A qualitative exploration of how trainee counselling psychologists, with prior ‘core’ therapeutic training, experience and make sense of their current training in counselling psychology.

A thesis submitted to the University of Manchester for the degree of Professional Doctorate in Counselling Psychology (DCounsPsych)

In the Faculty of Humanities

2015

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A qualitative exploration of how trainee counselling psychologists, with prior ‘core’ therapeutic training, experience and make sense of their current training in counselling psychology.

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September 2015

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ABSTRACT

Background: Therapeutic training is considered as the beginning of therapists’ professional development. Research exploring the experiences of therapeutic training, particularly the experiences of trainee counselling psychologists is scarce. Additionally, research exploring the experiences of therapists integrating a new model of therapy is also limited; this is a surprising fact given the growing development of the integration movement in the therapeutic world.

Aims: The present study explores how trainee counselling psychologists, with a prior training in a ‘core’ therapeutic model, experience and make sense of their current training in counselling psychology. As a secondary aim, this study explores how these trainees experienced integrating a new model of therapy in their practice and the process of integration within the context of counselling psychology training.

Participants: Six trainee counselling psychologists from three different training courses based in the UK, who had all been previously trained in a single school model (primarily person-centred) participated in the study.

Method: The present study is an Interpretative Phenomenological Analysis (IPA) study. Data were collected through single, semi-structured, in-depth interviews during which participants were invited to reflect on their experiences of training.

Findings: The five super-ordinate themes that were identified in the participants’ narratives are: ‘Desires, Expectations and Needs from counselling psychology training’, ‘The turbulence of counselling psychology training’, ‘The Questioning I’, ‘The Changing Self’ and the ‘Finding Peace’. Each of these themes described different components of these trainees’ experience of counselling psychology training and reveal that it is a challenging experience on both an emotional and an intellectual level.

Discussion: The identified findings of the present study deconstruct, illuminate and are illuminated by existing theoretical and empirical literature. These findings shed light on the cyclical process of professional development within the context of professional training in counselling psychology in the UK.

Keywords: counselling psychology, training, integration, professional development

Interpretative Phenomenological Analysis (IPA)
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Acknowledgments

First of all, I would like to thank my parents, Souzanna and Christodoulos, and my brothers, Andreas and Panayiotis. I am grateful for your ongoing support, love and patience. Thank you for encouraging and supporting me to chase my dreams even though this meant that my dreams took me away from you.

I wish to express a heartfelt thanks to my best friends, Stefani and Chryssa. Stefani, I am grateful to you for tolerating my mood swings and anxieties over the past 14 years and for still being my friend after this last year. Thank you for always being able to find the positive in everything. Chryssa, thank you for the long phone conversations, and for always being so calm and patient. Thank you both for always believing in me even at times when I stopped believing in myself. Above all thank you both for being my family in the UK.

Thank you to my friends and family in Cyprus. Thank you all for your ongoing support and tolerating my absence from significant life events over the past 3 years.

My next gratitude goes to my amazing supervisor Liz Ballinger. Thank you for your support, valuable guidance and for keeping me grounded. Your energy and passion is truly inspiring!

Thank you to my peers and fellow trainees on the course. The journey over the past 3 years would not have been the same without you. Thank you making it special and unusual.

Particular thanks to Kelly with whom I have spent countless hours in the research room. Thank you for containing my anxieties and being my companion during this process.

Thank you to my tutors Terry Hanley and Tony Parnell. Thank you for your support and guidance.

Finally, I am grateful to my participants. Thank you for taking the time to share your stories with me. Thank you for your openness, honesty and courage. Without each one of you this study would not be possible.
1. INTRODUCTION

1.1. INTRODUCTION TO THE THESIS
The present research is an Interpretative Phenomenological Analysis (IPA) of the experiences of six trainee counselling psychologists, all with a prior ‘core’ therapeutic training, of their current training in counselling psychology. I will begin this study by providing an overview of the historical emergence of the profession of counselling psychology. Furthermore, I will contextualise the present study within the profession of counselling psychology in the United Kingdom. Counselling psychology is a profession closely aligned with counselling and clinical psychology and the relationship between these disciplines will be addressed. The current situation in counselling psychology training in the UK, which is the experience under investigation in the present study, will also be presented. I will then situate myself as a trainee counselling psychologist and discuss the origins of the study in my present experience before introducing the purpose of the study and the research question. I will then go on to explain the chosen methodology and methods employed in the current study. I will end this chapter by providing an overview of the structure followed in the thesis.

1.2. COUNSELLING PSYCHOLOGY: HISTORY AND CONTEXT OF THE PROFESSION
Counselling psychology is a profession that was established in 1951 in the United States of America (USA). The emergence of counselling psychology arose from a number of confounding factors that occurred in the first half of the 20th century. These factors are historical, political, economic and professional. It is argued that counselling psychology originated as a response to the return of veterans during and after the Second World War who were in great need of vocational counselling. Additionally, the seminal work of Carl Rogers (1942) and the movement away from behavioural and psychoanalytic approaches are argued to have provided a fertile ground for the emergence of a new profession based on humanistic psychology (Munley, Duncan, McDonnell and Sauer, 2004).
In the United Kingdom (UK) the emergence of counselling psychology followed a different route from its history in the USA. Counselling psychology first emerged in 1982 from a group of psychologists with training in counselling and psychotherapy who formed a working party within the British Psychological Society (BPS) to explore the relationship between psychology and counselling. In 1994, counselling psychology was awarded Chartered Status in the BPS. Gkouskos (2011, p.3) stated that the emergence of counselling psychology in the UK “represents a return of counselling and psychotherapy to psychology”.

Counselling psychology, as its name suggests, is a unique synthesis between counselling and psychology. Counselling psychology tries to balance the empiricism of psychology with the subjectivity of counselling (Strawbridge & Woolfe, 2010). Counselling psychology is a psychological profession founded on an explicit set of humanistic values. Cooper (2009) identified the six key principles that underpin the profession as outlined in a number of seminal texts of counselling psychology in the UK. These six foundational principles of counselling psychology are the following:

1. “A prioritisation of the client’s subjective, and intersubjective, experiencing (versus a prioritisation of the therapist’s observations, or ‘objective’ measures).
2. A focus on facilitating growth and the actualisation of potential (versus a focus on treating pathology).
3. An orientation towards empowering clients (versus viewing empowerment as an adjunct to an absence of mental illness).
4. A commitment to a democratic, non-hierarchical client-therapist relationship (versus a stance of therapist-as-expert).
5. An appreciation of the client as a unique being (versus viewing the client as an instance of universal laws).
6. An understanding of the client as a socially- and relationally- embedded being, including an awareness that the client may be experiencing discrimination and prejudice (versus a wholly intrapsychic focus).” (Cooper, 2009, p. 120).
Counselling psychology emphasises the interplay of the ‘scientist-practitioner’ model and the ‘reflective-practitioner’ model. The ‘scientist-practitioner’ model emphasises the integration of three roles: the practitioner role, the producer of research, and the consumer/evaluator of research (Lane & Corrie, 2006; Gkouskos, 2011). Additional to the ‘scientist-practitioner’ model, counselling psychology stresses the adoption of the ‘reflective-practitioner’ model. The ‘reflective-practitioner’ model emphasises the counselling psychologist’s self-awareness of their role as practitioners, their values and beliefs, and how these influence the individual on a personal and professional level (Lane & Corrie, 2006).

