

Experiencing Counselling Psychology training: An IPA analysis

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Abstract

We know very little about the wider training and life experiences of counselling psychologists. The little research that has been carried out on the experiences of training programmes has tended to focus on a particular aspect, for example, the wounded healer and how early experiences of caring for others can motivate people to become professional carers; and the experiences of mandatory personal therapy, rather than looking at the wider journey that a trainee counselling psychologist travels.

The current research aimed to explore the broader experiences of trainee counselling psychologists. How do trainee counselling psychologists' prior expectations inform their experiences of training? How do trainee counselling psychologists make use of personal therapy to support their development?

Semi-structured interviews were conducted with seven final year trainee counselling psychologists from different United Kingdom Universities and Interpretative Phenomenological Analysis (IPA) was used to analyse the transcripts.

Three superordinate themes were identified. These were named, *Uncertainty at this new training journey*, which explored the participants' early experiences of the training course; *From ambivalence to acceptance: Individual growth during training*, which explored how the participants' overall training journey progressed and increased their self-awareness; and *Developing a professional identity*, which explored the participants' development of their identity through becoming more confident, changing as a person and learning from others. The findings suggest that

the participants brought with them expectations of their training which did not often match up with reality. The findings also illustrated that the majority of participants seemed to have been in some way 'wounded' in the past and this led to them wanting to help others to heal. Furthermore, the results suggest that the majority of participants were initially resistant to having mandatory personal therapy, but by the end of training they found it to be an essential part of their training.

Findings are discussed and translated into training recommendations that will benefit trainees apriori and during their journeys in the form of workshops, counselling and support sessions and student support so that trainees are better informed about what to expect when embarking on the training course.

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Table of abbreviations used

IPA – Interpretative phenomenological analysis

BPS – British Psychological Society

HCPC – The Health Care Professions Council

CBT – Cognitive Behavioural Therapy

VA – Veterans Administration

NHS – National Health Service

UKCP - The United Kingdom Council for Psychotherapy

BABCP - British Association for Behavioural and Cognitive Psychotherapy

Introduction

Trainee psychologists can experience high levels of stress during their training (Pica, 1998; Kuyken *et al.*, 1998). Developing a new identity, managing a variety of roles and dealing with the uncertainty of not knowing all the answers whilst wanting to 'fix' their clients' problems, are just some of the challenges trainees face whilst at the same time being constantly evaluated by the training institution (Skovholt and Ronnestad, 2003).

When I first embarked on the Doctorate in Counselling Psychology, I remember experiencing a mixture of emotions. I felt nervous about whether I would be good enough but also really excited about the journey that lay ahead. I had many expectations of the course. I expected that on the course, I would gain knowledge that would help me to work as a counselling psychologist, that I would be making a big difference to my clients' lives and that I would become an expert by the end of training. On reflection, I realise that these expectations were unrealistic; the reality did not map the expectations and caused some initial disappointment. I came to realise that by the end of training I could not expect to be an expert as my learning will continue throughout my career.

My own experience fuelled my interest in how other fellow trainee counselling psychologists experience the course; whether their expectations of the training course match up with their 'reality', how they have experienced support on the course and what further support mechanisms could be put in place.

When I started looking into what research has been carried out in this area I found that there was a scarcity. In addition, the little research that has been carried out on the experiences of the training course focused on a particular aspect of the course, for example, experiences of mandatory personal therapy, rather than looking at the wider journey that a trainee counselling psychologist travels.

Throughout my journey on the training course I continued to develop both professionally and personally and I was curious about whether other trainees experience this type of growth and in what way. I also experienced many challenges on the training course and on occasion needed to seek support from the tutors to help manage the stress caused by some of these challenges. I found this extremely helpful in reducing stress levels and wondered how other trainees experienced support on the course.

The aim of this research is to fill that gap by asking the following research questions: How do trainee counselling psychologists experience their training? How do trainee counselling psychologists' prior expectations inform their experiences of training? How do trainee counselling psychologists make use of personal therapy to support their development?

On a practical level, this study has the potential to contribute to a Guidance Manual for potential trainees that will better inform people about what to anticipate when entering a counselling psychology training course, and how challenges can be reflected upon and negotiated at an institutional and individual level. It will give first-hand accounts of how trainees have experienced their courses; the extent their

expectations have matched with experiences of, for example, mandatory personal therapy, and the support mechanisms in place to support them. It will also explore what extra support could be implemented to optimise trainee experience and to reduce stress and potential 'burnout' (Freudenberger, 1975).

To capture the richness of the trainee experience I incorporated the Interpretative Phenomenological Analysis (IPA) methodology and embraced a critical realist epistemological position (Fade, 2004). While I acknowledge that there is a 'training reality' out there that is phenomenologically experienced, individuals experience phenomena differently (to varying extents) depending on the meaning they attach to it, and, as a researcher, I will not be able to fully access the reality (Fade, 2004; Morrow, 2007). I can, however, still capture the meaning and commonalities of how the trainee counselling psychologists experience their training courses (Starks and Brown Trinidad, 2007).

My current contribution to research will therefore have the potential to contribute to our understanding of training practice and possible related future research, but it will not elicit or hold definitive answers.

Chapter 1: Literature review

1.1 Overview

The purpose of this chapter is to review the existing literature and research on the training experiences of trainee counselling psychologists and as there is a lack of research in this area, will also draw upon the relevant literature and research carried out with other health care professionals. This research study is an exploratory study on the experiences of trainee counselling psychologists of their training course. This chapter will begin by looking at the history of clinical and counselling psychology. This chapter will then go on to explore the ongoing debate as to whether mandatory personal therapy should be a component of the counselling psychology training. The existing literature on the wounded healer and how early experiences of caring for others can motivate people to become professional carers will also be discussed. This will be followed by an introduction into research about counselling trainees' expectations of the course in that they seem to enter the course with unrealistic expectations which do not match up with the reality of the course. This chapter will then go on to discuss the potential stressors of training, such as dealing with uncertainty and having to balance many different roles. This will be followed by an outline of the importance of placement supervision, and will conclude with the findings that University students do better in their studies and are less likely to drop out when they are well supported.

1.2 History of Clinical and Counselling Psychology

In order to understand how trainee counselling psychologists experience their training course, it is important to first understand how the profession of counselling psychology emerged.

The assurgency of Clinical Psychology as a profession preceded the emergence of Counselling Psychology and thus will be discussed first. Witmer (1896, cited in McReynolds, 1996, p.237) is often considered as the founding father of clinical psychology as he established the first psychological clinic in 1896. In 1907 he suggested clinical psychology could be an alternative helping profession to that of the then dominant psychiatry discipline (McReynolds, 1996). However, it was not until the emergence of 'shell shock' during World War I, some seven years later, that clinical psychology was to begin to gain any real standing and credibility (Howorth, 2000). The main reason for this was that, with no obvious physical reasons for shell shock in soldiers, alternative psychological explanations, and consequently treatment options were forwarded, and became more valuable. It also opened up awareness that an extreme level of stress could cause 'normal people' to experience psychological distress (Howorth, 2000).

However, the event that really advanced the progression of clinical psychology as a profession was World War II, where clinical psychologists were needed to treat ever-growing emotional disturbance of those in the military. It led to the army establishing clinical psychology training programs where emotional disturbance was put into two categories: anxiety disorders, or hysterical reactions. Moreover, the contribution of clinical psychologists was appreciated even more because

Psychiatric staff was particularly in short supply in the army (Wolf, 1992). By the end of the war clinical psychologists were in high demand, with more than 40 000 veterans diagnosed with psychiatric problems and a shortage of psychiatrists to treat them. As a result of these needs, the Veterans Administration (VA) began funding University graduate programmes for clinical psychology training (Schultz and Schultz, 2004).

The Division of Clinical Psychology was established by the British Psychological Society (BPS) in 1966 (Marzillier and Hall, 2000) and by 1980 this had become the largest division within the BPS (Liddell, 1983, cited in Bor, Watts and Parker, 1997, p.69). The route to becoming a clinical psychologist was through undertaking a one year Postgraduate Diploma. The requirements were then changed initially to requiring the completion of a two-year Master's degree and then extended to completion of a three-year Doctorate. Doctoral-level training for clinical psychologists was introduced during the 1990s in the United Kingdom (Donn, Routh and Lunt, 2000) following the suggestions made in 1990 by the Luxembourg General Assembly of the European Federation of Professional Psychologists' Association (EFPPA). This was based on the belief that research experience was essential for psychologists and should be included in their professional training (Donn, Routh and Lunt, 2000). Doctoral-level training is considered essential for professional psychologists in the United Kingdom because of the fact that the complex nature of the job means that a longer training period is needed which also ensures an equal professional status (Donn, Routh and Lunt, 2000).

Counselling Psychology in the United Kingdom is a much more recent phenomenon than that of clinical psychology. From 1950 onwards, the different disciplines of counselling were converging from America (James, 2013). However, even though this led to the establishment and assurgency of counselling, up until the 1970s there was no professional body within the British Psychological Society (BPS) to represent it. In response to this need, the Professional Affairs Board set up a Working Party in 1979 to explore the relationship between psychology and counselling (Nelson-Jones, 1999) and this resulted in a Special Group in Counselling Psychology being formed (Bor, Watts and Parker, 1997). This culminated in the Counselling Psychology section of the BPS being established at the 1982 London conference (Nelson-Jones, 1999), and in 1989 a Diploma in Counselling Psychology was created by the BPS to provide a route to *chartered status* for those wishing to become qualified in this area (Strawbridge and Woolfe, 2003). In 1989 *divisional status* was sought for Counselling Psychology. However, this was resisted by many members of the BPS as they believed it was not “a defined area of practice and discipline” (Woolfe, 2012, p.74). This resistance originated from a belief that there was too much emphasis on reflective practice, such as personal development, personal therapy, and supervision. It was not in fact until 1994 that the division of Counselling Psychology was established. It is now the second largest division in the British Psychological Society (Frankland, 1998).

The Health Care Professions Council (HCPC) was created by the Health and Social Work Professions Order 2001 (HCPC, 2012). The HCPC registers and regulates health care professions including counselling psychologists and sets out threshold

standards they consider necessary to protect members of the public (HCPC, 2015a). One such standard is that the practitioner psychologist should be able to maintain fitness to practice (HCPC, 2015a).

1.3 Identity theory

Given this emphasis on reflective practice and self-development, trainees are expected to continue to develop both personally and professionally throughout their training, and developing their identity is an important part of this. One of the potential stressors of training arguably is accommodating the new professional identity into an existing persona of self as a friend or a spouse or a parent or a student or any other identities the trainee may have. The personal therapy that is a mandatory component of the training is one aspect of the course that contributes to the development of a sense of identity as a counselling psychologist (Hammersley, 2003).

Identity theory

shares assumptions or premises of interactionism thought in general that human action and interaction are critically shaped by interpretations or definitions of the situations of action and interaction, and that interpretations and definitions are based upon shared meanings developing out of interactions with others (Stryker, 2007, p.1088).

This theory goes on to say that the meanings an individual attributes to themselves, in other words, their self-conceptions, will affect what they do and how they interact

with others. Burke (1991) proposes that identity is fluid and a continuous process rather than a static trait of a person. A person's identity is more likely to change when they are developing into a new role (Cast, 2003, cited in Colbeck, 2008, p.9; Ibarra, 1999, cited in Colbeck, 2008, p.9). The steadiness of identities is seen as the consequence of stability in an individual's relationships to social networks, with change in identities traced to either internally or externally caused changing relationships to social networks (Stryker, 2007). Some of the factors that may cause changes in identity to occur include, moving across the different age categories, social mobility, getting married or divorced, having children, or geographic mobility (Stryker, 2007).

Furthermore, individuals are seen as having multiples identities (Stryker, 2007). This theory is relevant to trainee counselling psychologists as they have more than one role, for example, clinician, student, researcher, spouse, parent, or friend. Stryker (1968, cited in Desrochers, Andreassi and Thompson, 2004, p.61), the founder of identity theory, argues that individuals have multiple identities that exist in a hierarchy of importance. He argued that identities that are ranked the highest in terms of importance are most likely to be brought into play in situations that may involve different facets of the self. In situations where there are identity conflicts, individuals will choose the identity that is most important to them and that they are most committed to (Colbeck, 2008). An individual is likely to feel stressed if two identities with different meanings and expectations are galvanised at the same time (Colbeck, 2008; Stryker and Burke, 2000; Burke, 1991). If two conflicting identities are brought into play at the same time this can cause distress as only one of the identities can be maintained while the other identity ends up being interrupted

(Burke, 1991). The trainee counselling psychologist has many different identities, such as researcher, clinician, and student. An individual may feel resentful towards the time they have to spend on one role if they are less committed to that identity than another identity (Colbeck, 2008).

Alternatively, it has been argued that when individuals engage in activities related to more than one of their identities they may in fact increase their energy rather than decrease it if they are highly committed to each of their multiple role identities (Marks, 1977). Empirical research has found that having multiple role identities has a positive impact on mental well-being, physical health, relationships, self-esteem, and resilience (Barnett and Hyde, 2001). Nevertheless, It has been argued that self-esteem and psychological well-being are improved by having multiple identities because identities provide individuals with meaning (Thoits, 1986; Sieber, 1974). It has been found that having multiple identities reduced anxiety, depression and distress by giving the individual a sense of purpose and meaning (Thoits, 1986). Having multiple roles increases the prospect for social support which increases well-being (Barnett and Hyde, 2001). Another reason given for the benefits of multiple roles is that it offers more opportunities to experience successes which would result in an individual developing a greater sense of self-confidence (Barnett and Hyde, 2001). On the other hand, it has been argued that having multiple roles may negatively impact on well-being if the number of roles becomes too large or when the demands of one role are too extreme (Barnett and Hyde, 2001).

1.4 Becoming a Contemporary Counselling Psychologist

Currently, in order to qualify as a contemporary counselling psychologist in the United Kingdom, an individual needs to either complete the Doctorate in Counselling Psychology or the BPS qualification that leads to qualifying as a counselling psychologist.

It has been argued that historically, counselling psychology differs from clinical psychology in three main ways (Strawbridge and Woolfe, 2003). Firstly, it views the therapeutic relationship as a significant component of therapy. Secondly, it has moved away from the 'medical model' that clinical psychology has been argued to have adopted (cf Cromby, Harper and Reavey, 2013), towards a more humanistic model (Strawbridge and Woolfe, 2003). Thirdly, counselling psychology focuses more on well-being rather than sickness and pathology (Strawbridge and Woolfe, 2003).

Moreover, historically, counselling psychology training traditionally focused on Rogerian, Humanistic and Existential theoretical orientations (Bechtoldt *et al.*, 2001), whereas clinical psychology training focused more on behavioural and psychodynamic theories (Bechtoldt *et al.*, 2001). Over the last decade, however, there seems to be a growing convergence between clinical and counselling psychology in training programmes, in terms of theoretical orientations being studied including humanistic, psychodynamic or behavioural (Ogunfowora and Drapeau, 2008, cited in Neimeyer *et al.*, 2011, p.44).

Two major differences between the training in clinical and counselling psychology remain. The first one is the issue of funding. The Doctorate in Clinical Psychology is funded by the NHS with this funding including course fees and a trainee's salary of approximately £26,000 (Bor, Watts and Parker, 1997). This differs from the counselling psychology training courses as the course fees are self funded and the trainee does not receive a salary (Bor, Watts and Parker, 1997). The second key distinction is while both clinical and counselling psychology, have essential clinical and research constituents; it is only counselling psychology where personal therapy is a mandatory component of the training programme. Due to this distinctive importance to the experience of becoming a counselling psychologist this component will now be discussed in more detail.

1.5 Mandatory personal therapy

The HCPC (2012) provides guidelines for students, setting out their professional and ethical responsibilities with regard to being aware of and managing their health and fitness to practice. One important way of supporting wellbeing, developing self-awareness and managing the stresses of training, may be making use of personal therapy (Grimmer and Tribe, 2001).

It has been argued that it is important for staff members on training courses to encourage trainees to look after themselves and to set healthy limits so that they can maintain a work-life balance (Bruss and Kopala, 1993).

Historically, Freud (1937, cited in Oden, Miner-Holden and Balkin, 2009, p.442) is often cited as one of the first individuals to express the opinion that personal

therapy is beneficial, and even necessary for therapists. Freud (1963, pp.267-268) believed “Every analyst ought periodically...to enter analysis once more, at intervals of, say, five years, and without any feeling of shame in doing so”. Freud believed that therapists could only help a client when they had gained an awareness of their own hidden thoughts and desires (Malikiosi-Loizos, 2013)

The United Kingdom Council for Psychotherapy (UKCP), which is one of the largest registration bodies for UK psychotherapists, requires trainees to receive personal therapy of the same modality, duration and frequency of the type they intend to offer (UKCP, 2011). The British Psychological Society states that counselling psychology trainees are required to have a minimum of 40 hours of personal therapy during training (Williams, Coyle and Lyons, 1999).

The debate about whether personal therapy should be mandatory is ongoing (Atkinson, 2006; Norcross, 2005; Williams, Coyle and Lyons, 1999; Grimmer and Tribe, 2001). One reason given in favour of it being mandatory during training is that it may be the most efficient way of achieving personal development (Norcross, 2005). Furthermore, the use of self and interpersonal skills (for example, active listening) is seen as essential in the practice of counselling psychology (Woolfe, 1996) and mandatory personal therapy is an excellent vehicle for developing these attributes.

Conversely, not all trainee therapists are required to have personal therapy. The British Association for Behavioural and Cognitive Psychotherapy (BABCP) do not include mandatory personal therapy as a requirement for their trainee therapists

(Rake and Paley, 2009). Moreover, as mentioned, personal therapy is not a mandatory component of clinical psychology training courses, even though one aspect of their role is to provide psychotherapy (Moller, Timms and Alilovic, 2009). In these cases, it has been argued that other activities in training can contribute towards personal development, and there is a concern as to whether it is ethical to make trainees who do not have any particular problems undertake and pay for personal therapy (Atkinson, 2006).

Previous research (Grimmer and Tribe, 2001; Macran, Stiles and Smith, 1999; Williams, Coyle and Lyons, 1999) suggested that personal therapy is a desirable, if not necessary, prerequisite in order to become an effective therapist. The six recurring reasons these authors give for personal therapy being beneficial are: improving the emotional and mental functioning of the therapist; increasing empathy and understanding towards their own clients; offering a firsthand opportunity to observe clinical methods; enhancing understanding of personal dynamics, including process issues; alleviating the stress of their clinical work and; creating a socialisation experience which validates personal therapy as an effective treatment. However, it is important to be aware that these findings are based on self-reports of the participants in these research studies and as such, are not completely objective.

