[...] I think that the trainee thing, probably that’s the central conflict, isn’t it? Like, I’m a trainee. I don’t know what I’m doing [...]” [T4, ll 460-461]

The findings of this study suggest that it is precisely through these experiences of conflict that professional development occurs.

3.7 Conclusions

This grounded theory describes how trainee counselling psychologists experience having negative internal reactions in relation to their clients. The core category and three main categories, which form the foundations of this constructed theory, illustrate how the nature of trainees' experience is influenced by how they occupy their professional identity. A state of internal conflict accompanies trainees' negative internal reactions, which is evoked through trainees' perception of a mismatch between their client experience and professional identity. The core category provides a representation of how trainees inhabit their professional identity throughout the process of negotiating their experience and reflects how its character changes through it. This is also reflected by the other categories the core category encompasses. Category 1 illustrates how trainees' professional identity is challenged through their experience. Category 2 describes how trainees assign responsibility for their experienced conflict. Category 3 illustrates how trainees interact with their conflict through engaging or disengaging with it. Through the reciprocal relationships that exist between all four categories, together they shape trainees' occupation of their professional identity and are shaped through them. This basic social process represents the potential for trainee counselling psychologists' emerging professional identity to dynamically evolve through the process of experiencing negative internal reactions in relation to their client.

In Chapter 4 these findings and their implications for practice and future research are discussed, with reference to the relevant research literature, together with the limitations of this study.

Chapter 4: DISCUSSION

DISCUSSION

This chapter presents the findings of this study, which are discussed with reference to the literature. The implications of these findings and their relevance to counselling psychology are presented. The quality of the study is evaluated, together with a discussion of its limitations and suggested future directions for research.

4.1 Summary of the Main Findings

The aim of this study was to explore how trainee counselling psychologists experience having negative internal reactions in relation to their clients. As explained in Chapter 1, my interest in this topic was initially sparked through my own training experiences, which led me to question how other trainees experience this client scenario. This provoked me to scan the research literature devoted to the countertransference reactions and feelings trainees experience with clients. I discovered there is a lack of process-orientated empirical research exploring how trainees understand, respond to and are impacted by their experience of having negative reactions to clients. There is also a lack of research focusing on trainee experiences of this client scenario from a holistic perspective, which could potentially be incorporated into a model of trainee therapist development. The aim of this study was to respond to the gap in the research and to contribute to existing knowledge of trainee experiences within the domain of counselling psychology.

Eleven trainee counselling psychologists were interviewed to explore in-depth their experience of having negative internal reactions in relation to one of their clients.

Trainees⁵ were found to experience a wide range of reactions, which they labelled as negative. These included intimidation, shock, frustration, anger, fear, dread and dislike. The grounded theory generated through the processes of interviewing and analysis provides an interpretive, theoretical model of how trainees experience having negative reactions in relation to their clients. It elucidates that the character of trainees' experience of this client scenario is inherently linked to how they inhabit their identity as a trainee counselling psychologist. The grounded theory illustrates how trainees' occupation of their professional identity influences their experience whilst being simultaneously shaped through it.

'Occupation of Professional Identity as a Trainee Counselling Psychologist' is the core category identified in the grounded theory. It represents trainees' understanding of what it means to inhabit their professional identity and the character of its manifestation. The core category represents a fluid construct, which reflects the change that occurs to trainees' occupation of their professional identity through their experience. Trainees experience conflict through the interactions that occur between their experience of this client scenario and how they inhabit their professional identity. How trainees are challenged by their experience of conflict, assign responsibility for its origin within the therapeutic relationship and respond to it through a process of engagement and/or disengagement, provides an expression of the character of their professional identity in this experience. In turn, the processes involved in negotiating their experience influence the character of trainees' professional identity through the reciprocal relationships that exist between the main categories and core category.

⁵ In this chapter, the term *trainee* will only be used to refer to the trainee counseling psychologists who participated in this study, when another study is not directly cited.

Exploring how trainees experience having negative internal reactions in relation to their clients provided a window of insight into the complex interrelationships that exist between the different factors, which influence trainees' developing professional identity within this client scenario. The impact of trainees' experience, their understanding of it and responses to it evolve through the process of their experience. This occurs through the complex and fluid interactions that take place between the following influences: the personal factors trainees bring into the relational dynamic, their relationship with their trainee status, their understanding of their professional role, the character of their interactions with the service (which dictate supervision, the environment and potentially the complexity of their client) and their expectations of their client.

4.2 Contextualising the Main Findings

The pertinence and significance of these findings are conveyed through situating them within the research literature.

4.2.1 Influences upon Trainees' Professional Identity

In this study, how trainee counselling psychologists experienced having negative internal reactions in relation to their client was found to reflect how they inhabited their professional identity, which evolved through the process of their experience. The 'person' of the trainee, their understanding of their professional role, their client expectations, their experience of being a trainee and their interactions with their service, influenced how trainees inhabited their professional identity, and therefore how they understood and negotiated their experience. The significance these influences had upon

how trainees inhabited their professional identity through their experience, was reflected through their prevalence within the data and hence their assignment as sub-categories of the core category in this grounded theory. Based upon the findings of this study, it is not possible to identify the extent to which each of these influences determined the character of trainees' professional identity or their development. These factors appear to form part of a complex and interrelated evolving process. Their influence upon therapist professional identity and its formation is reflected in the research literature.

In this study, trainees experienced aspects of their 'personal self' as influencing their experience with their client, which included their own patterns of relating, background and personal needs. For example, T8 was aware that an urge to 'cut off' his client was being triggered in him, which is something he has experienced with people in his personal life. Hayes et al.'s (1998) study explored the countertransference reactions of experienced therapists. Family issues relating to parenting, partnering and family of origin and therapists' own needs (for example, their need for control, to nurture and narcissistic needs) were identified as common origins of countertransference reactions (Hayes et al., 1998). These findings suggest that experiencing reactions in relation to clients, which are evoked through personal factors contained within the practitioner, is not dependent upon developmental level and is therefore a common constituent of both trainee and therapist professional identities.

Trainees in this study expressed anxiety regarding the task of embodying their professional training in practice and experienced a sense of confusion regarding the involvement of their personal self within their professional role. Trainee psychotherapists in Nutt-Williams et al.'s (1997) study were found to share these worries. They experienced anxiety in relation to their concerns about therapeutic skills

and performance, the boundaries of their role and working with clients who could create conflict.

Trainees' understanding of their professional identity and expectations of their clients appear to be derived from their internalised model of training. To at least some extent, the acceptability of experiencing negative internal reactions in relation to their client was influenced by trainees' internalised model of training. This was influenced by the nature of their counselling psychology training programme. As has been highlighted, T6, T8, T10 and T11 all came from the same training institution, which had a core Integrative philosophy and was explicit from the very start of their training about the importance of attending to negative reactions to clients. Therefore, these trainees entered their practice with the expectation that clients would evoke negative reactions within them. As was apparent in their interviews, this expectation did not necessarily make their experience any easier to negotiate; nevertheless it did influence its character. Similarly, the professional identity, and therefore client experience, of other trainees was influenced by their internalised model of training, for example through their theoretical orientation of practice. Theoretical orientations influence how practitioners conceptualise client material and how they reflect upon and understand the client-therapist relationship in an attempt to identify appropriate therapeutic interventions. They offer a system of beliefs and attitudes, which propose accounts of the origin and maintenance of psychological problems and explanations of personal change, which typically influence this process. Both T3 and T4 reflected upon the conflict that was evoked within them through their self-awareness of their negative internal reactions towards their client. They understood that as practitioners they should embody unconditional positive regard in relation to their clients, as is consistent with Person-

Centred theory (Rogers, 1957), which meant they experienced the presence of their negative reactions as unacceptable.

Benbenishty & Schul's (1986) study found that therapist preferences are connected to their theoretical orientation of practice. In their study, fifty therapists completed the Role Expectations and Preferences Questionnaire. 'Preferences' related to therapists' wishes about clients' and their own behaviours that would be enacted in therapy, and 'role expectations' related to therapists' beliefs about their own and clients' behaviours that would be enacted in therapy. As is consistent with the findings of this study, a large discrepancy between either therapists' role expectations and preferences, or those they held for their client, was found to have a negative impact upon the therapeutic relationship. Benbenishty & Schul's (1986) identify that therapists who experience such a discrepancy may feel frustrated with clients for not enacting behaviours which they believe will lead to a positive outcome. They state that therapists' negative reactions may not be directly communicated to clients but may affect their emotional involvement with them, as the trainees in this study illustrated.

The trainee counselling psychologists in Hill et al.'s (2007) study of training experiences were reported as feeling upset in response to their clients failing to meet their expectations. Hill et al.'s (2007) suggestion that this response reflected trainees' need for predictability or control implies trainees experience vulnerability within their professional identity imposed upon them by their trainee status. This resonates with how trainees' experience was interpreted in this study as many felt they did not have the insight, skills and experience to know how to best work with their client and manage their reactions. Interestingly one of the categories of countertransference origins identified in Hayes et al.'s (1998) study involved issues of therapist performance; for example, a need to be perceived as competent. This demonstrates how issues of

competency and confidence are not unique to trainees since they were found to be commonly evoked countertransference reactions in ‘expert’ practitioners.

Trainees in this study experienced conflict when their interactions with their service challenged their understanding of how they should occupy their professional identity. This caused some trainees to deviate from their core counselling psychology values and what they instinctively felt was right for their client. This finding can be interpreted as mirroring aspects of the literature, which explores the professional identity of counselling psychology. It highlights the potential for difficulties to arise when counselling psychologists are practicing within settings with a value base that is incongruent with the philosophy of the profession (Gazzola et al., 2011; Moller, 2011) and for professional identity to be diminished through the influence of non like-minded practitioners (Gazzola et al., 2011). Neophyte trainees may be more vulnerable to this ‘diminishing’ effect since less experienced trainees have been found to be more dependent upon their supervisors for guidance in their practice (Ladany, Hill, Corbett & Nutt, 1996).

Dodds (1986) highlights the potential difficulties that can develop within the supervision of psychology trainees in their field placements. Stress and conflict can arise as a result of the different roles and goals held by the trainee’s training institution and placement (Dodds, 1986). This was clearly reflected in the co-constructed experiences of many of the trainees interviewed in this study and this conflict influenced how they inhabited their professional identity within this client experience. Difficulties within the supervisory relationship can also arise when the trainee and supervisor hold different theoretical orientations and common ground cannot be found (Dodds, 1986). Personality differences have been reported as a source of difficulty

within fifty percent of supervisory relationships (Moskowitz & Rupert, 1983). As highlighted by Dodds (1986), attempting to resolve personality differences within the supervisory relationship is perhaps the most challenging, and least successful (Moskowitz & Rupert, 1983), conflict to address. It is easy to comprehend how within such a context, a trainee contemplating sharing the negative internal reactions they are experiencing in relation to a client, with their supervisor, might seem a threatening prospect.

4.2.2 *Character of Trainees' Professional Identity Development*

Through the process of their experience trainees' professional development was reflected in their changing expectations of their clients, their increased integration between their personal and professional identity and their sense of competence and confidence within their professional role. Stoltenberg's (2005) IDM describes a developmental pathway through counsellor training, which moves from a position of self-focus, to client-focus, to one of self-other awareness. From the perspective of this model the findings of this study could be interpreted as illustrative of trainees being client focused (Level 2), which has the consequence of evoking negative emotions within them (Stoltenberg, 2005). The shift that occurred with some trainees towards a position of being connected to their own responses whilst remaining attentive to their client (Level 3) could indicate development through their experience. This however appears too simplistic an interpretation and it is not possible to extend this suggestion further to infer about trainees' general level of development.

In this study, trainees' negative reactions were evoked through the conflict resulting from the interaction between their occupation of their professional identity and their

client's presentation. For some trainees their conflict reduced or dissipated through the process of their experience, as the nature of their inhabitation of their professional identity changed. For example, as trainee expectations of their client and therefore themselves within their role altered their state of conflict or aspects of it were no longer supported. It cannot be inferred that if trainees repeated the same client scenario after this developmental change occurred that they would not experience negative reactions. It is important to remember that therapists also commonly experience negative reactions to their clients (Harris, 2002; Hayes et al., 1998; Pope & Tabachnik, 1993). It could be that trainees' initial reactions might still be negative but may dissipate more quickly or be more easily tolerated or worked with as a result of their developmental shift. However, this suggestion cannot be supported by these findings.

Skovholt and Ronnestad's (1992) model presents as more meaningful to compare the findings of this study with since it provides a more comprehensive model of development than the IDM (Stoltenberg, 2005). It is important to remain mindful of the fact Skovholt and Ronnestad's (1992) model presents developmental themes, which span the professional life-course of counsellor-therapists. The findings of this study suggest that trainees demonstrate development through their 'movement' within Skovholt and Ronnestad's (1992) identified themes. It cannot however be assumed that the apparent development trainees display is necessarily completely achieved or fixed. The very fact Skovholt and Ronnestad's (1992) model applies across the professional life-span could cast doubt upon whether trainees were able to fully integrate their apparent development through their experience. It therefore seems helpful to consider each of Skovholt and Ronnestad's (1992) developmental themes as consisting of a continuum of developmental change within which trainees' developmental level may

oscillate within different contexts but ultimately, and optimally, with a trend towards increasing professional development with cumulative experience.

As in Skovholt and McCarthy's (1988) review of critical incidents, in Skovholt and Ronnestad's (1992) study interpersonal encounters, particularly those with clients, were found to strongly influence professional development. Howard, Arpana & Altaman's (2006) study of critical incidents among novice counsellors identified trainees' personal reactions to their clients as one of the five categories of critical incidents that emerged from their qualitative analysis of the journal entries of nine trainee counsellors. It could be interpreted that the findings of this study support these studies, in the respect that the scenario of experiencing negative internal reactions in relation to a client appears to create conditions, which bring about an opportunity for professional development through trainees' negotiation of their experience. The findings of this study could also be interpreted as supporting Skovholt and Ronnestad's (1992) identification that newer members of the profession experience strong affective reactions to their training and have a preference for modelling. This could account for at least some of the conflict trainees experience through their interactions with their service.

Movement towards reliance upon internal authority and expertise, movement towards greater integration between trainees' personal and professional self and assuming less responsibility for clients' improvement, which could be interpreted as developing an expectation of 'being with' rather than 'doing to', are indicators of professional development (Skovholt & Ronnestad, 1992) reflected in the grounded theory. Becoming more 'rooted' in their professional identity through gaining an enhanced understanding of what it means could be interpreted as a shift towards reliance upon internal authority and expertise. Gibson et al. (2010) identify movement towards internal validation away

from reliance upon external sources as the process that occurs within the three transformational tasks they identify as necessitating professional identity development in counsellors. The shift towards taking responsibility for their contribution to their experience of their client and consciously engaging with their conflict was demonstrated by trainees in this study. This development could be thought of as a reflection of greater integration between trainees' personal and professional self. This is in contrast to in some way 'splitting-off' that aspect or aspects of their affective experience or self. Through recognising their role in their negative reactions and engaging with them, trainees are bringing their personal self more fully into their inhabitation of their professional identity.

Eckler-Hart (1987) highlights the challenge trainees face in learning to openly form therapeutic relationships with their clients whilst maintaining a boundary, which prevents aspects of their 'true self' from interfering with or being invaded by this process. This appears to be a significant developmental task, particularly in the early stages of practice. It also appears to hold relevance throughout therapists' professional life-span when considered in relation to the research on their emotional reactions to clients (Pope & Tabachnik, 1993; Harris, 2002). In Eckler-Hart's (1987) study trainee clinical psychologists were concerned with developing a professional identity that remained strongly connected to their personal identity. They expressed concerns relating to performance and to being exposed or destroyed through their client work. When they experienced their 'true self' as vulnerable, their 'false self' took over. These experiences and this process are reflected in the findings of this study. The same concerns were apparent through trainees' negative internal reactions and expectations of their client. Just as the trainee clinical psychologists experienced their 'competent therapist' identity as giving them a sense of security whilst impinging upon their

capacity to ‘be with’ their client (Eckler-Hart’s, 1987), so did those trainees in this study who disengaged from their conflict and client through becoming the ‘expert’.

A life-span development perspective could explain why T6’s professional identity development was not reflected through the process of her experience. Erikson (1982) and Levinson et al. (1978) make reference to developmental conflicts which must be successfully negotiated in order for humans to progress unhindered through progressive developmental stages. T6, who had been ‘in-training’ for significantly longer than the other trainees, presented with a strong sense of her professional identity, which was well-integrated with her personal self. It could be that because she was no longer ‘forming’ how she inhabits her professional identity or was perhaps in a different developmental phase of this process, this client scenario did not reflect the same identity development that it did for the other trainees.

4.2.3 *Character of Trainees’ Experience*

Aspects of trainees’ experience of having negative internal reactions in relation to their clients were characteristically similar to the reported experiences of trainees in the literature reviewed. In Hill et al.’s (2007) study of neophyte psychotherapists, trainees were found to struggle with coping with feelings of dissimilarity (as reflected in category 2 with trainees experiencing their client as violating the boundaries of acceptable human behaviour), with self-efficacy and self-awareness within their professional identity (as reflected in category 1) and with clients not meeting their expectations (as reflected in the core category).

Parallels can be drawn between trainees' engagement and disengagement responses to their negative reactions and the countertransference manifestations identified in Hayes et al.'s (1998) study involving experienced psychologists. Their countertransference manifestations were grouped into four themes of approach, avoid, negative feelings and treatment planning. These correspond with trainees' identified reactions and responses in this study. In the studies reviewed by Harris (2002) examining the impact of psychotherapists' feelings towards their clients, these incidents were regularly experienced as having a negative influence upon the therapeutic process. In this study some trainees demonstrated an awareness of how their emotional reactions to their clients hindered the therapeutic process through the attitudinal and behavioural disengagement processes they employed to manage them. Trainees who shifted away from disengagement towards engagement with their client perceived this as positive. This could suggest trainees' negative internal reactions and responses to them, at least initially, had a negative impact on therapy through hampering trainees' ability to be maximally effective. Some trainees tried to avoid engaging with their client reactions through suppressing them, avoiding engagement with them in supervision and/or through separating their personal self, or aspects of it, from their professional identity. These responses mirror Nutt-Williams et al.'s (1997) finding that one of the ways trainee psychotherapists cope with their feelings towards clients is to suppress them.

The findings of this study indicate that trainees' sense of competence and confidence within their professional identity was challenged through their experience, which is reflected in the research literature. The experienced psychologists in Hayes et al.'s (1998) study reported feelings of inadequacy with their clients, as did the trainee psychotherapists in Nutt-Williams et al.'s (1997) study. De Stefano et al. (2007)

reported trainee counselling psychologists' experience of negative affect in their study as a response to their perceived ineffectiveness.

In this study trainees' negative internal reactions were associated with a sense of loss of confidence and competence within their professional identity. This experience appeared to stem from the conflict that was created through trainees' experience of being unable to inhabit their professional identity in the way they expected. This occurred through trainees and clients not meeting trainees' expectations, which implies trainees were in some way dependent upon their client to enable them to fulfill their professional role.

4.2.4 Interpretation of Findings from a Symbolic Interactionist Perspective

From a symbolic interactionist perspective the self-concept is understood as consisting of an interactive process between the 'I' and 'Me' (Mead, 1934). The 'I' acts in a spontaneous and uncontrollable way as the human subject, which reacts to the attitudes of others. The 'Me' acts as the social self, directing and controlling human behaviour and defending and interpreting the self as reflected by others through interactions (Aldiabat & Le Navenec, 2011). The 'Me' also represents the generalised other (which could be individuals, social groups, communities) and controls behaviour in relation to their stance (Aldiabat & Le Navenec, 2011). Within the context of the findings of this research trainees' perceived professional self-concept could be conceptualised as consisting of the 'Me', with the 'I' representing trainees' 'personal self'. Conflict occurs through the interaction between the 'I', how trainees instinctively want to respond, and the 'Me', how trainees believe they should respond from a professional perspective, under conditions where aspects of the 'I' and 'Me' do not correspond. Social interaction influences the self-concept (Aldiabat & Le Navenec, 2011), which is reflected in

trainees' professional identity evolving through the interactions between the 'I' and 'Me' that occur within their experience and research interview.

4.2.5 *Summary and Reflections*

It is evident that aspects of the existing literature lend support to the findings delineated in this constructed grounded theory. What is clear is the universal nature of experiencing negative internal reactions towards clients. What remains unclear is the extent to which trainees' developmental level influences the character of this experience.

There is consistency between the development reflected in the theoretical model contained within the grounded theory and the descriptions of professional development contained within the research literature. The findings of this study have the capacity to bring an additional dimension of insight into the process of trainee therapists' and counselling psychologists' development. It could therefore be used to begin to extend models of therapist development to contain a more holistic orientation through its focus on professional identity.

There is a lack of research exploring how the experience of having negative internal reactions in relation to clients impacts trainee therapists' professional development to help contextualise and understand these findings. There is an absence of research to elucidate how experienced therapists process and are impacted by this client scenario within the context of their professional identity.

4.3 Implications of these Research Findings

The findings of this study provide valuable insight into how trainee counselling psychologists experience and are impacted by what is a common practice phenomenon. The clinical and training implications suggested by these findings are presented below.

It is important for training establishments to be aware that experiencing negative reactions in relation to a client can be anxiety provoking, challenging and distressing for trainee counselling psychologists. It is therefore incumbent upon teaching staff and placement supervisors to be attentive to supporting trainees through such experiences through teaching sessions and supervision. Trainees should be helped to be open about such experiences so they can be fully explored to minimise any negative effect on trainees and/or clients. This could be aided by open discussion about the fears and anxieties trainees may have about sharing such experiences with colleagues and supervisors. From the very start of training, it is recommended that teaching staff are explicit about the acceptability of experiencing negative reactions to clients but also about the potential for harm that can occur if these reactions are not responded to appropriately. It is necessary for trainees to understand the importance of open discussion about such experiences so they know to seek help with their management.

The findings of this research highlight the complex interrelationships that exist between different factors, which shape the evolving professional identity of trainee counselling psychologists. They clearly illustrate how trainees' own personal history, characteristics and beliefs influence their relational dynamic with their client, and how they understand and respond to their experience of having negative internal reactions. It is argued that these findings lend support for engagement with personal therapy as a mandatory training requirement for counselling psychology (DCoP; BPS 2012). They also

highlight the desirability of trainees commencing their training journey, or at least their practice phase, having already started their own process of self-exploration. This provision will help place trainees in a better position to navigate their experience of having negative internal reactions in relation to their clients. On reflection in their research interview, some trainees in this study demonstrated a clear awareness of the role their 'personal self' played in their experience of their client. The self-reflective process facilitated by personal therapy can assist trainees with the task of 'untangling' their understanding of their responses and experience, to best position themselves within the therapeutic relationship to be of most benefit to their client. It is recommended that participating in personal therapy is emphasised as a necessity throughout training, rather than merely completing a specified number of hours, to minimise the potential for trainees to import their own unresolved conflicts and unmet needs into their relationships with clients. Self-development groups are also recommended as an integral component of counselling psychology training courses.