Counselling psychology values plurality in both therapeutic practice and research by adopting diverse therapeutic models and research methodologies. Counselling psychology draws on the three major schools of psychotherapy: psychodynamic approaches, cognitive-behavioural approaches and humanistic-existential approaches (James, 2013).

Counselling psychology is a profession that is intrinsically linked to the context in which it is situated. As noted above, the emergence of counselling psychology in the USA followed a different path from that of the profession in the UK. Pelling (2004) offered a description of points of convergence and divergence in the profession of counselling psychology in the Western World, specifically in the countries of USA, Canada, Australia, New Zealand, Northern Ireland and United Kingdom. The commonalities identified in counselling psychology, irrespective of its unique context, are:

1. The struggle to establish the profession’s unique and distinct identity, especially in relation to the overlapping professions of clinical psychology and counselling.
2. An emphasis on the science of psychology as the foundation of the profession of counselling psychology (Pelling, 2004).

Counselling psychology in the Western World presents significant points of divergence. A main point of differentiation is the education and credentials required to practice as a counselling psychologist among different countries. The USA and Canada primarily
require training at a doctoral level (even though some states and provinces allow training at a master’s level), whereas in other countries, such as Australia, training in counselling psychology is a master’s level training (Meteyard & O’Hara, 2015). In the UK, since 2005, professional training courses in counselling psychology have been at a doctoral level training and there are two different routes: the independent route and the course route (Martin, 2010) (further description of counselling psychology training in the UK will be provided in a later section). Additionally, differences exist in licensure. For example, in the USA, following doctoral training, a counselling psychologist needs to complete an internship and supervised postdoctoral experience, although that depends on the state in which he/she wishes to practice (Munley, 2004). In contrast, in the UK, following completion of professional training, one can gain eligibility to register as a Practitioner Psychologist with the Health Care Professions Council (HCPC) and become a chartered psychologist with the British Psychological Society (BPS), with the former being essential in order to able to practice (James, 2013).

Another point of divergence in counselling psychology among different countries is the focus of the profession. For example, counselling psychology in the USA places emphasis on vocational counselling (Munley, 2004), multiculturalism and social justice whereas in the UK counselling psychology places emphasis on phenomenology and humanistic values (Moller, 2011).

In the present study, when I refer to the profession of counselling psychology, I will refer to counselling psychology as understood and practiced within a UK context. I have noted some of the existing differences in the conceptualisation, training, licensure and practice of counselling psychology among different countries. These differences stress the importance of understanding counselling psychology as a profession that is bound by its specific context. In this thesis, where I refer to the profession of counselling psychology as understood in a different country (e.g. in the presentation of the theoretical and empirical research) I will point out the contextual differences.

In the above section, I discussed the emergence of counselling psychology, its philosophical roots within a UK context and noted contextual differences on the
profession in the Western World. In the following section I will present the relationship of counselling psychology with the allied occupations of clinical psychology and counselling.

1.3. COUNSELLING PSYCHOLOGY AND ITS ALLIED OCCUPATIONS

Counselling psychology as a profession has overlap with counselling and psychotherapy on the one hand, and on the other hand, as a form of applied psychology, it has commonalities with clinical psychology.

Counselling psychology is a discipline founded upon humanistic values. Traditionally, clinical psychology placed emphasis on assessment, diagnosis and psychopathology and it was closely aligned with the medical model (Morgan & Cohen, 2008). Counselling psychology, on the other hand, emerged from humanistic psychology and specifically from the seminal work of Carl Rogers, who took an alternative stance to the predominant medical model and psychopathology and instead advocated emphasis on well-being and ordinary experience (Strawbridge & Woolfe, 2010). In terms of their respective histories and origins, the distinction between these two professions appears very clear, although in recent years these differences seem to have gradually diminished.

The overlap of the professions of counselling psychology and clinical psychology has been noted in the UK (Kinderman, 2009). More specifically, the Statutory Regulation of Practitioner Psychologists by the HCPC and the introduction of the Standards of Proficiency (HCPC, 2015) stressed even further the significant overlap between the competencies required from counselling psychologists and clinical psychologists in order to be able to register as practitioner psychologists (Kinderman, 2009). Counselling psychologists can and do work alongside clinical psychologists in the same settings and with the same clinical populations (Gkouskos, 2011).

The other allied occupation that counselling psychology has overlap with, specifically from a philosophical point of view, is counselling. This philosophical overlap between the two areas is expected since counselling psychology in the UK emerged amongst psychologists who had trained in counselling and psychotherapy and advocated the
return of counselling and psychotherapy back to psychology (Strawbridge & Woolfe, 2010).

The most notable difference between counselling and counselling psychology is the embeddedness of the latter in psychological theories and research to inform practice. Counselling psychologists are expected to know psychological theories of “human, cognitive, emotional, behavioural, social and physiological functioning relevant to counselling psychology” (BPS, 2014a, p. 19). Additionally, the adoption of the ‘scientist-practitioner’ model, which emphasises the centrality of research in a psychologist’s practice, can be seen as another point of divergence between the two professions (Gkouskos, 2011). Murdoch, Gregory and Eggleton (2015) identified the three main characteristics which differentiate psychology from other professions involved in mental health (e.g. nursing, social work and medicine). These characteristics are: the ability to think scientifically; breadth and depth of knowledge of psychological theories; and the combination of skills with knowledge that provides psychologists with the ability to draw on multiple sources, e.g. psychological testing. It is worth noting that there are counsellors who have developed these skills and regularly draw on research and psychological theories to inform their practice, which adds to the complexity when attempting to differentiate between counselling and counselling psychology. Another noted difference between them is the fact that the first is overseen by the British Association for Counselling and Psychotherapy (BACP), while the latter is accredited by the BPS (Feltham, 2013). Additionally, counselling psychology is one the seven titles of psychology, alongside clinical, educational, forensic, health, occupation, sports and exercise psychology, that are protected and regulated by the HCPC (Kinderman, 2009).