From a psychoanalytic perspective (for example, Wampler and Strupp, 1976), the reasons for having personal therapy are: to enhance the analyst's ability to carry out therapy by becoming more aware of their countertransference (the emotional reaction a therapist has towards their client); to enable the trainee to see how the theory and method of treatment used is valid; to facilitate trainees in mastering

techniques by observing clinical methods first-hand, and; to enable trainees to better manage the stresses of conducting therapy by making them less neurotic (Wampler and Strupp, 1976).

Research would indeed support the value of personal therapy in training. Studies have demonstrated that the majority of psychotherapy trainees reported a positive impact of personal therapy on their professional and personal development (Rake and Paley, 2009; Moller, Timms, and Alilovic, 2009; Rizq and Target, 2008a; Murphy, 2005; Williams, Coyle and Lyons, 1999). However, it would be interesting to see whether their development would be very different if they had not had personal therapy. It has also been suggested that it is important that therapists become aware of how their own issues may infringe on their relationships with clients (Strawbridge and Woolfe, 2003), which can be done through exploring their own experiences and attitudes in personal therapy.

Others, however, have questioned the efficacy of mandatory personal therapy. Macran and Shapiro (1998, cited in Grimmer and Tribe, 2001, p.288) state that: "personal therapy has not been reliably demonstrated to benefit therapists' mental health...or lead to better outcomes with clients". Furthermore, in a review of the literature, Macaskill (1988) found that personal therapy undertaken in the early stages of training had a negative effect on trainees' client work, as trainees became preoccupied with their own problems and was therefore less able to focus on their clinical practice (Macran and Shapiro, 1998). Some other negative effects that trainees have reported experiencing as a result of their personal therapy include relationship and marital difficulties, depression and becoming too reflective (Macran

and Shapiro, 1998). It seems difficult to definitively determine whether these negative effects are a direct result of their personal therapy or to do with the difficulty of managing their competing identities of clinician, student, researcher, spouse, parent, and friend.

Jacobs (2011) questions the value of mandatory personal therapy whilst training from a psychoanalytic perspective. He argues that if a trainee has to have personal therapy because it is a requirement of the course, they may not feel as motivated to understand themselves better as they would if they were having personal therapy by choice. Jacobs (2011) proposed that the aim of personal therapy is for the trainee to develop an understanding of their unconscious which is less likely to happen if it is 'forced'. He further argues that personal therapy is less effective in trainees who are psychologically healthy, as they find it more difficult to establish the neurotic transference than those trainees who are less psychologically healthy (Jacobs, 2011). Moreover, if, trainees already know something about psychoanalysis, they are less likely to authentically experience it than they would if they did not know anything about it. Furthermore, Jacobs (2011) argues that trainees do not have the choice of ending their therapy and have to continue with it due to the course requirements, even if they feel it is not being effective. This may impact on whether the trainee engages with the therapy as they may feel resentful at being made to have it.

Interestingly, research carried out on the relationship between therapists' personal therapy and client outcome has been inconclusive. Some studies have suggested that personal therapy improves treatment outcome (Norcross *et al.*, 1988, cited in

Daw and Joseph, 2007, p.227; Greenspan and Kulish, 1985), while other research has elicited no evidence for a positive relationship between therapists' receiving personal therapy and client outcome (Beutler *et al.*, 2004). Moreover, one study found that longer duration of personal therapy resulted in poorer client outcomes (Sandell *et al.*, 2006). One possible reason for this is that therapists who have longer, more intensive personal therapy may feel more equipped to work with clients with more severe difficulties than therapists who have less personal therapy (Sandell *et al.*, 2006). Macran and Shapiro (1998) have additionally argued that there were some methodological problems with these studies, including, small sample size, and too many confounding factors to control for, such as number of years of experience as a therapist. Another possible confounding factor is the type of caseload a therapist has. It might be perceived that therapists who have had personal therapy might be better able to deal with difficult cases (Macran and Shapiro, 1998).

One problem with the existing literature is the lack of theoretical basis for the research looking at personal therapy (Rizq and Target, 2008a). "One way of developing such a model is first to gain a detailed knowledge of how therapists feel personal therapy influenced their work" (Wiseman and Shefler, 2001, cited in Rizq and Target, 2008b, p.67). Following their research on the personal therapy of experienced counselling psychologists, Rizq and Target (2008a) put forward a theoretical model, based on Fonagy and Target's (1996, cited in Rizq and Target, 2008b, p.78) concept of 'mentalisation'. The concept of mentalisation is that there is a link between the attachment style a child has with their caregiver and the child's

ability to reflect on their own and others' mental states. Rizq and Target (2008a) suggested that:

Being seen and understood by the therapist underpins participants' capacity to see, identify and empathise with their clients...lack of empathic mirroring in early childhood may have sponsored some participants' capacity to reflect on themselves, or to develop this capacity via personal therapy in their training (p.42).

This suggests that for some trainees the use of personal therapy may be essential in enabling the development of self-awareness and reflective skills. As such, there are different arguments as to whether it should be a necessary component of training for all counselling psychology trainees.

1.6 Motivations of becoming a counselling psychologist

It seems that early experiences of lack of empathic mirroring in childhood may draw some people to the caring professions where they can exercise a learned capacity to care for others (Dicaccavo, 2002). In his study of trainee counselling psychologists' motivations of choosing that career, Dicaccavo (2002) stated that compared to art students, trainee counselling psychologists were more likely to report having undertaken a caring role within their family of origin, more parental control and less parental care.

Furthermore, Dicaccavo (2002) found that individuals who from an early age had their own needs neglected are likely to have learned that caring for others is more important than caring for themselves.

Racusin, Abramowitz and Winter (1981) found that from an early age, therapists have been effective in dealing with the emotional needs of their family members and were labelled by them as confidantes or counsellors. This also seemed to have made the future therapists feel that they were in some way different from the rest of their family. Similarly, Barnett (2007) found that all the participants interviewed in her study found the subject of intimacy important which resulted from their perception that they did not have anyone in their childhood who listened to them or who they could confide in. They had felt that they were different to their peers and had times of loneliness in childhood. Chang (2011) found that most of the trainee counsellors he had interviewed had early experiences that had sensitised them to the emotions of others. The participants in these research studies were interviewed retrospectively which could have affected their memory. However, it has been argued that therapists' motivations for choosing to work as a therapist can be better understood in retrospection and with professional maturity (Barnett, 2007).

1.7 The wounded healer

The self discovery of the 'wounded healer' is thought to be a latent motivation for many trainees and professionals for entering the Counselling Psychology profession (Kirmayer, 2003).

The wounded healer has its origins in Greek mythology. It is said that the centaur Chiron had been wounded by Hercules. Chiron only recovered from his suffering by giving up his immortality (Holmes, 1998). Shamanism in particular connects the healer's own wounds with their ability to help others. It has been argued that "someone who has been afflicted and survived possesses intimate knowledge of the nature of illness and its cure" (Kirmayer, 2003, p.250).

Carl Jung (1951, cited in Wheeler, 2007, p.245) was the first person to use the term wounded healer. This term refers to a person who has been wounded in some way and this has motivated them to want to help others (Wheeler, 2007; Sussman, 1992, cited in Wheeler, 2007, p.253). It has been argued that when a therapist has in the past been wounded and survived that wound they are better able to empathically engage a client as they know first-hand what it feels like to be wounded (Kirmayer, 2003; Cain, 2001). It has also been stated that therapists are better able to be available to others when they have themselves experienced pain (Martin, 2011). Fletcher (2009) has argued that "many people are drawn to careers in psychology and mental health counselling because they know both what it is like to be wounded by life and what it was that helped them overcome and move beyond their pain" (p.18). Other benefits for a therapist being a wounded healer are that they have more patience when progress with a client is slow, they have a better understanding of painful experiences and of the difficulties that can arise in therapy (Gelso and Hayes, 2007, cited in Zerubavel and O'Dougherty Wright, 2012, p.483).

Through having personal therapy, trainee therapists can gain an understanding of their own wounds and this enables them to better identify and treat the wounds in

others (Mander, 2004). This personal therapy can be used to help the wounded healer to explore the countertransference that is occurring between them and their client in order to prevent their own issues from obstructing the client's progress (Cain, 2001).

It has been argued that a potential negative effect of being a wounded healer is that they may use the therapeutic relationship with clients to try to work through unresolved childhood traumas (O'Connor, 2001, cited in Graves, 2008, p.218). These individuals were also more likely to have undertaken a care giving role during their childhood which has been linked to them taking up this role in adulthood (Graves, 2008). Wounded healers may avoid certain topics with a client or may choose to have certain types of clients (Graves, 2008). Other possible negative effects "include decreased ability to be emotionally present, poorly managed countertransference, overidentification, projection, and having a personal agenda regarding the therapy process" (Briere, 1992, cited in Zerubavel and O'Dougherty Wright, 2012, p. 484).

The next section of this chapter will look at what we already know about the initial perceptions and expectations of trainees in relation to their training.

1.8 Trainees' expectations of the Counselling Psychology training course

Trainees may begin their training with high levels of motivation to help others and also, high expectations of what the training can provide them personally and professionally. However, those starting a career in counselling are often thought to have unrealistic expectations of the course (Skovholt and Ronnestad, 2003).

Szymanska (2002) found in her study of counselling psychology trainees that this may hinder trainees' personal and professional development. For example, it has been argued that often when trainee counselling psychologists embark on their training they have an expectation that, by the time they finish training, they will know everything they need to know to become an effective practitioner. However, in reality trainees do not become experts by the time they complete their training as they are continuously learning (Szymanska, 2002). Szymanska (2002) goes on to argue that trainees often place unrealistic demands on themselves that they must do well. This could actually have a detrimental effect by causing greater anxiety which could lead to procrastination, which could actually prevent their progress; that it may actually be more helpful for the trainee to ease up on the pressure they put on themselves. Putting a lot of pressure on themselves to do well may also be overwhelming, and the trainee may end up neglecting other parts of their lives, such as engaging in activities not related to studying (Szymanska, 2002).

There also appears to be the misconception that trainees 'understand themselves' by the end of the training. Szymanska (2002) argues that while self-awareness does increase throughout the training, it is a continuous process and does not end when the training does. Self-awareness has been referred to as a sense of self-knowledge or self-insight (Williams, 2008) and is seen as a vital component of the therapeutic process (Williams and Fauth, 2005). It has been argued that those professions which provide therapy must be self-aware in order to avoid becoming ineffective and damaging their clients (House, 2003, cited in Moore and Rae, 2009, p.382; Parker, 1999, cited in Moore and Rae, 2009, p.382). When the therapist has an increased self-awareness, the therapeutic relationship is stronger (James,

2013). On the other hand, it has also been suggested that self-awareness can often be distracting in a therapy session and while therapists perceive themselves as more self-aware, their clients may perceive them as less helpful (Williams, 2003, cited in Williams and Fauth, 2005, p.374).

Collectively, Szymanska (2002) proposes when initially embarking on the training course, trainee counselling psychologists do not seem to realise (or misunderstand) the impact that the training will have on their lives. Furthermore, Szymanska (2002) found that trainees often have high levels of self doubt at the start of training but this reduces with time and experience.

Skovholt and Ronnestad (2003), state that many people embark on a career in counselling and therapy with unrealistic expectations. One such unrealistic expectation is that they will make a huge difference to others' lives and will produce extraordinary results. It seems that this overestimation of the impact they will have stems from a lack of confidence and uncertainty about their ability and skill (Skovholt and Ronnestad, 2003). These unrealistic expectations can lead to feelings of anger and disappointment and they may feel disillusioned with the profession and that they are not a successful practitioner (Misch, 2000).

Another mistaken expectation that trainees have at the start of the course is that they must always do or say the right thing in order to bring about change in the client (Misch, 2000). This is an unrealistic expectation as there is not usually one response to a particular situation and there may be many times when a therapist may later think of a more appropriate intervention they could have used with a client

(Misch, 2000). Furthermore, just because the therapist feels they have not said exactly the right thing does not mean that they have not been effective.

A third unrealistic expectation of beginning psychotherapists that Misch (2000) talks about is the belief that if their client does not get better quickly then they are not doing their job properly. He states that this expectation stems from the assumption that other therapists are achieving quick results with their clients and if they are not achieving the same quick results, this means they are inadequate therapists. From the beginning, therapists need to learn to be patient with themselves and with their client, as often the client has had their difficulties for a long time and this means that they may be in therapy for some time before they start showing any changes, and indeed may never show any significant improvement (Misch, 2000).

A fourth unrealistic expectation of beginning psychotherapists that Misch (2000) talks about is that they expect that they will completely understand everything about their client. However, he argues this is an impossible task as the psychotherapist will learn a lot about his or her client such as their thoughts, feelings and fantasies but they will never understand everything about their client. Misch (2000) also emphasises the importance of collaboratively working with the client to better understand them. Furthermore, he believes that if a therapist expects to completely understand their client this is usually due to their own uncertainty and feeling frightened of their own limitations. Kottler (1991, cited in Misch, 2000) states that

if at some time every week (or every day in some cases), therapists do not feel stuck, at a loss as to how to proceed, confused and unsure about what is happening with clients, then they are probably neither very honest with themselves nor very open to confronting the limits of their capabilities (p.177).

With time and experience, the trainee develops much more realistic and less glamorous expectations. The trainee learns that they cannot 'cure' their client easily and quickly (if at all) and "...human change is seen as a complex, often slow process in which the practitioner plays only a part" (Skovholt and Ronnestad, 2003, p. 54). Once the trainee or newly qualified therapist has more realistic expectations of what can be achieved and that from the start of training to after they have qualified there will be a continuous process of learning, practitioner stress will be greatly reduced.

The next section of the literature review looks at what we already know about the potential stressors of the training course.

1.9 Potential stressors of training

It has been found that clinical psychologists experience a large amount of stress as they are faced with dealing with people in great distress on a daily basis. It may be difficult for clinical psychologists to get used to these stressors and it is important to understand how they can adapt to these stressors (Kuyken *et al.*, 1998). The trainee clinical psychologists' experiences of high levels of psychological distress may be explained in terms of the different practical demands that are placed on

them (Cushway, 1992, cited in Kuyken *et al.*, 1998, p.239). Trainee psychologists may need to move house to embark on their training course, or they may need to travel long distances (Kaslow and Rice, 1985). Furthermore, trainee psychologists need to balance having an academic workload with their clinical work and may find it stressful being in a variety of roles, for example, therapist and researcher (Kuyken *et al.*, 1998).

It has been argued that when a person views a situation as threatening and their own coping resources as inadequate, they are more likely to experience stress than those who perceive their own coping resources as adequate (Lazarus and Folkman, 1984, cited in Kuyken *et al.*, 1998, p.240). A study carried out by Kuyken *et al.* (1998) investigated the psychological adaptation of trainee clinical psychologists and found that “more than 25% of trainees were experiencing difficulties, particularly in terms of self-esteem, work adjustment, depression and anxiety” (p.247). Interestingly, this study did not find any differences between older and younger trainees in terms of stress or psychological adaptation; although older trainees reported greater external stressors, such as family responsibilities and they seemed to feel less control over the stressors of the course. Additionally, it was found that when a trainee felt supported by their supervisor, the course and family, they coped better with their stressors.

It has also been argued that clinical psychology trainees experience high levels of stress during their training (Pica, 1998). One of the stressors of the training course is dealing with uncertainty and not knowing all the answers (Pica, 1998). While other stressors include long hours and having to move between various roles such

as attending lectures, carrying out research and being a therapist (Schwartz-Mette, 2009; Cahir and Morris, 1991). It is important to acknowledge that even though research findings relating to clinical and counselling psychology may be similar, there may also be some differences.

It has been further suggested that trainees want to portray themselves as competent to their trainers and this can often result in an increase of stress levels (Cohen and DeBetz, 1977). A study carried out by Rodolpha, Kraft and Reilley (1988) looking at the stressors of professionals and trainees at counselling and Veterans Administration (VA) medical centre internship found that in general, trainees experienced more stress than the professionally qualified. Using the therapist stress scale (Rodolpha, Kraft and Reilly, 1988), they found that as expected, 61% of the client behaviours were significantly more stressful for trainees than for the professional staff. Furthermore, Rodolpha, Kraft and Reilly (1988) found that “54% of the therapist beliefs were found to contribute significantly more to trainees’ stress than to professionals’ stress” (p.47). They believe that professional staff have learnt to cope better with their work stress, and that trainees often feel inadequate when their treatment interventions have not been successful, and this increases their stress level. This study also found that psychologists and trainees working at the counselling centres indicated a higher stress level than those working in the VA setting. One reason suggested for this was that professionals and trainees working in the counselling centres felt a greater responsibility for “fixing” their client and so were more stressed when they did not have a successful outcome for a client, as opposed to those working at the VA centre. Another possible reason given for this finding was that at the VA centres

psychologists work as part of a multidisciplinary team where responsibility for the client is shared. In counselling centres this is less likely to be the case, and decisions for treatment plans and interventions are usually made by the psychologist rather than a team, and this responsibility seems to increase the stress levels of the professionals (Rodolpha, Kraft and Reilley, 1988). It is again likely that when trainee counselling psychologists feel more responsibility for “fixing” a client, they may feel more stressed if a client’s outcome is not successful.

Another possible stressor for trainee counselling psychologists is that they are constantly being evaluated throughout their training both by their training institution and by their placement supervisors in relation to a set of training competences and also placement-led requirements for report writing and other organisational tasks. Trainees learn from their placement supervisors but are also closely scrutinised by them and this increases stress in the trainee (Skovholt and Ronnestad, 2003).

A more pragmatic problem is that trainees often need to relocate to attend their training course. Leaving family and friends behind as they move to a new city or in some cases a new country, to embark on the training course is undoubtedly stressful for some (Kaslow and Rice, 1985) and may make it harder for the trainee to adjust to their new surroundings (Goplerud, 1980).

In addition, there is a contemporary expectation that by the end of training, trainees will become integrative practitioners (integrating different elements from different psychological models) and this may add to stress levels. Depending on the approach of the training institution, it has been argued that one advantage of

trainees becoming integrative practitioners is that students trained to use an integrative model had better therapy outcomes than students trained in one model of therapy (Grawe, 2004, cited in Lowndes and Hanley, 2010, p.164). However, it has also been found that being made to integrate models in training can cause trainees anxiety and conflict as they have not been allowed to identify with one model (Gold, 2005). On the other hand, however, it has been suggested that it would be harder for trainees to learn to be integrative if this was delayed until after they had learnt one or two models well, i.e., they would become less flexible and open to new ideas (Norcross and Halgrin, 2005, cited in Lowndes and Hanley, 2010, p.164).