It is important for trainees to become aware, not only of what they potentially bring from their own 'personal self' into the therapeutic relationship, but also what they may impose upon clients in the form of implicit expectations about how the 'client role' should be inhabited. These expectations appear, at least in part, to be formed through trainees' exposure to their training course and their understanding of their model of practice. To help trainees become more aware of the client expectations they internalise through their training, to explore their value and whether some expectations are unintentionally formed to primarily serve the purpose of the trainee rather than the client, it is recommended that training staff and supervisors facilitate regular and open discussion of this theme.

Trainees, training institutions and placements providers and supervisors need to be aware that through working with specific client groups or within certain services, trainees are more likely to experience strong reactions in relation to their clients. As this research has shown, this can be due to a disparity between the practice values of the placement and the trainee, and the presenting complexity of the client and the theoretical orientation or stage of training of the trainee. It is therefore important that trainees are advised about the most appropriate types of services and client groups they ought to be seeking to gain experience with, at each stage of their development. Ideally training institutions should be helping trainees to secure such placement opportunities, however trainees and placement providers and supervisors need to take responsibility for ensuring trainees are working with 'developmentally-appropriate' clients and are well supported in doing so.

What has also emerged as important from this study is that training establishments should be aware of the confusion trainee counselling psychologists can experience around how to embody their professional identity in practice, particularly in settings with a value-base that may present as in opposition to their professional values. Moller (2011) highlights how identification with humanism can present difficulties for counselling psychologists working in settings with a different value base, such as many NHS services, which promote evidence-based practice grounded in a positivist research framework. This awareness should extend more broadly to the professional body of counselling psychology in the UK to bring its members together to establish a concrete definition of counselling psychology that is based in clinical practice and the contexts in which it is applied.

4.4 Evaluating the Quality of the Research

The quality of this research study is reviewed with reference to the criteria for trustworthy qualitative research (Nutt-Williams & Morrow, 2009).

4.4.1 Integrity of the Data

Rich data is necessary for good qualitative research. An ‘intensive’ interviewing style (Charmaz, 2006) and semi-structured interview schedule helped generate descriptively rich data through allowing trainees the space to reflect upon their experience in-depth and for suggested themes to be explored. Humans interact on the basis of meanings, which arise through interactions with people (Blumer, 1969). The questions trainees were asked were designed to explore the meaning of their experience whilst the research design recognised the influence of the researcher in the co-construction of that meaning.

According to Patton (2002), a tool for establishing the integrity of data gathered is to clearly articulate the methods used to generate the theory. This study has aimed to document the processes involved in theory generation. Attempts were made to demonstrate how the theory fits closely to the data throughout the study, for example through illustrating the abstraction process and presenting category-supporting quotes.

The abductive analysis process and theoretical sampling employed promoted sensitivity to the creation of different constructed meanings throughout the analysis process. The sample of trainees appears homogenous although its character seems to reflect the demographics of trainee counselling psychologists, for example through it being predominantly female. It may not reflect the demographical diversity required for quality research but it appeared to contain a diversity of perspectives. Theoretical

sampling was employed to explore suggested themes and to fill out and further explore categories through incorporating relevant questions into the interview schedule. Negative cases arose within the data and were used to refine themes and categories⁶

Theoretical sampling was employed from interview 3, as ideas from previous interviews began to be incorporated into the interview schedule and therefore subsequent interviews. A meaningful theoretical model of trainees' experience was constructed from the first nine interviews. Interviews 10 and 11 were used to explore whether the theoretical model could be further developed and refined. Sampling terminated at the point at which theoretical saturation was achieved within the constraints of the project. This occurred after the eleventh interview, at the point at which no further properties or property development of categories were found as a result of the tenth and eleventh interviews. According to Morrow (2005), a greater variety of data sources produce data that is greater in depth and richness. Referring to relevant literature sources in the final stages of analysis and the abductive analysis process were the only triangulation strategies employed, which may have affected the integrity of the data.

4.4.2 *Balancing Reflexivity and Subjectivity*

Good qualitative research conducted within a constructivist paradigm acknowledges the influence of researcher subjectivity whilst attempting to manage that bias (Morrow, 2005). With the understanding that meaning arises through the process of interaction (Blumer, 1969), critical reflexivity was employed to enable me to explicate my own biases and reasons for pursuing this topic before and during the analysis process. I aimed to immerse myself in the data (Morrow, 2005) to keep the voice of trainees alive

⁶ For example, the fact that T6's professional development did not present as being enhanced through her experience caused me to focus on establishing and defining whether and why it was experienced as 'developing' by other trainees.

through the use of in-vivo codes⁷ and gerunds⁸. The literature review was delayed until the final stages of the analysis to promote an open mind-set to potential findings and was used to inform the analysis process rather than direct it. Due to the time constraints of this study, trainees' feedback was not sought during the analysis to ascertain whether a balance was achieved between their voice and my interpretation. However, clarification of trainees' meanings was sought throughout the interview process. Sensitivity to other realities and interpretations of the data were shown through acknowledgment of the grounded theory as a co-construction of the data, which ultimately comes through the researcher (Charmaz, 2006) and is open to multiple interpretations.

4.5 Researcher Reflexivity

As is consistent with a constructivist paradigm, this study embraced the position of the researcher as co-constructor of meaning (Morrow, 2005). I was not able to separate myself from the research process so critical reflexivity was employed to manage my influence.

I was aware during the interviewing process that our shared professional status may have encouraged trainees to be more open in their interview. It may also have made them wary of divulging certain information depending upon what I represented to them. My impression during the interviews was that trainees were open about their experiences. It was only once their interviews finished that two of them appeared unsure

⁷ For example 'Finding the client "really difficult to be with" [T6, ll 50-51]

⁸ See Appendix F for examples of open coding using gerunds.

about how what they had shared would be received. It would have been very useful to have reflected upon this aspect of their experience with all of the trainees to understand how this dynamic impacted upon data generation. I was aware of the potential power differential within the interviewer-participant relationship, despite it also being a trainee-trainee relationship. Trainees may have orientated their responses in a manner to please me in some way. This was not my impression during the interviewing process but several trainees at the end of their interview asked me whether I had got what I needed. What was potentially their uncertainty could reflect my endeavour to remain open to their experiences and encourage elaborations rather than imposing too much upon the interview. Their responses could also suggest that trainees thought I had preconceptions about what I was hoping to hear from them. For some it appeared to reflect their uncertainty about potentially having revealed 'too much'.

Whilst engaged in the process of interviewing trainees, I was aware that I was experiencing my own internal reactions both in response to their reported client experiences but also in response to my interactions with trainees. I found it difficult to interview the first trainee. I experienced her as quite closed off and even a little defensive at times. My experience of her was that she wanted more guidance from me in terms of what she should specifically focus on in the interview. This caused me to question whether my interview questions were too open and too few, despite this being my intention. I also felt as if we kept covering the same material and that the interview came to a natural end quite quickly but that I kept trying to extend it. I sat with the doubt and uncertainty, relating to my competency as an interviewer and my choice of research topic, that this interview evoked in me, deciding to wait to see how the next interview went. My experience of my second interview, which was with a trainee who spoke very freely and easily about her experience, was very different to my first. I felt

relaxed and I found that enough interesting material emerged without me having to work really hard to find it. The internal reactions I experienced in response to my first interview may well have been a reflection of my own anxieties about the adequacy of my research and skills, which might naturally emerge in a first interview. However, given that the character of my second interview experience was so different from my first, and that I experienced each trainee differently, it is important to acknowledge that my experience of each trainee, and their experience of me, and our experiences of our interaction, influenced our co-construction of their client experience. With some trainees I felt as if I was strongly ‘let into’ their experience with them, which was a very intimate experience to share. I felt this particularly with T7, who commented on how she felt that during the interview she experienced herself returning back into what she described as a “primitive” (ll 531) and “unstable” (ll 531) and “vulnerable” (ll 531) state she had felt with her client. I also experienced an incredible sense of vulnerability that was almost palpable, as if held in the air around us, whilst interviewing T8 about his incredibly powerful experience with his client.

What I noticed through memo writing, observing my reflections during interviews and listening to interview tapes was that trainees’ experience of conflict within their professional identity resonated with me. I have had my own experience of practicing within a service with a value-base that is to some extent in conflict with my personal and professional values. I was mindful of what I might be imposing upon the analysis process as a result of my own experiences. Nevertheless, whilst I remained attentive to this potential bias, this experience of conflict was strongly conveyed through trainees’ experiences.

I acknowledge I am not a 'blank screen' and some of my interactions may have conveyed recognition of aspects of trainees' experiences. This could have helped engender trust and hence openness within trainees but it may also have influenced their narrative and responses in some way. I am also aware I introduced certain concepts into our interactions through my responses, which were dependent upon the content of trainees' dialogue. These concepts were not consistently introduced in each interview, which may have influenced the data generation process.

4.6 Limitations and Improvements

The trainees within the sample of participants were self-selected. It could be that those trainees who chose to volunteer were more accepting of experiencing negative reactions towards clients, and were therefore less likely to associate this experience with the shame and difficulty that was apparent in the quantitative studies reviewed by Harris (2002). Interestingly, trainees from one training course represented over one third of the sample. Their course is explicit from the very start of training about the acceptability of experiencing such reactions towards clients, which could account for their openness about their experiences and willingness to participate. It could be argued that a study employing quantitative data gathering methods would preserve the anonymity of trainees and therefore be a suitable way of understanding a more representative sample of trainee experiences. However representation was not my aim in this study, as constructivist grounded theory does not seek to construct a theory that is 'representative' of a population or one that is generalisable (Charmaz, 2006).

My intention was to produce an interpretive representation of the experiences of the trainee counselling psychologists I interviewed in this study. It is however important to consider this grounded theory within the context of the make up of this trainee group. The lack of homogeneity within the sample could account for some of the variation within the grounded theory. Through keeping the inclusion criteria broad, this provided insight into the different factors influencing the experiences of different trainee counselling psychologists. However, these different factors, some of which were to an extent incorporated into the constructed theory, may have had a significant and unaccounted for influence upon the findings of this study. For example, the fact that trainees were practicing different theoretical perspectives, with clients presenting with different levels of complexity, would have influenced how trainees experienced this client scenario. It is also important to bear in mind that all but one of the trainees were female and four of the trainees came from the same training institution, as was highlighted in 3.2.2. If I were to repeat this study, I would aim to recruit a more homogeneous sample. I would recruit trainee counselling psychologists with similar backgrounds in terms of their levels of experience, theory and practice. Ideally, the experiences trainees would chose to share would be with clients who present with similar complexity levels that were seen within similar types of services. This would create an opportunity for the more subtle differences between trainees' experiences of this client scenario to be exposed through the interviewing and analysis process, those which cannot necessarily be directly attributed to other factors, such as the trainees' year of training. This could produce a more sophisticated grounded theory.

Through the interviewing process theoretical sampling was used to explore suggested themes from previous interviews and the analysis process, as is reflected in the amendments made to the Interview Schedule. I am aware I explored these themes with

trainees using different questions and at different points in their interviews. I kept the questions in the Interview Schedule to a minimum and recorded notes on suggested themes to explore in subsequent interviews. At times I did not ask specific questions if it appeared trainees had already covered these themes in their narrative. These strategies were employed to avoid garnering the data “through an interview guide that forces and feeds interviewee responses” (Glaser, 2002, para. 10). However, I am aware there was a lack of consistency in my interviews in terms of the questions I asked, which will have influenced the nature of the data generated. Rather than relying upon my interpretation of trainees’ narrative covering a suggested theme, the study might have been improved if I had explicitly asked all of the questions on the Interview Schedule in every interview, even if I thought they had already been covered. On reflection, I am aware there were times when I asked ‘double’ questions in interviews. I am also aware that trainees may have experienced certain questions as ‘leading’ through the way in which I phrased them. There is potential that this may have caused some confusion for trainees and/or influenced their responses in some way, which may have compromised the integrity of the data.

Some research interviews were conducted under the constraints of a time pressure, which may have impeded the exploration process since interviews were prematurely cut short. This occurred due to the influence of external factors, which were beyond my control and was the case for interviews with T5, T9 and T11.

It could be interpreted that complete saturation was not achieved and therefore further theoretical sampling may have helped strengthen the grounded theory. I could have explored with trainees in greater depth what their professional identity means to them. I explored different aspects of this theme, for example trainees’ relationship between

their professional and personal self, as guided by the evolving analysis. It was not until the final stages of the process that how trainees experienced this client scenario was constructed as being influenced by and exerting an influence upon their professional identity. This reflection suggests that the theory may have benefited from further theoretical sampling to explore trainees' relationship with their professional identity in greater detail.

Constructivist grounded theory has been criticised for drawing heavily upon the conceptual skills of the researcher (Glaser, 2002). Its labour intensive methods can limit its application to working with small samples (Fassinger, 2005), as was the case in this study with the constraints imposed upon it. However, it is argued that these criticisms lose relevance when constructivist grounded theory is evaluated within the paradigmatic framework of constructivism.

4.7 Suggested Directions for Future Research

This study explored how trainee counselling psychologists experience having negative internal reactions in relation to their clients. It responds to the need highlighted by Rosenberger and Hayes (2002) for empirical field-based research on countertransference reactions, which is scarce, to continue. It has exposed further areas within the wider body of existing research, which are lacking.

The experience of having negative internal reactions in relation to their clients presents as a significant challenge for trainees. Besides having to manage its emotional impact, this client scenario challenged trainees' sense of professional identity. Further in-depth

research is required to gain a better understanding of how trainees comprehend and manage the experience of having strong affective reactions to clients. This processed-based research should not only be orientated towards trainee experiences but should have a broader focus to explore how clients experience and are impacted by this scenario. It was clear from this study and the reviewed research that this client experience has the capacity to exert a negative influence upon trainees' ability to practice effectively. Additional research is required to gain a better understanding of how trainees can be helped to best manage this type of scenario, to potentially benefit from it from a developmental perspective and to minimise any detrimental effect occurring to trainees and their clients through their experience.

Further research is necessary to gain a better understanding of the process of trainee counselling psychologists' professional development and the specific developmental challenges they experience. Research focusing on trainee counselling psychologists' experience of critical incidents for development would provide enlightenment not only on the nature of such events but also contribute to the existing knowledge-base on the character of development within this professional group. Further research focusing on exploring professional identity development within the domain of counselling psychology could contribute to establishing a professional life-span model of development.

In this study, some trainees experienced anxiety relating to their use of self within their professional role. This confusion around how to inhabit their professional identity in terms of understanding, identifying and establishing its boundaries in theory and in practice has been reported by other trainees (Eckler-Hart, 1987; Nutt-Williams et al., 1997). It is important to conduct further research focusing on the professional identity

of counselling psychology and how it is understood and experienced by practitioners at different developmental stages. At this moment in time this type of research presents as of particular significance given the lack of clarity regarding a relevant practice-based definition of counselling psychology (Cross & Watts, 2002; Moller, 2011).

4.8 Summary and Conclusions

There is currently very little research focusing on the study of therapists' negative reactions to clients (Harris, 2002; Pope & Tabachnick, 1993) and even less on trainee therapists' reactions. It is important to research this domain of practitioner experience since therapists' internal reactions to their clients can provide important therapeutic insight (Lemma, 2003), whilst holding the potential to have a detrimental impact upon therapy (Hayes et al., 1998). Research has revealed that trainee therapists struggle with experiencing negative reactions to clients (Van Wagoner et al., 1991) and can engage in unhelpful ways of managing them (Nutt-Williams et al., 1997). The aim of this study was to respond to the present lack of process-orientated research devoted to exploring how trainees experience having negative reactions towards their clients. This research offers an interpretation of how trainee counselling psychologists experience, respond to and are impacted by their experience of having negative internal reactions in relation to their clients. This study makes an original contribution to the existing research base through its processural and holistic focus on trainees' experience of this client scenario.

The grounded theory constructed through the interviewing and analysis processes presents a theoretical model of how trainees experience having negative internal reactions in relation to their clients. It proposes that how trainees experience this client

scenario is inherently tied to how they inhabit their identity as a trainee counselling psychologist: the core category. The *basic social process* identified illustrates how trainees' occupation of their professional identity is dynamically shaped through the process of their experience whilst simultaneously shaping its character. This process occurs through the reciprocal relationships that exist between the core category and three main categories, which represent how trainees are challenged by their experience, how they assign responsibility within the therapeutic relationship for their experienced conflict and their engagement and disengagement with this conflict. Trainees' development is characterised through their enhanced comprehension of what it means to occupy their professional identity. This process of change occurs through trainees' pre-experience understanding of their professional identity and how they wished to inhabit it, being modified through their experience through the incorporation of a broader insight into how they, and would like to, occupy their professional identity in practice.

Through adopting a research methodology that allows for an open exploration of trainees' experience, the findings of this study provide a more holistic understanding of the impact of this client scenario than the existing research, which is typically focused on therapy process and outcome. Consistencies were found between the research evidence and the professional development trainees gained through the process of their experience. The findings of this study hold significance for the training and practice of trainee counselling psychologists, as well as bearing relevance for trainees from other psychotherapeutic disciplines. It is clear trainees' experience of this client scenario has the potential to negatively influence their capacity to work effectively and therefore could exert a detrimental impact upon clients. Trainers and supervisors are encouraged to address and normalise the experience of feeling negatively towards clients from the very start of training and to communicate to trainees the importance of seeking help to

understand and manage their reactions. Further research is required to gain further insight into the character of trainee counselling psychologists' professional development process and the specific developmental challenges they experience.

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APPENDICES

MEMO EXAMPLE

'Face Value' Vs Meaning

T5 is opting to take her client's behaviour at face value in the session, as do T1 and T4. However both T1 and T4 do make some initial attempts to try to dig deeper to understand the behaviour of their clients; their clients respond to this with complaints (C1) and avoidance (C4 – falling asleep & “defiance”). This causes T1 and T4 to revert back to ‘face value’ interpretations of their clients’ behaviour and both Cs withdraw from the relationship. Interestingly, both T1 and T4 speak about wanting their C to engage in a more meaningful way in therapy. From my perspective it appears that their Cs’ behaviour is meaningful. C1 seems to be protesting about being abandoned by T1. C4 is resisting T4’s attempts to engage with T4 at a deeper, more exposing level, as she does not perhaps feel safe enough to do so. Both T1 and T4 recognise another level of meaning to their Cs’ behaviour through the process of their experience. For T4 it occurs through supervision in the latter stages of the relationship and for T1 it appears to be on reflection within the research interview.

It seems that what was interpreted at the time as a ‘meaningful’ engagement was based upon Ts’ expectations and agenda, which perhaps may not have coincided with what their C needed to express at that time. For their Cs their behaviour was meaningful as it is communicating their difficulties and needs. With T2 she persisted in trying to engage her C at a deeper level beyond the ‘face value’ of what he was communicating. Unlike T1 and T4 she does not withdrawn in the same way within the relationship however she does at the very end when she decides not to extend further sessions to her C.

- What is a meaningful use of space for Ts?
- Does this fit with what the C brings?
- Does this change through the experience?

There does seem to be an agenda that Ts bring. What happens when this agenda is not ‘complied’ with? It also appears that T1 and T4 kept things at ‘face value’ almost as a way of protecting themselves as they were both fearful of their Cs. T1 felt intimidated and “silenced” by her C and T4 was fearful of opening up her C too much, of releasing the contents of Pandora’s box in short-term therapy. T4 was also anxious about whether she could contain whatever material emerged from her C.

What is the difference between Ts who are able to go beyond face value?
Supervision? Client? Context? Expectations? Experience?

How does the session being used meaningfully fit with being productive? Ts do seem to need to be productive with Cs, as well as for Cs to use the space meaningfully. Is the need to be productive a way of the T being reassured that how they are practicing is ‘right’ and that they are doing okay? – Relates to their sense of competency within their role. What is it to be productive in a session and what

are the signs Ts are looking for to indicate that? Is it change? If so, what does change need to look like for Ts? – Ts' expectations they bring to therapy

APPLICATION FOR ETHICAL APPROVAL

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Students on the Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through *Quality Assurance & Enhancement* at UEL and NOT use this form. Go to:
<http://www.uel.ac.uk/qa/research/index.htm>

Before completing this form please familiarise yourself with the latest *Code of Ethics and Conduct* produced by the British Psychological Society (BPS) in August 2009. This can be found in the Professional Doctorate Ethics folder on the Psychology Noticeboard (UEL Plus) and also on the BPS website www.bps.org.uk under *Ethics & Standards*. Please pay particular attention to the broad ethical principles of respect and responsibility.

HOW TO COMPLETE & SUBMIT THE APPLICATION

1. Complete this application form electronically, fully and accurately.
2. Type your name in the 'student's signature' section (5.1).
3. Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc**. See page 2
4. Email your supervisor (Director of Studies) the completed application and all attachments as **ONE DOCUMENT**. INDICATE 'ETHICS SUBMISSION' IN THE SUBJECT FIELD OF THIS EMAIL so your supervisor can readily identify its content. Your supervisor will then look over your application.
5. If your application satisfies ethical protocol, your supervisor will type in his/her name in the 'supervisor's signature' section (5.2) and email your application to the Helpdesk for processing. You will be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this. Students are not able to email applications directly to the Helpdesk themselves.

6. Your supervisor will let you know the outcome of your application. Recruitment and data collection are **NOT** to commence until your UEL ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

MANDATORY ATTACHMENTS

1. A copy of the invitation letter or text that you intend giving to potential participants.
2. A copy of the consent form or text that you intend giving to participants.

OTHER ATTACHMENTS AS APPROPRIATE

- A copy of original tests and questionnaire(s) and test(s) that you intend to use. Please note that copies of copyrighted (or pre-validated) questionnaires and tests do NOT need to be attached to this application. Only provide copies of questionnaires, tests and other stimuli that are original (i.e. ones you have written or made yourself). If you are using pre-validated questionnaires and tests and other copyrighted stimuli (e.g. visual material), make sure that these are suitable for the age group of your intended participants.
- A copy of the kinds of interview questions you intend to ask participants.
- A copy of ethical clearance from an external organisation if you need one, and have one (e.g. NHS ethical clearance). Note that your UEL ethics application can be submitted and approved before ethical approval is obtained from another organisation, if you need this (see 4.1). Please confirm with your supervisor when you have external ethical clearance, if you need it.
- CRB clearance is necessary if your research involves ‘children’ (anyone under 18 years of age) or ‘vulnerable’ adults (see 4.2 for a broad definition of this). Because all students registered on doctorate programmes in clinical, counselling or educational psychology have obtained a CRB certificate through UEL, or had one verified by UEL, when registering on a programme, this CRB clearance will be accepted for the purpose of your research ethics application. You are therefore not required to attach a copy of a CRB certificate to this application.