It is important to note that counselling and psychotherapy are terms that will be used throughout the thesis. The distinction between counselling and psychotherapy is a contested one (McLeod, 2009). A distinction can be made on the basis that psychotherapists tend to complete longer training and work with more severe client issues over a longer period of time. On the other hand, there is considerable overlap between counselling and psychotherapy as they both employ similar therapeutic approaches (McLeod, 2009). The debate about the similarities and differences between
counselling and psychotherapy is beyond the scope of this thesis. As the two terms are often used interchangeably in existing literature, I decided to employ a pragmatic approach and use the generic term therapy. However, where a source specifically refers to either counselling or psychotherapy I will mirror their terminology.

In this section, I described the relationship of counselling psychology with clinical psychology and counselling. In the next section, I will describe professional training in counselling psychology in the UK.

1.4. PROFESSIONAL TRAINING IN COUNSELLING PSYCHOLOGY

In the UK, in order to become a qualified counselling psychologist and to be eligible to register as a practitioner psychologist with the HCPC, one needs to complete professional training in counselling psychology (BPS, 2014a). Currently there are two routes of professional training in counselling psychology in the UK, to complete either a doctoral level training course or the independent route (Martin, 2010). In terms of the latter, it differs from the traditional course route as the candidate has the responsibility of structuring their own training experience (BPS, 2014b). This training route is usually followed by trainees with significant prior qualifications and experience who need to cover the additional competencies in order to gain the formal qualification in counselling psychology (Martin, 2010; BPS, 2014b).

In terms of training through an accredited training course, it is provided through a Higher Education Institution (HEI), and this will be the training route examined in the present study. Counselling psychology, since 2005, has been at a doctoral level and is a 3-year full-time or 4-6 years part-time course (BPS, 2014a). Currently there are 13 accredited training courses in the UK.

The guidelines of BPS (2014a) and HCPC (2015), with regards to the competencies that a counselling psychologist needs to develop in their professional training, focus on the aspects of philosophy, theory, practice (assessment, formulation, intervention, evaluation, consultancy), professional and personal development, research, diversity and cultural competencies, and, lastly, leadership and communication. Each of these
areas is accompanied by specific competencies that the trainee needs to demonstrate before completing the training course. Trainee counselling psychologists are expected to practice in a variety of clinical settings with diverse client populations and severity of clinical presentations. Trainees are expected to complete 450 hours of supervised clinical practice. Furthermore, training programmes in counselling psychology aim to produce graduates who have an in-depth practical and theoretical knowledge of one therapeutic approach and a working knowledge (ability to translate theory into practice) of at least one more therapeutic model. Moreover, research is seen as an integral component of the training programmes (hence the emphasis on the ‘scientist-practitioner’ model) and therefore trainees are expected to have the ability to produce research and demonstrate an understanding of different methodologies in research (BPS, 2014a).

In this section, I provided a brief description on counselling psychology training in the UK. In the following section I situate myself as the research by presenting my personal and professional commitment to the topic under exploration.

1.5. SITUATING MYSELF AS THE RESEARCHER

I am currently a third year trainee counselling psychologist in a UK university. I began my professional training in counselling psychology by pursuing a master’s degree in counselling psychology. My master’s degree was professional training in a single-school approach. The therapeutic approach espoused in my master’s degree was person-centred therapy (Rogers, 1951) and the completion of this training enabled me to qualify as a person-centred counsellor. Even though the person-centred approach was the one that, as trainees, we had to develop a sound philosophical, theoretical and practical knowledge of, we were also introduced to other approaches such as Gestalt, CBT, and creative and experiential approaches to therapy. This exposure to other therapies, I believe allowed me to develop an integrative stance in therapy from the onset of my professional trajectory, and at the same time develop a sound working knowledge of a specific therapeutic approach.
One of my motives for conducting research in this area derives from my own personal experience of training in counselling psychology. My experience of counselling psychology training has been an intense experience on an emotional and intellectual level. I experienced a range of emotions in relation to my training: excitement at the prospect of starting a new chapter in my professional life; fascination with the new learning; disappointment with the inadequacies of the programme; and anxiety about clinical placements. In the first year of my training in counselling psychology, there was a constant comparison between my prior training in a single-school approach and the current training. In the former training, my experience was an in-depth theoretical, philosophical and practical exploration and understanding of the person-centred approach, whereas in the latter I found it lacked that in-depth immersion in the approach in comparison with my previous training. My training in counselling psychology was underpinned by the pluralistic philosophy which promotes the notion that different approaches can be potentially helpful for different clients (Cooper & McLeod, 2011), a notion that I both valued and struggled with at the same time. My previous training in the person-centred approach gave me a sense of guidance on the theoretical and practical application of the approach giving me a sense of direction but simultaneously restricting me within the remits of the approach. The pluralistic/integrative spirit that underpins my counselling psychology training provided me with a welcomed freedom from the confines of a given therapeutic approach but at the same time left me feeling confused and uncertain in terms of my identity as a therapist.

These conflicting feelings and experiences served as an important motivational factor for my decision to pursue this research, as I wanted to find out if other trainee counselling psychologists’ experience of their training programmes matched my own. Furthermore, my experience of the training in counselling psychology was that there was a divide between two separate groups of trainees, those who had no previous therapeutic training and trainees who had completed training in single-school approaches, such as person-centred approach, CBT or psychodynamic psychotherapy, who appeared to be experiencing the training differently. Therefore, the research question was formulated through my own experience of two different types of training and by observing the experiences of my peers. It was further enhanced through my
desire and curiosity to explore how other trainees who came from single school training, just as I did, found their current training experience.

Despite my personal experiences that guided my choice of the research question, professional motives also influenced this decision. Counselling psychology in my country of origin, Cyprus, is a protected profession alongside clinical, school, forensic and organisational psychology (Cyprus Psychological Association, 2015). Currently there are two professional trainings in counselling psychology in Cyprus, both established within the last 4 years, at a master’s level. One of my long-term professional goals is to return to my country of origin and be involved in counselling psychology training. Additionally, another reason that influenced my commitment to undertaking this research is that, given the fact that training in psychology is a lengthy and challenging process; I wanted to give the opportunity to fellow trainee counselling psychologists to express and explore their lived experience of training in counselling psychology.

All these professional and personal reasons and experiences led me to the development of the primary research question:

How do trainee counselling psychologists with a prior ‘core’ therapeutic training, experience and make sense of their counselling psychology training?

Being a researcher for me is intrinsically linked to who I am as a person and as a professional. I am a Greek Cypriot woman in my late twenties. I was born and raised in post-1974 period Cyprus, in a country where the aftermath of the war and the Turkish invasion was still raw. I regard myself as a second generation refugee, from a working class background. I was born into a family that identifies itself with left-wing politics. My background has undoubtedly shaped me as the person I am today and, nowadays, I self-identify as a feminist with left-wing ideologies.