A study was carried out by Lowndes and Hanley (2010) to explore newly qualified counsellors' reflections of learning to become an integrative practitioner. They found that the counsellors experienced learning to be integrative as an anxiety provoking and ambiguous process. The participants seemed to become more open and flexible as they had to learn to become integrative rather than identifying rigidly with one model. It was found that training as an integrative practitioner enabled the counsellors to practice in a more client-led and collaborative manner, as they were not just rigidly sticking to one model, but were using the model that was most appropriate for the client (Lowndes and Hanley, 2010).

Quantitative studies carried out on the stressful aspects of training identified counselling trainees to have a high level of reported stress, one particular reason being a lack of perceived support (Kumary and Baker, 2007), while counselling psychology trainees found the financial pressure especially stressful (Bor, Watts,

and Parker, 1997). Bor, Watts and Parker (1997) also identified that counselling psychology trainees found setting up placements stressful, in terms of the practicalities, competing with other trainees for a limited number of places and not receiving enough support from tutors with finding placements. However, it should be noted that this study was carried out on the Counselling Psychology Masters i.e., before the training became a Doctorate and that none of the trainees in this study were on a BPS recognised training course.

1.10 Placement supervision

It has been found that supportive supervision is overall extremely valuable for trainee therapists (De Stefano *et al.*, 2007; Howard, Inman and Altman, 2006). One way in which supervision can be helpful is by providing a new perspective to the trainee of their client and by enhancing their self-awareness (De Stefano *et al.*, 2007).

Hill *et al.* (2007) also found that supervision was extremely important to trainees and particular aspects of the supervision they found helpful included support and helping the trainee to explore and challenge. However, they found that not all experiences of supervision were positive and some trainees had negative experiences of supervision or temporary ruptures in the relationship with their supervisor. They found that if there were ruptures in the supervisory relationship this could be addressed if the supervisors were aware of the problem and addressed these with their supervisee.

1.11 Reasons for dropping out from University and support mechanisms

When thinking about ways in which to support students at University, it is also important to be aware of the reasons they may drop out of University without graduating.

In addition to the considerations that need to be made prior to embarking on the course, studies have found that the support mechanisms at University have a vital role in whether students feel stressed (Wilks and Spivey, 2010), adjust to University (Crede and Niehorster, 2012) or drop out (Lassibille and Gomez, 2008; Pillay and Bundhoo, 2011). Research studies have found that loneliness is rated as higher in University students when they have lower levels of social support (Sarason *et al.*, 1985, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211; Schaefer, Coyne and Lazarus, 1981, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211). Additionally, it has been found that family support is important to how students experience University (Mattanah, Hancock and Brand, 2004). Family support has been defined as “an individual’s perception that he or she is cared for, esteemed and valued by his or her family” (Demaray *et al.*, 2005, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211).

Apart from the social support, it has been found that relationships with staff are also of great importance. Tinto (1989, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211) suggested that students are more likely to complete their University course when they have a good relationship, and interact more with staff. Having support therefore helps the student to better cope with their course, and also leads

to better psychological functioning (Lyons, Perrotta and Hancher-Kvam, 1988; Thoitis, 1986).

To summarise, it seems that University students do better in their studies and are less likely to drop out when they are well supported by family, other social relationships and by the teaching staff.

1.12 Summary

Training as a counselling psychologist is likely to be a rewarding but also demanding and stressful experience that is more successfully managed with appropriate support from trainers, family and friends. There is considerable literature about the wounded healer and how early experience of caring for others can motivate people to become professional carers, meaning that trainees may be particularly vulnerable to stress. There are differing views, however as to whether this early experience helps or can hinder a trainee's ability to become an effective therapist. It is also a matter of debate as to whether all trainees really need, or benefit from, engaging in therapy themselves during their training. In order to support the development of ethical and effective counselling psychologist practitioners it is important that we understand better the potential stressors of training, and how to manage these, particularly where trainees may hold unrealistic expectations of what training provides.

1.13 The current study and research questions

While extensively studied in other professions, there appears to be a lack of research into the experiences of counselling psychology trainees. Research

undertaken has tended to focus on particular aspects of the course, for example, mandatory personal therapy, rather than looking at the overall 'journey' that a trainee counselling psychologist encounters. As described in the Introduction section I feel it is an important gap in literature that needs to be addressed, as developing our understanding of the stressors and strains that are experienced, and of the support infrastructure needed to be implemented, will help to ensure that trainees optimise their practical, academic, life and professional development, and at the same time reduce the likelihood of burnout and attrition.

The current study will therefore address the following research questions:

- 1) How do trainee counselling psychologists experience their training?
- 2) How do trainee counselling psychologists' prior expectations inform their experiences of training?
- 3) How do trainee counselling psychologists make use of personal therapy to support their development?

This is an exploratory qualitative research study, which employs Interpretative Phenomenological Analysis (IPA) to analyse the results. The reasons for this approach will be outlined in the following methodology section.

Chapter 2: Methodology

2.1 Overview

This methodology chapter will begin with a look at the methodological and epistemological framework adopted in this study. The current chapter will outline the rationale for qualitative methodology adopted in this study, namely Interpretative Phenomenological Analysis (IPA). It will incorporate Participants, Recruitment, Material, Procedure and Data Analysis, before going on to discuss the reflexivity and validity components that were incorporated in the research. This chapter concludes with an outline of ethical protocols implemented in the study.

2.2 Methodological and epistemological framework

2.2.1 IPA

The current research explored the training experiences of trainee Counselling Psychologists. It aimed to gain an in-depth understanding of a small number of participants' own experiences (Smith and Osborn, 2008).

IPA was deemed an appropriate method as the aim of this project was not to test a predetermined hypothesis based on a large sample, but to gain an in-depth understanding of a small number of participants' experiences (Smith and Osborn, 2008). The aim of IPA is to understand and explore in-depth how participants make sense of their personal and social world and the meanings individuals place on a particular experience (Smith and Osborn, 2008). It views individuals as experts on their own experiences who can "offer researchers an understanding of their

thoughts, commitments and feelings through telling their own stories, in their own words, and in as much detail as possible” (Reid, Flowers and Larkin, 2005, p.20).

IPA has its roots in transcendental philosophy, in particular Husserl (1859-1938, cited in Willig, 2008, p.52), and Heidegger (1889-1976, cited in Willig, 2008, p.54). Both theorists opened up methods for exploring the rich lived experience, as well as discussing complications involved in exploring the meanings placed on experiences. For example, Heidegger (1889-1976, cited in Howitt, 2010, p.280) recognised that interpretation of the narrative was inevitably influenced by the person doing the interpreting (e.g. in terms of thoughts, assumptions and values); creating the epistemological issue that is termed a ‘double hermeneutic’ – “the participants are trying to make sense of their world and the researcher is trying to make sense of the participants trying to make sense of their world” (Smith and Osborn, 2008, p.53). In this sense it raises the importance of reflexivity and the need to keep a reflexive diary when doing IPA (Morrow, 2007; Wertz, 2005), something I outline later in this chapter.

2.2.2 Limitations of IPA

One limitation of IPA is that it describes the lived experience of participants but does not attempt to explain it (Willig, 2008). However, it can be argued the first step to explaining an experience is to understand how the individual views their experience and the meanings they attach to it (Macran and Shapiro, 1998).

Another limitation is the role of language in IPA (Willig, 2008). Participants describe their experience to the researcher through the language they use. It can be argued that, “language constructs, rather than describes, reality... the words we choose to

describe a particular experience always construct a particular version of that experience” (Willig, 2008, pp.66-67). However, IPA recognises this and acknowledges the importance of the researcher in making sense of the participant’s experience (Larkin, Watts and Clifton, 2006).

2.3 Why IPA over other qualitative approaches?

IPA was thought more appropriate for carrying out this research over a number of qualitative alternatives, namely Grounded Theory, Thematic Analysis, and variants of Discourse Analysis.

2.3.1 IPA over Grounded Theory

It has been argued that grounded theory is better suited to concentrate on theory construction and social processes that account for phenomena, rather than being a psychological research method which aims to gain a better understanding of individual experiences (Willig, 2008). Moreover, it aims to achieve ‘saturation’ (a position where no new themes are emerging and the theory developed can account for known instances of a phenomenon (Strauss and Corbin, 1998, cited in Willig, 2008, p.37). As I was interested in identifying and contrasting lived experiences of counselling psychology trainees, and, as previously mentioned, acknowledging that epistemologically and ontologically I recognise there is at least nuance in experiences, I did not seek saturation.

2.3.2 IPA over Thematic Analysis

Thematic analysis is used when the researcher wants to utilize a lower level of interpretation, whereas a higher level of interpretive complexity is required in IPA

(Vaismoradi, Turunen and Bondas, 2013). Thematic analysis focuses on identifying themes and patterns of behaviour (Aronson, 1994). It organises and describes the data set in detail (Braun and Clarke, 2006). A thematic analysis is often mostly descriptive and its interpretative power is limited if it is not used within an existing theoretical framework (Braun and Clarke, 2006). I chose IPA over thematic analysis as I was interested in capturing and contrasting the richness of experience, which thematic analysis tends not to do.

2.3.3 IPA over Discourse Analysis

In addition, discourse analysis was ruled out as an appropriate method as it focuses on the role of language in the construction of reality. Broadly speaking, the aim of discourse analysis, including critical discourse analysis (Fairclough, Mulderrig and Wodak, 2011); Discursive Psychology (Willig, 2008) and Narrative analysis (Willig, 2008) is to understand how people use language to construct and position identities and activities. IPA on the other hand, aims to describe in detail the lived experience of an individual and the meaning they attach to the experience (Starks and Brown Trinidad, 2007).

2.4 Epistemological and ontological framework

In operationalising an IPA methodology in the current study, I opted for a post positivist paradigm that firmly positions and acknowledges the researcher as playing a central role in the research process.

The “primary goal of positivistic inquiry is an explanation that (ultimately) leads to prediction and control of phenomena” (Ponterotto, 2005, p.128). Positivists believe

that researchers looking at the same aspect of reality will all see the same thing. However, a criticism of this is that the perception and characteristics of the researcher will have an effect (Robson, 2011). The post-positivism research paradigm on the other hand attempts to address this problem by adopting the ontological position that there is a reality 'out there', but acknowledges that it can only be known and measured imperfectly (Ponterotto, 2005). Post-positivists accept that what is being observed can, and will, be influenced by the background, values, and hypotheses of the researcher (Robson, 2011).

Epistemology refers to, "the way in which people gain knowledge about the world and come to regard some beliefs as true and others as false" (McLeod, 2005, p.28). Predominantly, IPA takes a critical realist epistemological position (Fade, 2004, cf. Shinebourne, 2011). Even though there is a reality 'out there' (Morrow, 2007), individuals experience different parts of that reality (Fade, 2004) i.e., they experience the same situations in different ways depending on the meanings they attach to the situation (Willig, 2008). More specifically in relation to the current study; there will be commonalities in experiences to capture, trainee counselling psychologists will experience their training courses in different ways.

2.5 Sampling/Participants

There were seven participants who all met the inclusion criteria which are listed below. Please see table one for more information about the participants.

Participants were trainee counselling psychologists in their final year of study. After consultation with tutors, it was decided that the researcher would focus recruitment

outside her university due to the reflexive impact it was likely to have on the study (for example, increase the possibility that participants may have tried to please the researcher, researcher and participant would assume shared knowledge and would not fully explore issues; see also Hammersley, 2010). All participants were also currently undertaking mandatory personal therapy, and were carrying out 'client work' in a paid, voluntary or placement setting.

Other characteristics of the sample were left open and were not restricted by age, gender, or ethnicity, which is in line with previous IPA research (Rizq and Target, 2008b; Moller, Timms and Alilovic, 2009; Rizq, 2011). The participant sample did not need to be representative of the population as the aim of IPA is to "say something in detail about the perceptions and understanding of this particular group rather than prematurely make more general claims" (Smith and Osborn, 2008, p.55).

For qualitative research, it is recommended that the sample size is small, ranging from 5 to 15 participants (Coolican, 2004), and for IPA specifically anywhere from one to eight (Smith, Flowers and Larkin, 2012). In line with others (e.g. Rizq and Target, 2008a) the sample size for this study was seven participants.

Table 1: Demographics of participants

| Pseudonym | Age |
|------------------|------------|
| Sally | 32 |
| Sofia | 25 |
| Lisa | 58 |
| Richard | 49 |
| Barbara | 48 |
| Martina | 25 |
| Ava | 25 |

Four of the participants were non native English students. Three of the participants were British, two were Greek, one was Maltese and one was Swedish. Six of the participants were in a relationship. All of the participants had had personal therapy before embarking on the training course.

2.5.1 Recruitment

An invitation advert (Appendix 1) was placed on the national Facebook Counselling Psychology page. Three participants offered and later agreed to take part. One participant was known to the researcher through her placement and the remaining three participants were recruited through a snowballing effect (Coolican, 2004). This means that one of the participants recruited another participant from her course and that participant then recruited another participant from her course.

2.6 Materials

A semi-structured interview was used in this project as they are viewed as the best way of collecting data in an IPA study (Smith and Osborn, 2008). Semi-structured interview schedule enables the researcher to hear the participant talk in-depth about their experiences, while at the same time act as a guide for the interview and offer opportunity for the researcher to follow up interesting issues that may emerge (Willig, 2008; Smith and Osborn, 2008). Examples of the interview questions were, 'What made you decide to do the Doctorate?', 'Can you remember what your expectations of training were when you started the course?', and 'How have you experienced your personal therapy?', and in situ, these were followed up with probe questions such as, 'How did that make you feel?', 'Can you give me an example?' (see appendix six for the full interview schedule). The interviews lasted approximately one hour and were audio-taped with a digital recorder.

2.7 Procedure

Six of the interviews were carried out at the participants' University, and one interview was carried out in the participant's home. The interviews were carried out in quiet and confidential rooms. The interviews that were carried out at the Universities were conducted either in an empty study room in the library or in an empty teaching room. When the interview was carried out in the participant's house, there was no-one else present, thus ensuring a quiet and confidential space to conduct the interview. Before the interviews commenced, all participants were given an information sheet to read, which provided information about the research study (see appendix two), a consent form (see appendix three), and a demographic information sheet (see appendix four). Once the interview ended, the participants

were given debriefing information sheets (see appendix five) which contained information regarding University counselling services should the participants feel they need additional support following their interview. Throughout the interviews, the researcher remained alert to any discomfort or distress the participant may have been feeling. If the participant talked about challenges they had faced, the researcher would use her counselling skills, such as conveying empathy.

2.8 Analysis

The data was analysed using IPA. I started the analysis by repeatedly listening to the interviews. I then transcribed them verbatim into a Microsoft Word document. The transcripts included longer pauses and emotive expression.

In the first stage of analysis I noted down any thoughts or questions I had while reading the transcripts several times. These included noting down when a participant used a powerful term to describe how they were feeling, for example, 'I literally felt flayed' (Barbara, p.12, line number 5) and 'it kind of rips you you open therapy can do' (Sally, p.21, line number 13). The second stage involved identifying and labelling themes that characterise each section of the text, for example, painful experiences of opening up. The third stage involved structuring the analysis by clustering themes that shared meanings, and the final stage involved creating a table of the final themes with quotations that illustrated each theme (Willig, 2008). For example, the subordinate theme 'reconciliation of ambivalence' is illustrated using the excerpt,

...as time went by I just realised that at this time and with the input of the course, I've had one year of therapy and it was ten times more powerful than the three years I had previously and then I realised how much I needed that and since then I never closed the door to it and always consider the possibility that at some point I would like to return back (Sofia, p.4, line numbers 12-16).

The themes were then transformed into a narrative account, where they have been explained, and illustrated using verbatim excerpts from the transcripts (Smith and Osborn, 2008). It is important to differentiate between what the participant has said and the researcher's interpretation of it (Willig, 2008). The researcher's interpretation will be influenced by their own thoughts and assumptions and therefore it is important to be reflexive about any biases or assumptions they have about what they are studying (Willig, 2008).

2.9 Efforts to instil validity into analysis process

Yardley (2000) proposes a number of principles that support good quality research, namely; sensitivity to context, commitment, rigour, transparency, coherence, impact and importance. All these principles will now be briefly discussed in relation to the current study.

2.9.1 Sensitivity to contexts

Sensitivity to context was demonstrated in several ways. First, an awareness of the existing literature, both on the topic being researched and on the method being used (Yardley, 2000). This has been evident throughout the literature review and

methodology section. Moreover, Yardley (2000) states that it is important to be aware of the socio-cultural setting of the study, for example, the ideological, historical and socioeconomic setting and how this might influence the beliefs, expectations and views of all the participants in the study, including the researcher. The researcher's sensitivity to context is reflected in their reflexive views on the research process, which are presented in the discussion chapter.

2.9.2 Commitment

Commitment refers to the researcher immersing themselves in the relevant data, engaging with the topic and developing their research skills (Yardley, 2000). Furthermore, there is an expectation that "commitment will be shown in the degree of attentiveness to the participant during data collection and the care with which the analysis of each case is carried out" (Smith, Flowers and Larkin, 2012, p.181). The researcher ensured she put the interviewees at ease and listened carefully to what they were saying (Pietkiewicz and Smith, 2012). As a trainee counselling psychologist, the researcher used active listening skills to demonstrate empathy during the interview process. Additionally, she immersed herself in the relevant literature for this topic and has also read widely about IPA, to facilitate her analysis of the results. Another important aspect of the research process was for the researcher to regularly meet with her research supervisor, which was the case throughout the duration of the planning and analysing the results of the study.

2.9.3 Rigour

Yardley (2000) defines rigour as the completeness of the data collection and analysis. The sample in this study was selected as the participants fulfilled the

research criteria (see above) and were relatively homogeneous in this respect (as is preferred with the IPA methodology, see Smith, Flowers and Larkin, 2012). Smith, Flowers and Larkin's (2012) framework of IPA was strictly adhered to, from the process of coding through to the development of themes. During the interviews the researcher was rigorous in probing further when needed and as a result, some interesting findings emerged.