*** IF SCANNING ATTACHMENTS IS NECESSARY BUT NOT *AT ALL* POSSIBLE, SUBMIT TWO HARDCOPIES OF YOUR APPLICATION (INCLUDING ALL ATTACHMENTS) DIRECTLY TO THE HELPDESK. HARDCOPY APPLICATIONS ARE TO BE SIGNED BY YOU AND YOUR SUPERVISOR AND DELIVERED TO THE HELPDESK BY YOU**

**N.B: ELECTRONIC SUBMISSION IS REQUIRED WHERE AT ALL
POSSIBLE AS HARDCOPY SUBMISSION WILL SLOW DOWN THE
APPROVAL PROCESS**

**REMEMBER TO INCLUDE ALL NECESSARY ATTACHMENTS IN THE ONE
APPLICATION DOCUMENT AND EMAIL THE COMPLETE APPLICATION
AS ONE DOCUMENT (.doc) TO YOUR SUPERVISOR WITH 'ETHICS
SUBMISSION' IN THE SUBJECT FIELD OF YOUR EMAIL**

1. Initial details

1.1. Title of Professional Doctorate programme: Professional Doctorate in
Counselling Psychology

1.2. Registered title of thesis: (This can be a working title if one is not yet registered)
An Exploration of how Counselling Psychology Trainees Experience Having Negative
Internal Reactions in Relation to their Client.

2. About the research

2.1. Aim of the research:

The aim of this research is to contribute to existing knowledge of training experiences within the domain of Counselling Psychology. For the purpose of this study, Counselling Psychology trainees who have experienced negative internal reactions in relation to a client will be recruited. *Negative internal reactions* are the thoughts, images, feelings and physical sensations the Counselling Psychology trainees experienced as negative. The use of this term makes no assumptions about the origin or trainees' understanding of the origin of these reactions hence they have not been termed as counter-transference reactions. The enquiry process will be orientated towards exploring what Counselling Psychology trainees identify as negative internal reactions and how they are experienced and understood. Specifically, it will explore how these negative internal reactions manifest, the processes involved in trainees identifying their reactions and the processes involved in managing this scenario, including trainees' affective states and behavioural responses. Particular attention will be paid to exploring the impact of trainees' reactions to clients on themselves, their clients and the therapeutic relationship. This study will also focus on how trainees understand their reactions and responses within the context of their personal history and their role as a Counselling Psychology trainee. It will explore the personal and training factors, which helped and inhibited trainees' capacity to negotiate their experience and understand their reactions.

2.2. Likely duration of the data collection/fieldwork from starting to finishing date:
January 2012 to September 2012

Methods. (Please give full details under each of the relevant headings)

2.3. Design of the research:

(Type of design, variables, etc. If the research is qualitative, what methodological approach will be used?)

This study will use the qualitative methodology of Grounded Theory (Glaser & Strauss, 1967; Charmaz, 2006) with data analysis guided by the principles of Charmaz's (2006) constructivist grounded theory.

2.4. Data Sources or Participants:

(Where is your data coming from? Proposed number of participants, method of recruitment, specific characteristics of the sample such as ethnicity, social category, profession)

A purposive sampling strategy will be employed to recruit a sample of Counselling Psychology trainees whose experiences will enable the research objectives to be fully explored, within the ethical boundaries of the study. Participants will whilst training to become Counselling Psychologists have experienced what they perceived to be negative internal reactions to one of their clients whom they no longer work with. The number of participants recruited is expected to be within the range of eight to twelve.

Participants will be recruited through South East England based Counselling Psychology training programmes with the aid of a recruitment poster (*Appendix B-5*), by speaking directly to Counselling Psychology trainee year groups at different training establishments and through word of mouth. The researcher will make initial contact with course conveners from training establishments with a letter (*Appendix B-6*) to seek permission to recruit from their Counselling Psychology trainee cohort. A recruitment notice will also be placed in the trainee forum section of the Division of Counselling Psychology BPS website. Participants will be interviewed in a private and quiet setting at either the researcher's or their training institution.

2.5. Measures, Materials or Equipment:

(Give details here about what will be used during the course of the research. For example: equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. Only copies of questionnaires and tests that you have written yourself need to be attached. If you are using an interview schedule for qualitative research, attach a copy of the schedule to this application)

Materials: Participant Invitation Letter (*Appendix B-1*)
 Informed Consent Form (*Appendix B-2*)
 Participant Information (*Appendix B-3*)
 Interview Schedule (*Appendix B-4*)
 Recruitment Poster (*Appendix B-5*)
 Recruitment Letter (*Appendix B-6*)
 Debriefing Information (*Appendix B-7*)

Equipment: An Olympus Digital Voice Recorder VN-8600PC
An encrypted USB device

If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

~~YES~~/NO

2.6. Outline of procedure, giving sufficient detail about what is involved in the research:

(Outline the stages of the proposed research from sending out participant invitation letters and gaining consent through to what will be involved in data collection/experimentation/interview. For example, what will participants be asked to do, where, and for how long?)

Trainees who contact the researcher expressing an interest in participating in this study and who fulfil the necessary criteria will be sent a copy of the Participant Invitation Letter (*Appendix B-1*), which will explain in full detail what their participation will involve. Following agreement to participate, a research interview will be arranged at a convenient time and place for both the researcher and participant, with the researcher aiming to be as accommodating as possible. Participants will be interviewed in a private and quiet setting at either their training institution or the researcher's. Before each interview takes place the researcher will verify the participant's student status with their training institution. The researcher will inform a confidant of her interview arrangements and agree to make a telephone call to that person once the interview has finished.

At the interview, participants will be given a copy of the Participant Invitation Letter to re-read before the interview commences. They will be given the opportunity to ask any questions about their involvement in the study. Participants will be presented with the Informed Consent Form (*Appendix B-2*) to read and sign, which will clearly explain how information derived from their participation in the study will be disseminated and stored. Participants will be reminded to refrain from revealing details in the interview, which could lead to the identification of a third party. They will be asked to refer to their client or any other parties by a pseudonym. Participants will be asked some brief questions, which include their age, gender, nationality, ethnicity, trainee status, their theoretical model of practice and the nature of placement where they saw their client (*Appendix B-3*). With consent, the researcher will begin audio recording the semi-structured interview, which will last approximately fifty minutes. At the end of each interview, participants will be thanked and asked if they have any questions, thoughts or concerns they wish to express regarding their experience of being interviewed. The researcher will respond to any questions or concerns. Participants will be fully debriefed, with the aid of the Debriefing Information sheet (*Appendix B-7*).

Interviews will be semi-structured in format and guided by the Interview Schedule (*Appendix B-4*). The Interview Schedule and procedure devised by the researcher will be used with the intention of eliciting from participants rich descriptions of their experiences. The Interview Schedule contains eight core questions with supplementary prompting questions, designed to orientate participants' focus towards the research aims whilst allowing them the freedom to explore what they choose within that frame. Throughout the interviewing process themes found to emerge from earlier interviews will be used to guide subsequent participant interviews, which may result in the Interview Schedule being slightly adapted. The researcher will encourage participants to explore their experiences in-depth using probes and prompts where necessary and will seek clarification when trainees' intended meaning is not explicitly apparent to avoid any potential misrepresentation. Each interview will be audio recorded in full and transcribed verbatim by the researcher. Any interview material that could potentially aid identification of participants, third parties or agencies will be removed at the point of transcription and therefore will not appear in the transcripts.

3. Ethical considerations

Please describe briefly how each of the ethical considerations below will be addressed.

(See the BPS guidelines for reference, particularly pages 10 & 18, and the step-by-step guide in the Prof Doc Ethics folder)

3.1. Obtaining fully informed consent:

Participants will be made fully aware of what their participation in this study will involve through the Participant Invitation Letter and by being given the opportunity to ask the researcher any questions they may have. Informed consent will be obtained through participants signing the Informed Consent Form before they are interviewed.

3.2. Engaging in deception, if relevant: (What will participants be told about the nature of the research?)

The proposed research involves no deception. The researcher will be explicit in her presentation of the research objectives and procedure to potential participants, and encourage participants to ask questions they may have at any time. The researcher will endeavour to be as transparent as possible with participants at all times and to engender in them a feeling they are actively engaged in the research process.

3.3. Right of withdrawal: (Here you may want to reserve the right to use a participant's data if he/she withdraws from your study. In this section, and in your participant invitation letter also, make it clear to participants what 'withdrawal' will mean in relation to your use or non-use of data in cases of withdrawal.)

Participants may withdraw their consent at any time by advising the researcher they

wish to withdraw from the study. They will be informed prior to giving their consent to participate that should they chose to withdraw the researcher reserves the right to use their anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher.

3.4. Anonymity & confidentiality: (Please answer the following questions)

Will the data be gathered anonymously (i.e. will you know the names and contact details of your participants?)

~~YES~~ / NO

If NO, what steps will be taken to ensure confidentiality and protect the identity of participants?

(E.g. How will names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? If there is a possibility of you developing your research at a later stage (for publication, for example), then you may not want to destroy all data at the end of the study. If not destroying your data, what will be kept and how? You may want, for example, to destroy audio recordings at the end of the study but keep (electronic) copies of anonymised transcripts for 3 years. Make your intentions clear to participants in your participant invitation letter also.)

Through the Participant Invitation Letter participants will be made aware of the procedural steps the researcher has designed to ensure confidentiality. Participants will be informed that their name will not appear in any report or publication resulting from this study. They will be informed that their name and contact details will be stored on an encrypted USB device and will be known only to the researcher. Personal information provided on the researcher's copy of the Informed Consent Form will not be duplicated elsewhere and will remain stored in a secure setting in accordance with the Data Protection Act 1998.

The audio recording of each interview will be transferred from the digital audio recording device onto an encrypted USB storage device, which is accessed with a password know only to the researcher. The interview will then be deleted from the digital audio recording device. At the point of transcription any interview material that may potentially aid the identification of participants, a third party or placement will be removed, and therefore will not appear in the interview transcript or the research report.

The audio files of participants' interviews, the electronic copies of their interview transcript and the researcher's copies of the Informed Consent Forms will all be stored separately in secure settings in accordance with the Data Protection Act 1998. They will be available only to the researcher and potentially her supervisor and the Counselling Psychology Doctorate research dissertation examiners at their request. Only material from the research interviews will be used in this study. The demographic, trainee status and placement information participants provide at the start of the interview, along with anonymised samples from transcripts will appear in the final report.

Participants will be informed that this study will constitute a Counselling Psychology Doctorate research dissertation, which will be assessed and may potentially be published, and therefore could be available to other researchers, students, tutors and examiners. Audio recordings of participant interviews will be destroyed once the study has been marked and results have been ratified. All participant Informed Consent Forms, electronic copies of interview transcripts and researcher notes will be destroyed one year after the study has been marked and results have been ratified.

3.5. Protection of participants:

(E.g. Are there any potential hazards to participants or any risk of accident of injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants, particularly if the research is of a sensitive or potentially distressing nature?)

The procedure of this study has been designed to eliminate and reduce any detrimental impact to participants as a result of their involvement. However it is anticipated the research interview could evoke distressing and/or unsettling material for participants, which at the time of their agreed participation they may not be fully aware of. This will be made clear to participants before they give their consent to participate. Participants will be informed that the reflective process encouraged in the interview could cause them to re-evaluate themselves, their practice and relationships. In an attempt to minimise any psychological risk or impact to present relationships with clients, each participant will be asked to describe a past experience of having negative internal reactions in relation to a client, whom they no longer work with. Participants will be fully debriefed at the end of the interview by the researcher whom will point out the list of relevant sources of support available should they experience emotional distress as a result of their participation in this study.

In an attempt to minimise any potential risk to participants' personal and professional reputations that may arise as a result of their involvement in this study, the researcher will recruit participants she has no present or intended future relationship with. At the point of transcription, the researcher will remove any material revealed in the interview that may potentially aid identification of a participant, third party or establishment.

The researcher is mindful of the power differential within the researcher and research participant relationship. She will remain attentive to adhering to the role boundaries of her position as a researcher-interviewer, in an attempt to exemplify responsible and ethical practice. Should a participant become distressed during the interview process, the researcher will not revert to her other role as therapist but rather refer the participant to appropriate sources of support contained within the Debriefing Information.

Prior to taking part participants will be given the Participant Invitation Letter, which contains full details of what their participation will involve. They will be alerted to the

limits of confidentiality and anonymity of the study. Participants will be made aware that in line with the BPS Code of Conduct & Ethics (2009) should they disclose any intended or actual risk of serious harm this would constitute an exception to the agreed limits of confidentiality. If this were to occur, the researcher would seek counsel from her research supervisor as her first course of action.

3.6. Will medical after-care be necessary?

~~YES~~ / NO

If YES, give reasons and outline what provision has been made/will be made for this?

3.7. Protection of the researcher:

(E.g. Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury? If interviewing participants in their homes will a third party be told of place and time and when you have left the house?)

As mentioned above, before each interview takes place the researcher will verify the participant's student status with their training institution. The researcher will inform a confidant of her interview arrangements and agree to make a telephone call to that person once the interview has finished.

3.8. Debriefing:

(E.g. Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the experiment/interview to ask you questions or raise concerns? Will they be re-assured about what will happen to their data/interview material?)

At the end of the interview participants will be given the opportunity to ask any questions and/or express any concerns they may have relating to their involvement in the study. The researcher will respond to any questions or concerns expressed. Participants will be given a copy of the Debriefing Information sheet, which reminds them of the confidentiality limits of the study and of their right to withdraw. It also contains information on suggested sources of psychological support should they be required.

3.9. Will participants be paid?

~~YES~~ / NO

If YES: How much will participants be paid and in what form (e.g. cash or vouchers?)

Why is payment being made and how has the amount specified above been calculated?

3.10. Other:

(Is there anything else the assessor of this application needs to know to make a properly informed assessment? E.g. if you are researching overseas have you stated where and outlined possible risks and what you will do to safeguard yourself?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

4. Other permissions and clearances

4.1. Is ethical clearance required from any other ethics committee? ~~YES~~ / NO
(e.g. NHS, charities)

If YES, please give the name and address of the organisation:

Has such ethical clearance been obtained yet? ~~YES~~ / ~~NO~~

If NO, why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is also acceptable if this is what you have received.

PLEASE NOTE: UEL ethical approval can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by UEL and other ethics committees as may be necessary. Please let your supervisor know when you have obtained ethics approval from another organisation, if you need one.

4.2. Will your research involve working with children or vulnerable adults? *
~~YES~~ / NO

If YES, please tick here to confirm that you obtained a CRB certificate through UEL, or had one verified by UEL, when you registered on your Professional Doctorate programme.

☐

If your research involves young people between the ages of 16 and 18 will parental/guardian consent be obtained.

~~YES~~ / ~~NO~~

If NO, please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger. You should speak to your supervisor about seeking consent from parents/guardians if your participants are between the ages of 16 and 18.)

* 'Vulnerable' adult groups include people aged 18 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes),

people in palliative care, people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor.

5. Signatures

ELECTRONICALLY TYPED NAMES WILL BE ACCEPTED AS SIGNATURES BUT ONLY IF THE APPLICATION IS EMAILED TO THE HELPDESK BY YOUR SUPERVISOR

5.1. Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor(s).

I undertake to abide by accepted ethical principles and appropriate code of conduct in carrying out this proposed research. Personal data will be treated in the strictest confidence and participants will be fully informed about the nature of the research, what will happen to their data, and any possible risks to them.

Participants will be informed that they are in no way obliged to volunteer, should not feel coerced, and that they may withdraw from the study without disadvantage to themselves and without being obliged to give any reason.

Student's name: Zoë Wilson

Student's signature: Zoë Wilson

Student's number: 1128010

Date: 09.12.11

5.2. Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name:

Supervisor's signature:

Date:

PLEASE CONTINUE THE APPLICATION ON THIS SAME DOCUMENT

PARTICIPANT INVITATION LETTER

COUNSELLING PSYCHOLOGY DOCTORATE RESEARCH

The Principal Investigator

Zoë Wilson

Email: u1128010@uel.ac.uk

Consent to Participate in a Research Study

You are being invited to take part in a study, the purpose of which is to explore how Counselling Psychology trainees experience, respond to and understand their negative internal reactions to clients. This study will constitute the research component of my Professional Doctorate in Counselling Psychology. Before you agree to take part in this study, it is important for you to understand what your participation will involve. Please read the following information carefully.

Project Title: How Counselling Psychology trainees experience negative internal reactions in relation to their clients – A Grounded Theory Study

Project Description

You are being invited to take part in a study, the purpose of which is to explore how Counselling Psychology trainees experience, respond to and understand their negative internal reactions to clients. This study will constitute the research component of my Professional Doctorate in Counselling Psychology. Before you agree to take part in this study, it is important for you to understand what your participation will involve. Please read the following information carefully.

In this qualitative study, the researcher will interview Counselling Psychology trainees about their experience of having negative internal reactions in relation to a client, whom they no longer work with. Trainees will describe an experience, which occurred within the last eighteen months. The researcher will explore the processes involved in Counselling Psychology trainees recognising their internal reactions to their clients as negative, how these reactions were experienced and the processes involved in their management. The researcher will also explore the personal and training factors, which helped or inhibited trainees' capacity to negotiate their experience and understand their

reactions. There will be a particular focus on how Counselling Psychology trainees understand their reactions and responses within the context of their personal history and their role as a trainee.

As a consenting participant in this study, you will be interviewed by the researcher who will explore with you your experience of having negative internal reactions in relation to a client, whom you no longer work with. The interview will be conducted in private on a one-to-one basis, and scheduled at a mutually convenient time for both you and the researcher. Your participation in this study will involve one interview with the researcher, which is expected to take approximately 50 minutes of your time.

At the beginning of the interview you will be asked to refrain from revealing any details that could lead to the identification of third parties, which may occur as you reflect upon your experience. You will be asked to refer to your client and any other parties by a pseudonym. You will then be asked some brief questions about your age, gender, nationality, ethnicity, trainee status, theoretical model of practice with the client and nature of placement you were working at with the client. For the purpose of the research the interview will be audio recorded and transcribed verbatim once the interview has concluded. At the point of transcription any interview material that may potentially aid identification of you as a participant, a third party or agency will be removed and therefore will not appear in the interview transcript or the research report.

You may not benefit directly from your participation in this study, however the research questions it explores are highly relevant to Counselling Psychology trainees. It is hoped that as a consequence of this research there will be an increased awareness of the impact and implications of what is a common trainee experience.

As a participant in this study it is important you are aware of the possible risks associated with your involvement. The reflective process the researcher will encourage you to engage with in your interview could cause you to re-evaluate yourself and your relationships with your clients and other parties. It is important that you take time to consider the potential implications of your participation in this study before you agree to take part. The researcher will aim to help you with this process. In recognition of the potential psychological discomfort participation in this study may cause, at the end of the interview you will be fully debriefed. This will give you the opportunity to express

any further questions and/or concerns you may have and will provide you with a list of relevant sources of support, which you can call upon should you experience emotional distress as a result of your participation.

Confidentiality of the Data

The following precautions will be taken in an attempt to guarantee minimal risk of loss of confidentiality and minimal risk to your personal and professional reputation and employability that might arise as a result of your involvement in this study. The researcher will have no present or intended future association with you. The personal information you provide on the researcher's copy of the Informed Consent Form will not be duplicated elsewhere and will remain stored in a secure setting in accordance with the Data Protection Act 1998, seen only by the researcher. Your name will not appear in any report or publication resulting from this study. Your name and contact details will be stored on an encrypted USB device and will be known only to the researcher. Once your interview has been completed the audio recording will be transferred onto an encrypted USB device, which is accessed with a password known only to the researcher. The interview will then be deleted from the audio recording device. The audio file of your interview, the electronic copy of your interview transcript and researcher's copy of your Informed Consent Form will all be stored separately in secure settings in accordance with the Data Protection Act 1998. They will be available to only the researcher and to her supervisor and the Counselling Psychology Doctorate research dissertation examiners at their request. Only material from the research interviews will be used in this study. The demographic, trainee status and placement information you provide at the start of the interview, along with anonymised samples from transcripts will appear in the final report. In accordance with the BPS Code of Conduct & Ethics (2009) should you disclose any intended or actual risk of serious harm, this would constitute an exception to the agreed confidentiality.

The final report will be a Counselling Psychology Doctorate research dissertation, which will be assessed and may potentially be published and therefore could be available to other researchers, students, tutors and examiners. Audio recordings of participant interviews will be destroyed once the study has been marked and results have been ratified. All participant Informed Consent Forms, electronic copies of interview transcripts and researcher notes will be destroyed one year after the study has been marked and the results have been ratified.

Location

Following agreement to participate, a research interview will be arranged at a convenient time and location with the researcher aiming to be as accommodating as possible. Interviews will take place in a private and quiet setting at either your training institution or the researcher's.

Disclaimer

Participation is entirely voluntary. If you decide you would like to take part in this study, you will be asked to sign a consent form prior to your participation. You may withdraw your consent at any time by advising the researcher of your decision. Should you withdraw, the researcher reserves the right to use your anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher. You may decline to answer any questions you are asked, take a break during the interview or decide to stop it completely at any point without detrimental affect (BPS Code of Ethics and Conduct, 2009).

The design of this study has been considered from the standpoint of the Counselling Psychology trainees who are participating in it. Ethical considerations are an ongoing part of this research and the researcher will endeavour to ensure the entire research process is conducted in an ethical manner.

You may not benefit directly from your participation in this study, however the research questions it explores are highly relevant to Counselling Psychology trainees. It is hoped that as a consequence of this research there will be an increased awareness of the impact and implications of what is a common trainee experience.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor:

Dr D. Kaposi
School of Psychology
University of East London
Water Lane
London, E15 4LZ
(Email: D.Kaposi@uel.ac.uk)

or

Chair of the School of Psychology Research Ethics Sub-committee:

Dr. Mark Finn
School of Psychology
University of East London
Water Lane
London, E15 4LZ.
(Tel: 020 8223 4493. Email: m.finn@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Zoë Wilson

This study has been reviewed by, and has received ethics clearance through, the University of East London Ethics Committee.

INFORMED CONSENT FORM

COUNSELLING PSYCHOLOGY DOCTORATE RESEARCH

I have read the information presented about the research study being conducted by Zoë Wilson, Counselling Psychology trainee and student of the University of East London. I have been given the opportunity to ask any questions and express any concerns relating to my involvement as a participant in this study. I am satisfied with the responses I received.