1.6. INTRODUCING THE METHODOLOGY OF THE STUDY

The aim of this study is to explore and gain an understanding of the experiences of trainee counselling psychologists, with a prior ‘core’ therapeutic training of their current training. As the focus of the study is on meaning and how individuals make sense of their experiences of a particular phenomenon, a methodology that would allow for an in-
depth and rich exploration was deemed necessary in order to be able to meet the aims of this research (Morrow, 2007). I decided that a qualitative methodology would allow me this access to the complexity of the phenomenon under exploration and would facilitate an in-depth understanding of the trainee counselling psychologists’ experiencing.

The present study is an Interpretative Phenomenological Analysis (IPA) study. IPA is a qualitative method of data analysis that was developed within the discipline of psychology in 1996 (Smith, 1996). IPA is concerned with the detailed, rich and nuanced exploration of human phenomena and how individuals make sense of their experience of these phenomena. “The central concern for IPA is the analysis of how individuals make sense of their lived experiences. It aims to provide a detailed exploration of these personal lived experiences as well as a close examination of how participants make sense of them. The main concern for an IPA study is the meanings particular experiences, states, events and objects have for participants” (Smith & Eatough, 2006, p.324).

The philosophical positions that underpin IPA are: phenomenology, hermeneutics idiography and symbolic interactionism. Phenomenology is concerned with how individuals experience significant events in their lives. IPA prioritises the experiential accounts of the participants whilst “hermeneutics is the theory of interpretation” (Smith, Flowers & Larkin, 2009, p.21). As researchers, our understanding of a phenomenon is always interpretative, since we can never gain full access to the participant’s subjective experience. A ‘double hermeneutics’ process inevitably occurs in IPA; the participant is trying to make sense of his/her lived experience and the researcher is trying to make sense of the participant who is making sense of his/her experience (Smith & Osborn, 2008). The third philosophical standpoint of IPA is its idiographic emphasis; it focuses in great depth and detail on each participant’s account. IPA places emphasis on symbolic interactionism and acknowledges that meaning is constructed through the individual's interaction with the personal and the social world (Smith & Osborn, 2008; Smith et al., 2009).
The data of the present study were collected from semi-structured interviews with six trainee counselling psychologists with a prior ‘core’ therapeutic training. The trainees who participated in the study were invited to provide accounts of how they experienced and made sense of their training in counselling psychology.

1.7. OUTLINE OF THE THESIS

In Chapter 1, which is the Introduction chapter, I presented myself as the researcher of the present study and outlined my personal commitment to the topic under investigation. I also presented the historical origins of counselling psychology, its philosophical roots and outlined professional training in counselling psychology in the UK.

In Chapter 2, which is the Literature Review, I will present the wider theoretical and empirical context of the present study. I will conclude this chapter by providing a rationale for addressing the research questions.

In Chapter 3, which is the Methodology chapter, I will discuss the methodological aspects of the study. In the first half of the chapter, I will present my methodological positions and choices. In the second half of the chapter (methods), I will focus on the technical aspects of conducting the research before ending with ethical considerations and an assessment of the quality and validity for the present study.

In Chapter 4, which is the Findings chapter, I will present the identified findings of the present study. The findings will be presented alongside verbatim extracts from the participants’ accounts.

In Chapter 5, which is the Discussion chapter, the identified findings of the present study are discussed in relation to the existing theoretical and empirical literature which was presented in the Literature Review chapter. New literature is also added to support unexpected areas that require further exploration.

In Chapter 6, which is the Conclusion chapter, I provide a brief presentation of the main findings of the study before critiquing the present study, discuss implications for counselling psychology training and provide recommendations for further research. I
conclude this study by providing a reflective account of my own experience of this research.
2. LITERATURE REVIEW

2.1. INTRODUCTION TO THE CHAPTER

In the literature review chapter, I will present the theoretical and research background of the research question. The research question addressed in the present study is:

*How do trainee counselling psychologists with a prior ‘core’ therapeutic training, experience and make sense of their current training in counselling psychology?*

This research also aims to address a secondary research question which is the following:

*How do these trainee counselling psychologists experience integrating new models of therapy in their practice?*

The first obvious area that stems from the research question is the area of therapeutic training. I will use the umbrella term of ‘therapeutic training’ to include both counselling psychology training and ‘core’ therapeutic training. Even though I am using the therapeutic training as an umbrella term for both the counselling psychology training and the ‘core’ therapeutic training I do not imply that they are the same, as significant differences exist in terms of level, length, model (single school or integrative), incorporation or not of psychological theories etc. In the discussion of previous theoretical and research literature, I will only use the term ‘therapeutic training’ when a distinction between them has not been drawn (e.g. if a study does not clarify if the training is in counselling or counselling psychology), whereas if there is reference to the particular type of training, I will use the relevant descriptor to define it, e.g. counselling psychology training, counselling training etc. ‘Core’ therapeutic training, in the context of the present study, will be understood as counselling training (Diploma or Master’s level) in one of the three main schools of therapy, namely CBT, psychodynamic and humanistic/existential. This leads to the second main area of the research question, namely training in a single school approach and training in counselling psychology which is integrative. Therefore, the second area addressed in this literature review will
be integration and integrative training in counselling psychology and counselling in general. A third broad area, which is not explicitly derived from the research question as the other two are, is the area of professional development. Professional development and therapeutic training are two interrelated areas, with professional training seen as the starting point for the therapists’ professional development (Rønnestad & Skovholt, 2013).

In terms of the structure of the literature review chapter, I chose to adopt a top-down approach. I decided to start from the broadest defined area, which is the literature and research on professional development, followed by the areas of therapeutic training, before moving to the area of integration and integrative training. Each of these areas will be addressed and critically examined in terms of theory and research. Research on professional development and therapeutic training will be presented together whereas research on integration and integrative training will be presented after theoretical ideas around integration and integrative training are discussed. In each area, previous literature specifically related to counselling psychology and counselling psychology training will be considered. I will conclude this chapter by establishing a rationale for the research questions addressed in the present study and the study’s contribution to knowledge. A diagram of the chapter structure is presented below:

Figure 1. The formulation of the research question.
2.2. LITERATURE SEARCH STRATEGIES

I conducted a systematic and comprehensive search of the existing literature using three strategies:

1. A thorough search of the following electronic databases: ASSIA, CINAHL Plus, PsycINFO and MEDLINE. The keywords selected were: counselling psychology, counselling, therapy, therapeutic training, trainee counselling psychologists, doctoral training, professional training, integration, psychotherapy integration, integrative training and professional development. Given the different terminologies used in different countries different combinations of the above keywords were used.

2. A check of the reference list of the shortlisted articles.

3. A search of a selected journal, namely Counselling Psychology Review. This journal is published by the Division of Counselling Psychology and is one of the main journals that counselling psychologists in the UK choose to disseminate their research.