2.9.4 Transparency

Yardley (2000) emphasizes the importance of the transparency in methods and analysis throughout a qualitative study. Transparency in the current study is demonstrated through an accessible data sourcing and analysis procedure, leading to clear theme headings for pertinent presented interpretations and evidence quotes from the interviews. Therefore, the reader is able to clearly follow how the data were analysed and how the results were reached (Yardley, 2009). Moreover, by grounding the themes in pertinent narrative examples, the reader is able to distinguish between what the participant actually said and the researcher's interpretation of what the participant said (Elliott, Fischer and Rennie, 1999). Further transparency was also evident in the analysis process through the researcher sharing her interpretations with her research supervisor; whereby theme meanings were discussed, and were negotiated if there was disagreement. Transparency will be returned to in the reflexivity section of the discussion.

2.9.5 Coherence

Coherence refers to the clarity of the argument (Yardley, 2000) and "...describes the "fit" between the research question and the philosophical perspective adopted,

and the method of investigation and analysis undertaken” (Yardley, 2000, p.222). Guided by critical realism and the search for a better understanding of a phenomenon that will remain transferable outside of the current research context, I would argue that the study is coherent. The aim was to explore in-depth the experiences of a small sample of trainee counselling psychologists, from different institutions using transparency and the IPA methodology. In incorporating depth and breadth of experiences, while at the same time identifying shared experiences and need across participants and institutions, the current study has demonstrated fit between its theoretical and ontological objectives, its methods and its research questions. Again this point will be returned to in the discussion.

2.9.6 Impact and importance

Impact and importance is the contribution of the research findings to theoretical knowledge and its practical implications. This current research study explores the experiences of trainee counselling psychologists. Findings will be a guide for both prospective trainees, so that they can get a more realistic idea of what to expect as they embark on training journeys, and training institutions to help inform what support mechanisms can be put in place for trainees in order to reduce stress levels and the likelihood of ‘burnout’. This will be discussed in more detail in the discussion chapter.

2.10 Reflexivity

An important aspect of carrying out qualitative research is for the researcher to be openly reflexive about any preconceptions or biases they have about what they are studying. There are at least two types of reflexivity: personal reflexivity and

epistemological reflexivity (Willig, 2008). Personal reflexivity involves the researcher thinking about how their own values, beliefs, and experiences affected the research and how the research may have affected or changed the researcher, both personally and professionally. Epistemological reflexivity involves the researcher reflecting on their ontological expectations, in terms of what they anticipate capturing in their research (Robson, 2011) and generally on assumptions they have made throughout the research process and how these have influenced the findings.

While IPA acknowledges the importance of the researcher's own beliefs, preconceptions, and experience, it does not suggest a method of integrating them into the research process (Willig, 2008). Nevertheless, one way that has been suggested to ensure optimum reflexivity in qualitative research is to keep a research journal of insights and reflections (Morrow, 2007; Wertz, 2005); what the researcher did to ensure that she remained reflexive throughout the entire research process. I endeavoured to maintain a reflexivity diary throughout the study.

As a trainee counselling psychologist I was initially ambivalent towards having to undertake personal therapy and this led to my interest in this area of research. After carrying out a couple of interviews with the intention of exploring trainees' experiences of having mandatory personal therapy I found that this topic was too narrow in focus as the participants seemed to want to talk about their wider experiences of the training course. This, along with my personal experiences of the course influenced me to widen the scope of my research to look at the whole journey of the training course. A large part of my interview schedule does focus on

the experiences of mandatory personal therapy and on reflection it may have been beneficial to carry out a couple of extra interviews once I had widened the focus of the research. However, the interviews that were carried out did provide rich data about the participants' experiences of the whole journey of the counselling psychology training. Key components of my reflexivity will be discussed in further detail in the discussion section.

2.11 Ethical Considerations

The researcher adhered to the four ethical principles outlined in the British Psychological Society's (2009) code of ethics and conduct. The first principle is respect, which encompasses respect for individual differences, such as those involving age, ethnicity, race, religion, and gender. The second principle is competence, which is defined as, psychologists valuing, "the continuing development and maintenance of high standards of competence in their professional work" (BPS, 2009, p.15). The third principle is responsibility, which includes avoiding harming clients, the general public, and the profession of psychology and the final principle is integrity, which encompasses honesty, accuracy, clarity, and fairness.

The participants were given an information sheet which included an explanation of the study, what the participants were going to be asked to do, who will see their responses, how they will be used, and of how any material used from their interviews in the final paper will not be identifiable as theirs (see appendix two).

In order for the participants to give their informed consent to take part in the study they were given a consent form (see appendix three) to sign which stated they have read the information sheet and understood what their participation involves, that it was voluntary, and understood they could withdraw from the study at any time during the data collection stage. In addition, the participants were debriefed at the end of their interviews, in order to ensure none of them were in any way distressed by anything discussed during the interviews.

Ethical approval of this study was granted by the University of East London's Ethics Committee (see appendix seven).

Chapter 3: Results and analysis of results

The research questions are: How do trainee counselling psychologists experience their training? How do trainee counselling psychologists' prior expectations inform their experiences of training? How do trainee counselling psychologists make use of personal therapy to support their development?

3.1 Overview of superordinate themes

This chapter outlines the themes which emerged from the data analysis. The analysis of the data produced a total of three superordinate themes and ten subordinate themes (see table 2 below), which illustrated the participants' experiences of the counselling psychology training course.

The first superordinate theme, 'Uncertainty at this new training journey', captures the participants' initial experiences of the training course.

The second superordinate theme, 'From ambivalence to acceptance: Individual growth during training', captures how the participants training journey which included personal therapy, supervision and client work progressed and increased the trainees' self-awareness.

The third superordinate theme, 'Developing a professional identity', captures the participants development of their identity through becoming more confident, changing as a person and learning from others.

Table 2: Summary of themes

| Superordinate theme | Subordinate theme |
|--|---|
| <p>Uncertainty at this new training journey</p> | <p>Initial expectations of the course versus reality</p> <p>Entering the course as a wounded healer</p> <p>Initial experience of personal therapy</p> <p>Initial experiences of support</p> |
| <p>From ambivalence to acceptance: Individual growth during training</p> | <p>The journey of self-awareness and developing empathy</p> <p>Reconciliation of ambivalence</p> <p>Changing as a person</p> |

| | |
|------------------------------------|--|
| | |
| Developing a professional identity | Becoming more confident Developing professionally Learning from others |

3.2 Superordinate theme one: Uncertainty at this new training journey

The first superordinate theme explores the participants' early experiences of their counselling psychology training. The first subordinate theme captures the participants' initial expectations of the training course and how the reality of the course was different to what they had expected. The second subordinate theme explores the participants' motivations for wanting to train as counselling psychologists. The majority of participants were found to be 'wounded healers' who had been wounded in some way in the past and as a result wanted to help others who were wounded. The third subordinate theme captures the participants' early experiences of mandatory personal therapy. The majority of participants had not felt that they needed to have therapy at this stage and were not happy that it was mandatory. The fourth subordinate theme captures the participants' early experiences of support when they first started the training course. The non-native English students in particular felt they would have liked more support from the

training course initially as moving to a new country and getting used to a different system was daunting.

3.2.1 Subordinate theme one: Initial expectations of the course versus reality

Most participants had expectations of what the training course would be like, mainly regarding the academic requirements. However, it soon became apparent that the actual experience was different to what was expected.

Sally stated that she partly wanted to do the course due to the personal development component. It seems as though this aspect was particularly important to her.

...I was really keen on the personal development aspect of, of the training cos that's really important to me and that's part of the reason why I wanted to do it (Sally, p.7, lines 6-10).

But for Sally and others their expectations of the course did not match up with their experiences, not least because of how difficult it was:

...I just knew it would be really tough, I didn't know quite how tough it would prove to be (Sally, p.6, lines 8-11).

...I am 100% sure that it's not, I could never imagine how this training would be, I mean I could never imagine that it would be the way it was (Sofia, p. 2, lines 13-15).

One aspect of the training that took Sally by surprise was the enhancement of her self-awareness. Her discourse of this was mostly positive but learning to understand herself better was a difficult and sometimes painful process.

...I never knew that I have really low self-esteem so that's been like a massive thing for me as well kind of grappling with that, and, and also I didn't know that I was, I was a perfectionist and all of these things I learnt about myself during the training (Sally, p.24, lines 10-14).

Sally used the powerful description of Pandora's Box to convey her experience of uncovering a host of problems that she did not expect or even realised she had.

...it's quite shocking really that you can, you can come on, you can do something like this and, and it's like opening Pandora's Box, it's like opening you know yourself and kind of looking in and going, you know oh I, I didn't know I had all of these things inside of me (Sally, p. 31, lines 7-10).

There seems to be some ambivalence in Sally's narrative. She talked about being interested in the personal development aspect of the training course, whilst at the same time not wanting to be too dismantled or overwhelmed by what she learnt about herself.

Sofia anticipated her training as being of a more academic nature but the actual experience was very different. Training, she said, was more about becoming a reflective practitioner, rather than being an 'expert' one:

...I was expecting that I would um get lots of knowledge and, and become a knowledgeable psychologist but I guess I wasn't aware of how this training is more about, um becoming reflective and becoming aware of yourself (Sofia, p.2, lines 17-21).

Ava's discourse talked about her initial fears that she would not understand her clients or her lecturers as she was a non native English student and, as such, English was not her first language. As a result she had little confidence in herself and did not believe that she was good or capable enough.

...it's not low self-esteem but I don't always trust myself in terms of what I can do or can't do (Ava, p.8, lines 5-7).

Martina uses the idiom of "shattering my bubble" to illustrate how her initial expectations of the course were different to the reality. Blowing bubbles is an activity that children enjoy. To describe her initial expectations of the course as a "shattering of my bubble" infers that when she started the course her perhaps naive, expectations came to an end or were destroyed as the reality was different to what she had expected.

It was a bit of a shattering of my bubble really when I came here (Martina, p.9, lines 4-5).

I think the early experiences were again a bit of a shattering of my world view if you like cos first of all it's it's different when you're a foreigner because the the whole schooling system is completely different, the marking system is different (Martina, p.9, lines 7-9).

For Martina, her talks of expectations manifested in that she would be able to 'fix' her clients. The reality she found was different. She learnt that her role was about helping the client to make small changes (which would make both big or small differences) for the client rather than trying to 'cure' them. This meant that Martina had to learn to trust the 'process of therapy' and deal with sitting with the uncertainty of where therapy would take them and the client.

...my expectations before starting were that you know, someone comes in with I don't know, any issue, that they're going to leave and they're going to be happy and fine and everything and the reality has taught me that that's not the case (Martina, p.6, lines 12-16).

At the start of training Martina had high expectations of what she would achieve in her client work. Through growing and developing she realised that she needed to lower her expectations, and that even if she viewed a change in a client as a small difference it may actually have made a big difference.

Sofia shared similar experiences. As a new trainee counselling psychologist she had no clear idea of what was expected of her and felt uncertain in relation to the efficacy of her work and the value she would bring to clients. This led to an

awkward mismatch between what she felt the expectations were in terms of behaving confidently and acting like a 'professional therapist', and her internal lack of confidence and self efficacy.

my early experience with clients was very different, trying to, trying to balance between not showing my lack of confidence and insecurity and trying to show that I am knowledgeable and I, you know I can help them, on the other hand feeling that insecurity and experiencing that and feeling that I'm not really, I'm a bit lost I'm not really know what I'm doing in therapy, um that was a bit of a challenge (Sofia, p.6, lines 4-10).

Ava also talked about her initial fears and worries regarding carrying out client work and that she would not be good enough. She talked about the initial stages of training where she felt that she did not know what she was doing and did not feel confident in her abilities as a practitioner.

...I didn't know how to work with clients, what, what am I doing here, is it about the therapeutic relationships, is it about um doing something different with them, what am I going to tell them in the first session, um I remember even writing some things down so I can remember and say everything (Ava, p.9, lines 9-16).

3.2.2 Subordinate theme two: Entering the course as a wounded healer

The participants all spoke about starting the course with certain vulnerabilities that they needed some support with. Their training journey, including their personal

therapy, supervision, tutors and their client work was one that for most helped them to identify their issues and to heal themselves, and would enable the participants to explore their motivations for embarking on their journey. For the majority this process identified that they were 'wounded healers'; that there were experiences in their lives that had emotionally hurt them and had an impact on their personal and professional lives.

Four of the participants presented themselves as 'wounded healers' where negative life experiences contributed to their decision to undertake training in Counselling Psychology. For Sally, she had been hurt by people in the past and this caused her to mistrust people.

...I didn't really like people so much cos I had lots of kind of difficult experiences from my past (Sally, p.3, lines 13-14).

Sally did not go into details about how she had been hurt in the past but due to these experiences she initially felt that she did not want to work with people therapeutically. However, following the experiences she had whilst travelling, Sally realised that she did want to train as a psychologist as she met many people who seemed to have a profound positive effect on her: people who she described as 'loving' and 'amazing' and helped her restore her faith in people.

...after India I kind of learnt that I really love people (laughs) because they're this amazing people, they're so loving (Sally, p.3, lines 18-20).

This was also the case for Martina, who developed a negative picture of herself as a result of how her parents viewed her. Her parents believed that she was narcissistic and when she would cry following an argument would tell her she was attention seeking and self-centred. Martina internalised this view of herself and it wounded her deeply as she believed this was who she was. She had developed this identity of herself based on how her parents viewed her. It was only when she engaged in personal therapy that she started to 'heal' and realised that just because she was viewed in a particular way did not mean that that was the type of person she was. Through personal therapy the internalised image and identity she had adopted of herself as a narcissistic person began to change. Therapy helped her realise that she felt insecure, that it was alright to feel emotional at times and, essentially, that it did not mean she was an attention seeker. The experience of recognising her woundedness led Martina to want to help others.

...I think even though it hasn't changed the way my dad sees me, I've changed the way I see myself which I think is so much more important, so even though now I kind of, I you know, I stand up to him and I tell him you know, it's your issue if you see me that way (Martina, p.23, lines 21-24).

Sofia talked about how the type of relationship she had with her mother affected her therapeutic work. She spoke of having quite an enmeshed relationship with her mother and discussed a client she had where the relationship was similar. Initially Sofia did not want to see the similarities as that would mean having to face her own difficulties in the relationship with her mother. It seemed that her difficulties in her

own relationship led to her feeling wounded which in turn led to her wanting to try and heal others.

...I wasn't able to help this woman, it was at the initial start of my placement because obviously her material was too threatening to mine, I didn't want to become aware of, of my own issues my own er conflict of separating (Sofia, pp.24-25, lines 22-1).

Sofia's discourse referred to initially not wanting to unravel her 'self' but over time with personal therapy and supervision, she was able to separate her issues and turn what she had learnt towards helping her clients:

...now I have a client with very similar presentation and I'm able to separate from her and help her separate from me (Sofia, p.25, lines 10-13).

Ava also talked about how being wounded herself made her want to help others in the same way that she had been helped by personal therapy. Ava was wounded through having two losses and initially she felt she would not be able to survive her pain. Through personal therapy she realised that she could not only survive it but that she could also help others survive their difficult experiences.

...it was a major, two major losses for me basically and then I thought human pain is unbelievably (laughs) it's too much (Ava, p.3, lines 15-16).

...I realised wow it's painful but it's, you can work with this and you can get over this and, and this is what I want to do, to help people in the way I was helped (Ava, pp.3-4, lines 19-2).

Lisa's discourse conveyed the reasons that led to her wanting to be a psychologist. As a child she had seen a psychologist due to 'acting out', which was due to domestic violence occurring within the home. Seeing a psychologist had been a negative experience for Lisa; she felt he was rigid and was not interested in helping her to open up by varying his therapeutic techniques. This fuelled Lisa's interest in becoming a psychologist as she wanted to provide a better service for people in need than she felt she had received in the past.

...he would sit there and say to me draw me a picture...I knew I wasn't good at drawing but if he'd said to me could you write me a story, I would have filled books for him you know, because I enjoyed writing stories (Lisa, pp.8-9, lines 24-6).

3.2.3 Subordinate theme three: Initial experience of personal therapy

Most of the participants spoke about the initial resistance they felt towards having personal therapy at the start of their training. They either felt they did not need therapy at that point, or they resented the fact that it was a mandatory part of the course and they had no choice but to have therapy. A lack of understanding about the reason for undertaking personal therapy may have also contributed to the resistance. The participants' initial ambivalence towards personal therapy may

possibly mirror how clients may feel when they first enter therapy. Sofia felt that she did not need any more therapy; that she had nothing left to learn about herself.

... starting therapy at the beginning thinking, well I've had three years of therapy and I don't need any more therapy and that's, that's actually what I told my therapist when I started that, you know I was thinking, I have to have more therapy, I was quite resentful of the fact that I needed to (Sofia, p.4, lines 5-10).

Sofia's resistance towards personal therapy led to the employment of different techniques to avoid engagement; passing the time by talking about day to day events. She resented being forced to have personal therapy, and by 'disengaging' from the sessions' intended purposes, she was able to implicitly 'protest' and maintain an element of control in the situation.

...the way I experienced my therapy um was at the beginning I think I was kind of I don't want to say wasting the sessions because that was part of my process but I wasn't really using them therapeutically because I didn't think there was any point of me being there (Sofia, p.17, lines 19-23).

Martina talked about her initial resistance to mandatory personal therapy through discourse that emphasised financial implications on top of a constraint of personal agency.

...I remember thinking, you know I don't need to go to therapy and this is such a waste of money (Martina, p.12, lines 7-8).

For Martina her negative thoughts about having therapy affected what she got out of it. Initially, she seemed to not have engaged well in the process; for the first three or four months she could not think of anything particular she wanted to talk about and failed to see its benefits until later on in her 'journey'.

Martina powerfully used a prison metaphor to convey her feelings of being trapped and being without choice; feelings she would say that were counterproductive to a therapeutic relationship and opportunities for positive change. Her metaphor would also imply punishment and control from the 'authorities' who were providing her programme.

...it feels like it's, it's a, it's kind of like a prison confinement really (Martina, p.12, lines 24-25).

Barbara also talked about her feelings about not having a choice whether or not to attend personal therapy which again refers to a lack of control:

...I, I kind of resented the fact that I was being told that I needed to do it straight away, I sort of wanted there to be more choice around when I did it (Barbara, p.9, lines 18-21).

This lack of choice seemed to result in Barbara choosing a therapist who she ended up having a negative therapeutic relationship with. If she felt less pressurised at the beginning, she thought, maybe she could have spent more time researching and meeting different therapists in an effort to find one that was right for her.