I am aware my interview will be audio recorded and understand that anonymised excerpts from my transcribed interview may be included in this Counselling Psychology Doctorate research dissertation.

I have been informed of the limits of confidentiality of this study and the extent to which this research may be available to the public.

I understand I can withdraw my consent to take part in this study at any time. I understand that should I choose to withdraw, the researcher reserves the right to use my anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher.

This study has been reviewed by and received ethical clearance through the University of East London Ethics Committee. I have been informed if I have any questions or concerns resulting from my participation in this study I can contact the researcher, Zoë Wilson, *u1128010@uel.ac.uk*, and the research supervisor, Dr David Kaposi, *D.Kaposi@uel.ac.uk* by email directly.

You are not obliged to take part, and are free to withdraw at any time.

With complete consent, I agree to participate in this study, of my own free will.

☐ YES ☐ NO

I agree to have my interview audio recorded.

☐ YES ☐ NO

I agree to the use of anonymous excerpts in the Counselling Psychology Doctorate research dissertation.

☐ YES ☐ NO

Participant's Name: _____

Participant's Signature: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

This study has been reviewed by, and has received ethics clearance through, the University of East London Ethics Committee.

PARTICIPANT INFORMATION

Age

Gender

Nationality

Ethnicity

Year of Study Year _____ of a _____ Course

Current Estimated Face-to-Face Client Hours

0 – 49 / 50 – 99 / 100 – 149 / 150 – 199 / 200 – 249 / 250 – 349 / 350 – 449 / 450 or above

Estimated Face-to-Face Client Hours at Time of Working with Client

0 – 49 / 50 – 99 / 100 – 149 / 150 – 199 / 200 – 249 / 250 – 349 / 350 – 449 / 450 or above

Current Theoretical Orientation of Practice

Person-centred Therapy / Behaviour Therapy / Cognitive Behavioural Therapy / Cognitive Analytic Therapy / Psychodynamic Therapy / Psychoanalytic Therapy / Integrative Therapy / Gestalt Therapy / Solution-focused Therapy / Other (please state)

Theoretical Orientation of Practice with Client

Person-centred Therapy / Behaviour Therapy / Cognitive Behavioural Therapy / Cognitive Analytic Therapy / Psychodynamic Therapy / Psychoanalytic Therapy / Integrative Therapy / Gestalt Therapy / Solution-focused Therapy / Other (please state)

Number of Session Available to Client

Placement Type

NHS / Charity Sector / Private / Other

Primary Care / Secondary Care / Other

Adult's Service / Addictions Service / Bereavement Service / Children's Service / Learning Disabilities / CMHT / Crisis Service / Other Specialist Service (please state)

INTERVIEW SCHEDULE

NB Remember to ask the participant to please refrain from revealing details in the interview, which could lead to the identification of a third party, for example a client or supervisor.

1. Could you please begin by telling me about your experience of having negative internal reactions in relation to one of your clients?
2. How did you recognise/identify these reactions? How did they manifest?
(cognitions/affect/physical sensations/behaviour)
3. How did you respond to these negative reactions as you experienced them?
(did those which were internal remain internal or were they acted upon?)
(were you able to reflect upon your reactions at the time?)
4. How did you manage your experience?
(what was involved in the process management of affective state and behavioural response?)
(what helped – personal/professional factors)
(what inhibited – personal/professional factors)
5. What impact did your reactions have upon your therapeutic relationship with your client?
(how were these reactions managed within the context of the therapeutic relationship?)
(what was the impact on the client?)
6. What impact did your reactions have upon you?
(as a person/Counselling Psychology trainee)
7. How did you understand your reactions in the context of your personal history?

8. How did you understand your reactions in the context of your role as a Counselling Psychology trainee?

Is there anything further you would like to add?

RECRUITMENT POSTER

COUNSELLING PSYCHOLOGY DOCTORATE RESEARCH

As a Counselling Psychology trainee, have you experienced *negative internal reactions* in relation to one of your clients?

- *Suitable participants will have experienced what they identify as negative internal reactions to a client within the last eighteen months, whom they no longer work with*
- *In the context of this research, the term negative internal reactions refers to the thoughts, images, feelings or physical responses the trainee experienced as negative*
- *This study will explore how Counselling Psychology trainees experience, process, respond to and understand these reactions*

Your participation would involve a single, face-to-face 50-minute interview with me, which would take place at a convenient time and place for you. The interview will be audio recorded, with any material that may potentially aid identification removed.

Thank you taking an interest in this research. I understand time is a precious commodity for trainees. Your participation would be greatly appreciated.

For more information about this study, or to volunteer, please contact:

Zoë Wilson *Counselling Psychology trainee*

Email: **u1128010@uel.ac.uk**

This study has been reviewed by, and has received ethics clearance through, the University of East London Ethics Committee.

RECRUITMENT LETTER

Researcher: **Zoë Wilson**

Email: **u1128010@uel.ac.uk**

Date

Training Institution Address

Dear _____

Re: Participant Recruitment for Professional Doctorate in Counselling Psychology Research

I am a third year Counselling Psychology trainee at the University of East London. I am currently recruiting for my doctorate research study. The aim of my research is to explore how Counselling Psychology trainees experience negative internal reactions in relation to their clients. *Negative internal reactions* are the thoughts, images, feelings and physical sensations the Counselling Psychology trainees experienced as negative. The enquiry process will be orientated towards exploring what Counselling Psychology trainees identify as *negative internal reactions* and how these reactions are recognised, experienced, responded to and understood. The study will also explore the impact and implications of trainees' reactions, with a particular focus on how they understand their reactions within the context of their personal history and role as a Counselling Psychology trainee.

I am writing to request that I may recruit students from your training course. I am intending to interview twelve Counselling Psychology trainees who are willing to talk about their experience of having negative internal reactions in relation to a client. Trainees will be asked to describe their experiences with reference to a client they no longer work with. I would be most grateful if the enclosed recruitment posters could be placed on display in the Counselling Psychology department and in student areas, where potential participants could see them. I will follow up this letter with an email in one week to ensure you have received this information. In the meantime, please do not hesitate to contact me should you require any further information concerning this research.

I would like to thank you for your time and in anticipation of your support.

Yours Faithfully,

Zoë Wilson

Counselling Psychology Trainee

Supervisor: **Dr David Kaposi**

*Psychology Department, University of East London, Stratford Campus, Water Lane,
London E15 4LZ / D. Kaposi@uel.ac.uk*

DEBRIEFING INFORMATION

COUNSELLING PSYCHOLOGY DOCTORATE RESEARCH

I would like to thank you for participating in this study. As stated in the Recruitment Information, the purpose of this research is to explore your experience as a Counselling Psychology trainee of having negative internal reactions in relation to a client whom you no longer work with. It is hoped that as a consequence of this research there will be an increased awareness of the impact and implications of what is a common trainee experience.

Please note that your interview will be used for those research purposes stated in the Recruitment Information only. Your name will not appear in any report or publication resulting from this study. The audio file of your interview, transcript and researcher's copy of your Informed Consent Form will all be stored separately in secure settings in accordance with the Data Protection Act 1998. Audio recordings of participant interviews will be destroyed once the study has been marked and the results have been ratified. All participant Informed Consent Forms, electronic copies of interview transcripts and researcher notes will be destroyed one year after the study has been marked and the results have been ratified.

You may withdraw your consent to have your interview material included in this study at any time by advising the researcher of your decision. Should you withdraw, the researcher reserves the right to use your anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher.

For your convenience, I have supplied the following as suggested support services available to you should you require them as a result of your participation in this research project.

- If applicable, your current or a previous personal therapist
- **British Psychological Society** – www.bps.org.uk
Email: enquiry@bps.org.uk
Phone: 0116 227 1314
- **BACP** – www.bacp.co.uk
Email: bacp@bacp.co.uk
Phone: 0870 443 5252

If you have any concerns about how this research has been conducted, please contact my research supervisor Dr David Kaposi by email *D.Kaposi@uel.ac.uk* or by post at *Psychology Department, University of East London, Stratford Campus, Water Lane, London E15 4LZ*.

Please sign below as an indication of your acknowledgement the research interview was carried out in an ethical and professional manner.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Thank you again for your participation and co-operation.

Zoë Wilson
Counselling Psychology trainee

Psychology Department, University of East London
Stratford Campus
Water Lane
London, E15 4LZ
Email: **u1128010@uel.ac.uk**

ETHICAL APPROVAL FROM RESEARCH ETHICS COMMITTEE, UNIVERSITY OF EAST LONDON

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.



School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853

SUPPLEMENTED INTERVIEW SCHEDULE

NB Remember to ask the participant to please refrain from revealing details in the interview, which could lead to the identification of a third party, for example a client or supervisor.

1. Could you please begin by telling me about your experience of having negative internal reactions in relation to one of your clients?
2. How did you recognise/identify these reactions? How did they manifest?
(cognitions/affect/physical sensations/behaviour)

What did it mean for you to experience these reactions?

3. How did you respond to these negative reactions as you experienced them?
(did those which were internal remain internal or were they acted upon?)
(were you able to reflect upon your reactions at the time?)
4. How did you manage your experience?
(what was involved in the process management of affective state and behavioural response?)
(what helped – personal/professional factors)
(what inhibited – personal/professional factors)

What helped you to cope with your experience?

Did you feel the need to protect yourself during your experience?

5. What impact did your reactions have upon your therapeutic relationship with your client?
(how were these reactions managed within the context of the therapeutic relationship?)
(what was the impact on the client?)
6. What impact did your reactions have upon you?
(as a person/counselling psychology trainee)

Confidence? Competence?

What relationship do you have with your professional identity? Is it something, which you experience as separate from your personal self or did/do you experience an integration between the two? If so, to what extent?

7. How did you understand your reactions in the context of your personal history?

How comfortable are you with expressing negative emotion in your personal life?

8. How did you understand your reactions in the context of your role as a counselling psychology trainee?

How do you think your model of practice influenced your experience?

How do you think your service influenced your experience?

What were your expectations of your client?

What, if anything, of value did you take from your experience?

Is there anything further you would like to add?

THESE SUPPLEMENTARY QUESTIONS WERE USED AS A GUIDE TO ORIENTATE MY EXPLORATION WHEN TRAINEES DID NOT TOUCH UPON THESE AREAS IN THEIR RESPONSES

EXTRACT FROM POST INTERVIEW SUMMARY

T5

T5 found it difficult to engage with C from the start. She felt frustrated and angry by her C always talking about other people and not herself. When T5 tried to bring the focus back to the C, her C would say “yes, but...”. Frustrated with C for not trying to understand her internal processes, as she was locating everything outside of herself. Found it difficult to empathise with C due to negative feelings and was pleased when she left.

T5 felt it was difficult not to be rude to C, in an attempt to try to help her focus on herself. T5 experienced herself as trying to pull her C into a position she did not wish to occupy. Found it hard to know what to focus on in the work as the C had a wall up, which T5 was unable to penetrate. T5 felt useless “just listening” within the relationship. Experienced C as just regurgitating information about the deficiencies of others. C has a ‘blaming’ attitude. T5 felt she had to butt into C’s dialogue in order to say something and did not experience the C as taking anything of what she said in. With so little of C in the room, it was difficult to empathise. T5 felt overwhelmed and unsure where she was going with the C. Usually after a bit of guidance Cs will begin to focus internally but this C resisted this process, which fed T5’s frustration. The C ended therapy after 14 sessions so the opportunity to help her focus on herself over time was lost.

T5 very willing to explore her feelings in supervision and to explain that her C was “driving her mad”. Found it very useful to get feedback from supervision group. In a sense felt had no choice but to share with the group what was going on, as it is difficult for T5 to hide her emotions so her anger and frustration was already apparent to the group. In her personal life, if T5 is upset, it oozes out of her. She cannot hide it. She struggles with expressing anger in a non-destructive way. Something she is still working on. Supervisor encouraged T5 to stay with the process and explained C’s behaviour as her ‘stuckness’. T5 changed her agenda, instead of going into session with list of what need to do with C, she became more accepting of “just listening”. After supervision T5 tried not to impose anything upon the C or to expect anything from her in terms of what she should be talking about, what direction she should take. T5 decided

to leave her C the space to talk, which she realised her C had perhaps not had for many years.

Her C wanted T5 as an ally, against all the people she felt were wrong in her life. T5 did not feel able to do this, as she could not empathise with her C's position. T5 wondered whether in spite of her efforts to hide her feelings from her C, whether they came out anyway. T5 has not aspirations to work as a "blank screen", explaining that Cs will see confusion and frustration on her face when she experiences them. This is important to her as it is part of forming an honest relationship with Cs. Therefore T5 did not feel she could nod in agreement with her C and say she understood when she did not. She would not collude with C.

I am unsure how explicitly T5 communicated the above to her C. Whether this was not a position she felt rather than actively took. T5 attributes her inability to not knowing where her anger was coming from, whether it was in relation to the C or purely her own issues, to her developmental stage.

T5 stated she has an agenda for Cs when she is practicing CBT but not when practicing psychodynamic or person-centred therapy. T5 set C CBT homework but it was not done. T5 felt she needed to acknowledge it but difficult to find space within the session. C not complying, 'not playing the game' in a sense. She wants to use the session to talk but she also wants to do exercises outside session but will not allow space to review them. T5 left feeling pulled in two directions. Shall I just listen or shall I be more directive? It seems as if none of this is openly discussed with the C – T5 does not share this dilemma with her.

EXAMPLE OF OPEN CODING

	Participant 4 <i>Transcription</i>	<i>Coding</i>
1	Researcher: Ok, so if you could just remember to refrain from revealing any	
2	details in the interview which could lead to the identification of a third party,	
3	uhm, or yourself, uhm, for example a client or supervisor.	
4	Participant: Yeah.	
5	R: Uhm, ok perhaps you could begin by telling me a little bit about your	
6	experience of having negative internal reactions in relation to one of your clients.	
7	P: Ok, uhm, oh, so what was my reaction to it? Uhm, (pause) well, I, I expected in	Expecting to feel negatively towards C
8	some way, when I met this client, to have a negative reaction, because unfortunately,	
9	uhm, she reminded me a great deal of someone I've worked with previously, so I	Seeing C through filter of previous C
10	initially made an assumption that I knew what it was going to be like working with	
11	her, based on what she looked like; she looked like someone I'd worked with before,	
12	uhm, and some of the kind of, uhm, presenting problems that I'd seen in the referral,	
13	so I felt quite guilty and quite aware of the fact that I needed to... I needed to sort of	Feeling guilty about preconceptions of C
14	separate her from the person I'd worked with before, uhm, but it kept coming up and	Needing to separate previous experience from present C
15	now it's quite difficult, even with hindsight, to see the negative reactions I had to her,	Finding it difficult to untangle present C from past C
16	whether they were to do with my previous experience with someone, or her, uhm, but	Experiencing C's avoidance of talking about herself as very challenging
17	I, I found her uhm, very challenging because she would often avoid uhm, talking	
18	about herself, which is quite difficult in therapy. Uhm, er, she would fall asleep in	Needing C to talk about herself in therapy C falling asleep not due to medical condition

19	sessions, she didn't have any condition that made her fall asleep, so perhaps with more	Being limited in exploration by lack of experience
20	experience I would have been able to explore that better, we did talk about it, but my	Equating C falling asleep as indication "I'm an awful therapist"
21	reaction to that was, initially, oh dear, I'm an awful therapist. That quite quickly	
22	changed into, you know, what, what's she doing here, she's just falling asleep, she	Feeling negatively towards C for her avoidance of talking about herself
23	doesn't want to talk about herself, uhm, so, yeah, they, they're quite negative	
24	thoughts, uhm..	
25	R: What were the feelings that she kind of evoked in you?	
26	P: Uhm, frustration, definitely frustration. Uhm, boredom, I just, I found myself	Feeling frustrated by C
27	getting quite bored in the sessions, because the narrative would go all over the place	Becoming bored by C's unfocused narrative
28	and then she'd fall asleep, and...uhm..	
29	R: What was frustrating about her?	
30	P: I think that... that... she wouldn't...(sigh) she wouldn't give in any way to the	C not giving in any way to the process
31	process so, again, that may have been because I was having these negative reactions,	
32	but uhm, she was so defiant about anything that we tried to do, so we were using CBT	C occupying a position of defiance
33	and uhm, initially she was quite excited, and she, she'd had lots of therapy before and	
34	she explained that uhm, no-one had ever asked so many questions so she found the	C enjoying the initial process of therapy
35	kind of Socratic questioning quite helpful, because...because the narrative did go on	Perceiving C as experiencing Socratic questioning as helpful
36	quite a lot and she repeated lots of similar ideas, so she found that helpful, but we'd	Understanding C as experiencing Socratic questioning as containing
37	then get to the point when there was the possibility for some sort of intervention, and,	
38	or, she would do, for example, an example is that she would take a piece of paper that	
39	I had given her, you know, maybe we were looking at a thought record or something,	
40	and she would put it underneath the leg of her chair, and sort of sit. I mean, it was	C obstructing the intervention

41	quite child-like behaviour, uhm, and I guess that made me feel quite uncomfortable,	Feeling uncomfortable with C's "child-like behaviour"
42	because I thought well, 'why is she behaving like a child with me? Am I giving off	Wondering about own role in evoking such a reaction from C
43	some air of being like a mother?' Uhm, I guess she was frustrating because a lot of	Questioning whether "giving off some air of being like a mother"
44	what she said brought into being in therapy and, and wanting to be there but the way	
45	that she engaged in the process was completely at odds with that uhm, and, if we ever	Feeling frustrated by C's behaviour being at odds with her apparent commitment to therapy
47	tried to talk about that, she would just laugh, so...so, falling asleep, laughing, these	C using behavioural responses to block the process
48	sort of behavioural things that were quite challenging, uhm, and I guess, when she	Experiencing C's behavioural responses as challenging
49	laughed in a way it made me feel quite small, quite humiliated, uhm, (pause) because	Feeling humiliated by C's laughing response
50	even though I don't think that's what the laughter was about, it does make you think,	
51	is she laughing because, you know, she knows we're both a bit out of control here,	Not believing C's laughter was intended to highlight lack of control in therapy
52	because I don't know how to deal with the fact that she's annoying me and doesn't	Experiencing C's laughter as indication therapy is a "bit out of control"
53	want to take part...	Not knowing how to deal with feeling annoyed by C
54	R: So is that how you felt you were a little bit out of control?	Not knowing how to manage C's lack of participation
55	P: Er, yeah, oh yeah definitely out of control, uhm, (pause) yeah definitely out of	
56	control. And I felt, I mean, she was probably my fourth client, uhm, so it was difficult	Feeling out of control
57	to... it was difficult enough anyway, because it was only my fourth client, and slightly	
58	I felt at the beginning that she might have been an inappropriate referral, given my	Having to contend with the difficulties of lacking experience
59	level of experience, and the type of work that I am currently doing with clients, so	Questioning the appropriateness of C referral
60	using CBT. Uhm, yeah, and the first few sessions like I say, they were ok but then,	Experiencing lack of fit between C presentation and level of experience
61	after a while, yeah, I definitely thought I don't know how to get a handle on, on what's	Experiencing lack of fit between C presentation and model of practice
62	happening here, and I would absolutely dread our sessions. She'd turn up like fifteen	Not knowing how to "get a handle on" therapy
		Dreading session with C

CATEGORIES WITH THEIR SUB-CATEGORIES, PROPERTIES AND FOCUSED CODES

CORE CATEGORY:

Occupation of Professional Identity as a Trainee Counselling Psychologist

<u>Sub-categories</u>	<u>Properties</u>	<u>Focused Codes</u>
<i>Encountering Personal 'Obstacles' within the Therapeutic Relationship</i>	Experiencing the Impact of Personal Influences Manifesting within the Therapeutic Relationship	<ul style="list-style-type: none"> - Being aware of own 'difference' within the therapeutic relationship - Being influenced by personal self within professional identity - Relationship between experiencing negative internal reactions and personal self
	Experiencing Conflict between Personal Expression and Maintaining Professional Identity	<ul style="list-style-type: none"> - Relationship between personal self and professional identity - Locating conflict arising within personal self
<i>Drawing upon Internalised Model of Counselling Psychology Training</i>	Fit between Experiencing Negative Internal Reactions and Professional Identity	<ul style="list-style-type: none"> - Relationship between experiencing negative internal reactions and personal self - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship
	Being Inhibited by Trainee Identity	<ul style="list-style-type: none"> - Being inhibited in practise by trainee status
<i>Interacting with the Service</i>	Experiencing Conflict between Internalisation of Counselling Psychology Training and Interactions with the Service	<ul style="list-style-type: none"> - Being influenced by training theoretical model - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Being inhibited in practise by trainee status - Having expectations of supervision - Not having supervision expectations met
	Lacking Adequate Support	<ul style="list-style-type: none"> - Experiencing conflict in relation to service expectations - Experiencing conflict in relation to service - Being aware of negative impact of service on therapeutic relationship - Not feeling supported by the service
<i>Expecting the Client to...</i>	Expecting Appreciation	<ul style="list-style-type: none"> - Having expectations of the client - Encountering conflict between client and therapist agendas
	Expecting the Space to be Used 'Meaningfully'	<ul style="list-style-type: none"> - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Locating conflict arising from client's 'negative' presentation
	Expecting 'Co-operation'	<ul style="list-style-type: none"> - Wanting client to use the space 'meaningfully' - Client obstructing the process - Client preventing self from being helped - Client resisting engagement with internal process
	Letting Go of Client Expectations	<ul style="list-style-type: none"> - Client locating the problem externally - Letting go of own agenda to focus on client's needs - Changing experience of the therapeutic relationship - Gaining insight through the process - Critically reflecting upon the experience