The inclusion criteria I employed in the search of the relevant literature were the following: full-text journal articles, peer-reviewed articles and English language. I excluded commentaries, dissertations and conference abstracts. As the search generated a vast literature I undertook a critical appraisal of titles and abstracts. I decided to focus on the research that was relevant to the experience of therapists in terms of the three above pre-defined areas of the research question: professional development, therapeutic training and integration/integrative training. Therefore, additional exclusion criteria were employed at the stage of the appraisal of the existing literature. I decided to exclude research focused on learning processes, supervision and supervisee development, and specific components of the training such as personal therapy, personal development groups etc. Additionally, research exploring specific training issues such as training in multiculturalism, social justice, vocational counselling were also excluded.
2.3. THERAPISTS’ PROFESSIONAL DEVELOPMENT

This section is focused on the area of therapists’ professional development. I will begin the section by providing definitions of development and professional development before moving on to discuss how professional development is intrinsically linked with therapeutic training, which is the main focus of this study. Furthermore, two prominent empirical models of therapists’ professional development will be discussed and critically evaluated.

2.3.1. DEFINITIONS

Defining the concept of development is a rather difficult task despite the fact that it is a commonly used term. I decided to draw on a definition from developmental psychology, specifically from Lerner’s (2002) conceptualisation of development. Lerner’s (2002) view of development is that it is a process which is characterised by successive and systematically organised changes.

In terms of defining professional development in the context of professional psychology, a special working group was set up in 2002 in the USA. This group, the Professional Development Work Group (PDWG), was comprised of professional psychologists. The working definition proposed by the PDWG is that professional development is “the developmental process of acquiring, expanding, refining and sustaining knowledge, proficiency, skill and qualifications for competent professional functioning that result in professionalism” (in Elman, Illfelder-Kaye and Robiner, 2005, p. 368). Professional development is influenced by both individual factors (personality, motivation, abilities) and contextual factors (training, work environment). Elman et al. (2005), note that professional development starts from postgraduate professional training in psychology and continues through to retirement. Professional development is associated with different development tasks at different points in the professional psychologists’ career trajectory. Elman et al. (2005) also note that more attention should be given to professional training as it is the environment which can enhance or stifle the trainee psychologists’ professional growth and development.
2.3.2. MODELS OF THERAPISTS’ PROFESSIONAL DEVELOPMENT

Two empirical models of therapists’ professional development that have been developed over a period of over 25 years will be reviewed in this section. The first model examined is that based on the work of Skovholt and Rønnestad (1992) and the second one is based on the collaboration of Orlinsky, Ambühl, Rønnestad, Davis, Gerin and Davis (1999) with the Society for Psychotherapy Research/Collaborative Research Network (SPR/CRN).

Rønnestad and Skovholt (2003, 2013) refined their original 1992 stage model and proposed a phase model of therapists’ professional development. This model was based on the findings derived from a qualitative investigation of 100 American professional psychologists with various levels of experience. All participants were either doctoral students or post-doctoral psychologists trained either in counselling or clinical psychology. They propose five phases of professional development, with the first two phases occurring during professional training and the remaining three referring to the development following the completion of postgraduate training. Each of these phases is accompanied by different developmental tasks. The five phases of therapists’ professional development proposed in this model are:

1. The novice student phase, which refers to the first two years of postgraduate training. This is the phase of beginning clinical practice and is accompanied by intense feelings of anxiety as beginning students in clinical or counselling psychology are striving to make sense of how theories are applied to practice. Given the challenging nature of this phase, Rønnestad and Skovholt (2013) recommend that trainee therapists be exposed to straightforward and coherent therapeutic models.

2. The advanced student phase refers to the final years of postgraduate training, during which the student has regular contact with clients and clinical supervisors. During this phase, the advanced student is interested in learning and acquiring more complex knowledge. Advanced students become gradually more confident in their clinical practice, are able to critically reflect and evaluate therapeutic models and choose elements from models rather than a whole approach.
3. The novice professional phase refers to the first 2 to 5 years following the completion of professional training. This phase is characterised by disillusionment with the training, the self and the profession when the practitioner becomes fully aware of the complexities of therapeutic practice. It is also accompanied by a sense of freedom, as the novice professional is liberated from evaluation by the training and supervisors. Furthermore, the new professional begins to develop a personal model of therapy and begins the process of integrating personal characteristics with theoretical and practical knowledge.

4. The experienced professional phase refers to period from 5 to 25 years of professional practice experience. The developmental tasks of the experienced professional are to integrate the personal and professional self and to maintain a sense of growth as a professional while avoiding stagnation and burnout.

5. The senior professional phase (over 25 years of clinical practice through to retirement). The developmental tasks of this phase are similar to the ones described in the experienced professional phase, with the additional task of preparing and adjusting for retirement (Rønnestad & Skovholt, 2013).

I found this model as a trainee counselling psychologist and a researcher interested in training as being particularly useful, as it provides a detailed and thorough descriptive framework of distinct developmental phases that therapists go through in the trajectory of their careers. The original formulation of the model (Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003) implied a linear developmental trajectory of the therapists’ professional development based on years of clinical experience. The above authors acknowledged that professional development can be erratic and so introduced the concept of ‘recycling loops’ (Rønnestad & Skovholt, 2003, p.32), which are periods during which the therapists experience changes, either on a personal or professional level. During these periods, the therapists’ confidence in their clinical ability may be lost and needs to be mastered again. Rønnestad and Skovholt (2013) define ‘recycling loops’ of professional development as repeated cycles of enthusiasm, feelings of self-doubt, anxiety, new learning and mastery which conceptualise professional development as a cyclical process.
In the latest revision of their findings, Rønnestad and Skovholt (2013) proposed a model of professional development which consists of cycles of development and stagnation. These cycles of professional development and stagnation can happen across all phases of professional development, especially in the latter three which are the professional phases. This cyclical model stresses the importance of continuous reflection in one’s clinical practice as the cornerstone of professional development. Rønnestad and Skovholt (2013) note that therapists experience difficulties and challenges in their therapeutic work and that, with reflection, the therapists can overcome and learn from these challenges leading to professional growth. Additionally, these authors move their attention to stagnation in the therapists’ professional development. Professional stagnation can be the result of limited reflection which can lead to disengagement from therapeutic work or it could be the result of inability to end reflection which can subsequently lead to exhaustion and burnout. The experience of professional stagnation can lead the professional therapists to exit the profession. Another possibility when the therapists experience professional stagnation, according to the cyclical model, is to engage in renewed reflection and overcome the stagnation and so it can be seen as an opportunity for growth (Rønnestad & Skovholt, 2013).