Barbara talked about her first experience of therapy on the training course. She talked about wanting to stay in control of what she was going to discuss in therapy. As she could only afford a few sessions she did not want to go too deep and wanted what she talked about to remain at a safe level:

...I was very frightened about kind of opening some can of worms that, that couldn't be contained within 15 sessions (Barbara, pp.10-11, lines 24-1).

Barbara used the idiom of 'opening a can of worms' to describe not wanting to uncover and try to solve a problem, only for it to become more complicated and potentially more painful in the short amount of sessions that she had. She felt that she had to keep herself safe and the way to do that was by withholding information from her personal therapist.

Barbara talked about how her therapist made her feel anxious and uncomfortable in her abrupt therapeutic style.

...every session she would kind of come through to the waiting room, pick me up, she wouldn't speak to me, she'd turn around and I'd follow her to the

room and then she'd sit in her chair and there would be silence and I found that incredibly difficult to cope with (Barbara, p.11, lines 6-8).

For Barbara, silences in consultations were a punishment, which had a dramatic effect on her engagement in the therapeutic relationship.

...I'd sit there thinking to myself, ok well let's see who, let's see who can keep silent the longest sort of thing, and, and I couldn't, I used to get quite cross with myself because I, I was always the one who broke the silence (Barbara, p.11, lines 11-15).

Barbara went on to describe how the therapeutic relationship deteriorated even further, with the therapist threatening to not sign her University form to say she had been to therapy.

...I was horrified, I was absolutely horrified, I, I mean a lot more was said apart from that and I, I went home and I literally felt flayed, it was the only word that, that matched how I felt, I literally felt as if the skin had been taken off me (Barbara, p.12, lines 4-6).

Barbara used a powerful metaphor; 'feeling flayed' to describe how she experienced what her therapist had said to her. To be flayed alive was a common punishment in medieval times where a person would have the skin peeled off while still alive. The fact that she used this term to describe this therapeutic experience emphasised how traumatic it was, and how awful she felt.

However, the initial perspective towards mandatory personal therapy was not shared by everyone. Two participants were happy to engage with personal therapy at the start of the training. One such participant was Lisa:

...I understand the need for a level playing field in this respect (Lisa, p.9, line 19).

By using the metaphor 'need for a level playing field', Lisa conveyed two things; first, her understanding that the reason for personal therapy being mandatory was for all the trainees to be on an equal footing, and second, it affords more opportunities to empathise with her clients. She also conveyed it was something she bought into when she signed up to do the Counselling Psychology programme:

...you know you sign up to it, um to the to the course whether it's independent route or a course um, and you know, you read through what's involved and either you sign on to it or you don't (Lisa, p.10, lines 9-12).

3.2.4 Subordinate theme four: Initial experiences of support

Formal (in the form of institution) and informal support (or lack of it) was important in participants' journey of personal and professional development; especially in those initial parts of training when initial expectations and 'myth busting' needed to be negotiated. In the narratives of the study this was particularly the case for participants who needed to emigrate to the UK to undertake training or/and when English was not their first language.

Over half the participants were non-native speakers and their migration to the country and their culture complicated their integration into the training. For Sofia, for example, the reality was that she did not receive the initial support that she had expected. She talked about particular difficulties with getting her initial placement due to being confronted with, and negotiating a new culture on top of learning how the programme processes and procedures worked,

...I do remember obviously at at the beginning saying, it was a struggle in terms of confidence cos it it was um a degree in a foreign country for me and a foreign language so getting a placement was quite challenging for me um even the process of how to uh to get a placement how to uh kind of apply or everything so that was quite a challenge at the beginning (Sofia, pp.3-4, lines 20-4).

Sofia, as a non native English student, expected more support. She was unsure about how the UK bureaucratic systems worked, and, in particular the process of finding and applying for a placement; where she felt there could have been more initial practical support, for example, on how to write a covering letter. In the absence of familiar and regular support network of family and friends, non UK students are likely to need more professional sources of support, from, for example, lecturers. Sofia did not receive that support.

...if I didn't know how to um approach a service, if I didn't know how to uh sell myself, how to write that that cover letter for example um if I didn't know

um you know what what are the requirements when you start a placement that I would uh in terms of supervision in terms of how much experience you need, it's going to be difficult...I don't feel I had the guidance and the support I needed at that at that point (Sofia, p.7, lines 1-19).

Sofia would have welcomed extra input that she felt was missing from the course, for example, in preparing her for placement interviews.

I remember uh I had gone for a place for an interview in the first year and they asked me about um the stepped care approach and the primary what what does it mean to me to work in a primary care setting, I didn't know and perhaps I should have known but it makes sense that if you come from a country where the system is very different and there isn't a stepped care approach that you would struggle with understanding that...perhaps having that guidance in terms of how the interview is what what they are asking at interviews would have been helpful (Sofia, p.9, lines 3-13).

For Sofia the reality was that maintaining contact with her friends and family was difficult due to the demands of the course which again she may not have expected. Being a non native English student meant that these contacts were important to her as she was living far away from her support network and had made limited friendships in this country at this time. It was an experience that had a negative impact on her well being.

...it has definitely been a challenge in terms of keeping up keeping that contact with my loved ones back home with my friends, with my family and when you get home very late and you're exhausted, even just talking on the phone even having that contact isn't possible sometimes (Sofia, p.30, lines 20-23).

Not having regular contact with family and friends made Sofia feel lonely and isolated during a period when she needed to be performing well in terms of learning new cultural and institutional processes and her need to quickly engage with a challenging course. Being committed to and focusing on her identity as a trainee counselling psychologist meant that her identity as friend and family member waned as it was difficult to maintain contact since they were in a different country.

Martina was also taken aback by her initial lack of support in helping her to learn the ways and processes of the training programme. In particular she found the practical aspect of finding an initial placement difficult:

Even though the course kind of gave us a list of potential placements to contact most of them were out of date or they weren't taking people or they only took second years and there was a lot of panic going on (Martina, p.10, lines 3-7).

Ava also talked about the challenges she faced as a non native English student, both at a practical and an emotional level. She described her initial experience as being "scary and frightening". Again it was the practical difficulties she faced as a

non native English student, for example in writing essays and providing therapy in a different language.

...it was really scary and frightening because it was my first year in the country and I remember being frightened about writing essays this is my it's not my first language English (Ava, p.7, lines 6-10).

...it is difficult to leave your country and talk in a (unclear word) can be really difficult, and doing therapy in a different language as well (Ava, p.13, lines 1-2).

Sofia talked about how, in light of the lack of initial support around her, the initiative and responsibility she needed to take on in the face of the challenges she faced in her early months further accelerated and strengthened her personal and professional development. Moreover, she was aware that as an adult learner she was expected to sort out a placement by herself; the University, therefore, implicitly discouraging her from asking for help.

...reflecting back I do see my part in it because I did have a tutor which I never contacted and I could have booked an appointment and gone through it together but at that point I didn't have the I think the confidence to do that um and perhaps I thought that is something that I needed to do myself and I should know how to do it and it it would seem a bit childish to um ask my tutor to help me with that (Sofia, p.8, lines 9-15).

Sofia contradicts herself: on the one hand she talks about feeling that she could have taken more responsibility in asking for help but on the other hand she felt that more initial support should have been offered.

...but thinking about it now you know I deserved that, I needed to have that guidance and you know it should have been there (Sofia, p.8, lines 15-16).

So, although the more ideal (and expected) initial support may not have been there for Sofia (and other migrant trainees), it afforded opportunities for important, arguably positive, personal and professional development.

All participants talked about the importance of feeling supported by their personal therapist. The importance of this is exemplified by Richard who talked about his experience of not feeling supported with his first therapist. In the following quote Richard wanted to feel he would be safe enough to disclose personal information, but did not get the reaction he wanted:

...I can remember one time when I was about to disclose something and said I'm, I'm, this is difficult for me but I'm sure you'll keep me safe, by which I meant I'd like you to keep me safe and he said, why do you think that's my job (Richard, p. 5, lines 23-25).

Richard went on to discuss how the wider context of the uncontained environment had an impact on his experience of feeling uncomfortable,

...I would get there and receptionists would go, would have gone home and I would kind of have to tap on a window, and you know, he was obviously expecting me at a certain time so that was, and then we'd walk down a corridor which might not have any lights on because they'd all been switched off...that kind of felt, not intimidating but didn't really feel very comfortable either (Richard, p.8, lines 3-9).

3.2.5 Summary

Overall, this theme explores how the trainee counselling psychologists' have experienced the early stages of their training. Most trainees' initial expectations of the training course include the view that they would become an expert by the end of training and that they would be able to 'fix' their clients. They found that the reality was different and they grew to realise that by helping the client to make what they consider to be a small change might actually make a big difference to the client. This theme also captures participants' motivations for undertaking the counselling psychology training. The majority of the participants presented themselves as 'wounded healers' where negative life experiences contributed to their decision to undertake the training. This theme also illustrates the resistance that most of the participants initially felt towards having personal therapy. Furthermore, most of the participants were non-native English speakers who felt they did not receive the initial support from the course that they had expected.

3.3 Superordinate theme two: From ambivalence to acceptance: Individual growth during training

The second superordinate theme explores how the participants started to move from ambivalence about the training experience towards acceptance of its challenges and stresses as well as the opportunities it offered them for personal and professional development. The first subordinate theme captures how the participants' self-awareness increased throughout the training journey. The second subordinate theme explores the changing views of the participants towards personal therapy. Initially most of the participants resented having to undertake mandatory personal therapy but by the final year, it tended to be viewed as an essential part of the training. The third subordinate theme captures the different ways in which the participants developed and changed throughout the training course.

3.3.1 Subordinate theme one: The journey of self-awareness and developing empathy

The training journey seems to have been a journey of self-awareness for the participants as they talked in-depth about how their self-awareness increased throughout this process. The overall training journey which included personal therapy, supervision and client work increased the trainees' self-awareness. For Sofia this journey was sometimes a painful voyage of self-discovery. She talked about the process of understanding herself better, including aspects of her personality that she did not like and previously had avoided seeing.

...It's through that relationship that I had that I would get to understand myself so it was quite it was quite painful, understanding things that obviously you don't like about yourself and you do everything you can to

avoid seeing them, and, and then all the guilt comes to the surface about, you know, things that you have done or you have things how you have related to people (Sofia, p.18, lines 14-19).

Ava also talked about becoming more self-aware through the process of training; about gaining more of an understanding about why she felt certain emotions at certain times and being better able to distinguish between whether it was her client's emotions she was feeling or whether it was her own. In doing so, this self-awareness has helped her to develop as a counselling psychologist, by reflecting on her own impact on therapy and the therapeutic relationship.

...it's about knowing yourself, why am I angry now or I know that I become angry with this, um or I'm thinking about my client, is it my client's, is it mine (Ava, p.26, lines 13-15).

...it's about in depth work, really getting to know yourself uh throwing yourself in in in the therapeutic relationship, having someone to challenge you and tell you, you know, not just empowering you but allowing you to, to experience painful parts of yourself and, and having that awareness, for me it's it's very important having awareness of who you are, why do you think that, why do you feel the way you feel (Ava, pp.25-26, lines 19-6).

These quotes seem to mirror earlier quotes in the first superordinate theme about the challenge of learning about the self. However, there is an apparent shift towards becoming more accepting of this as a process. In the above quote Ava

talked about therapy allowing her to experience painful parts of herself. This is important because Ava had previously avoided experiencing these painful parts; therapy helped her to face them and to realise that she can survive experiencing that pain. Ultimately, the therapy that Ava experienced was painful but it resulted in an increased awareness of who she felt she was and what she felt was a positive impact on her work with clients. Through this process of learning more about herself, Ava's identity of who she felt she was began to change.

Other participants also talked about how their experiences of the training course and 'being a client' in their own personal therapy increased their self-awareness and empathy towards others.

Richard's experiences of therapy (both positive and negative) taught him what it feels like to feel 'uncontained' as a client and to feel unable to disclose personal information for fear that the therapist will not keep them safe. Conversely, he also developed knowledge first hand of how it felt to be a client who has a therapist who is empathic and supportive. His personal therapeutic experiences have made him more aware of how difficult it is for new clients who may be wary of the therapeutic process:

...that's kind of helped me see it more from a client perspective and what it must be like and, um perhaps informed how I try to be in a therapy room with a client (Richard, p. 8, lines 18-19).

...it has informed, made me more perhaps more considerate of what it must feel for a client, particularly a new client (Richard, p.8, lines 21-22).

In professional terms, Sally found it valuable experiencing what it is like to be a client, again believing it helped her to empathise more with her own clients,

...I know what it's like to be in the client's position and I think that's extremely useful learning, and, I can sometimes even say that when I see clients for the first time, you know, I know it kind of feels it might feel a bit awkward and you know you kind of supposed to talk to this total stranger about really intimate things and I know what that feels like and I think that's really, really, really important to to know... knowing how bloody painful it can be and how it kind of rips you you open therapy can do (Sally, p.21, lines 7-13).

Sally powerfully used the phrase; 'rips you open' to describe what therapy can be like, especially in the initial stages. The imagery not only conjures up someone who is in extreme amount of pain, but who is powerless to the pain being inflicted.

Sofia, similarly talked about how she had grown through experiencing what it was like to be a client and to empathise with what it felt like to be on both sides of the therapeutic fence. She became aware of her vulnerability when attending therapy; in disclosing personal and often painful information to the therapist, but also in how she was vulnerable to what the therapist says – something that could be painful or comforting.

...when interpretations were made in a hurtful way, I felt I wouldn't want to do that to a client, or and when interpretations were made in a very contained way, a very compassionate way, I felt, I felt ok, now I can go deeper, I can, I feel safe enough to to disclose more um kind of if you like, horrible aspects of myself cos I know that you'll help me understand them but you'll understand and you'll be compassionate yourself (Sofia, p.20, lines 10-17).

Martina also talked about how experiencing what it was like to be a client has affected the way she acts with her own clients. In particular she talked about one incident where she felt her therapist made a wrong interpretation and the rupture it caused. Experiencing that herself has affected how she makes interpretations with clients as she knows what it feels like to feel misunderstood.

...I remember there was an incident I wasn't happy, she made an interpretation which I felt was completely wrong um, and then kind of, when we started doing psychodynamic in the course you know, we were told about resistance and stuff and I reflected on that a lot and I don't think it was cos I wasn't ready to hear the interpretation, I think she was just completely off (Martina, p.18, lines 16-21).

...I think I also used as a learning experience because I'm very wary when I make interpretations with my clients now (Martina, p. 19, lines 10-12).

Ava also talked about how valuable it was to experience what it is like to be a client, in order to empathise with her clients better. Below, Ava talks about how important

it was for her to experience how a client may feel when a particular model is used or when the therapy is ending.

...I think that in depth work is really really important, particularly if you're, you're interested in using a specific therapeutic model you have to experience it how clients might experience it and see how it works on its own (Ava, p.27, lines 4-6).

...I can see how strong a therapeutic relationship can be and we talk about therapeutic relationship, we talk about endings in, at the University in lectures but I don't think that we can ever understand unless we have been in that position ourselves (Ava, p.24, lines 14-18).

Ava talked about turning what was potentially a negative session in her therapy into something positive by feeling able to address it and express how it made her feel:

...even the times when there was and I, there was, I won't say wrong interpretation because she was probably right (P laughs) but I, I wasn't ready to hear something and those times, I was able to be angry, I mean I felt the anger and I went back and I told her (Ava, p.28, lines 3-6).

3.3.2 Subordinate theme two: Reconciliation of ambivalence

Even though most of the participants resented having to undertake mandatory personal therapy at the start of the training, by the final year, it tended to be viewed

as an essential part of the training, as illustrated by the next excerpts. As their perception changed so did their personal engagement with therapy.

...before it was something mandatory that I had to do, now it's something really valuable that I want to do... (Barbara, p.24, lines 16-21).

...I do think the therapy is an important part of the training (Barbara, p.18, line 14).

...as time went by I just realised that at this time and with the input of the course, I've had one year of therapy and it was ten times more powerful than the three years I had previously and then I realised how much I needed that and since then I never closed the door to it and always consider the possibility that at some point I would like to return back (Sofia, p.4, lines 12-16).

Participants who were initially sceptical about the need for personal therapy went on to appreciate the value of mandatory personal therapy. For several, this change in how they felt about having personal therapy involved a change of therapist, for others it was through establishing a stronger, more trusting and beneficial therapeutic relationship with the therapist they had.

For Barbara learning to understand that a therapeutic environment needed to be and could be 'containing' (i.e. safe to talk about painful emotions within the session)

was an essential part of the breakthrough in accepting and valuing her mandatory personal therapy sessions.

...when I'm talking about painful issues, um she's able to give me the space and she's able to contain sometimes overwhelming emotions (Barbara, p. 19, lines 12-16).

Ava also talked about the importance of feeling contained by her therapist; how building up trust with her therapist meant she felt really understood by her:

...it's not about saying oh you, perhaps you're feeling sad, it's not that, it's about feeling that hidden feeling, it's about having that safety to feel that (Ava, p.24, lines 10-14).

...it's about having the safety, the space to, to, to experience this very, very hidden and, and unbearable feelings and, and being contained (Ava, p.27, lines 8-10).

Ava talked about experiencing hidden and unbearable feelings. At the start of therapy she was not aware of having some of these feelings and may have, arguably, buried them in her unconscious. Initially when these feelings came into her conscious awareness, she felt they were overwhelmingly painful and she would not survive them. However, through her therapist being containing, she felt safe enough to experience and face those feelings and perhaps realised that she could survive them.

For participants establishing a therapeutic relationship that afforded support both within and outside of it was important. Most of the participants appeared to agree being in personal therapy was a great source of support when they were faced with difficulties, in particular while studying on the course. For example, the support Sally received from her personal therapy was vital in helping her to manage the various stresses and demands of the course. She was experiencing a very lonely and difficult time and her therapist was her essential and only support during this time. It is also possible that once the participants had moved towards acceptance of their therapy, they were able to use it more.

Likewise, Lisa and Barbara believed their therapist had been supportive during their difficult time on their respective courses,

...there were you know, all these people um, who kept me going um, and helped me get through this um, and he was one of them (Lisa, p.6, lines 13-16).

...it's one of the great sources of strength for me and support for doing the course (Barbara, p.18, lines 2-5).

Sally also talked about her personal therapy being a valuable support for the course; in particular because she experienced self defined 'burnout' in the second year, where she felt unable to cope with the different demands being asked of her.

For her, personal therapy supported her after her crisis, and it helped her to understand what may have led to this.