CATEGORY 1:
Challenging Trainees' Developing Counselling Psychologist Identity

<u>Sub-categories</u>	<u>Properties</u>	<u>Focused Codes</u>
<i>Splitting and Integrating Personal Self with Trainee Counselling Psychologist Professional Identity</i>	Recognising Personal Self as an Integral Component of Professional Identity	<ul style="list-style-type: none"> - Relationship between experiencing negative internal reactions and personal self - Being influenced by personal self within professional identity
	Splitting Personal Self from Professional Identity	<ul style="list-style-type: none"> - Relationship between experiencing negative internal reactions and professional identity - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship
	Becoming More 'Integrated' Through the Experience	<ul style="list-style-type: none"> - Being inhibited in practise by trainee status - Experiencing conflict in relation to service expectations - Conceptualising the meaning of experiencing negative internal reactions - Experiencing the impact of having negative internal reactions - Being aware of the impact of own negative internal reactions on the client - Responding to negative internal reactions internally - Responding to negative internal reactions through the therapeutic relationship - Having expectations of the client - Encountering conflict between client and therapist agendas - Experiencing conflict within occupation of professional identity - Feeling disempowered in professional identity - Valuing use of personal self in professional identity - Changing experience of the therapeutic relationship - Gaining insight through the process - Critically reflecting upon the experience - Changing relationship with experiencing negative internal reactions - Learning to use negative internal reactions as a source of therapeutic information
<i>Being Disempowered and Finding Empowerment within Professional Identity</i>	Losing Confidence	<ul style="list-style-type: none"> - Being inhibited in practise by trainee status - Diminishing sense of own competency - Feeling disempowered in professional identity
	Being Deskilled	<ul style="list-style-type: none"> - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Experiencing conflict in relation to service expectations
	Gaining a Sense of Empowerment Through the Experience	<ul style="list-style-type: none"> - Conceptualising the meaning of experiencing negative internal reactions - Conceptualising what client's behaviours might mean - Experiencing the impact of having negative internal reactions - Locating conflict arising from client's 'negative' presentation - Locating conflict arising within personal self - Responding to negative internal reactions through the therapeutic relationship - Responding to negative internal reactions internally - Relationship between experiencing negative internal reactions and personal self - Relationship between experiencing negative internal reactions and professional identity - Avoiding engagement with the client - Encouraging the client to reflect upon the relationship dynamic - Being inhibited from addressing the relational dynamic with the client - Client (un/consciously) manipulating a response - Being tested by the client - Experiencing conflict within occupation of professional identity - Gaining insight through supervision

- Changing experience of the therapeutic relationship
- Gaining insight through the process
- Critically reflecting upon the experience
- Learning to use negative internal reactions as a source of therapeutic information
- Changing relationship with experiencing negative internal reactions

CATEGORY 2: Assigning Responsibility within the Therapeutic Relationship

<u>Sub-categories</u>	<u>Properties</u>	<u>Focused Codes</u>
<i>Identifying the Client as the Source of the Experienced Conflict</i>	Client Violating Boundaries of 'Acceptable' Human Behaviour	<ul style="list-style-type: none"> - Locating conflict arising from client's 'negative' presentation - Client obstructing the process - Client preventing self from being helped - Client resisting engagement with internal process - Placing responsibility for outcome of therapy with the client
	Client Obstructing the Therapeutic Process	<ul style="list-style-type: none"> - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Conceptualising the meaning of experiencing negative internal reactions - Conceptualising what client's behaviours might mean - Experiencing the impact of having negative internal reactions - Client (un/consciously) manipulating a response - Being tested by the client - Experiencing conflict within occupation of professional identity - Being influenced by personal self within professional identity - Client creating a self-fulfilling prophecy - Client locating problem externally
<i>Sharing Responsibility for the Experienced Conflict Manifesting within the Relational Dynamic</i>	Recognising Being Drawn into a Pattern of Relating with the Client	<ul style="list-style-type: none"> - Mirroring - Locating conflict arising from client's 'negative' presentation - Client obstructing the process - Client preventing self from being helped
	Taking Responsibility for Aspects of the Experienced Conflict Originating from within	<ul style="list-style-type: none"> - Client resisting engagement with internal process - Being influenced by training theoretical model - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Conceptualising the meaning of experiencing negative internal reactions - Conceptualising what client's behaviours might mean - Experiencing the impact of having negative internal reactions - Being aware of the impact of own negative internal reactions on the client - Locating conflict arising within personal self - Client (un/consciously) manipulating a response - Being tested by the client - Being influenced by personal self within professional identity - Relationship between personal self and professional identity - Client creating a self-fulfilling prophecy - Being drawn into a familiar relational dynamic - Client locating problem externally - Changing experience of the therapeutic relationship - Gaining insight through the process - Critically reflecting upon the experience

CATEGORY 3:

Disengaging and Engaging in Response to the Experienced Conflict

<u>Sub-categories</u>	<u>Properties</u>	<u>Focused Codes</u>
<i>Disengaging</i>	<p>Avoiding the Experienced Conflict in Relationship with the Client</p> <p>Supervision Assisting Trainees' Disengagement</p> <p>Asserting the Power Differential within the Therapeutic Relationship</p>	<ul style="list-style-type: none"> - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Being inhibited in practise by trainee status - Experiencing conflict in relation to service expectations - Conceptualising the meaning of experiencing negative internal reactions - Conceptualising what client's behaviours might mean - Experiencing the impact of having negative internal reactions - Being aware of the impact of own negative internal reactions on the client - Responding to negative internal reactions through the therapeutic relationship - Responding to negative internal reactions internally - Relationship between experiencing negative internal reactions and personal self - Relationship between experiencing negative internal reactions and professional identity - Not having supervision expectations met - Not feeling supported by the service - Being aware of negative impact of service on therapeutic relationship - Protecting self from the client - Having expectations of the client - Wanting client to use the space 'meaningfully' - Client resisting engagement with internal process - Avoiding engagement with the client - Being inhibited from addressing the relational dynamic with the client - Experience with client influencing use of supervision - Not having supervision expectations met - Being aware of negative impact of service on therapeutic relationship - Not feeling supported by the service - Experiencing conflict within occupation of professional identity - Being influenced by personal self within professional identity - Diminishing sense of own competency - Asserting personal limits - Engaging in combat with the client - Mirroring - Capacity to challenge the client's behaviour within the relationship - Overcoming negative internal reactions to client through activity - Feeling disempowered in professional identity - Trying to take control of the relationship - Adopting the role of 'expert' professional
<i>Engaging</i>	<p>Engaging with the Experienced Conflict</p> <p>'Spinning' the Experience to Better Engage with it</p>	<ul style="list-style-type: none"> - Being empowered by the experience - Theoretical model impacting the therapeutic relationship - Being influenced by ideals of the training course - Training ideals impacting the therapeutic relationship - Conceptualising the meaning of experiencing negative internal reactions - Conceptualising what client's behaviours might mean - Experiencing the impact of having negative internal reactions - Being aware of the impact of own negative internal reactions on the client - Responding to negative internal reactions through the therapeutic relationship - Responding to negative internal reactions internally - Relationship between experiencing negative internal reactions and personal self - Relationship between experiencing negative internal

- reactions and professional identity
- Changing relationship with experiencing negative internal reactions
- Learning to use negative internal reactions as a source of therapeutic information
- Encouraging the client to reflect upon the relationship dynamic
- Wanting client to use the space 'meaningfully'
- Client resisting engagement with internal process
- Experience with client influencing use of supervision
- Gaining insight through supervision
- Being influenced by personal self within professional identity
- Asserting personal limits
- Depersonalising reaction to the client
- Choosing not to collude with the client
- Mirroring
- Taking responsibility for the outcome of therapy
- Placing responsibility for outcome of therapy with the client
- Capacity to challenge the client's behaviour within the relationship
- Overcoming negative internal reactions to client through activity
- Changing experience of the therapeutic relationship
- Gaining insight through the process
- Critically reflecting upon the experience

Lots of focused codes that apply. Those that condensed and represented the data most completely made into properties, with reference (ie compared) to the actual data. The 'placement' of the focused codes shows how interlinked categories and sub-categories are.

EXAMPLES OF QUOTES FROM TRAINEES SUPPORTING CATEGORIES AND THEIR SUB-CATEGORIES

CORE CATEGORY:

Factors Shaping the Character of Trainee Counselling Psychologists' Professional Identity

Sub-category

Encountering Personal 'Obstacles' within the Therapeutic Relationship

"Rendered incompetent by your age I think (R: Mm), erm, yeah, I think it's a, a, a fear that they, they're hoping that they can come to somebody that's going to get them, that's going to understand, that it's gonna be strong enough to hold them (R: Mm) and is, when they see me, I think it's a disappointment for them a lot of the time because I think that they don't see me as someone initially that can do that. (R: Mm, ok). I'll have to dye my hair grey and get some glasses or something (laughs)." [T7, ll 609-614]

"[...] an accent and you know, was young, and was a girl, and me. And he was like, very critical so he was like oh, what are you doing? And you know, oh, you're not doing your job right and, uhm, one day he came in and he said that uhm, my hair looked all over the place [ll10-13] [...] me, being from Greece and my accent and stuff, well my ethnicity uhm, might have reminded him (R: Mmm hmm) of maybe It...Italy, or I don't know! (R: Mmm). There was something there, that he felt like he really wanted to attack me [...]" [T2, ll 58-61]

"[...] wanted to know how old I was, and that's quite a common uhm, response, 'cos I, I look relatively, well I don't know if I do look young anymore, but I look relatively young. I obviously am quite young and I think people think, oh, how do I feel about this? But she's the first client who said to me 'I want to know how old you are', uhm, to which my response was just to say....gets me really embarrassed now (laughs)...uhm, I don't want to disclose personal information... and it just felt a ridiculous response to have made. She took it, she said, 'Yes, that, I knew you were going to say that but don't worry I'll guess how old you are anyway. I think you're thirty-seven', which is not right. Anyway, so, but I felt like, why, I had to be really defensive to her question, to be like, the barriers are up against her [...]" [T4, ll 79-88]

"You know, sort of, not wanting to feel needy (R: Mm) and also not wanting to feel not in control, erm. Yeah, I was aware of that at the time as well, not wanting to ask for help, that sort of thing, you know, that, that's the part of my make-up (R: Hm, hm) and I'm aware of that, that was there." [T8, ll 337-340]

"[...] I think there is similarity there, erm, in terms of avoiding conflict, because I don't like conflict, and then in therapy, in client work, attempting to avoid conflict with them. I mean I don't usually kind of go in with an argument or anything anyway, but it's something that I just feel very conscious about and it's something I, I feel that I need to prepare for rather than, you know, it comes naturally to me in a session to maybe challenge the client erm, and then have them, or, or introduce some disagreement about something (R: Mm) just to, just to explore it further. That's not a concept that I feel comfortable with, although I, I mean I can see the validity in it, but it's not a concept I feel comfortable with and I, yeah...It echoes." [T9, ll 361-369]

"[...] the, feelings that I felt, er, towards him was my counter-transference, and the counter-transference it always grows its feet in my personal past, in my history. And having reflected on the erm, on my feelings, I figured out where it was coming from in my background. Having knowledge was meaningful. Knowledge meant power, and therefore, er, he was indeed more knowledgeable on the subjects that he was raising than I er, was, and therefore it had an impact on the power dynamics because that's what meaning I attach to knowledge." [T11, ll 55-61]

"[...] knowledge is power in my background where I come from and er therefore the feelings of competitiveness that I experienced with that client they also er, stem from the experiences whilst being at school, being, competing on academic level

with other students, and then, in this instance for example, in a sense I was competing with his previous therapist because he was boasting about how good it was, how useful it was [ll 150-154] [...] for me, it meant that I had to outdo that wonderful therapist in order to be good enough for him and so that, er, impacted me, I mean, it did relate to, the impact related to, to my past.” [T11, ll 158-160]

“[...] I needed to sort of separate her from the person I’d worked with before, uhm, but it kept coming up and now it’s quite difficult, even with hindsight, to see the negative reactions I had to her, whether they were to do with my previous experience with someone, or her [...]” [T4, ll 13-16]

“[...] initially I just thought I’m finding it irritating because she is irritating. But as I’ve gone on I think it’s more to do with this real need in me to do something productive, and to change somebody, uhm, and... and the idea that someone is not progressing in any way through therapy just doesn’t sit with my need to help someone go on a journey or go from A to B. You know, in that sense I can be quite directive.” [T4, ll 320-324]

“[...] I feared sort of losing my temper with him, or, (R: Mm) being er, dismissive, or sort of having a go at him perhaps, something like that [ll 106-108] [...] what that evoked in me was it, a sort of feeling as if I might not want to ever see this person again, might just want nothing to do with him, and erm, sort of just cut off. Erm, be completely unwilling to help him, that, that sort of, that sort of triggered in me, which I sometimes get with people [...]” [T8, ll 111-114]

“[...] he would talk a lot about his own racism (pause) and it’s that kind of, what are you going to do with this? What are you going to do with this racism? (Pause). You know, do you challenge it, do you not challenge it, do you, and that was always a real kind of, push me, pull you kind of situation for me with my own values.” [T3, ll 376-380]

“Trying to separate out the different things that were going on, and what was going to be, because I didn’t want to be doing stuff to manage my emotions that didn’t seem fair for the way that, you know, to change things because I was finding them difficult (laughs), if you know what I mean, I didn’t want to [...]” [T3, ll 92-96]

“[...] sometimes clients could evoke very personal feelings and then the therapy does become about you, rather than about them (R: Mm), so my expectation is that I’m able to track myself well enough to have as little of those me moments in therapy as possible and be able to focus on the clients.” [T11, ll 245-249]

“I think I became quite defensive, which I think is quite natural, like, I, I think it was a constant conflict in myself of, feeling defensive and that I dislike him and who the fuck are you, and just leave and I don’t want to see you ever again and you’re a sad case, whatever. And then kind of taking a step back and saying, you know, what he’s projecting onto me is his problems, and you know, being more mature and kind of reflecting [ll 150-155] [...] So it was a constant kind of back and forth (R: Mmm) between feeling personally insulted and feeling the professional care for that individual who has a problem and, (pause) you know that was the constant kind of (R: Dialogue...) two feelings, because I think it’s, I think it’s really hard to just maintain the professional care when somebody’s being so nasty (R: Mmm) personally to you [...]” [T2, ll 158-163]

“[...] there was a lot of him cutting off his nose to spite his face, over and over and over and over again, was like, well you know, like she’s dead to me, I’ll never speak to her again, and he said, now I’m alone and nobody talks to me, and like well you cut all these people out of your life (R: Mmm). And I felt like, there was an extent to which, well do I need to be safe? I wanted to kind of go, well look if, you know, if you want to talk to these bloody people ring them (laughs) (R: Mmm) you know, that, but that wasn’t my place [...]” [T3, ll 365-371]

Sub-category

Drawing upon Internalised Model of Counselling Psychology Training

“I’ve always personally been reasonably comfortable with that. Maybe that’s why I felt comfortable with agreeing to do this research you know. Erm, I mean if anything I sort of erred on the side of confessing negative counter-transference probably in order to erm, sort of be genuine.” [T8, ll 248-251]

"I think it's actually, sometimes it can be really informative. It can be very, I mean I think it's, all of us in this profession have to deal with negative feelings and it's what we do with them really that, and we can use them, they could be useful to us I think, (R: Hm, hm), erm, rather, but, but it's, I think it's really critical though that reflective, reflection is, reflective practise is absolutely essential (R: Mm), I mean it's, there's something really erm, ethically incorrect if you can't reflect on those feelings and kind of get them to a place where they're not interfering with the work of the client." [T10, ll 368-374]

"[...] the training that I did was really explicit at the beginning, about the acceptability, acceptability of negative transference, or countertransference, whatever you want to call it, uhm, and less than worthy feelings that you might have about clients, and to use that as information (R: Ok) about yourself, or about them." [T6, ll 299-302]

"[...] I had a, a client who was uhm, a gay woman, and I kept having all these images when I was in session with her, of like the two of us like, taking off all of our clothes and having sex, and, and I remember being, like, ooh, I probably shouldn't tell anyone, and I thought, that's ridiculous, and of course we talked about it in supervision, and it was good, and I, (R: Mmm) and I think that's a good thing, yeah, you know, and it probably said a lot about me and my sexuality (R: Mmm) and weird things are going on in my personal life, but actually it did say something else about this client, and so it was useful to think about it (R: Mmm), and I luckily had a supervisor at that time who was non-....you know, not kind of hostile about that sort of thing (R: Mmm) and was really open to thinking about all that kind of stuff." [T6, ll 334-343]

"I expect myself to be reflective enough to, to be able to not have my feelings and emotions, erm, get, get messed up with the client's (R: Mm), erm, that's not to say that I don't use my feelings in my relationship with the client, because I do, erm, but my negative feelings, my negative feelings are, is information for me, but it's for me, not for the client." [T10, ll 96-100]

"Well obviously it's, it's normal and it's expected that powerful feelings will be evoked by certain clients in certain scenarios and er, er, my perspective on it is that it is expected, that it is normal. I don't feel that this is something oh my God I should not feel that way." [T11, ll 278-281]

"From the course, yes, from how counter-transference is viewed as a useful piece of information about the client as well as, as erm a way of gauging your own stance because it's very easy to switch into a blinkered approach and then be very, well then be potentially dangerous of being really unhelpful to, to the client. Erm, you know, the, the, the, the view on, on the therapist's stance is er, such that it is a relationship. It's a co-created relationship, therefore I do bring part of my personal self. It's inevitable and therefore feelings are going to be evoked, it's inevitable, it's just part of the work, and that's how er, how we see it here." [T11, ll 288-295]

"[...] I would welcome them, you know, whatever feeling it is. Uhm, you know, there are times that I've been so sad with my client in the room that my eye literally just cries, and I, I, I don't, can't stop it, although I try and sort of hide it, but then I think, why am I hiding it? We're two people in a room, what's so bad, uhm, and actually I think sometimes by being congruent, or, you know, human, the client sort of sees that and connects more, so I think, you know, even strong emotions are useful, er, and I wouldn't see that as, you know, causing anything bad to my identity or anything (R: Mmm). I think it's part of the work." [T5, ll 415-422]

"[...] when that first happens you know still uhm a novice in very many ways, most ways, all ways. That kind of, oh I shouldn't you know, unconditional positive regard, I shouldn't feel angry with this client, I shouldn't feel uhm, I shouldn't be having thoughts like why don't you just (R: Mmm) [...]" [T3, ll 182-186]

"[...] that I should feel angry towards someone who I am kind of in the role, in the helping role (R: Hm, hm), and trying to help and that, that did make me feel uncomfortable. You know, that I was capable of actually feeling angry towards a client [...]" [T9, ll 184-187]

"Personally I guess, and this is where the therapy side of things come in, that it's been an ongoing difficulty for me to kind of bring the, to demonstrate empathy and bring the emotional content of sessions like into the moment, so it isn't just with her, uhm,...So that's definitely, that's kind of been the theme of my learning for this year, so it was going on with all of my clients but because I felt negative about this client it was even more difficult for me to bring, to kind of open up and be less guarded

[...]” [T4, ll 421-427]

“[...] I had this perception, erm, and to an extent I still have this perception that er, counselling psychologist, trainee or not, you know, we should be able to keep our emotions under wraps erm, and not show it, or, or have it, but, but just, yeah, but keep it under wraps basically and, and keep it managed.” [T9, ll 194-197]

“[...] if it was to happen again then I would kind of be like, oh, you know, oh I’ve had this before, I know how to deal with these people (R: Mmm) you know, kind of like that. But it wasn’t expect...caught me off guard (R: Uh huh), I never expected that [...]” [T2, ll 350-353]

“I think maybe like the first year or so really sort of holding onto techniques and theories, very rigidly going into sessions with that in your mind, almost missing the client, coz you’re so preoccupied with getting it right, and, you know, sort of interpretations and things.” [T5, ll 448-451]

“[...] the kind of person-centred type training I’d had, which you know, it’s very much like let’s just create this sort of warm, empathic ss...space of, you know, unconditional positive regard so therefore there’s not much space in that for dealing with when you uhm, you know, when you’re not feeling that (R: Mmm) necessarily. Uhm, and that could still be communicated possibly and possibly not, but you know, there wasn’t really any thinking room for that.” [T3, ll 191-196]

“[...] she seemed exasperated with me, and as I look back on it now I think even in the sort of, now when did I see her? I saw her sort of middle of my second year so even with sort of like six months on, something like that, erm, I feel I’m in a much better position to see her now, like, I, if, if she was to come back, erm, I would feel quite comfortable to work with her, erm, probably because I’ve got much more of a psychodynamic focus to my work now [...]” [T7, ll 212-218]

“[...] I didn’t have the, the skills to sort of get in there, and we were being taught CBT and it felt like, actually psychodynamic needs to be going on here [ll 636-638] [...] When I spoke to the supervisor who was the Gestalt psychotherapist, I mean it was amazing hearing all the ideas and stuff I could do. I didn’t do any of them because it just felt ridiculous that I would go in and start doing all this work on physicality and stuff, because I, it’s not what I’m trained in and it wouldn’t have been right. Uhm, so I just didn’t have a way to get in there.” [T4, ll 640-644]

“Just kind of that unstable insecurity that, that sense of oneself is not quite there yet (R: Mm). Erm, I think what’s normal is to be in that place where you’re questioning but you’ve actually not got the answers. That’s quite sort of, primitive almost, quite sort of unstable (R: Mm). Quite wobbly, erm, and yeah, so I imagine myself in like ten years’ time looking back and (coughs) being perfectly ok to explain how I was feeling and (R: Mm) my experiences to people and to be really quite accepting of that, but I just wish I was there now, because it doesn’t feel very comfortable to be in that place.” [T7, ll 528-535]

Sub-category

Interacting with the Service

“[...] I suppose there’s just a whole different headspace, erm, that I feel like when I come to Uni or when I be engaged with lectures or with readings it feels like I’m coming home, like I’m coming home (R: Mm, mm) to this new headspace and I suppose my challenge is how to keep that headspace when I’m in a service that is a completely different level, it’s a completely different headspace, (R: Mm) and I often feel quite lost.” [T7, ll 280-285]

“[...] I must’ve absorbed some of the anxiety from the care team, and unfortunately, you ended up taking on a policing figure in a way. The care team will, I don’t know, what is it, Home Office restrictions were saying this client can’t drink, and your client goes and gets drunk (R: Mmm hmm), and there’s a lot of like, discussion about oh what’s he doing, you know, why is it that he’s getting drunk, and you start to feel quite responsible. So actually you start to say to the client, you know, why have you been drinking, rather than really exploring it. So I ‘spose that position that you take is really difficult, because you end up being, being considered persecutory (R: Mmm hmm), when you really don’t want to have to take that position.” [T1, ll 382-391]

“[...] a service pressure to get them well, get them out the door, you only have a few sessions, quick, quick, quick [11 436-437] [...] It’s completely unrealistic and so, yeah, there’s a lot of irritation for me there [...]” [T6, 11 454-455]

“Yeah she’s a registered Clinical Psychologist and Cognitive Behavioural Therapist, and she, erm, she’s very sort of, there’s one way of doing things, this is the right way of doing things, and if you don’t really do it this way then you’re kind of ignoring the research and therefore you’re not working ethically, erm, and I often feel quite erm, restricted and frustrated actually, annoyed, and stuck when I’m in supervision with her, erm, because there’s no, not no, but there’s very little encouragement to work in other approaches other than CBT, and there’s, even if I sort of came to her and said, you know, the way I’m working with this person is mainly from a psychodynamic, person-centred, sort of fundamental framework erm, the supervision that she would still give me would be in kind of a CBT way, so there’d be very little focus on process, or how you feel in the room, or what’s going on between the two of you, it’s more about, look, this book says this, this book says this, when you get someone with chronic pain in the room this is what you do with them. And I’ve found it quite restrictive, and I think I’ve sort of, I mean I think I was aware of it before but I think I’m allowing myself to become more aware of this now that I’m actually quite angry with her (R: Mm, mm) because I feel like ... you know, like that was, this was a whole year of my training, this is like a third of my training, and I feel that she’s almost fucked it up a bit [...]” [T7, 11 38-56]