The second model related to the professional development of therapists is the Orlinsky, Rønnestad and the Collaborative Research Network of the Society for Psychotherapy Research (2005) model of positive and negative cycles of practitioner development. Based on the findings collected from 5000 therapists of different nationalities, gender and theoretical orientation, Orlinsky et al. (2005) identified positive and negative cycles that therapists can experience in the trajectory of their professional development. The positive cycle trajectory is characterised by the therapists’ experience of the therapeutic work as Healing Involvement (investment in therapeutic work, constructive coping strategies, and relational skills). Healing Involvement creates a sense of growth for the therapist, which in the long-term can lead to an overall sense of positive and cumulative development of the therapists’ career. The breadth of theoretical orientations, breadth of therapeutic experiences (different modalities) and satisfaction with clinical work are all contributing factors in the positive cycle of professional development trajectory. In contrast, the negative cycle is characterised by Stressful Involvement (difficulties in
client work, anxiety, and maladaptive coping strategies), which can subsequently lead to an overall sense of depletion. The experience of depletion can limit the therapists’ professional growth and development. Orlinsky et al. (2005) note that all therapists can experience positive and negative cycles in their professional development and that professional development should not be perceived as a straightforward process of cumulative growth. An interesting finding that emerged from this study is that novice therapists (0-7 years of clinical experience) are more likely to experience clinical practice as distressing than more experienced therapists (7-50 years of practice).

Both these models of therapists’ professional development are helpful in illuminating aspects of professional development. Both models are based on data collected from therapists in different phases of professional development. However, like all research they are not without limitations. In terms of the Orlinsky et al. (2005) model, despite data having been collected from almost 5000 participants, only 57% of the recruited sample consisted of psychologists. Moreover, no details are provided on the titles of the psychologists, that is, whether they were counselling psychologists, clinical psychologists, educational psychologists etc. The remaining sample consisted of professionals from allied professions, such as psychiatrists, social workers, counsellors, nurses and lay therapists. Additionally, participants were recruited from different countries, although not the UK (participants were mainly from Germany, USA, Norway). This can be a limitation of the model when considering its transferability to a UK context given noted differences between different countries in terms of professional training routes, regulations and licensure. Lastly, novices and apprentices (which represent the trainees) constituted only a quarter of the whole sample. Therefore, trainees in the Orlinsky et al. (2005) study are the most unrepresented cohort of the recruited sample. Additionally, given that there is no specific reference to the number of counselling psychologists or more specifically, trainee counselling psychologists it raises the question of how far trainee counselling psychologists’ professional development is represented in the Orlinsky et al. (2005) study.

In terms of the Rønnestad and Skovholt (2013) model, as noted earlier, it is particularly useful in terms of the descriptive elements of the different phases identified. However,
one of the defining features that assigns therapists in each developmental phase were the number of the years of clinical experience among therapists and the status of the therapists (whether they were in training or qualified). In 2008, the Increasing Access to Psychological Therapies (IAPT) initiative was introduced in the National Health Service (NHS). The IAPT programme aims to provide psychological therapies to help people overcome common mental health difficulties, such as anxiety and depression. The IAPT initiative advocates the use of evidence-based therapies as recommended by the National Institute of Health and Care Excellence (NICE) guidelines. The NICE guidelines indicate that CBT interventions are the most effective for the treatment of depression and anxiety (Marzillier & Hall, 2009), even though other talking therapies such as Interpersonal Psychotherapy (IPT), Brief Dynamic Interpersonal Therapy (DIT), Couple Therapy for Depression and Counselling for Depression are also offered (Department of Health, 2009). Given these recent changes in the UK therapeutic landscape and with the adoption of CBT as the primary therapeutic model of choice within the IAPT programme, it has consequently led a number of experienced therapists to seek additional training in CBT (Owen-Pugh, 2010). Therefore, the boundaries between trainees and qualified therapists have become blurred, as trainees might also be qualified therapists at the same time as training in a different approach.

Rønnestad and Skovholt (2013) introduced the concept of ‘recycling loops’ and continuous professional development through additional trainings; however this is mainly discussed in terms of completing training workshops. Therefore, this model cannot account for the experiences of qualified therapists who assume a trainee status. In addition, in terms of the sample in the Rønnestad and Skovholt (2013) study, it consisted only of psychologists, overcoming the limitation of the Orlinsky et al. (2005) sample which consisted of professionals involved in mental health. However, the sample was composed exclusively of American counselling or clinical psychologists and, as noted earlier, this impacts the potential transferability of the model to a UK context due to training and licensure differences (Pelling, 2004). One last point in relation to the Rønnestad and Skovholt (2003; 2013) study is that counselling psychologists and clinical psychologists are grouped together, whereas it is worth noting
that we cannot necessarily assume that the professional development profiles of these two distinct professions are the same.

As noted in the beginning of the chapter, therapeutic training signifies the beginning of the professional development for a therapist. In the following section, I will move to the second broad area addressed in this literature review, namely therapeutic training.

2.4. THERAPEUTIC TRAINING

“The process of becoming a psychologist is lengthy, arduous, and complex” (Bruss & Kopala, 1993, p. 685). Professional training signals the beginning of becoming a practitioner psychologist and is the environment which prepares the students to become professionals. Therapeutic training, and more specifically training in counselling psychology, has not received enough research attention. A possible reason for this could be the multifaceted nature of training and the large number of variables involved, such as the content of the training, the level of the training, admission requirements, and theoretical models taught in the training, as well as trainees’ personal characteristics including age, personality, learning style etc. (Rønnestad & Ladany, 2006).

The impact of therapeutic training on therapists’ outcomes is questionable. Beutler, Malik, Alimohamed, Harwood, Talebi, Noble and Wong (2004) in their review regarding therapists’ variables expressed doubts about whether training impacts in a positive manner on the therapists’ successful outcomes in their clinical work. Lambert and Ogles (2004), on a similar note, reached the conclusion that training does not influence patients’ outcomes. Hill and Knox (2013) note that “there is only tentative evidence that graduate training is effective” (cited in Hill, Baumann, Shafran, Gupta, Morrison, Rojas, Spangler, Griffin, Pappa, and Gelso, 2015, p. 184).

Despite the inconclusive evidence regarding the effectiveness of therapeutic training, it is still the route to becoming a practitioner psychologist. Specifically in regulated professions such as counselling psychology, in order to be able to register as a practitioner psychologist, one needs to complete training up to a doctoral level (BPS, 2014a). I will move on to present some theoretical ideas on therapeutic training before
moving on to outline the existing research in the areas of professional development and training.

2.4.1. THEORETICAL PERSPECTIVES ON THERAPEUTIC TRAINING

In this section, conceptualisations of therapeutic training by Bruss and Kopala (1993) and Rizq (2009) will be explored. Both these conceptualisations are based on psychoanalytical ideas and both draw on Winnicott’s (1965, 1969) developmental theory as their underpinning framework.