...and the second time round was kind of after my crisis, so then I was kind of mostly looking at social isolation and how I felt, like I didn't have anyone to support me (Sally, p.19, lines 15-16).

Over and above the support with course related difficulties, some of the trainees also talked about how they have benefited from having the space to talk about personal and wider difficulties. Lisa described feeling that her therapist was on her side and that she also found it helped discussing difficulties in her personal life.

...there were um, some personal things that we discussed because just a few years before I'd been through a horrific divorce...it was very useful in that respect too (Lisa, p.8, lines 3-13).

For Lisa the stability and support that she received from her therapist meant she was able to 'move on', while at the same time maintain engagement in her training. It also gave her the opportunity to discuss certain personal issues that may have emerged later on in her career, particularly if she was to have a client with a similar experience.

Similarly Sally talked about not only feeling that her personal therapy supported her with the course but also supported her with issues in her personal life when she had no other support.

...I think the first time I really used it to work on like a big issue in my life, that, and it was really helpful (Sally, p.19, lines 10-11).

...I felt like I, I didn't have support when I was going through this really challenging time and yeah, it's supported me through that (Sally, p.22, lines 2-3).

3.3.3 Subordinate theme three: Changing as a person

Through the training process Barbara learnt to 'sit with my own pain' so that she was able to sit with her client's pain. By this, she is referring to when a client's difficulties might trigger feelings about her own issues and that in dealing with these issues she is able to help the client,

...I feel very strongly that it's not possible to sit with somebody else's pain if you can't sit with your own pain (Barbara, p.23, lines 13-14).

Sofia spoke about the effect that becoming more self-aware had on those around her. The changes in her were sometimes greeted positively by her loved ones. However, she also acknowledged that changing was often seen as threatening to her loved ones as they remained the same while she was changing. Changing threatened her relationships with friends since her identity was evolving and becoming more elaborate. It created an 'atmosphere' where her friends and family worried that their relationship with Sofia would diminish or that they would grow apart. At the same time, through becoming more self-aware, Sofia became more

sensitive to aspects of her relationship that were negative and as a result started to respond differently to relationship cues.

...It has changed my relationship with my mother, for example, because I got to set boundaries and obviously that's threatening (Sofia, p.25, lines 14-15).

Sofia described how growth and 'changing' through the experiences she had on the course can have wider implications for relationships; being threatening to those around you who cannot be a part of it.

...that's threatening and that's quite sad because when we gain an awareness and your loved ones don't necessarily understand why you're changing that can feel a bit harsh and punitive at time (Sofia, p.25, lines 15-19).

As Sofia developed her identity and changed, this was sometimes difficult for those close to her to accept. Sofia's family and friends would have felt safer with the person they once knew; as they knew what to expect and were more secure in their relationship with her. They would have felt safer if her identity had remained stable. As Sofia developed throughout the training course, family/friend dynamics changed:

...I got to understand a lot of how I behave with people and change that behaviour and at times that was welcomed...at other times people were I guess pushing me to go back to the self they knew (Sofia, p.27, lines 1-6).

Sally talked about how her training journey resulted in her growing expectations of her friends, and how she expected a much higher standard of 'relating':

...When you train in this field you become so acutely aware of how people relate to you and how people you know, whether people listen or not and, and you kind of, I think your standards for relating becomes incredibly high sort of so for me I've kind of, it, it's obvious to me when my friends aren't present for me, when they're not, they're not able to meet me (Sally, p.22, lines 4-11).

Through counselling psychology training, listening skills are honed and through therapy a trainee experiences feelings of being listened to and understood by a therapist. The development of these attributes is likely to have effects on their own wider relationships with others; for example, if they feel they are not being listened to and understood by their friends in the same way. Coupled with the feeling that as a trainee you are growing and changing as a person, while your friends and loved ones are perceived to be static. In these ways counselling psychology training, in a number of cases, developed distance between participants and their family and friends.

Similar to others Sofia described her actual experience of the training course as a journey of self discovery. She accepted that, as with any journey, it would lead to personal development and personal changes.

...I think I, I was a different person when I started and I think this, this

course is exactly this that's the, it's, it's biggest characteristic, I think you enter one person and you exit a different person (Sofia, p.3, lines 16-18).

Ava, like all other participants, acknowledged (and summarised) that an essential lesson learnt from her training was that it was more about the journey or the process, rather than a definitive end point or achieving expert knowledge or standards. Essentially it was about her own growth:

...it's so different, it's very experiential for me, it's not about the training, in terms of lectures, it's about the whole experience, it's about the personal therapy, it's about supervision that you have and the people that you choose to work with, it's about your choices, it's about the growth, um it's about who you become, such a different person so I don't think that I ever expected that this would happen (Ava, p. 6, lines 1-7).

3.3.4 Summary

Overall, this theme explores how the participants' journeyed from their initial expectations and the disappointments that followed, to a place where they had a more realistic perception of the role and more awareness of their own changing professional and personal persona. The participants talk about how the overall training journey which included personal therapy, supervision and client work increased the trainees' self-awareness. The participants talked further about their experience of personal therapy and how, following some initial resistance, by the final year they valued it and viewed it as an essential part of the training.

Additionally, the participants found that the growth they experienced throughout the training course sometimes had an impact on their relationships with family and friends as the trainees were changing while their loved ones remained the same.

3.4 Superordinate theme three: Developing a professional identity

The third superordinate theme explores further the development of the participants' professional identity. The first subordinate theme captures the ways in which the participants developed their confidence throughout the training journey. The second subordinate theme captures the ways in which the participants changed over the course of their training. The third subordinate theme explores the ways in which the participants' identity developed through all aspects of the training course,

3.4.1 Subordinate theme one: Becoming more confident

As they continued their training journey, the trainees appeared to gradually become more confident in their own abilities.

For Sally, her journey of personal and professional development over her training programme was to overcome feelings of inadequacy; that she was not good enough for her clients.

...constantly feeling that I'm not enough for my clients, I'm not good enough for my clients, that, that I felt that throughout the first two years, it's not until maybe now that I feel good enough in my role (Sally, p.28, lines 9-14).

Sally talks about her anxieties when asked to present in front of a large group of people as part of her training. Despite her anxiety beforehand, the presentation went well and this training experience helped to increase her confidence in herself and her belief that she is a capable, competent person. Having to do an oral presentation gave Sally a voice which she felt she did not have in a group.

it's always always the confident people who speaks in a group and I always been like a quiet person in a group, but, but doing an oral presentation you you are actually given the space already so it's kind of this amazing platform to shine, do your thing, so so that really inspired me to kind of feel like actually I could do talks and I could do presentations and I could go do conferences and do all of these things so it kind of really gave me a boost (Sally, p.30, lines 9-14).

One factor that seemed to have helped Sally to become more confident is the support she received from her course tutors when she was experiencing a particularly difficult time on the course.

they were really, when I had that crisis and, and, and I kind of looked for help they were really really supportive (Sally, p.32, lines 3-5).

Martina was able to develop her confidence through having a supportive placement supervisor who helped guide her with regards to her client work. The fact that her clients were attending their sessions made her feel more confident in her abilities as a clinician.

my supervisor helped build my confidence...she was extremely supportive and you know she boosted my ego a lot so I think she kind of kept me going, um so my first experience of first year was thinking maybe I'm not good at the academics but practically I'm good because my clients kept on coming back so I didn't feel like much of a failure there (Martina, p.11, lines 6-12).

For Martina, her work with clients was fundamental in increasing her confidence. She found working with clients rewarding and when they gave her feedback, she felt that she was making a difference to them, which increased her confidence in herself. When she talks about her client's "saying something stupid like thank you" it sounds like maybe she is surprised when that happens as she does not expect it and that provides some validation that she is making a difference to them.

it's my clients that's kept on giving me confidence and you know when they just say something stupid like you know thank you so much I really appreciate this, it just, it gives you a boost you know it makes you think ok, I know what I'm doing most of the time (Martina, p.47, lines 3-6).

For Ava, her increased confidence manifested in feeling more comfortable with asking questions if she did not understand what someone had said, and in general she became more acceptant of her abilities and her limitations. In doing so she lowered her expectations of herself and became more realistic about what she could, or wanted to, achieve.

having the appropriate support, doing the appropriate work with yourself that changes and then I became more fluent and I was saying ok, I was saying ok, if people can't understand me, what I'm talking about then they can ask me, or if I can't understand a client or someone then I can ask (Ava, p.8-9, lines 19-3).

Sofia emphasised that initially her expectations of the course were mainly academic goals – of 'going to University'- but what she gained most from the course unexpectedly were the relational elements.

...it was um how I got to know myself in the process and how I am in therapy with the other person and how I can use the knowledge of how I'm experiencing a relationship to understand the other person as well so the relational elements of it, I wasn't expecting it, expecting them (Sofia, p.3, lines 8-12).

In short, training increased Sofia's self-awareness and her ability to be a reflective practitioner. For example, understanding how she was relating to her client helped Sofia to understand why she may have felt certain emotions during therapy; for example, did the client remind her of someone, or were their difficulties similar to something Sofia had experienced.

Rather than 'becoming an expert Counselling Psychologist' as she had expected, in her experience she built her self-confidence as a practitioner through her academic

practice and therapeutic experience.

3.4.2 Subordinate theme two: Developing professionally

For Sofia, her journey of personal and professional development involved her deconstructing the myth of 'becoming an expert'. When Sofia started her course she had high expectations that she would become an expert in the field. She came to realise it was an unrealistic expectation and she would now argue that even when a trainee becomes qualified they will still be learning and cannot expect to be an 'expert'. Over time she realised that it was not just about a course or programme of academic learning.

...When I was starting I expected that I would become this expert person and then I realised that it's not about that and this, this course is challenging in so many more ways than just the academic part of it, um that it would be a journey rather than a course in which I entered (Sofia, pp.2-3, lines 23-3).

Through the overall experience of the training course, Martina learnt that she needed to be flexible in how she works with her clients. She learnt the importance of being in tune with what the client needs and not being rigid and using a particular model because that is the one the trainee prefers. Furthermore, she learnt that it was important to be flexible enough to change the model she is using to best fit what the client needs at that particular moment. As her identity as a clinician developed, her confidence in her abilities grew and she was able to be more flexible in her approach to clients and think about which model would be more helpful for them rather than using the one she preferred.

I think I learnt just basically to be human, because I think that's such an important message for us as counselling psychologists (Martina, p.21, lines 4-6).

I mean we're trained to be integrative practitioners which really means be flexible, be human do what is right by the client (Martina, p.21, lines 13-14).

If they just need me to be human even if it means kind of you know shedding a tear with them if someone has died or something like that I'm not ashamed to do it (Martina, pp.21-22, lines 23-1).

Sally talked about the growth she experienced throughout her training and how this affected her practitioner experience. The first model that her course focused on was the person centred approach, followed by the cognitive behavioural model (CBT), both of which Sally really liked and led to the development of her current skills in integration.

...Initially I was really person centred uh I don't know, but then when I learned CBT I kind of got swayed into CBT, but now I'm kind of, yeah I'm seeing like strengths and weaknesses with both, and I think I'm probably going to be integrative (Sally, p.18, lines 10-12).

Sofia talked about how at the start of the training she was very interested in one specific model (psychoanalytic) and was quite resistant to cognitive behavioural

therapy (CBT) which she did not see as beneficial. At the start of training she used the model she was most comfortable with and felt suited her best rather than thinking about what was best for the client. However, the growth she experienced throughout the training has enabled her to become far more flexible and integrative as a practitioner.

...I was quite dismissive of anything else, quite rigid, but I think with experience um and with self awareness where where you get to understand why you're so rigid um I started becoming more flexible and understanding that um that each each model is appropriate for a different per for for different people or for different um presentations (Sofia, p.16, lines 4-11).

...what has changed is not so much my orientation but how flexible I am with using different orientations so now I do feel that I'm quite integrative because I am using my psychoanalytic understanding to guide what kind of model I'll be using but I am using uh different models according to the client's needs (Sofia, p.16, lines 12-16).

3.4.3 Subordinate theme three: Learning from others

Sofia experienced the training as being more than just about the academics of gaining knowledge. It was more about going on a journey, gaining more self-awareness and thus developing her identity. She uses the word journey to describe her experience which infers that she felt she travelled from one place to another, with many challenges along the way, before getting nearer to her destination.

um and then as I started doing client work as well um it was a real journey, uh getting to know others, um getting to know myself through others as well (Sofia, p.5, lines 1-2).

As she developed her identity as a counselling psychologist and felt more confident in her abilities she was able to relax more with her clients and was better able to accept that she did not have to be the 'expert' in the therapy room.

I can understand how my lack of confidence perhaps was leading me to defensively be, enter the room as the expert whereas now that I have more knowledge and experience I I wouldn't feel comfortable being in that position with the person (Sofia, p.5, lines 19-22).

Even though Martina's identity developed through all aspects of the training course, she felt that she learnt the most from her clients.

the lectures yes, they were very important but I think what has shaped me to be the person I am today is my clients and my supervision and my therapy but, my therapy has shaped my professional, my personal life... but I think my clients have moulded me into the person I am today (Martina, p.45-46, lines 18-3).

In the below quotes Martina talks about the course tutors as aiding the development of her counselling psychologist identity. She describes them as being motherly

which indicates that she felt they were kind, caring and guided her in the way that a mother would.

I think building you as a professional, as a counselling psychologist they did a very good job (Martina, p.8, lines 14-15).

I think they shape you well to be a professional so even though maybe some academic things were lacking, the overall kind of motherly shaping was there and it was very good (Martina, p.45, lines 12-14).

For Ava, her supervisor was important in developing both her personal and professional identity. Even when she made mistakes, Ava always felt supported by her supervisor which allowed her to develop more than if she was expected to not make any mistakes. She also felt contained by her supervisor when she would feel anxious.

I had an amazing supervisor who introduced me to the philosophy and the way of thinking (Ava, p. 2, lines 6-7).

having uh supervision with a Counselling Psychologist, the same one throughout, from the first year until now... um and that was really helpful in terms of forming a really good relationship with a brilliant supervisor in my opinion, um her holding my anxiety when she had to, allowing me the space to do my mistakes as well and grow (Ava, pp. 9-10, lines 20-21).

Ava talks further about how supervision has helped her develop her identity. It seems to have helped her with increasing her self-awareness and becoming more aware of what is her “own stuff” which would help her to separate that from what the client is bringing into the therapy room.

I think regular supervision with someone that you know and knows what your difficulties are, knows you as a person and, and helping you to define the lines between uh your own stuff and self-awareness (Ava, p. 40, lines 14-17).

3.4.4 Summary

Overall, this superordinate theme explores the different factors that contributed to the development of the participants’ professional identity. By the end of training, the trainees had become more confident in themselves and in their abilities as clinicians. This increase in confidence was aided by feeling supported by course tutors and placement supervisors and through their work with clients. This theme goes on to explore their professional development further and emphasises the importance of experiential learning from their clients, and supportive guidance from course tutors and placement supervisors on the development of their identity, which went beyond the academic, theoretical learning from workshops.

Chapter 4: Discussion

This chapter begins with a summary of the main findings followed by a discussion of the findings in relation to the literature. It will then move on to discuss the originality of the research, the contribution of the study to counselling psychology and the limitations of this study. The chapter will conclude with a discussion of the reflexivity/role of the researcher and suggestions for future research.

4.1 Summary of main findings

This study found that the participants brought with them expectations of their training which did not often match up to reality. Nevertheless, whilst challenging, what they came to see as a training journey, would often lead to a positive 'myth busting' learning experience. For example, at the start of training the participants had expected that by its end they would become experts. However, as they grew and developed in their training, they realised that this was an unrealistic expectation and that even once they qualified, they would still be developing and learning. Furthermore, in the same vein some participants initially expected that they would learn to 'fix' their clients whereas they came to learn that this was not always possible; that sometimes their clients may only change in small ways but it may still make a big difference to their lives. Furthermore, the majority of participants seemed to have been in some way 'wounded' in the past and this motivated them to want to help others.

The results also found that the majority of participants were initially resistant to having mandatory personal therapy, but by the end of their training they felt that the personal therapy was a vital aspect of their training and development by increasing,

among other things, self awareness and confidence. Through their self awareness being enhanced, trainees were able to understand themselves better as well as understand how personal issues might infringe on their client work.

4.2 Contextualising main findings in the literature

4.2.1 Uncertainty at this new training journey

The first superordinate theme captured the participants' experiences in the early stages of the training journey and some of the ambivalence they initially felt.

Previous research has identified that trainee counselling psychologists often have unrealistic expectations of the course (Szymanska, 2002). This was confirmed in the current research as it was found that the trainee counselling psychologists' expectations of what the training course would be like were actually very different to what their experiences of the course were. Some of the participants commented that they did not realise how difficult the course was going to be and indicated that if they were given initial insight into the course then maybe they could have been better prepared for what was ahead of them. Others talked about expecting more initial guidance on practicalities, such as finding placements, interviews, covering letters and curriculum vitas, or about how they were not expecting the personal development aspects of the course, in particular the need to be reflective.

Another interesting area in which there seemed to be a mismatch between expectations and reality was the view that trainees need to be experts in the field. Previous research has mentioned that trainees often have unrealistic expectations

that they will become experts in this field and that by the end of training they will know everything they need to know (Szymanska, 2002). Even though trainees that participated in this research shared such expectations in the initial stages of their training, they eventually came to the realisation that expecting to know everything by the end of the course was unrealistic and that well beyond qualification, most counselling psychologists will still be learning; as is in line with the continuing professional development required by the BPS, all practitioners are expected to develop their skills and knowledge after they qualify and throughout their careers (Golding and Gray, 2006). Counselling Psychologists embarking on the training course with unrealistic expectations are likely to be putting unnecessary pressure on themselves which in turn, as evidenced in this study, increases training challenges and stresses. Moreover, when they do not know the answer to something, this may lead to anxiety and often procrastination which is likely to impact on progress (Szymanska, 2002).

Previous research also found that trainees expect that by the end of training they will understand themselves (Szymanska, 2002). In this current study one participant stated that she actually had not realised just how much the course would increase her self-awareness; in both positive and painful ways. An example of this is that Sofia talked about how personal therapy brought to the surface things that she did not like about herself and how that was quite painful to face initially. However, because she had the support of her personal therapist she was able to face the sometimes painful process of self-awareness.