“[...] in placement supervision that was just, that just went all completely pear-shaped. The supervisor there is person-centred and person-centred erm conditions, they just (laughs) sometimes they can be too much and erm, so there was a real misunderstanding because I felt like I’ve worked through the piece, I know where, what it’s all about, I know what’s triggered in me, I know it’s countertransference, I know what to do, I can understand the client presentation, yet the supervisor was really pushing me, er, you need, you need to talk about this, erm, the client complaint, and erm whilst he’s acknowledging that part of it was his, his part in, in the relationship, now it’s important for you and blah, blah, blah, so I really felt missed in that group setting [11 202-211] [...] in the placement supervision I think the dynamic er, that I experienced with the client repeated itself (R: Hm, hm) because I was feeling inferior, I felt misunderstood, and simil..., kind of the feelings were similar to what happened with the client.” [T11, 11 222-225]

“[...] I felt at the beginning that she might have been an inappropriate referral, given my level of experience, and the type of work that I am currently doing with clients, so using CBT. Uhm, yeah, and the first few sessions like I say, they were ok but then, after a while, yeah, I definitely thought I don’t know how to get a handle on, on what’s happening here, and I would absolutely dread our sessions [...]” [T4, 11 58-62]

“[...] there’s a glass wall between reception and where all the counsellors sit, which I don’t think is ideal anyway, uhm, and so often the clients will sit there and think ‘what, what’s she doing in there?’. But forty minutes early – she’d come and she’d wave at me through the glass, and er, I’d sort of nod to acknowledge her but then I would very much deliberately sort of occupy myself with something else to be like, no, your session hasn’t started [...]” [T4, 11 72-77]

“[...] I was kind of thinking, well that’s interesting, because if two people now are thinking this guy is not a good candidate for therapy [11 39-40] [...] I was kind of thinking, why, you know, what’s the rationale here? So maybe I had some doubts about him before I even saw him [...]” [T6, 11 42-43]

“What if he was violent (R: Mmm)? Like obviously he wasn’t, he barked more than he would ever even do anything but what if there was a kind of person who was aggressive like him but aggressive physically? And there was no panic buttons, nothing, you know, no security (*deep breath in*).” [T2, 11 447-450]

“I think I felt a little bit unsupported by the placement supervision definitely because uhm, if I didn’t have the good supervision I had in college, I think I would have been really uhm, finding it amazingly challenging [11 359-361] [...] the placement supervision was not uhm, good enough at all. Which was er, a running thing, it was always quite bad. But also, so as a trainee that’s a... but also I think the, the kind of screening kind of wasn’t very successful you know. I don’t think this person should really have been referred to me (R: Mmm). Especially if he showed signs of his aggressiveness in the, in the assessment interview or something like, I don’t think there was an assessment interview (R: Mmm), I think there was only a questionnaire.” [T2, 11 367-373]

“[...] she was incredibly, uhm, verbose client and she talked an awful lot and I and, I, I guess it was me feeling that I wanted to interrupt and you know, wanted to take more control of the situation and uhm, (pause) and (pause) er, maybe, I, I kind of had a feeling that, you know, she was avoiding things and I wanted her to stop avoiding them and I wanted her to face them, and this sort of feeling of frustration and anger and it being quite difficult to sit with her. Uhm, but I also think that part of that was being generated from the context, that I was in, which was an XXX service. Only six sessions. A lot of pressure from the service to get good outcomes. And I’m kind of going, oh God there’s another fifty minutes in which we’ve not got on to the stuff that I think, you know, we should be doing [...]” [T3, ll 21-30]

Sub-category

Expecting the Client to...

“So it’s not even allowing me to help them, it’s being with me and respecting that I’m giving my time. You know, why is that too much to ask from a person? To say yes you have you know, be a little bit grateful, you know what I mean? It, it’s I don’t think it’s bad I think we should value our time, and you know, especially when we’re private, we’re going to actually request money for our time (R: Mmm hmm) and our professionalism so, you know. I think he was very disrespectful of my time and my effort, so I didn’t like that.” [T2, ll 520-526]

“There was something there, that he felt like he really wanted to attack me when you know, I really didn’t deserve that you know (R: Mmm hmm) what I mean, I was just trying to help, I was there [...]” [T2, ll 60-62]

“[...] my initial reaction was that it was per...not that it was personal but that I took it personally, you know, I, here am I, having made all this effort, and you know, cost and travel time, and, and this person isn’t being respectful of the boundary, erm, and wanting to fix that.” [T10, ll 70-73]

“[...] you can’t help but want people to value the space that you’re giving I ‘spose, no matter how much you say, you know it’s OK, I think you do want people to value it (R: Mmm hmm). And when they don’t... the thing that, the most difficult thing was that he just wasn’t using it anymore.” [T1, ll 55-58]

“[...] this was a client who was severely sexually abused, umm, and so we got to a point where he was really able to kind of talk about this, although it was quite frightening, and then, it really shut down and he said he no longer wanted to talk about these kinds of things because he wants to move on (R: Mmm). So completely shut down (R: And how did that make you feel?) Uhm (pause), it’s difficult because on the one hand you want to be quite, I like to be quite client-led, and I feel like he should be able to talk about what he wants to talk about (R: Mmm hmm), but on the other hand it felt quite superficial from then on (R: OK). You know, it’d be complaints about other people you know, other people like play their music so loud at night and you know, it became very superficial [...]” [T1, ll 311-321]

“Before he’d really like, use the space in a meaningful way, and he just wasn’t anymore. It became more of a time just for him to complain about (pause) you know, staff doing things wrong and all of this, rather than actually discuss, you know, what was important, perhaps [ll 58-62] [...] It almost felt like sometimes I’d meet with him and it just felt like a waste of time, like it didn’t feel like anything was being achieved.” [T1, ll 65-67]

“And I said something like how, how did it used to feel? How does it feel when it feels good, or something like that. And I remember he refused to go down the route of telling me something nice. Because that would mean that he would have to share it with me, and he would have to trust me even for a second with some vulnerability (R: Mmm hmm) and he was like, what do you want me to say now? You want me to say that it feels like flying? Yes! It feels like flying, it feels good yeah. OK? Are you happy now? So you know, he couldn’t even say it to me, oh, you know, you don’t want to know, it just feels amazing it feels like, you know, he couldn’t even like share this positivity with me, he just wanted to just be (R: Mmm) negative all the time.” [T2, ll 297-306]

“[...] the client would come into the session and talk about other people. Constantly about other people, and it was never about her, and I found it very difficult to engage with that client, uhm, because I felt there was nothing to engage with, and when I did try and bring it back to her, uhm, she would kind of, you know, very short answers, oh yes but, and she'd go on again, and I would, I did feel quite frustrated and possibly angry at times, uhm, and it was it was difficult because I felt she wasn't particularly trying to understand her own internal processes [...]” [T5, ll 7-16]

“[...] he came onto every single session just swearing at me, for only giving him seven sessions, so he didn't really use any of the sessions, and he, you know kind of went kicking and screaming through the seven sessions and came every time just to remind me how shit, you know, sorry for my language but, I am, the placement, the NHS, this country, you know everything. So a lot of hate.” [T2, ll 17-22]

“[...] I mean, really the theme here, actually thinking about it, is, the clients who generate more negative reactions in me would, would be the ones who seemed more resistant...(R: To engaging in...)...to engaging in thinking about what might be the problem, I mean, what they might be contributing to that, yeah.” [T6, ll 215-220]

“[...] another element of, of emotion that was hard for me to manage was that the client tended to, had very little capacity for self-reflection, erm, and I had to, there was, in the beginning and continually in our relationship, there was a great deal of time given by the client to basically content focus..., just, you know, erm, basically, what I ate for breakfast, this wasn't it, but just to not be specific about the client, what I ate for breakfast, how I cooked it, what did the box look like, erm, what, how long it took to put the stuff back, how, you know, it was very content-focussed, and...in the beginning I kind of let the client open up that way, but it wasn't going anywhere [...]” [T10, ll 101-109]

“Like I remember this really annoying client who kept on coming every time and saying to me, I have anxiety can you take it away from me? And then the next time, I have anxiety can you take it away from me? And you know, whenever I was like, what is this anxiety for and like, she was, she would not answer any questions or go anywhere. I just have anxiety! Can you take it away, can you take it away? Can you just do anything! (R: Mmm) And I was thinking like, oh my God. She really tired me. Like, she hasn't, what about your relationships? Everything's fine! Everything's fine. My mum is fine, my father, but I have anxiety, can you take it away? And I was like, no, what exactly do you want from me? (R: Mmm). So you know, obviously that's you know, not the, your ideal client where you feel, wow, I'm going to remember you forever, but it wasn't personally attacking me (R: Mmm) you know. It was just a person who I think, didn't have to the resources to maybe, or didn't understand what therapy's about or, she wanted to be there just to kind of do this disciplinary action (R: Mmm) against her boss and she wanted to show him paper that she'd also had therapy, but she didn't really want to have therapy.” [T2, ll 165-180]

“[...] my expectations at the time, it's changed a bit (laughs) (R: Yeah), but my expectation at the time was actually clients have come here because they're willing to be helped, or they're open to, you know, have people, to talk with someone. Erm, they're always honest about their feelings, and they're always honest in their way of communicating. They're always up front and it just didn't happen like that.” (T9, ll 220-225)

“[...] in many ways I think that's what the frustration was coming from, as well, it was like, you're coming to me to see what I can do to help you, but you're not letting me (laughs) do anything (R: Yeah) because you're just filling this fifty minutes.” [T3, ll 270-273]

“So, in my head, was well, we need to get through this, uhm, she's done the homework, if I don't look at it within the fifty minutes then it feels, you know, dismissive, and so I had all that going on, but then she would constantly talk and it was like very hard to sort of, I guess my side was trying to steer her, uhm, yeah, so there was a bit of pulling from either side, you know, uhm...(R: Because she wasn't sort of complying in a sense?) No, she was, like, well, I want to talk about everything, about others, I want you to help me do some exercises but I don't necessarily want to go into them, so it felt very much like that, so I was like, ok, well, what shall we do now?” [T5, ll 250-258]

“[...] I felt like we weren't doing anything productive. And actually when I look back on it now, like a really important thing that I've realised is that productivity is, or change, or anything, is about what the client interprets it as, but I definitely went into it thinking I know this isn't productive. I know we can do much better work, and I had quite a sort of clear formulation, and I was

maybe a bit over keen, a bit over-intellectualised, uhm, and actually the therapy ended, not that badly, and she did have quite a few insights into how it had been helpful for her, but all the time through it I thought, why don't you just talk about one thing. Why don't we use this time, this space, uhm, which I sort of understand a bit now I think, and she had no developed relationships, and she'd never been in a sexual relationship, she'd never had any real friendships, uhm, so it was really difficult for her, for us to talk, and, and because I didn't realise that initially, she just was treating me how she basically treated everybody and I was responding how everybody's ever responded, which was just to go, gosh you're annoying, I don't want to see you, so..." [T4, ll 124-137]

"[...] maybe that will always remind me that sometimes we don't get it right and sometimes we can't get it right even if we try, you know. Sometimes it's, it's not going to happen, (R: Mmm) you know? Because we are so uhm, determined to help all the time and we are, but, I think you know, if the other person doesn't want to be helped then they're not going to be helped and that's it, you know. And then you have to take that, and you have to accept it as, as their choice that you respect, you know, it's not your fault, it's actually them making a choice to not let you in (R: Mmm) and that's it, I think." [T2, ll 477-484]

"[...] I came to realise was that, you know, this client didn't necessarily have the capacity to change, or need to change, or want to change, but what she did need was being held, and to be listened to, and that that was what she needed from, from therapy, and that's what I was able to give her, and it was an interesting kind of, it was enlightening for me to think about therapy as just being that sometimes (R: Yes) so that helped me with this particular client that, you know, my, the part of me that wants to have, to be the helper, to fix, or, you know, the kind of active part of me, that that needed to take a back seat and just the, the listening part of me, just needed to be in the room." [T10, ll 187-195]

"[...] I have to say I've learnt a heck of a lot from that, what was a very uncomfortable situation (R: Mm). Erm, actually, just reflecting on it now, like this, er, (R: Mm) yeah, that's, that's a really good point. (R: Mm). It, it's shattered my expectation about how, how clients should be (R: Mm. And what about yourself in, in, in the role, has it changed your kind of expectations of yourself, or...?) It has, because I'm now, over the, over time, erm, so far, er, I'm finding myself to be more open-minded about well, basically, first of all, what I read from a referral letter, right, ok, I'm going to keep an open mind about someone who's depressed, (R: Mm) and not, erm, and just, and just not take the words as, at face value and, and really being conscious about exploring." [T9, ll 225-235]

CATEGORY 1: **Challenging Trainees' Developing Counselling Psychologist Identity**

Sub-category

Splitting and Integrating Personal Self with Trainee Counselling Psychologist Professional Identity

"[...] I chose the field because it's a, it's a language that I've always spoken but I was able to put it into a professional kind of context for myself and do it, every, every day (R: Hm, hm), erm, so in that sense it's very much who I am (R: Mm). The things that I've been learning as a result of it, as a professional have been a kind of discipline that I, I just, it's just wonderful, like, the, the, to, to, what I used to think of as intuition now I think of as, as erm practise, you know, experience in practise, erm, so I definitely think, I definitely think that it's an integrative, integrated part of me, but I'm also really enjoying the learning experience and the changes that come from the learning (R: Mm. To your, to yourself?) To myself." [T10, ll 226-236]

"[...] there's something about this client that's doing something to me, it's upsetting something in me, or making me feel something (R: Mmm). What is that about? But also, what is it about them? Why, why is it that this person and I, having these are interactions, where I come away feeling whatever it is that I'm feeling, and I, and I, and I think that, that is valuable." [T6, ll 305-309]

"[...] I think the person that you become through the training or through life experiences uhm, you can't really sort of section it off, in a way, you know, certain things you can, obviously, you'd be the professional, but, uhm, we are humans at the end of the

day, and you know, what would annoy me in my personal life might annoy me with my client [...].” [T5, ll 431-435]

“[...] I think one thing that worked, that was helpful with this guy, is that I felt I could be fairly close to myself in therapy, in terms of the way I think [ll 600-601] [...] although it was turgid and terrifying at times, and intense, it was also a good, he was also a good guy to do that with, to be sort of more myself [...]” [T8, ll 603-604]

“[...] I use a lot of kind of just myself in the room I suppose, erm, use myself as a tool, and I don’t, I’m not afraid to show a client that I am struggling trying to put something into words. I’m quite happy to sit there, and say something like you know, I’ve got this feeling, and just kind of try to describe to them what’s going on in me for a, not for ages, but like for a, until I get the word that feels right for me because I think that’s quite a nice thing to model in the room with somebody.” [T7, ll 191-197]

“[...] (R: when you say identity as a person, as a person or as a professional or as...?) I think they’re quite interlinked erm, I suppose I don’t necessarily, it’s actually it’s weird to kind of realise that as I talk, I don’t think I necessarily see myself as a professional, I don’t know, erm, I think when I’m in the room with someone I try and be a person and maybe that’s one of the things that put me off guard with Joan (R: Mm, mm) because...I was trying very much to be a person but...(R: What kind of person?) Erm, rather than, I don’t want to talk to someone like a textbook. I don’t want them to sit, be sat with a textbook in front of them, I want them to be sat with a person in front of them that knows how to leaf through the textbook (R: Mm) if that makes sense. Erm, and when I was with Joan I was being told by my supervisor to present her with a textbook, I was trying very hard.” [T7, ll 291-303]

“[...] if I’m thinking about it through a kind of, my own view, I think it’s a learning experience and that’s OK (R: So...). So it kind of differs to how I’d think about it as a trainee. I’d be a lot more focused on what I could’ve done differently and whereas personally I think you know, it’s OK to have these experiences (R: But you don’t, that doesn’t necessarily fit with, because I wonder if there’s an integration between what you think and, do you see the sort of training, being a trainee is separate to...?) Yeah I feel like it’s one of my roles (R: OK), actually. It’s not who I am, it’s just one of my roles.” [T1, ll 416-425]

“(R: But what was the fear then about bringing yourself?) Oh I see...what would, what would have happened in my mind then would’ve been well, that I would’ve been seen as a fraud, that she would’ve seen that I had no control over what was happening. So that’s the trainee bit.” [T4, ll 553-556]

“[...] she needed me to hold her, and she wanted that, I think her way of wanting that from me was to get this sort of information out of me, or this fix, or this psychological equivalent of a pill or something (R: Mm), that, and then I was trying to give that really incongruently knowing that I didn’t quite have that down [ll 386-390] [...] I think I felt quite angry at myself because I thought if I’d just left all that textbook stuff and actually just tried to build a relationship with her, she might still be coming.” [T7, ll 395-397]

“Erm, I think I’m more aware of the emotions that I feel, that they are mine, and, and not taking it that personally (R: Mm) if, if that makes sense, and then I’m more able to kind of put it in a jar, plug it to one side and deal with that moment, (R: Mm, mm) and then, and then just opening that jar again (R: Hm, hm), you know in supervision or personal therapy.” [T9, ll 235-239]

“[...] now with the much more stuff that I’ve read and I’ve thought about actually, it’s OK (R: Mmm), you know. It doesn’t have to be a kind of a no no, you must’ve think that, shut that down. Slam that down (R: Is, is that what you had a tendency to do before? Or...or that was a thought you er...?) That’s a bit crude. Yeah, that’s probably a bit extreme (R: Mmm). Do you want me to shut the window? (R: No it’s fine). Uhm, that’s probably a bit crude and a bit extreme, but I think that was kind of the thought was, oh, you know, and also there’s something wrong with me. You know, this is bad, this is a bad thing for me to be doing. Again not that extreme but that’s the kind of direction it was going in (R: Sure, because of, it didn’t then fit with this perception of you within this profession and...?). Yeah, this warm, caring, empathic (R: Mmm) uhm, role. Whereas actually I think it’s a bit more sophisticated than that now and more human [...]” [T3, ll 203-216]

“[...] I was able to talk more about how I was feeling, or use it to understand how her mother was feeling and then talk like that, so I think that’s kind of what changed towards the end. Uhm, yeah, so kind of, that, having a focus, a relational focus, even if I couldn’t quite make that our relationship, and thinking in terms of acceptance rather than change, that seemed to be, and the, and

the empathy (R: Mmm), just actually, you know, showing it rather than guard, just being guarded against it all the time.” [T4, ll 349-355]

“[...] it’s definitely a more natural process rather than something that ooh, it shouldn’t happen, (R: Mm) or ought not to happen, that’s not so much in, in my mind now (R: Mm). And that’s quite refreshing, it’s, it’s quite reassuring actually. It’s quite reassuring because I’m sure I will get clients like that (R: Yeah, yeah) in the future (R: Erm, and how does that sort of sitting and, sitting with those feelings then fit with the putting them on the shelf?) Erm, I can still put them on the shelf, still put them on the shelf, but knowing that actually it’s important to be able to reflect on it afterwards.” [T9, ll 426-434]

Sub-category

Being Disempowered and Finding Empowerment within Professional Identity

“[...] there was anger because I was thinking well actually, if I was being true to myself and working in the way that feels right for me to work, then this could have gone very differently, and I think I was probably quite angry at myself because I hadn’t done that, (R: Mm) because I hadn’t kind of like stood up for my beliefs almost, like, stood up for my beliefs, is that the right way to put it, maybe...? I think I was angry at myself because I hadn’t worked in the way that felt right for me [...]” [T7, ll 169-175]

“[...] one of the other suggestions was actually just raising it with him, and then trying to explore in some way. So in the second session I had this plan in my mind, you know, going, go in and again I was just aware of the feeling that he had, of that, that situation had conjured up in me and I felt that it was, to an extent, some kind of barrier, you know, I had this agenda in my mind but it was really difficult to put that agenda (R: Hm, hm) in place. To manage it.” [T9, ll 99-106]

“I imagined that I just, I just would be speechless again, erm, I just wouldn’t know what to say, the session wouldn’t go well. He would pick up that I am not confident, or very anxious, erm, and somehow have these negative feelings in me, and I was worried about him picking that up [...]” [T9, ll 130-133]

“[...] I think yeah, probably I was angry at her erm, I was scared of her, and I was thinking, I think this comes into pretty much like a lot of what I do, shit, I’m not a very good therapist [...]” [T7, ll 166-168]

“[...] I never once did that, and actually that wasn’t even in my mind, about how to do that, and I think that’s what’s important, is that I didn’t know about the skills required to do that or what it was about doing that.” [T4, ll 179-181]

“[...] it wasn’t addressed in the room also because I think it was very early days and I was still trying to understand, is this anger? My anger because she’s not adhering to a schedule, or because I feel useless, or was it actually her own anger that was unacknowledged and it was just coming out and I was feeling it? So I was a bit unsure about where it was coming from [...]” [T5, ll 203-207]

“[...] he said, well obviously I know more than you, therefore you sort of, my, my meaning of it was, I’m more, I’m not worthy of giving him therapy because it’s not gonna work because he’s more knowledgeable than me, and therefore it sort of flips the power dynamic, in his eyes [ll 49-52] [...] I did feel inferior and slightly incompetent and, erm, the sense of competition evolved into er feelings of anger later on.” [T11, ll 64-65]

“[...] at the time I don’t think I necessarily ex...had that kind of internal supervisor (R: Mmm). Saying OK, you’re feeling frustrated, or you’re feeling annoyed with her or you’re feeling sort of protective of her children. Uhm...and, and this is a, you know, this is something that is happening in the, in the, in the transference, in the relationship between you. At the time I was just feeling very uhm, (scratching hand) frustrated I guess (R: Mmm) with her.” [T3, ll 14-19]

“[...] I just didn’t want to go there in supervision, embarrassed, feeling irritated at even talking about her, uhm (R: Embarrassed that you were feeling the way that you felt?) Yeah, feeling negative and also that I wasn’t doing anything about it and embarrassed that I didn’t know what to do, uhm, because in a way, you only want to say what you are doing well [...]” [T4, ll

“[...] I guess from my side, what I felt was, maybe a bit, uhm, useless in terms of the work not going anywhere. I just felt I was listening, almost just, she was coming, just regurgitating all this information and walking out the session each time [...]” [T5, ll 82-84]