Bruss and Kopala (1993) draw a parallel between the developmental milestones that the infant goes through in the first year of life, as proposed by Winnicott (1965), and the experiences that the trainees go through during their postgraduate training in psychology (no clarification is provided by the authors whether they refer to training on counselling or clinical psychology or any of other disciplines of psychology). One of the main developmental milestones Winnicott (1965) identified is dependency. Bruss and Kopala (1993) note that trainees coming to professional training are entering a new environment. Trainees at this point may experience confusion and uncertainty and thus develop dependency on the supervisors, trainers and mentors. Another component of the milestones proposed by Winnicott (1965) is integration. This refers to a redefining of the sense of the self within the new context, which resonates with the task that the new trainees have to negotiate when they start postgraduate training in psychology as they have to find and redefine the self in the context of the training. In addition, trainees enter graduate training with expectations and fantasies which can exceed the reality of the programme. Nevertheless, the reality of experience of the training quickly challenges these fantasies and so disillusionment with the training takes place. Bruss and Kopala (1993) stress the importance of the training environment, which can either foster or hinder the trainee therapists’ healthy professional and personal development. The trainees’ development within the professional training can be hindered when the training programme fails to offer “a good enough, holding environment” (Bruss & Kopala, 1993, p. 690). The holding environment is a psychoanalytic term that refers to the containing function of the analytic frame (Lemma, 2003). This containing function refers to the therapist’s capacity to receive the client’s communications, which in turn allows the
patients to internalise feelings and process them on his/her own. Furthermore, as Lemma (2003, p. 98) states, it “allows for the unfolding of the patient’s story and an understanding of his internal world within safe confines”.

Rizq (2009) also offers a psychoanalytical perspective on therapeutic training drawing on her own experience as a trainer in a UK counselling psychology training programme. According to Rizq (2009), trainees nominate the psychotherapy training as the ‘transformational object’ which will transform and change them from lay helpers to capable, competent and successful professionals. The trainees in the early stages of professional training are dependent on the tutors to ‘feed’ them with ideas, knowledge, theories and skills. When trainees are confronted with the reality of clinical practice a sense of disappointment quickly overtakes the trainees’ experience. Rizq (2009) notes that, at a deeper level, the trainees experience their previously nominated ideal ‘transformational object’ as failing to produce the transformation they desire. The trainees, through their experience of disappointment, begin to question their learning and critically examine the learning and teaching. Rizq (2009) draws on Winnicott’s (1969) thinking on object-relating to object-usage to further understand this process for the trainees. Winnicott (1969) conceptualises object-relating as the experience of the subject (baby) of connecting to the object (mother). In object-relating, the subject cannot differentiate itself from the other. Winnicott’s (1969) position is that movement from object-relating to object-usage is necessary for development. Object-usage is a more advanced form of connecting during which the subject, through the ‘destruction’ of the object, becomes able to separate itself from the object. As Rizq (2009) postulates, the trainees relate to the trainers as the individuals who will facilitate their transformation process. For the trainees to move to object-usage, a process of ‘destruction’ of the object occurs. This destruction is expressed through criticism and questioning of the trainers. Rizq (2009) emphasises that the trainers need to be able to tolerate the ‘attack’ from the trainees without retaliating (e.g. by assuming a position of power, being critical to the trainees etc.). An ability for these conflicts to be resolved within the training context can foster the trainees’ development of a mature professional identity (Rizq, 2009).
The two aforementioned theoretical papers add a deeper level of understanding of the subjective experience of the trainees in therapeutic training. Both papers draw on psychoanalytical developmental ideas by Winnicott (1965, 1969) as their conceptual framework of trainees’ development within the training. Both the Bruss and Kopala (1993) and the Rizq (2009) papers draw attention to unconscious processes that occur in the trainee-training dynamic. However, both papers are based on theoretical ideas and the authors’ own observations in their role as trainers in postgraduate psychology training courses (Rizq, 2009). Therefore, a point that requires attention is that both these papers are written by trainers and thus represent the trainers’ perspective on the trainees’ experience. It is possible that much of the emphasis in these papers is placed in the trainees’ unresolved conflicts rather than the trainers. In both papers, the authors acknowledge that the trainers’ role has not been explored in-depth (Rizq, 2009). Another point of note is that both these papers are based on theoretical ideas and therefore lack empirical evidence from research to substantiate them.

In the above sections, I presented theoretical ideas on therapeutic training after outlining two models of professional development based on empirical research. In the following section, I will expand the discussion to existing research in these two areas and critically evaluate it.

2.4.2. EXISTING RESEARCH ON PROFESSIONAL DEVELOPMENT AND THERAPEUTIC TRAINING

Most of the previous research in the areas of professional development and therapeutic training has focused either on novice trainees (with no therapeutic experience) or on professional therapists. Only a limited number of studies explored the experiences of students with therapeutic experience prior to their training. As this is only a small number of studies, I will draw on relevant research among therapists (trainees and qualified). The two main research efforts in the area of professional development have been already discussed and evaluated earlier in this chapter.

In a Swedish study by Carlsson, Norberg, Sandell and Schubert (2011), participants were asked to reflect on their professional development during and after undertaking three years of advanced training in psychodynamic psychotherapy. The participants in
this study spent on average 10.3 years as therapists prior to the course. For these participants, searching for recognition was the main theme that emerged from their narratives. Therapists reported that attending an advanced training was driven by the desire to improve as clinicians and become official members of the psychodynamic psychotherapeutic community in Sweden by obtaining an official title and a licence. During training, the participants in the Carlsson et al. (2011) study stated a wish for their previously acquired skills and professional self to be acknowledged by the training course. Following graduation, these psychotherapists reported developing their own style of practicing which was not necessarily psychodynamic, but instead they described their practice more as eclectic. They also reported experiencing ongoing development as professionals and a sense of confidence in themselves as clinicians. This study was based on retrospective accounts gathered 4 to 6 years following graduation from the training course, and so there is a substantial gap between the actual training experience and the interviews. Furthermore, the study was conducted among graduates from one specific training (psychodynamic psychotherapy) programme in a specific institute in Sweden. Given the differences in licensure between the professions among different European countries, these results should be interpreted with caution when considered in a different context. In addition, the course was an advanced training in a specific therapeutic approach, namely psychodynamic psychotherapy, whereas training programmes in counselling psychology in the UK are integrative (at least two therapeutic models are taught). Furthermore, the participants in the Carlsson et al. (2011) study were therapists from different mental health professions with the majority of them being psychologists. Nevertheless, this study sheds light on the experience of already experienced therapists seeking additional advanced psychodynamic psychotherapeutic training.