In regards to their therapeutic work with clients, previous research found that trainees often had glamourised expectations; they would expect to make a huge difference to people's lives (Skovholt and Ronnestad, 2003). It was also found in this current research study that there was an unrealistic expectation regarding client work in that the trainee would be able to "fix" all the client's problems; which in turn would lead to an increase in stress levels as the trainees are putting a lot of pressure on themselves to help the client. The possible consequence of this expectation is that if the trainees do not have a good outcome with the client, they may feel they have failed and will lose confidence in their abilities as clinicians (Haarhoff, 2006).

Nevertheless, and despite the unrealistic expectations that they started the course with, by the end of training the trainees seemed to have learnt that it is unrealistic to expect to fix all the client's problems and that even a small change might make a big difference to the client. If prospective trainees were more aware of this when embarking on the course, expectations may match their experiences more.

Four participants in this study found tremendous value in developing their understanding of their motivations for becoming a counselling psychologist. It is a finding that is again supported by previous research (Zerubavel and O'Dougherty Wright, 2012; Kirmayer, 2003). Zerubavel and O'Dougherty Wright (2012), for example, found that therapists who have been 'wounded' in some way in their past, are, through reflective practice, able to draw on those experiences to help 'heal' others. As Kirmayer (2003) posits, an individual who has been wounded and

survives will have a greater knowledge of how to 'heal' someone, than someone who has not experienced being wounded in some way.

This research study found that most participants were initially resistant to the idea of having mandatory personal therapy; that they did not feel the need for personal therapy at that time and were resentful of the fact that they did not have a choice in the matter. It is an important finding as the trainees' initial feelings towards having to have personal therapy are likely to affect their engagement with the process of therapy and ultimately what they get out of it (Jacobs, 2011).

There is contradictory evidence regarding whether therapists who engage in personal therapy will have better outcomes with their clients. Macran and Shapiro (1998, cited in Grimmer and Tribe, 2001, p.288) state there is no evidence, whereas, Macaskill (1988) found that personal therapy undertaken in the early stages even had a detrimental effect on trainees' client work. Other authors, however, stand by its value in terms of its influence on their personal and professional development (Rake and Paley, 2009; Grimmer and Tribe, 2001; Williams, Coyle and Lyons, 1999). For example, Rake and Paley (2009) found that undertaking personal therapy helped them to learn about becoming a therapist and made them better therapists; participants found beneficial the process of being in a therapeutic relationship with their therapist and interpretations that were made in it. Personal therapy also, according to Grimmer and Tribe (2001), meant that counselling psychologists developed their ability to be reflexive and that through reflecting on the emotional support they received, they were able to distinguish between their own issues and those of the client.

Consistent to other findings (see e.g. Williams, Coyle and Lyons, 1999), by the end of training the trainee counselling psychologists who participated in this research study considered personal therapy to be a vital part of the training. For the majority it was a journey which ultimately led to growth, through increasing self-awareness and confidence, which in turn led to positive 'change' as a practitioner. This was also evident in previous research which found that personal therapy increased self-awareness (Bike, Norcross and Schatz, 2009).

Previous research found that trainees often need to relocate to attend their training course. This can mean leaving their family and friends behind as they move to a new city or in some cases a new country to embark on the training course (Kaslow and Rice, 1985). Trainees may find it more difficult to adjust to their new surroundings if they have left behind their support system (Goplerud, 1980). This was confirmed in this study as four of the participants were non native English students. All spoke about how difficult they found it in the initial stages of training; leaving friends and family to study in a foreign country. They all spoke about expecting more support from their institution in light that they did not know how systems worked and this made it harder to find placements.

Furthermore, if trainees are struggling with getting to grips with the system, or are feeling isolated, this may lead to more mental health difficulties in trainees, such as depression and anxiety. Previous research has also found that loneliness is rated as higher in university students when they have lower levels of social support (Sarason *et al.*, 1985, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211;

Schaefer, Coyne and Lazarus, 1981, cited in Lukosius, Pennington and Olorunniwo, 2013, p.211).

Interestingly, in the current study, however, enforced independence on the non native English speaking students appeared to lead to personal growth and them becoming better trainees as a result. Participants felt that experiencing feelings of isolation and sometimes confusion had made them more empathic therapists and taking more responsibility led to them becoming more independent learners; the value of which is extensively discussed in the educational research literature. For example, Lea, Stephenson and Troy (2003) emphasise the importance of students being active rather than passive learners and that they need to take more responsibility for their own learning. They argue that this could potentially improve the outcomes for higher education students. Brandes and Ginnis (1986) go even further by suggesting that students should take full responsibility for their learning and that the teacher should only be a facilitator. It is important to note that Lea, Stephenson and Troy (2003) and Brandes and Ginnis (1986) were not specifically talking about non native English speakers but about higher education students in general. Inadvertently the lack of support experienced by the non native English students facilitated their personal and professional development. This came at a cost for three of the participants of isolation and feelings of stress and distress whilst the development occurred (see also Lea, Stephenson and Troy, 2003).

4.2.2 From ambivalence to acceptance: Individual growth during training

The participants of this study felt that they became more self-aware through the process of training. They were genuinely able to identify what they were feeling

themselves, and to reflect on dynamics between themselves and the client; for example, whether what they were feeling during a session with a client belonged to them or to the client. It is a finding that is particularly important to our understanding of how strong personal therapy relationships are established, and how these help trainees to develop as therapists. As Lemma (2006) proposes, a good therapist must be able to attend to their own thoughts and feelings during the therapy, and reflect on these afterwards. The personal therapy process is a particularly important source of information in the building and understanding of therapeutic relationships, as well as in reducing countertransference (the emotional reaction that the therapist has towards the client) (Rowan and Jacobs, 2011; Lemma, 2006; Gomez, 1997); and projective identification (the feelings that the therapist experiences in the room do not appear to be linked to something of their own) (Rowan and Jacobs, 2011; Lemma, 2006; Gomez, 1997).

Very importantly the overall training journey, including the experience of their own personal therapy also led to increased empathy towards the client experience. For example, participants used language such as being 'ripped open' and 'flayed' to convey their vulnerability in opening up in therapy and talked about how these experiences allowed them to view the therapeutic relationship through the eyes of the client. This finding is supported in the literature (Grimmer and Tribe, 2001). Experiencing how vulnerable a client can feel in the room can give trainees a better idea of the barriers they face in their encouragement for the client to open up, and in the defence mechanisms they may utilise (Grimmer and Tribe, 2001). Furthermore, previous research found that personal therapy helped counselling

trainees to understand what it was like to be a client (Oden, Miner-Holden and Balkin, 2009; Grimmer and Tribe, 2001; Murphy, 2005).

In this current study the participants explored how they had personally changed over the course of the training. While some participants' friends and family greeted 'changes' in them positively, others found it difficult. Evidence would suggest that some felt threatened by the increased self-awareness; that the participants, for example, would not only view themselves differently but others might view them differently too, and ultimately lead to them growing apart. This could also happen to clients in therapy; as they change through having therapy, this may impact their family and friends.

The British Association for Counselling and Psychotherapy (BACP, 2003, cited in Murphy, 2005, p. 27) states that personal therapy for therapists is important in enhancing self-awareness so that therapists are better able to separate personal issues from issues that may arise in the counselling situation. It has been further suggested that it is important for trainees to be aware of how their own issues may affect their relationships with their clients (Strawbridge and Woolfe, 2003) in order to better focus on the needs of their clients. Murphy (2005), for example, found that when a therapist has unresolved personal issues, this usually emerges in their own personal therapy and can be worked through.

It seems that all the participants were expected to become integrative practitioners in their respective courses, despite initial reluctance and desire to stick to one preferred theoretical model that they were most comfortable with. As they learnt

other theoretical models they gradually became more integrative and in doing so learnt to appreciate the need to work with the model that was most appropriate for the client. Previous research indicates that contemporary training courses expect trainees to become integrative practitioners (Lowndes and Hanley, 2010); where by doing so trainees are more likely to be client-led, open minded, flexible and work with the theoretical model that is most appropriate for the client, rather than just rigidly sticking to a preferred model (Lowndes and Hanley, 2010; Cooper and McLeod, 2007). Therefore, if a particular model is not working with a client, the therapist will be able to change to a more appropriate model (Ward, Hogan and Menns, 2011). Moreover, it has been argued that being an integrative practitioner is actually more effective than using one theoretical model, for example, using an additional model to cognitive behavioural therapy in the treatment of depression is more effective than just using cognitive behavioural therapy alone (Constantine *et al.*, 2008).

4.2.3 Developing a professional identity

The participants spoke about their experience of developing their professional identity throughout the training journey. This development was aided by the trainees' confidence increasing as a result of their experience of support from course tutors, placement supervisors and client work.

Identity theory sees individuals as having multiple identities (Stryker, 2007). This is relevant to trainee counselling psychologists as they have more than one role, for example clinician, student, researcher, spouse, parent, or friend. The participants in this study found their professional identity developed through learning from

others. It was a key finding that these participants recognised the value and impact of the relationships they formed with all those involved in their training and that this shaped their identity more than their academic learning. None of the participants, for example, referred to their experience of doing research when reflecting on their personal development and the stresses of training. The participants felt that their learning, in relation to their personal and professional development, came mainly from their clients, course tutors and their placement supervisors.

Burke (1991) argues that if two conflicting identities are brought into play at the same time this can cause distress as only one of the identities can be maintained while the other identity ends up being interrupted. In the results section this was illustrated by Sofia who found that being committed to and focusing on her identity as a trainee counselling psychologist meant that her identity as friend and family member suffered as it was harder to keep up that contact as they were in a different country.

It seems that what has kept trainees going throughout the difficulties of identity threat and formation is their resilience. The trainees all spoke about the many challenges they faced on the training course and the conflict they sometimes faced with those close to them when their identities changed as a consequence of them developing both personally and professionally. However, despite these challenges the trainees' resilience enabled them to successfully complete the training course.

4.3 The role of metaphors in qualitative data

The use of metaphors in qualitative research can be used by individuals to structure their thoughts so they are better able to explain and understand their experiences (Lakoff and Johnson, 1980).

Lakoff and Johnson (1980) argue that metaphors can illustrate behaviours by making concepts more simple and emphasizing some properties over others. The use of metaphors can also be a powerful way of depicting complex experiences (Miles and Huberman, 1994, cited in Carpenter, 2008, p.275). Furthermore, metaphors can highlight aspects of phenomena that had not been noticed before (Lakoff and Johnson, 1980). Metaphors can also arouse emotion which will enable the reader of the research to better connect with the experiences being written about (Patton, 1990). Metaphors can be “powerful and clever ways of communicating findings. A great deal of meaning can be conveyed in a single phrase with a powerful metaphor” (Paton, 2002, p.505).

An example of a powerful metaphor used in this research study was when Barbara described her experience with her first therapist as “feeling flayed”. This was a really powerful metaphor that she used to describe how she experienced what her therapist had said to her. Using this metaphor was an effective way of illustrating how traumatic this experience was, and how awful she felt.

4.4 Originality of the research

There is a scarcity of research exploring the experiences of trainee counselling psychologists of their training and my research aims to fill this gap. In addition, the little research that has been carried out on the experiences of the training course

has focused on a particular aspect of the course, such as the stresses of counselling psychology trainees rather than looking at the journey that a trainee counselling psychologist goes through on the course. Furthermore, those studies were carried out before counselling psychology training became a Doctorate.

There have been studies carried out looking at University students' perceptions of support systems and how that is related to whether they end up dropping out from their course. However, the researcher could not find any studies specifically exploring how counselling psychology trainees experience support on the course. The participants of this study talked about both their positive and negative experiences of support on the course and in the following section the researcher has suggested ways in which support systems could be implemented in the future.

This study has a unique set of research questions and its originality lies in its focus on the whole experience of trainee counselling psychologists of the Doctorate training course, whilst recognising that this did not include, for these participants, their experience of conducting research as part of their doctoral training. More specifically, I have not found any other research that has focused on exploring the expectations that trainee counselling psychologists have when initially embarking on their training course and how this matches up with the reality. For example, when Sofia started the course she had high expectations that she would become an expert in the field. However, as the course progressed she developed more realistic expectations and realised that even after qualification she would continue to learn and to develop. Martina talked about her initial expectations that she would be able to 'fix' her clients. However, she found this expectation did not match up with reality and learnt that her role was often to help the client make small changes

(which would make both big or small differences) for the client rather than trying to cure them.

The implications and contributions to Counselling Psychology will now be discussed.

4.5 Implications/Contribution to Counselling Psychology

This study can act as a guide for prospective trainees so they are better informed about what to expect when embarking on the training course. Having more realistic expectations of the course is likely to reduce their stress levels (Skovholt and Ronnestad, 2003) and may also reduce the possibility of burnout. To help trainees to have more realistic expectations, it would be useful to provide sufficient information prior to completing the application process. This would allow them to consider their options and decide whether they could make the commitment to engage in such a demanding course. This can take the form of an open day where information is shared about the expectations of the programme by the tutors who run it, but also where potential candidates have a chance to speak with current or past trainees and ask them questions about their experiences of both the clinical and research elements of the training.

Another recommendation is that at the start of training there could be a series of workshops put in place to address some of the fears and barriers to learning and to deconstruct the myths of what the training will be like. This could help provide a forum for new trainees to discuss their expectations of the course and could help to provide them with a more grounded and realistic view of what the course will be

like. Having a more realistic view of the course will help reduce disappointment, for example, when they feel they have not made a big difference with a client, and will in turn reduce stress levels. The trainees' views towards the training could be explored before the workshops and again when the workshops had finished in order to evaluate whether the workshops had changed their views and expectations of the course.

As has been mentioned in the results section, if trainee counselling psychologists do not understand why they have to attend personal therapy, they may not engage well in the process and may not get much out of it. Therefore, this research can act as a guide for trainees and could help them gain an understanding of why having their own personal therapy is important. It would also help them to be mindful of the fact that as self-awareness increases through therapy, other people that are close to the trainee may notice the changes, something which can at times be difficult to experience. Additionally, it may be helpful at the start of the training course for teaching staff to have an open discussion with trainees about the reasons that trainees are required to have personal therapy, and this could also provide a forum for trainees to discuss their feelings regarding having personal therapy and how this can support their learning, and in meeting the requirement for them to take responsibility for managing their fitness to practice (HCPC, 2015a). Furthermore, a forum could be put in place for current trainees to talk to new trainees about their experiences of mandatory personal therapy. They could discuss how they felt at the start of training about having to undertake personal therapy, how they feel about it now and both the positives and negatives that they have experienced in their personal therapy. This could also be an opportunity for new trainees to voice any

concerns they have about entering mandatory personal therapy. As a follow up to this, research could be carried out looking at whether the new trainees felt this discussion had an impact on their views towards undertaking mandatory personal therapy before they started the course.

It is important in the planning of the counselling psychology training courses to ask for trainees' feedback in regards to how they experienced learning, in becoming an integrative practitioner. In doing so course leaders and lecturers will develop a better understanding of experiences and plan the course in a way that ensures that the transition to a more integrative style is smooth, and that trainees feel supported in the transition. This is also important in preparing the trainees to work in different environments, such as the NHS, where they may be expected to adjust their therapeutic style to meet the needs of the organisation/team, or the client group/client. The different training programmes may have different approaches to integration and it is important that they explain this to the new trainees when they first start the training course.

This study will also aid training institutions in helping them to think about how best to provide support to trainees throughout the training process. Furthermore, it would be helpful for training courses to think about how to help trainees develop more adaptive coping strategies, in relation, for example, to seeking support when appropriate, and understanding their responsibility for their own learning. Doing so may again help to reduce the trainees' level of stress and may help them to manage better with the different demands on their time. If trainees do not have adaptive coping styles, it may be difficult for them to help their clients who may also

need help with learning adaptive coping strategies (Kuyken *et al.*, 1998). The trainees who took part in this study commented on the times they had felt supported by their tutors and remarked on the positive effect this had on their trainee experience. An example of how this can be put into practice is by having regular meeting with their personal tutors beginning at the earliest opportunities. By making this support more regular, the trainees' experiences may improve and potential problems can be identified early. This could also help trainees cope with the various stressors associated with the course, and also reduce the number of students who drop-out, or decrease the levels of stress that can potentially lead to burnout.

It seems that if students are already more vulnerable and socially isolated, as in the case of non native English speakers, then perhaps more support mechanisms could be put in place by the teaching staff. Such support could take the form of personal tutorials, for example, where the trainee meets with their personal tutor to discuss difficulties they may be experiencing. These tutorials can take place on a regular basis to ensure that any issues that the trainee may be facing come to the attention of their personal tutor who can help them consider their different options.

Despite this study's contribution to Counselling Psychology, it was also limited in many ways that will now be discussed.

4.6 Validity of research study

In the methodology section a number of principles were outlined that Yardley (2000) suggests supports good quality research. How they have been demonstrated in this research study will now be discussed.

The researcher's sensitivity to context has been demonstrated in the following ways:

- Existing literature on the training experiences of trainee counselling psychologists and relevant literature and research carried out with other health care professionals has been presented in chapter one.
- Reflexivity sections in the methodology chapter and discussion chapter are also included.

Commitment was demonstrated in the following ways:

- The researcher read extensively any relevant literature about the research topic and also about IPA.
- The researcher regularly met with her research supervisor throughout the process of the study, from the planning stage through to analysing the results.

Rigour was demonstrated in the following ways:

- The researcher was rigorous in probing further when needed during the research interviews which led to the emergence of some interesting findings.

Transparency was demonstrated in the following ways:

- Providing a detailed account of the methodology used and of the different stages of the analysis process.
- In the analysis section the theme headings are clearly presented and the interpretations are evidenced by direct quotes from the interviews.

Coherence was demonstrated in the following way:

- By demonstrating that the research questions and methodology used, fit together to present a coherent and convincing narrative to the reader.

Impact and importance was demonstrated in the following ways:

- The research findings can be used as a guide for prospective trainees, to enable them to have a more realistic idea of what to expect as they begin their training journeys.
- The research findings can also be used as a guide for training institutions to help inform them about what support mechanisms can be put in place for trainees in order to reduce stress levels.

4.7 Limitations

Several limitations of this research were considered that are concerned with the choice of methodology and the limitations of the study specifically. These will be discussed below.