“[...] my initial response was, what an arrogant and full of er, himself, client this is, and, er, feeling really like he’s making me feel really devalued and really er, like I know nothing and he knows everything.” [T11, ll 19-21]

“[...] I think I must’ve said something about reflecting on the feelings that I feel that he’s you know, like the, maybe the hostility or the aggressiveness, or something like that, and he was like, oh you can’t say that. Or you know, what, what are you like? You talk and my therapist didn’t or something like that. And I said well I was, and he was like er, explaining my response as inexperience and not being good at my job (R: Mmm hmm). So he was like, you don’t even know what you’re doing and talking about.” [T2, ll 235-241]

“[...] there was a sense of more I just sit there, don’t expect anything. Keep, you know, keep sort of being aware of what you’re feeling, but, uhm, to not impose anything, you know, whether it’s, uhm, something that I felt she needed to look into or something, you know, that I think, ok, let’s have a look at the home. Whatever she brought, I thought, let’s leave her the space [...]” [T5, ll 215-219]

“[...] going through the kind of, negative experience and coming out stronger and kind of wiser. So I went through the doubt and the, and the...you know...all the negative experience, feelings, and then I came out of it feeling uhm, I suppose stronger and more sure of what I wanted to do. Because...this made me question and it made me question whether I want to do it or not. So, I suppose if I didn’t I would have had stopped (R: Mmm hmm). But I didn’t, I kind of continued because I felt like, you know, I believe in it. But it did make me question whether I believe in it. But when I came out of it I realised I do believe in it.” [T2, ll 380-387]

“[...] I guess, don’t be afraid to talk about it earlier when you have these negative thoughts, because actually the second that I did, I did get useful feedback on how to go back and approach it differently. Uhm (pause) yeah and just use therapeutic relationship much more, uhm, live in the moment, not, I would never say I’m finding you really annoying, but I think find some way to bring that up and not just avoid it altogether.” [T4, ll 677-682]

“I think it, working with this guy, did give me some confidence (R: Mm huh), that I could work kind of at an intensity and a depth, I suppose, because, I deal, and dealing with very powerful emotional forces in him and in me, and I was quite proud of that, I suppose (R: Mm). Erm, and he was a different kettle of fish from anyone that I’d seen so far, but I mean, yeah, he is, I think a unique guy. Erm, it helped my linking theory to practise certainly, certainly psychodynamic theory, my supervisor was psychodynamic, so pretty much that, and I could see that the theory seemed to work to some degree. Erm, but I suppose overall there was like an existential quality to the whole thing, which erm, made me feel like it was worthwhile. So it gave me a sense of value, actually working with this guy, strangely, even though he just sort of rubbished therapy and wouldn’t really listen to anything I said until the last two months, erm, but I really got a sense of doing something potentially important and valuable [ll 550-562] [...] Both the placement supervisor and the course, training course supervisor erm, I found were very supportive of my work with this guy, you know, and on the whole I think quite, fairly impressed with how I was sticking within what I was doing, considering how, what state he was in, and what a powerful character he is [...]” [T8, ll 580-584]

“There’s something quite useful that came out of it I guess, was discussing with the supervisor we were talking about and also my usual supervisor who both talked about, there are clients who I can’t, talked about the sort of clients that they couldn’t work with. Uhm, and, so this, this supervisor said you know, I can’t handle the animal cruelty, I can’t, I can’t see past it, and I refer on. And you know, that’s OK, I’ve got that knowledge of myself (R: Yeah). And another uhm, the oth...the other supervisor was like you know I can do sort of paedophilia, I can do that, I can do domestic violence, but he’s very interesting he was like, I can’t do petty theft, you know so just crime, I can’t do crime because I just don’t understand it and, and I guess I was kind of like well I can do that, and I can handle that. That doesn’t, I, I just haven’t come across a thing that makes me go, oh my God, I, I just you know, (R: Yeah yeah) I can’t work with this. Uhm, and I’m sure there is something, I just haven’t stumbled across it yet.

But I guess it was that kind of the sense of it'll be OK if I couldn't (R: Yeah yeah) and then also both kind of being like you know, I guess that sense of there isn't the perfect therapist and that that's OK [...]" [T3, ll 519-533]

"He was a complex client, but er, er, that was a very good learning, erm, experience for me and it does not mean that I can't take on these complex clients at all, it didn't put me off. I'm actually more interested in getting, oh come on, give me narcissist clients (laughs)." [T11, ll 260-263]

CATEGORY 2: **Assigning Responsibility within the Therapeutic Relationship**

Sub-category

Identifying the Client as the Source of the Experienced Conflict

"[...] he said something, kind of directed at me, using me as an example of, of kind of being female, you know, erm, and he said something like, if er, if I, and then directed at me, if I were say, said something to belittle him, in his words, belittle him, or made him feel small, then he will retaliate. Erm, and he, and it, it was quite hostile really, and in me, that, that created a lot of anxiety in me (R: Hm, hm), and I remembered feeling quite threatened [T9, ll 25-30]

"[...] he basically made it impossible not to dislike him, you know. He was like really difficult [...]" [T2, ll 4-5]

"[...] This client's presentation was like a lot of manipulation and a lot of complaining (laughs), so he's complaining all the time and he couldn't cope with not having his demands met immediately, and so I think I became more aware of that, the negative sides of his presentation. (R: And how...) I got more annoyed about it." [T1, ll 26-30]

"I remember like feeling attacked and feeling like you know, there was a lot of aggression towards me, and I remember kind of uhm...being startled and kind of being oh! You know. Hold on, like you know, when he said about my hair and stuff, I remember kind of feeling quite self aware and self-conscious and, and criticised [...]" [T2, ll 67-71]

"So a lot of hate (R: Mmm) hatred, and stuff, and like proper projected onto me and you know, also went quite personal by saying that you're not good at your job and how do you look like that, you know and you look like a man [...]" [T2, ll 22-24]

"[...] talking about the way she treated her children, uhm, I suppose a part of the frustration was sort of an anger and a concern about them and, so one of the reasons she'd come to me was that she didn't like the fact, the amount of time she spent shouting at her kids and, and kind of with me a very kind of, feeling quite sad for those kids because the way she described it. It was quite, I mean, not abusive or anything (R: Mmm hmm) but just quite, very critical, very shouting and, and stuff. Uhm, so I guess as well as the frustration a sort of a, slight anger and sadness for them." [T3, ll 63-70]

"[...] there's something quite intimidating about him. Uhm, (pause) and, I 'spose I just didn't have that persistence anymore, to keep on trying to engage with him, and there's only so many times that someone can complain (R: Mmm hmm) about something before you start to not want to engage with them I think." [T1, ll 170-174]

"[...] I remember kind of taking that back to the session, kind of trying to say you know, what is happening here? I wonder, something is happening between us and, and he was like completely kind of unwilling to, to kind of receive help from me, like, he was, you know it was really difficult, like he just wanted to kind of (pause) you know, I felt like he just wanted to come there and dump all his negativity and his shit at me [...]" [T2, ll 36-41]

"...in many ways I think that's what the frustration was coming from, as well, it was like, you're coming to me to see what I can do to help you, but you're not letting me (laughs) do anything (R: Yeah) because you're just filling this fifty minutes. I think now looking back as well she needed to do that before we could move on, again with experience." [T3, ll 270-275]

“[...] he was quite easy, easily able to say, I don’t really want to use this space anymore, I’m done talking about all these things that happened, in like my childhood and complaining about them and (R: Mmm), you know, I think I’m ready to move on. Obviously it’s an inpatient’s residential, so it’s a different kind of scenario, but he just felt like he just wanted to leave. And so all his efforts went into leaving.” [T1, ll 81-85]

“[...] she was frustrating because a lot of what she said bought into being in therapy and, and wanting to be there but the way that she engaged in the process was completely at odds with that uhm, and, if we ever tried to talk about that, she would just laugh, so...so, falling asleep, laughing, these sort of behavioural things that were quite challenging, uhm, and I guess, when she laughed in a way it made me feel quite small, quite humiliated [...]” [T4, ll 43-49]

“[...] I think that she was really defensive and she didn’t, she didn’t necessarily want to like me, she didn’t necessarily want that to happen, erm, for whatever reason [...]” [T7, ll 137-139]

“So I might have had less patience for him, erm, but yeah, just the sort of relentless quality of it, kind of...giving me nothing, erm. And maybe for him, just yeah, we’d come all this way and noth..., you know, nothing had changed, and maybe the tension had sort of built up and it could either go one of two ways maybe, something could either drop away and get better or it, or it would escalate and get worse, and for a while it, I feared that it might get worse.” [T8, ll 275-280]

“[...] he wasn’t accepting any attempts at empathising. So I would say it sounds like erm, you feel, you’re feeling such and such, and he would just destroy that kind of suggestion. Erm, anything really that I suggested erm, might be going on for him, or might be emotive, or might be a feeling, or a meaning he would just sort of disparage really or, ignore. So it was like he wasn’t joining in really. He wasn’t entering into something. He wasn’t playing the game and he knew he wasn’t (R: Ok), I think, erm, so in a sense erm, that felt very frustrating, yeah.” [T8, ll 369-376]

“[...] I’m sort of certain that you can’t help me, that you will betray me, let me down, hurt me, destroy me, I know that, you know, I know that, I know that, and perhaps he was sort of coming with that attitude every week [ll 69-72] [...] there would be just sort of the feeling that he just wasn’t able perhaps to sort of play the game [...]” [T8, ll 77-78]

Sub-category

Sharing Responsibility for the Experienced Conflict Manifesting within the Relational Dynamic

“[...] he was projecting by saying, you know, he was moaning and things about how crap the staff were and so really that probably related to me, so he was telling me that I was crap or that I didn’t care. But then I probably acted in a way that reinforced that.” [T1, ll 189-192]

“[...] I understand now much more about the therapeutic relationship and that what was happening between us was exactly what was happening between her and other people, uhm, and I was just being drawn in, in the same way [...]” [T4, ll 325-328]

“[...] it just didn’t help the situation that she was presented in a way that, in a different situation, when I wouldn’t be trying to do all those things that I, it would still make me feel quite lost and confused when someone is quite sort of brusque with me (R: Mm), erm, sort of traditionally, depending on like, the day, and how I’m feeling, what have you (R: Mm), but, so traditionally, in my life, when people have been quite sort of confrontational with me, I find that very difficult to deal with [ll 335-341] [...] I think I sort of regress into certain defences [T7, l 346]

“[...] often we’ll have the experience of feeling very passive and aggressive when a client will just talk and talk and talk and talk and not give you any space or room, and I might find myself acting passive as well. I don’t know whether that’s because I’m thinking to myself, let’s see what happens here, or, maybe this is what they need to do, or, oh my God I can’t bear this [...]” [T6, ll 416-420]

“I think uhm, for him it’s easier to push people away than work through an ending. And we were probably getting somewhere

and then he decided that was it, y'know, the relationship was getting too close, or, not too close but it was bringing up too many things and that was it. You know, it was getting too difficult for him, and so I think perhaps he might've been testing me, like, pushing the boundaries, can I cope with his presentation (R: Mmm hmm), and then he probably experienced me as quite rejecting (R: Mmm) I should think." [T1, ll 180-187]

"Perhaps it was just a test and you know, he wanted to push to see whether I'd still, whether I would cope with that, and...you know, his experience of me perhaps being rejecting, then suggested that people can't cope with him, which must've been quite difficult." [T1, ll 473-476]

"[...] I remember feeling a bit stubborn and feeling like, no you're not going to make me feel like this and, uhm there was this instance once where it was, he was quiet, and I was quiet, and it was like silence and it was about ten, fifteen minutes of that and I think it was the most intense silence that I have ever felt in my life. It was so combative and punishing and, it was a horrible silence." [T2, ll 71-76]

"I suppose there's a sense in which I felt like I was the one person in her life at that time, that was listening to her and that she had this, she had, she very much wasn't being heard. And this was a lot of what was going on with her was that she wasn't being heard so, hence, when she came to me it was like 'bleh' (R: Mmm), uhm, and I didn't, and I wanted to still be able to uhm, provide that for her. So I didn't want, I did not want her to feel like I was saying I don't have time to listen to you, or what you've got to say isn't of worth, isn't of interest, we should be getting on to my agenda (R: Mmm). Uhm, so I guess that was a concern for me." [T3, ll 119-126]

"[...] it was almost like wanting to seek permission to go to certain places in therapy, and I wasn't granting that. I was just very guarded and had the barrier up. And as you say, once, I think once she saw that, then she went, ok, right, I know how this works [ll 401-404] [...] I do feel that there would've been, that she would've come as a different person, and I, and I can say that also because the moments when I offered her something different, you know like I said, she cried, when I just said, you know, I can see what, I can see how this situation is for you, which I hadn't said before, or even you know, when we went into really emotional stuff and she fell asleep, that shows that there was something more going on, it wasn't all this strange, erratic behaviours (R: Mmm) and defiance. She was also incredibly overwhelmed by emotion, and I was incredibly underwhelmed, and that mustn't have been very easy for her." [T4, ll 406-414]

"[...] she was really dismissive of me as like, was she dismissive, she was half-dismissive of me, as a younger kind of therapist and she was quite like, she commented quite a lot on how I was working but at the same time I invited her to do that, so, can I really say that, you know, I don't know, what I can say [...]" [T7, ll 182-185]

"[...] in his narrative there was a lot of intellect, that I, or there was a lot of stuff that I perceived as er, intellectual, and therefore I already felt inferior to that, because I did not share that knowledge, so my interventions therefore were erm, quite intellectual. I was trying to dig in. I would try to outsmart him, with my interventions by making them clever, making them smart, and going, trying to dig deeper. Trying to make links. Trying to interpret, rather than staying with his anxiety, because he was building up the wall, as it was a new relationship, so on and so on. And so er, that kind of dynamic of him building the wall, me trying to dig under the wall, created this sort of attack-defence erm, issue in the room, which then escalated because I wasn't able to break through and I wasn't able to stop digging, as I felt too inferior to him." [T11, ll 106-116]

"[...] it's not just an absence for him, it's an absence for me. And it's difficult when you've been, had a break, to start counselling again (R: OK). So, awareness of like the factors that were influencing my behaviour at the time. You know, I know that I was really unhappy being sent somewhere else, like all these kind of things you can think about what's going on for you, and perhaps why I didn't want to confront him [ll 503-508] [...] you forget about things like that experience, like going away and being unhappy, and when you talk about things you remember like, more of what was going on at the time for you (R: Mmm hmm), and what may have been influencing your way of relating to the client [...]" [T1, ll 512-515]

CATEGORY 3:
Disengaging and Engaging in Response to the Experienced Conflict

Sub-category

Disengaging

“[...] great, I’ll just zone out for twenty minutes. It’s awful isn’t it (laughs)? I just think I’m just going to let twenty minutes go and that’s twenty minutes of the session that I don’t have to interject. So actually I was able to sort of feel nothing about her, which was more comfortable than feeling annoyed towards her.” [T4, ll 152-155]

“a lot of what the client had been doing was avoiding, but that I was also avoiding, to the extent that I wasn’t even talking about her in supervision [ll 279-281] [...] also that I wasn’t doing anything about it and embarrassed that I didn’t know what to do, uhm, because in a way, you only want to say what you are doing well. And...(R: In supervision?) Yeah. Uhm, and I think I’m honest in supervision, but selective [...]” [T4, ll 296-300]

“[...] if I were, had been more relaxed (R: Mmm hmm) then maybe I would’ve been more open to her. But I think, I wouldn’t say I would shut down. But maybe that that was, it became kind of a shallower level of interaction.” [T3, ll 79-82]

“[...] we look for people to come to groups, perhaps I wouldn’t look for him because I feel like he’s going to be angry if I’ve knocked or perhaps I didn’t want him to come to the group, that kind of avoidance (R: Mmm, OK so...)...or also perhaps like he’d say something like, oh, you know actually I’m going to go out tonight so I can’t meet you at six like we arranged. And rather than end up in a dialogue about it I’d say OK then, move on, instead of how about we meet at five then? So, you know, less, less attempt to try and engage with him I ‘spose [ll 146-152] [...] I think it just became really hard to address what was going on in the relationship, like just some reluctance to, and the anger I ‘spose, that I didn’t want to engage with someone who felt that negatively.” [T1, ll 155-157]

“[...] I can remember thinking, ok, my sadness, it’s triggering something inside me, my sadness, park it, focus on the listening and exploration. So it’s happened (R: Mm, mm), but again I think it’s because that emotion has been so horr...uncomfortable (R: Hm, hm) that, that, that’s the way that I can yeah, that I feel right, I need to park it [...]” [T9, ll 279-283]

“[...] still now I think I should’ve tried to, to talk about what went on in the relationship, rather than avoid it.” [T1, ll 177-178]

“(R: You mentioned that supervision was something that seemed to have helped you with this experience (P: Huh Hmm). Was there anything that inhibited you in any way, that you are aware of?) Maybe coz I was kind of presenting her as working with CBT techniques, maybe we did possibly uhm concentrate a bit more on what could be done, what work, and maybe we sort of looked at formulations which really we didn’t even have time to do with the client, so maybe that in a way took me away a little bit on a different, as, as opposed to being sort of just a relationship building, maybe that’s what may have took me away [...]” [T5, ll 392-400]

“[...] that being an expert thing was easier for me to do, when I’d think, but I’m going to be a counselling psychologist, so that gave me like a professional standing but it served just as this barrier to her, you know, which I’m not quite sure how that all works, but definitely I thought to myself, I can sit here and I can be a psychologist, you know, be very professional, which is not how I view counselling psychologists, but I know that that is how some clients view Psychologists, and how she does or did, and so I thought, great, I’ll assume that identity to deal with it [ll 469-476] [...] constantly in my mind, that I don’t know what I’m doing, because I’m a trainee, but equally there is this other status side of the fact that even though you’re not there yet you’re training to be a professional, and that status can be empowering, uhm, but I think empowering is the wrong word because I think that’s positive, it wasn’t, it was powerful, and I don’t think you should sit there feeling powerful with a client, but certainly at times that’s what I used [...]” [T4, ll 488-493]

“[...] I wish that I’d been able to say you know, like, erm, this stuff is like, it’s all pretty new to me, like, how about we have a look at it together and explore it together (R: Mm) rather than trying to be the expert [ll 378-380] [...] I think I was trying to be what my supervisor wanted me to be and she wanted me to be the expert (R: Mm), erm, and I also think that Joan wanted me to

be the expert.” [T7, ll 382-384]

“[...] I said, well you realise you’re going to have to pay for the session because you didn’t give me the amount of notice that’s...and I, after the fact, I remember, sort of reflecting on my reaction, thinking, well that was not, if I had thought about it I would, why, why did I pick that (R: Mm)? There was something punitive about that, and I was being punitive to the client, so I had definitely kind of let the, my negative internal feelings influence my response to the client.” [T10, 23-29]

“[...] I tried to mask all of that, er, in subsequent sessions. I, I tried to put on this face of right, well, you know, I’m, I’m a therapist, a trainee therapist, but nevertheless a therapist, I know what I’m talking about, and let’s do some, do something, so being quite kind of active in the interventions or trying to be active in interventions. The listening, I, I don’t remember that being much consciously thought about, in the subsequent sessions (R: Mm, mm) because I think I was still very worried about it, about what had happened [ll 133-139] [...] If I gave him space to talk more I guess there was that opportunity for him to (R: Mm) to say something that might then, I have, not, yeah, that might then create that situation where I would feel negative about it.” [T9, ll 144-146]

Sub-category

Engaging

“[...] I think it gave me much more of an understanding of where she was coming from so, although I’d have all of these negative feelings, they, you know, obviously because of what we’re talking about, that’s the focus of what I’m saying, but it was, I was able to kind of rationalise myself. I think what it was is that I couldn’t, I couldn’t push those feelings out of my mind during the session, but I did have other thoughts and feelings about her as well, and, and I could build on those in supervision, and uhm, my supervisor was just able to sort of er, challenge my responses and help me to realise when stuff was coming from me, when it was coming from her, understand when it was coming from her why it might have been coming from her, and what her motivation was for, you know, putting sheets under her chair, or falling asleep, or being very combative, uhm, and although it didn’t make the sessions necessarily any better, it just meant that I would then go to the next week thinking, ok, I understand what happened, so I can sit here again and I can, you know, be present, if nothing else.” [T4, ll 258-271]

“So, so a strategy that I developed was really to take it very slowly, and to attend very carefully to my responses to what he said. Erm, so I’d make sure that I didn’t reply without thinking, erm, that I wasn’t either trying to sort of laud it over him and kind of persecute him, and I wasn’t just going along with him either.” [T8, ll 186-190]

“[...] being with, sitting with, actually sort of taking in, we’ve talked about this in supervision how we might actually be important to take in his feelings of despair, and actually feel them, actually feel them. No there isn’t any hope (R: Mm), erm, and that’s horrible (R: Had you resisted that earlier on in the process?) Yeah, probably, yeah, yeah. Erm, and also, I sort of gave up trying really to make personal contact with him, which I think I probably do with clients, and I gave up trying to get him to explore things or make links or interpret, and stuff like that (R: Mm), gave, just gave that up really. Well except in a certain kind of a way where working with the psychodynamic theory of schizoid people or narcissistic people so I would still be interpreting how there might be two different parts of him, but it wouldn’t be, I wouldn’t really be expecting a response.” [T8, ll 449-460]

“I did have conversations with him about, is it not just about the money, could it be to do with issues that you’re having in relationships with other people, and having difficulty managing being with other people, uhm, which got quite a hostile reaction ‘no’, that the issue wasn’t him. The issue was others and the reason they have issues is because of lack of money, and because, you know, they’re obsessed by money. I, for me it felt like it was all part of the, there’s nothing about me that needs to intrinsically changed, just my financial situation needs to change, which is clearly not the case, and I, I, we did have conversations about how well, there’s obviously more to this, but that was very difficult for him to touch on, and he, to be hon...he didn’t want to. He didn’t want to explore that, uhm, and so then I said, well, you know, we’ve looked at the options for what we could do in therapy then, what you would be willing to explore, we’ve really come to the end of the road because, you know, my recommendations would be then, based on what you’re saying, to be trying to find regular income, if that’s what you’re saying would alleviate all your distress [...]” [T6, ll 164-177]

“[...] I was also trying to have this idea of making use of these, rather than saying it's a bad thing that you're having a negative internal reaction (R: Yeah, yeah) to somebody, to a client, and you shouldn't ever have that. Uhm, to draw on my sort of scanty knowledge, particularly at the time, of psychodynamic work and to think about what was going on (R: Mmm) and how I could use that, if only because uhm obviously the main model I was working was CBT, but to use it to kind of inform my formulation in terms of where I thought she was and possibly how other people reacted to her [...]" [T3, ll 169-176]

“[...] I would kind of say, you know, I could give my reasons for, you know, I think we should do this you know, here's an idea because we've only got X number of sessions left (R: Mmm), and you said you want to get this, and I think it's really important for us to talk about you've been feeling this week, but also if we can move on to this this and this, and she seemed very kind of on board with that. So it didn't feel like she wasn't being heard and I said you know, we can be flexible about this and we can, so it didn't feel like I was shutting her up [...]" [T3, ll 129-135]

“[...] what reflection and supervision kind of brought me to was that it was really important for me to, to, to erm, expand the empathy I already felt for this client, and let that colour my, and influence my responses emotionally to her." [T10, ll 62-65]

“[...] I felt more open to talk about the difficulties with my supervisor rather than the placement supervision so in the, in the, in the individual setting I was able, with the supervisor's help, to connect previous experiences with clients where similar issues occurred or I experienced similar feelings and then also erm that coincided with us er here doing erm weekends on er DSM, personality disorders and er what was helpful is during the advance practise erm part, we do a bit of a role play and then conceptualise the presentation so I played that er, that client and then pieces started getting together, what is the presentation, what's behind it and er therefore how to approach this presentation and basically conceptualising er the client really helped me to step, step aside and be more objective." [T11, ll 192-202]

“I think just sharing the experience, and having other, I work in a staff team, so there's lot of people who have similar experiences, perhaps not just with him but maybe with other clients, so perhaps other people sharing. I 'spose I got to share the responsibility, it wasn't, although I was his therapist, you know, you share inpatient responsibilities with a whole team [...]" [T1, ll 203-206]

“[...] I remember like going to supervision and telling, you know the supervisor and another two girls that were there and we were all like, you know, astounded by how rude and nasty that client was. And uhm, he, he was saying, I remember the supervisor saying to me, there is something happening there. There is clearly some intense emotional reaction from him to you, like you know, maybe you remind him of his sister or you know, his mother or, something is there, because you know, it's too, too intense (slapping sound). Too strong. And uhm, I remember kind of taking that back to the session, kind of trying to say you know, what is happening here? I wonder, something is happening between us [...]" [T2, ll 29-38]

“[...] so I kind of brought it up and I talked about it, and I talked about how I feel. I think that was uhm, quite good because uhm, I said that I feel that you, you know that I feel a lot of hostility from you and I feel. So I started saying how I feel (deep breath in) and uhm, he didn't really have none of it." [T2, ll 106-110]

“[...] I think it's important for people to know the impact they have to others, and I think I would, I would talk about it (R: OK) and I would say you know, I think it's quite important because, you know, you don't...Maybe you don't realise how unpleasant, how aggressive, how intimidating, how patronising, how conden...condescending you come across and the other person who's on the receiving end and I think the therapist has the obligation to, to reflect on that. Not in a, you did this to me, but in a way I feel that that's what I feel you are putting into me, that's what you're projecting." [T2, ll 188-195]

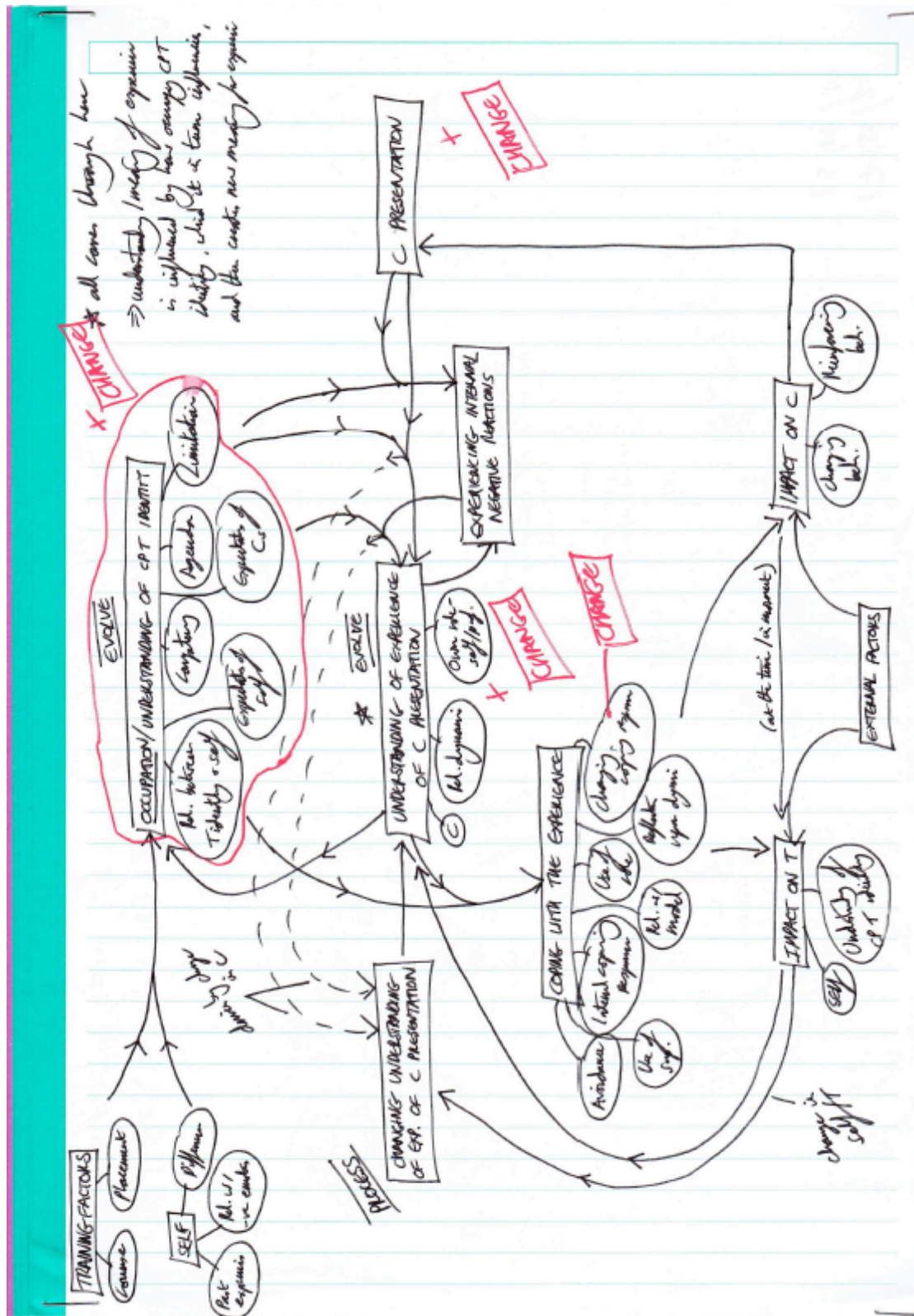
“[...] if I was thinking about it through counselling psychology I'd think oh there's so many things I should've done perhaps. You know, tried interventions on the drinking like er CBT interventions to help with relapse, or, you know, all these kinds of things, whereas if I'm thinking about it through a kind of (pause), my own view, I think it's a learning experience and that's OK. So it kind of differs to how I'd think about it as a trainee. I'd be a lot more focused on what I could've done differently and...whereas personally I think you know, it's OK to have these experiences." [T1, ll 413-420]

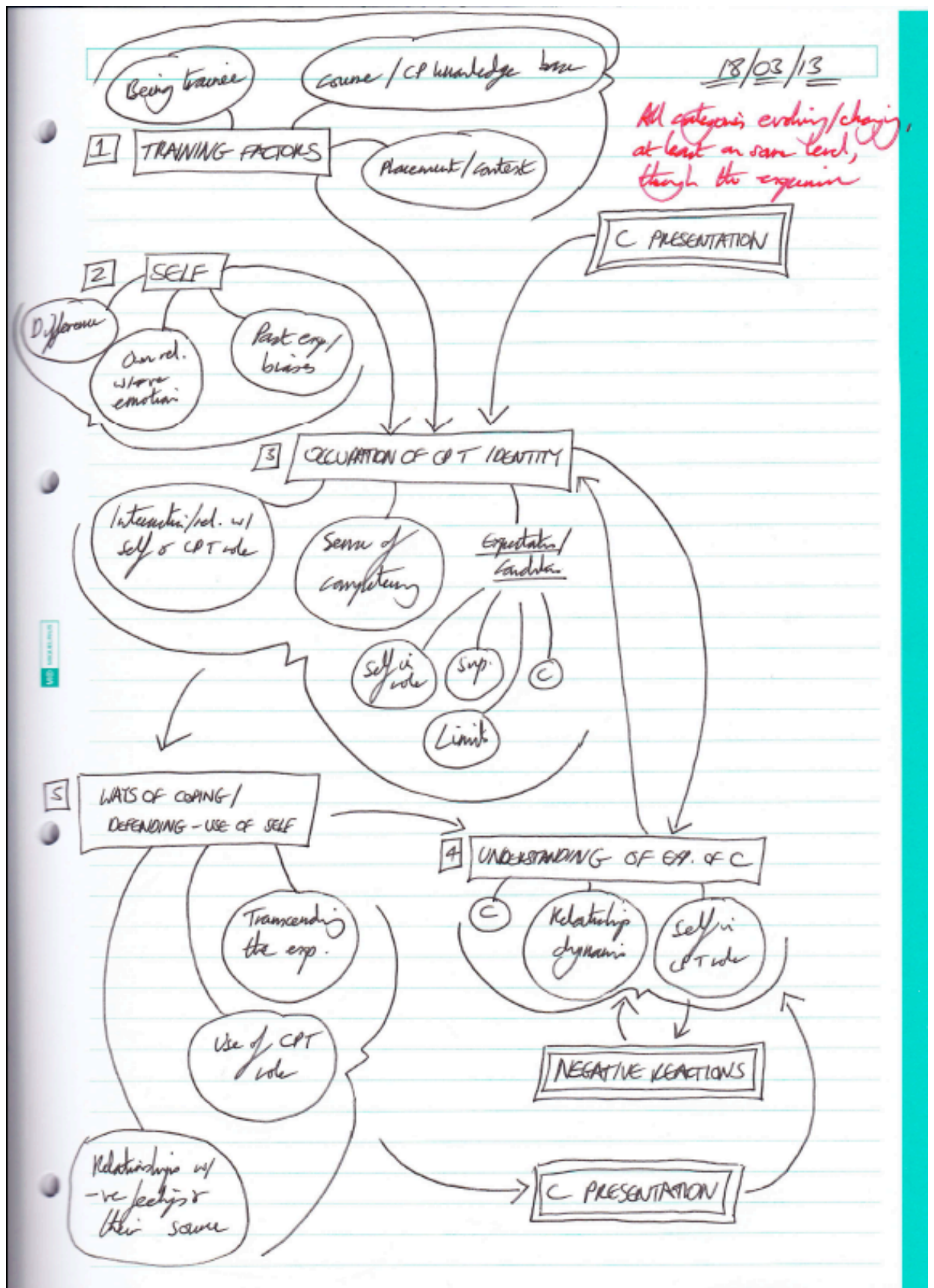
“[...] if it was up to me I wouldn't have turned up to the sessions, I guess that's what I'm saying. So the fact that just she turned

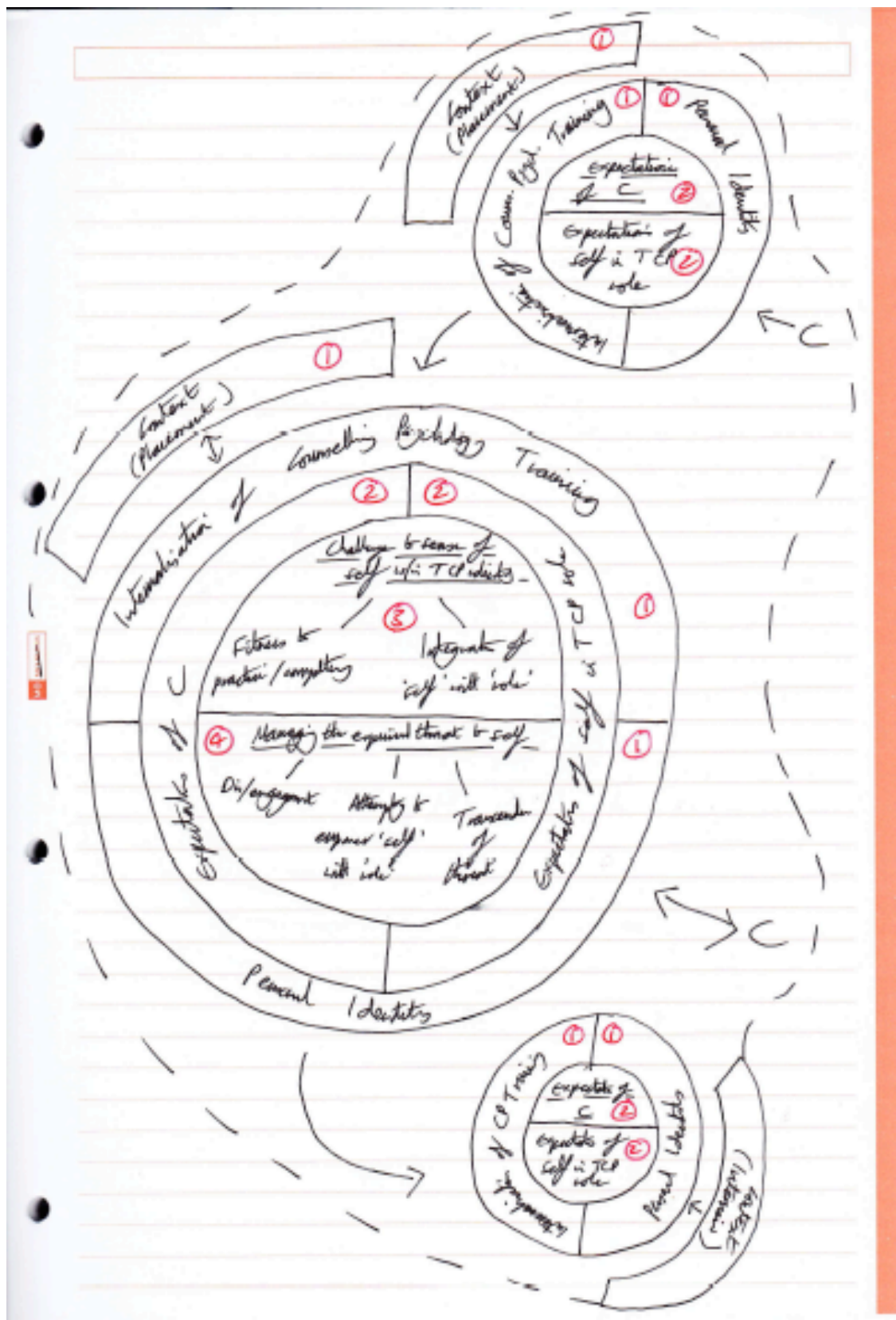
up, right, that was step one, and, and actually, the, the work that I was doing with my supervisor, and the thinking that I was doing was really helpful and, and the learning was great for me, and that, that's part of why I feel bad about it, because the learning for me was perhaps better than the learning for, for her." [T4, ll 205-210]

"[...] I was always thinking it's not going to last a very long time (R: OK). Er, uhm, because it was really like a torturous experience every time we were in that room [...]" [T2, ll 275-277]

FINAL STAGES OF THE PROCESS OF THEORY FORMATION

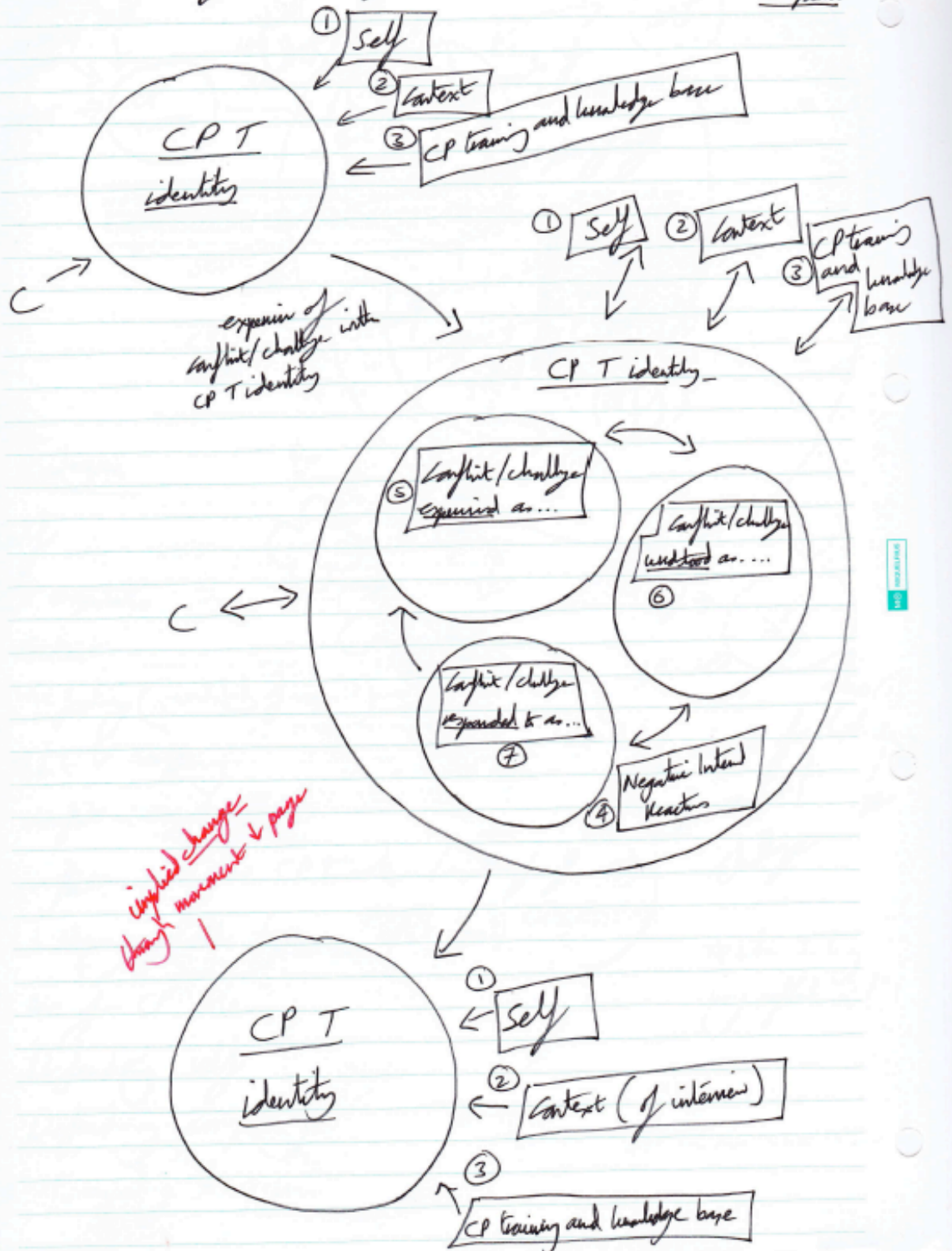




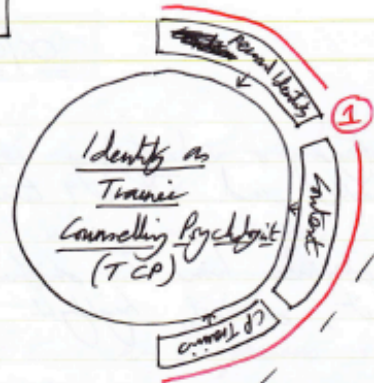


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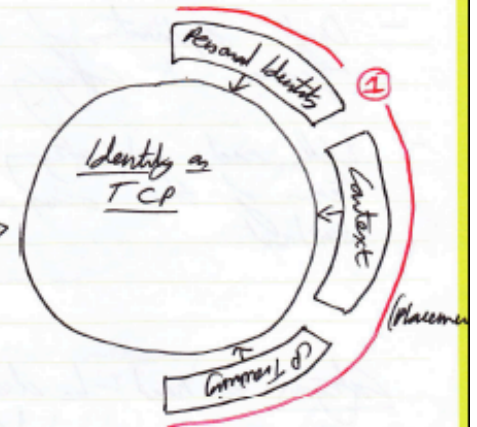
Process of occupation of (identity as) CPT role w/ a specific experience



PRE

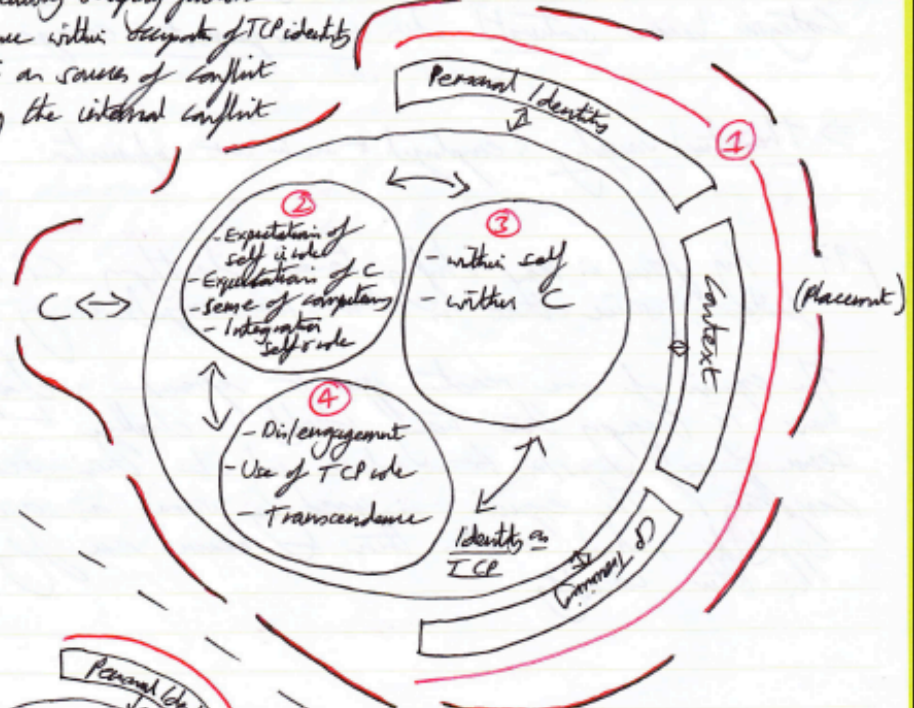


DURING



CATEGORIES

- ① TCP identity shaping factors
- ② Incongruence within occupants of TCP identity
- ③ Perspective on sources of conflict
- ④ Managing the internal conflict



POST



CORE CATEGORY

■ Occupation of identity as TCP