4.7.1 Limitations of current study

A limitation of IPA is that it involves a double hermeneutic and this will have an effect on the results. This is because the researcher is interpreting the participants'

interpretation of their experience (Smith and Osborn, 2008). Furthermore, the researcher's own values and experiences will have an impact on his or her interpretations. I found this to be particularly relevant in the interviews when the participants were discussing their experiences of mandatory personal therapy. My initial thoughts and feelings towards having personal therapy was that I did not understand the need for it and did not think I needed it at that time. However, my views towards this soon changed and I realised that personal therapy is an essential part of the training course. Through having personal therapy, I was able to experience what it was like to be a client and developed both personally and professionally. It was important for me to be aware of my own thoughts and feelings towards this element of the training so that it did not unconsciously impact on how I was interpreting what the participants said about the topic. I am aware that my own interest in this aspect of training may have been apparent in the interviews and thus contributed to the focus of many on their experience of therapy.

In terms of more general limitations, the sample was comprised of students from different universities, who may experience the course differently because they are in effect different courses. The recruitment decision was due to a discussion with tutors when it was decided that the researcher would focus recruitment outside her university due to the reflexive impact it was likely to have on the study (for example, increase the possibility that participants may have tried to please the researcher, researcher and participant would assume shared knowledge and would not fully explore issues; see also Hammersley, 2010). The structure of each course is not exactly the same and this may influence how the trainees view their courses. However, all Counselling Psychology training courses across the United Kingdom

comply with the guidelines of the British Psychological Society and, despite their differences they all meet the same requirements. This was evident in this study as the results have shown that the participants have had some similar experiences regardless of the differences in course structures across different universities.

Furthermore, participation in this study was voluntary, and recruitment was through posting to the Counselling Psychology UK Facebook page and the snowballing effect. It is most likely that the participants who chose to take part were interested in the subject, and in talking about their experiences of the training course. They may have wanted to take part because they had something in particular they wanted to say about their training course, perhaps something that was negative. In this sense the results may potentially be limiting in that they may not reflect the experiences of other students. It is also important to bear in mind that these participants were all trainees who, despite the challenges they spoke about, did not drop out of training. All the participants appeared able to reflect, not only on the challenges they faced along the way but also on the positives and this may say something about their resilience, and other personal attributes, as well as the support that helped facilitate this capacity.

Another possible limitation of the study is that the sample consisted of only final year trainees. The fact that they were invited to take part in the study in their last year could have affected how they viewed the course and what experiences they chose to speak about during the interview. Stress or other factors may have been increased at that period in time due to the various demands of the course, such as writing up their thesis, although this was not spoken about. This might have

contributed to what they discussed in the interview. However, the researcher chose to explore the experiences of final year trainees because they would be better able to reflect on both their positive and negative experiences of the course and this was found to be the case.

Another possible limitation is that all the participants were white Europeans. Trainees from other cultures may have different experiences and perspectives regarding the training. This may be as a result from coming from a country with a different education system; for example, in some European countries such as Germany, Belgium, Sweden and Poland becoming a psychologist requires completing a five year course at University which is equivalent to a Masters level. Furthermore, this study had a lack of gender diversity. Only one of the participants out of the seven was male, although this does tend to reflect the predominance of women on the counselling psychology training programmes. Male trainees may have different experiences and perspectives of the training course than female trainees.

It is also important to note that as the researcher is interpreting the participants' interpretation of their experience (Smith and Osborn, 2008), another researcher may have interpreted the results differently. However, I feel there is strength in my interpretations and there were commonalities in the experiences of the trainees (see reflexivity discussion below).

Another possible limitation of this study is that as the participants knew that the researcher was also a trainee counselling psychologist they may have identified

with her and may have tried to please her by responding to the questions in a certain way. Furthermore, they may have assumed shared knowledge with the researcher which could have meant that they did not fully explore issues (Hammersley, 2010). However, the researcher found that the participants were able to fully explore issues and provided rich interviews with some findings that she had not expected.

I will now turn to the reflexivity and epistemological issues that are likely to have had an impact on the practical considerations.

4.8 Reflexivity/role of the researcher

I am a trainee counselling psychologist and this strongly influenced my choice of research topic. I have found this training course rewarding and have developed immensely both personally and professionally throughout my time on the course. It has also been challenging, not least balancing my different roles as a student, a clinician, and a researcher. All of these roles led to my interest in exploring other trainees' experiences of their training course and undoubtedly continued to epistemologically impact on the research process; from interviewing through to analysis and write up.

As a counselling psychology trainee, I sometimes found I had an opinion on what participants were sharing. For example, when I first started personal therapy I was resistant to it being mandatory as I felt I did not need personal therapy at that time and it was very expensive. However, I soon realised that it was actually a vital element of the course and has helped me develop both personally and

professionally. Keeping a reflexive diary, and drawing on my clinical training, helped me, however, to keep my motivation, thoughts and feelings in check.

My previous inexperience as a researcher also had an impact on the research process. I had never carried out a research interview before and I felt anxious; I was worried whether the participant would have a lot to say on the topic, whether I could draw out experience if it was not forthcoming, and if I would treat the communication differently to how I was positioned as a trainee counselling psychologist role with a client. The first interview was considerably shorter than I had wanted it to be and I had felt unsure about how to prompt the participant. However, I was pleasantly surprised with the richness of the narrative that was elicited in the research process; it seemed that the topic area was important and stimulating. I discussed how I could improve my interviewing skills with my research supervisor and received some useful advice, with the result that I felt more comfortable when conducting the following interviews. After a couple of interviews which only focused on the experience of personal therapy I felt that the focus of the research was too narrow and wanted to explore the trainee counselling psychologists' whole journey of training. This has been discussed in the methodology section.

When carrying out interviews it was important to be aware of the power imbalance that is inevitable in this process due to the power imbalance between interviewer and interviewee. For example, the interviewer makes all the decisions, from deciding what questions to ask, when to follow up on the answers, and when to end the interview (see Kvale, 2006). While it is unlikely these imbalances will ever be

removed from the process, in my interviews I was careful to fully clarify with participants what I was researching and what topic areas I wanted to cover.

Another way to combat interviewer power influences would have been to give examples of analysis and interpretations to the interviewees to ensure they feel that the findings are an accurate portrayal of their views (Yardley, 2009; Kvale, 2006). However, it is important to be aware that respondent validation may create other problems, not least the ethical and emotional consideration for the interviewees who are asked to read the interviewer's interpretations of what they have said (Kvale, 2006; Barbour, 2001). Consequently it was decided that participant validation would not be used.

Finally, the participants in the current study studied at different Universities to mine. In discussions with tutors it was decided that the researcher would focus recruitment outside her university due to the reflexive impact it was likely to have on the study (for example, increase the possibility that participants may have tried to 'share' experiences with the researcher or researcher and participant would assume shared knowledge and would not fully explore issues; see also Hammersley, 2010). An important ontological question is, therefore, whether the experiences and narratives shared by participants was extendable to outside the individual or research contexts explored? While there were undoubtedly differences, I identified and described commonalities in experience that I feel are relatable to other trainees in other institutions, as well as to myself and my own experiences and are backed up by other empirical research.

When carrying out the interviews, I found that to some extent, I related to what the participants were talking about, for example, my initial feelings towards having to have personal therapy, and some of the initial expectations of the training course. However, there were also some differences in experience and these in particular came from the non-native English students. Their initial experiences of starting the training course were completely different to mine, in that they moved to a foreign country to study, English was not their first language, and they did not really know anything about the systems in this country. This made me think more about the needs of overseas students and how important it is to have adequate support systems put in place from the start of training. It also made me think more about my own experience of support on the training course. I have changed research supervisors over the last year. My previous research supervisor was not a counselling psychologist and this was difficult as I felt I really needed some input from a counselling psychologist. I wish I had flagged up this need sooner as I was left struggling with something and was not assertive enough to ask for help. However, once I did ask for this support, I was given it.

While I acknowledge that I have had an impact in various ways on my research (as outlined above), I do feel confident that I can adopt a similar critical realist position. I am confident my findings and interpretations have, to various extents, captured experiences that will be shared by other trainee counselling psychologists.

4.9 Future research

One interesting finding from this research was that non native English students seemed to initially struggle due to not knowing the system, moving away from their

friends and family, and feeling that they needed more support from their training course. Future research could focus on the experiences of non native English students of the training course and, in particular, could focus on the challenges they face being trainee counselling psychologists.

Given the increasing costs of training and the current economic climate meaning that trainees often have to work during their training, and successfully graduate as quickly as possible in order to get a job, the stresses are unlikely to reduce in coming years. Further research could focus more on the management of the twin demands of becoming a clinical practitioner and completing a research project.

As stress or other factors might have potentially had an impact on the trainees that have taken part in this study, it may be worth further exploring whether after some time has passed, the newly qualified counselling psychologists' reflections are more balanced. Future research could therefore explore the experiences of qualified counselling psychologists of their training courses, and concentrate more on what has hindered their learning and professional development, and also what has helped their personal and professional progress.

Another interesting finding is that the majority of the participants entered the training course as a 'wounded healer'. Four participants seemed to have been motivated to become counselling psychologists as they themselves had been wounded in some way in the past. Future research could specifically focus on how trainees manage their needs for support, particularly with regard to whether they choose to reveal a

mental health condition or diagnosis when they apply to training institutions (HCPC, 2015b).

Finally, considering the important effects that burnout has on professionals working in mental health sectors and also on students, future research could help explore burn out in trainee counselling psychologists more, and specifically look at what is thought to cause burn out (Vredenburg, Carlozzi and Stein, 1999; Koniarek and Dudek, 1996) and what mechanisms could be put in place to help to prevent it. This can increase our understanding of what types of support trainees need, and help to consider what changes need to be made, or what should be added, in order for the experiences of the trainees undertaking such a demanding course to be as positive as possible. This should contribute to their well-being and increase their ability to form and maintain positive and effective therapeutic relationships with clients, thereby increasing the possibility of positive therapeutic outcomes.

Summary and Conclusions

This study's distinctive and original contribution lies in the fact that there has been a lack of research on the 'journey' experiences of trainee counselling psychologists; to date studies have focused on particular aspects of the course, for example, the impact of financial commitments (see Bor, Watts and Parker, 1997) or mandatory personal therapy (see Grimmer and Tribe, 2001).

The study used qualitative research methodology to explore the experiences of trainee counselling psychologists on different training courses. The research questions were, How do trainee counselling psychologists experience their training? How do trainee counselling psychologists' prior expectations inform their experiences of training? How do trainee counselling psychologists make use of personal therapy to support their development?

In incorporating Interpretative Phenomenological Analysis (IPA) to analyse seven narratives, three superordinate themes were identified. These were, *Uncertainty at this new training journey*, *From ambivalence to acceptance: Individual growth during training*, and *Developing a professional identity*. Mandatory personal therapy was important to the trainee experience. Initially the majority of participants were resistant to undertaking therapy but by the final year they felt it was an essential component of their training. Moreover, the participants felt their self-awareness and empathy grew, by feeling contained and supported by their therapist, and by the therapy encouraging personal and professional development. Similar resistance and growth was witnessed in journeys to become integrative practitioners. Participants started their training by sticking rigidly to one particular model, but by

their final year, through gaining experience and confidence, they were able to embrace integrative approaches and demonstrated a willingness to choose the most appropriate model for the client (rather than the one they preferred to practice).

Moreover, the results explored how participants of this study learnt to recognise and negotiate original unrealistic expectations of training in order to reconcile the 'realities' they were confronted with. Some of the participants, for example, commented that they did not realise how difficult the course was going to be, and indicated that if their expectations were lowered to the 'reality' they would have been better prepared for a smoother transition to trainee and what lay ahead.

The practical implications of this study are that its findings can be integrated into Programme Support Manuals for trainees, so that they are better informed about what to anticipate when entering the training course and reducing stress levels by having more accurate expectations of what the course will be like (Skovholt and Ronnestad, 2003), along with the possibility of 'burnout' (Freudenberger, 1975).

Another contribution of this research is that the training courses will now be more informed of attrition risk factors and be more alert to when support and counselling opportunities might be appropriately offered. In particular, the findings can heighten awareness in the tutors and supervisors of trainees.

In the current study non native English students initially seemed to experience specific problems; as migrants and people new to the UK and its Higher

Education's systems of practice. Follow up research could more intensely explore the experiences of non native English trainees and on the challenges they in particular face in becoming counselling psychologists.

Finally, future research could also explore the training experiences of qualified counselling psychologists, say one year on, of their training courses to see whether experiences are reflected on differently.

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Appendices

Appendix 1: Invitation advert posted on Facebook

Hi everyone.

I'm looking for participants.

I am in the third year of my Doctorate in Counselling Psychology. I am looking for final year Counselling Psychology trainees to take part in a study exploring trainees' experiences of their training. Areas I am interested in include, your reasons for doing the doctorate, what your expectations of the training were, was it what you expected, and the challenges you have faced during training.

Appendix 2: Information sheet

INVITATION LETTER

The principle investigator
Vasoula Efstathiou

Contact Details: u0909235@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in a research study. The study is being conducted as part of my professional doctorate in counselling psychology degree at the University of East London.

Project Title

Experiencing Counselling Psychology training: An IPA analysis

Project Description

You will be given in-depth audio taped interviews about your experiences of counselling psychology training. The aim of this study is to ascertain how you experienced the process of training.

Confidentiality of the Data

Your name and contact details will be stored securely and only the researcher will have access to them. No identifying details such as real names or contact details will be published. Transcribed interviews will be anonymous.

Location

The study will be carried out at a time and place convenient for you.

Remuneration

There will be no payment for participation in this study.

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time during the data collection stage. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw following interview, 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.

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. Mike Chase, 2.36 Arthur Edwards

Building, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 2945. Email: m.chase@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,

Vasoula Efstathiou 14.01.2012

Appendix 3: Consent form

Consent to participate in a research study

Experiencing Counselling Psychology training: An IPA analysis

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

Appendix 4: Demographic information sheet

Demographic Information sheet

Name _____

1. Gender: Male/Female (please circle)
2. Age _____ years
3. Year of training: 1st/2nd/3rd/4th (please circle)
4. What is the main therapeutic model used on your current clinical placement?
 Cognitive behavioural therapy
 Cognitive analytic therapy
 Psychodynamic
 Psychoanalytic
 Integrated
 Other – please state

5. What therapeutic model do you want to work in once your training is completed?

6. Did you have personal therapy before starting your training?

If yes, for how long?

7. How many therapists have you seen during your training?

8. What was the theoretical orientation of your personal therapist?

Appendix 5: Debriefing information sheet

DEBRIEFING INFORMATION

Title of research: Experiencing Counselling Psychology training: An IPA analysis.

Thank you for your participation in my study on the experiences of counselling psychology training.

If you have any concerns or questions following your participation in this study please do not hesitate to get in touch with either myself, or my supervisor. Our contact details are as follows:

Vasoula Efstathiou

University of East London
School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ
Email: U0909235@uel.ac.uk

Dr. Mike Chase

University of East London
School of Psychology
2.36 Arthur Edwards Building
Stratford Campus
Water Lane
London. E15 4LZ
Email: m.chase@uel.ac.uk

If you feel you need additional support as a result of taking part in this interview or as a result of the topics discussed we recommend that you consider contacting the following:

The student counselling service, London Metropolitan University: City: 020 7320-2370 and North: 020 7133-2094, www.londonmet.ac.uk/counselling

The student counselling service, University of East London: 020 8223-4440/7611,
<http://www.uel.ac.uk/student-services/supportingyou/counselling.htm>

The student counselling service, City University:
<http://www.city.ac.uk/study/undergraduate/services-for-students>

The student counselling service, Roehampton University:
<http://studentzone.roehampton.ac.uk/counselling/index.html>

Thank you for your participation!

Appendix 6: Interview schedule

1. How is your course going?
2. What made you decide to do the Doctorate?
3. Can you remember what your expectations of training were when you started the course?
4. Can you describe your early experiences of the training?
5. What placement are you on?
Prompt: Are you enjoying it?
6. What do you hope to do at the end of your training?
Possible prompt: What theoretical model do you want to work in?
Prompt: Why?
7. Has your view changed over the training?
8. How have you experienced your personal therapy?

Prompt: Please describe what has been beneficial to you in your personal therapy.

Prompt: Are there any elements of your personal therapy that you are not happy with?

Prompt: Do you feel that the experience of personal therapy has impacted on your practice as a therapist?

Prompt: in what way?

Prompt: Do you feel that the experience of personal therapy has impacted on your personal life?

Prompt: in what way?

9. How do you feel about being required to have personal therapy?
10. What challenges have you faced on the training?

11. Do you feel that you received adequate support from the staff at your University during your training?

Prompt: In what way?

Prompt: In what way has that aided/hindered your development?

Appendix 7: Ethics approval

| |
|---|
| ETHICAL PRACTICE CHECKLIST (Professional Doctorates) |
|---|

SUPERVISOR: Mike Chase

ASSESSOR: Ian Wells

STUDENT: Vasoula Efstathiou

DATE (sent to assessor): 07/03/2012

Proposed research topic: The Role of Mandatory Personal Therapy in Counselling Psychology Training: The Experiences of Cognitive-Behavioural Therapy Orientated Trainee Counselling Psychologists.

Course: Professional Doctorate in Counselling Psychology

1. Will free and informed consent of participants be obtained? **YES / NO**
2. If there is any deception is it justified? **YES / NO / N/A**
3. Will information obtained remain confidential? **YES / NO**
4. Will participants be made aware of their right to withdraw at any time? **YES / NO**
5. Will participants be adequately debriefed? **YES / NO**
6. If this study involves observation does it respect participants' privacy? **YES / NO / NA**
7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? **YES / NO / NA**
8. Is procedure that might cause distress to participants ethical? **YES / NO / NA**
9. If there are inducements to take part in the project is this ethical? **YES / NO / NA**
10. If there are any other ethical issues involved, are they a problem? **YES / NO / NA**

APPROVED

| | | |
|------------|--|-----------|
| YES | YES, PENDING MINOR CONDITIONS | NO |
|------------|--|-----------|

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: IW Date:

| |
|--|
| RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA) |
|--|

SUPERVISOR: Mike Chase

ASSESSOR: Ian Wells

STUDENT: Vasoula Efstathiou

DATE (sent to assessor): 07/03/2012

Proposed research topic: The Role of Mandatory Personal Therapy in Counselling Psychology Training: The Experiences of Cognitive-Behavioural Therapy Orientated Trainee Counselling Psychologists.

Course: Professional Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

1 Emotional YES / NO

2. Physical YES / NO

3. Other YES / NO
(e.g. health & safety issues)

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

APPROVED

| | | |
|-----|-------------------------------|----|
| YES | YES, PENDING MINOR CONDITIONS | NO |
|-----|-------------------------------|----|

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: **IW** Date:

Please return the completed checklists by e-mail to the Helpdesk within 1 week.

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