Nel (2006) conducted a UK qualitative study among masters level, trainee family therapists exploring their experiences of training. Six trainee family therapists undertaking a 2-year part-time Master’s level training in family therapy took part in the study. The participants’ age profile varied from early thirties to mid-fifties and they represented four different professions (the author did not provide any information regarding the participants’ professions). Each of the participants was interviewed 6
times during their training, at regular intervals spread over a period of 20 months, and IPA was used to analyse the collected data. The trainee family therapists reported finding the experience of training overwhelming and deskilling. Deskilling refers to the process of removing aspects of previously developed professional skills and knowledge. Following the deskilling period, the trainee family therapists re-evaluated their identities at a professional, personal and relational level; a finding that suggests that identity during training is fluid and constantly changing. The reason I discuss the Nel (2006) study as relevant to my study is because it is one of the few studies, to the best of my knowledge, that illuminates the experience of professionals that attend further therapeutic training and, additionally, it is one of the few UK studies that explores the lived experience of therapeutic training. However, despite providing useful insights into the lived experience of training, the Nel (2006) study is based on the experience of family therapy training (two years, part-time masters level training), which again differs significantly in terms of content, emphasis and duration from a counselling psychology training programme.

Studies among novice trainees are more common in comparison to studies among trainees with previous therapeutic experience and training. Hill, Sullivan, Knox and Schlosser (2007) undertook research in the USA among trainee counselling psychologists. The trainees in the study reported the challenges they experienced in their counselling psychology training. These challenges revolved around self-criticism, anxiety, managing their reactions to clients and learning how to use the helping skills. Simultaneously, trainee counselling psychologists in the Hill et al. (2007) study noted the gains they earned from training, such as increased confidence in their clinical work and the importance of supervision, as useful in alleviating anxieties and helping them cope with challenging situations in clinical practice. This study was conducted among inexperienced trainees learning to use the helping skills through the analysis of their reflective journals. This study succeeded in capturing the lived experience of the trainee counselling psychologists as it was presented in their reflective journals. On the other hand, as these journals were a course requirement, it is likely that the participants were careful about what they were discussing (Hill et al., 2007). On a similar note, research among inexperienced trainee therapists (predominantly among counsellors) highlights
the predominance of feelings of anxiety and self-doubt in clinical practice (Woodside, Oberman, Cole & Carruth, 2007; Melton, Nofzinger-Collins, Wynne & Susman, 2005); a fluctuating confidence in the practitioner self (Bischoff, Barton, Thober & Hawley, 2002); intense emotional experiences such as anger, frustration, fear, disappointment and excitement (Melton et al., 2005); and a preoccupation with skills acquisition (Pascual-Leone, Wolfe & O’Connor, 2012). All these studies were conducted among inexperienced trainee therapists, and the challenges reported in their findings are mainly related to beginning clinical practice. Even though these studies highlight the experiences of novice trainees, these findings could be expected to be different among trainees with therapeutic experience prior to their current training course. In my study, I am interested in exploring the experiences of trainees who had clinical experience prior to their counselling psychology training course and thus it can be expected that some of the anxieties related to beginning clinical practice are not going to be as central to their narratives, as in the above studies.

Thériault, Gazzola and Richardson (2009) conducted a qualitative study among recently qualified Canadian counsellors, with 1 to 5 years of therapeutic experience, following the completion of their professional training. The reason this study is discussed within the context of this study, despite it not focussing on training, is that it is the only study, to my knowledge, exploring the experiences of novice professional therapists and can shed light on the experience of recently qualified counsellors. This Thériault et al. (2009) study explored feelings of incompetence in novice counsellors and the results indicate that such feelings are a predominant aspect of these participants’ experience. Novice therapists reported high levels of work-related stress but, on the other hand, were able to identify positive aspects of the experience, such as developing coping mechanisms and personal growth. This is an interesting study as most of the previous literature focused on novice trainees or mature therapists, with advanced students and novice professionals being a group neglected in the professional development research. However, again this was a study conducted in Canada among counsellors, which again effects transferability of the findings to UK trainee counselling psychologists.
The final study discussed in this section is a UK study among trainee counselling psychologists (one of the few I was able to identify). This study is a quantitative research by Kumary and Barker (2008) that examined sources of stress within counselling psychology training and the relationship between participants’ characteristics (age and gender) and levels of psychological distress. The sample of the study consisted of 109 trainee counselling psychologists who were enrolled in the Part 1 British Psychological Society Diploma in Counselling Psychology in 2003. The study indicates that trainee counselling psychologists experience high levels of stress, specifically from aspects of the academic demands of the programme, clinical placements, personal and professional development and lack of support systems. An interesting finding from the Kumary and Barker study (2008) is that older trainee counselling psychologists reported less stress regarding placements in comparison to younger trainees. The authors speculated that this could be either a result of the older trainees’ ability to negotiate placements in a calmer manner or that their age was a potential contributing factor which increased their chances of finding a placement. The data from the study were collected in 2003 (even though the study was published in 2008). As noted in the introduction, since 2005 counselling psychology training has been at a doctoral level; therefore, the results of the present study should be interpreted with caution given the changes in the level of the training programmes in counselling psychology.

Overall, as noted with regard to therapeutic training and professional development, there have been limited studies among trainee counselling psychologists. Furthermore, only a few studies have explored the lived experience of training. In the next section, I will address the third broad area, that of integration and integrative training.

2.5. THERAPEUTIC INTEGRATION AND INTEGRATIVE TRAINING
Integration has been defined by Hollanders (2000, p. 32) as “the process of bringing things together, with the implication of making something whole and new”. Since the 1970s, there has been a notable movement from pure schools of therapy to eclectic and integrative approaches to therapy. Norcross (2005), a proponent of integration, noted a number of factors that advanced the integration movement, such as the ongoing
increase in therapeutic approaches, dissatisfaction with single school approaches, the recognition of common factors and their contribution to successful therapeutic outcome, and a movement towards short-term therapies. Furthermore, external socio-economical factors, such as developing a therapeutic approach that would be both cost-effective and efficacious, also impacted the growth of the integration movement (Nuttall, 2002).

The integration movement has been embraced by professional bodies, such as the BPS (2014a) which requires that training programmes in counselling psychology produce trainees with a theoretical and practical knowledge of at least two distinct therapeutic models. Taking into account that this indicates that counselling psychology training programmes are essentially integrative in nature, it is imperative in a study that explores the experiences of training in counselling psychology that integration is examined in more depth. In this section, I will outline the different types of therapeutic integration, its link to professional development and, finally, discuss different views regarding therapeutic training before moving to research in the area of integration and integrative training.

Integration of therapeutic approaches is seen as an integral component of professional development. Rønnestad and Skovholt (2013) note that experienced therapists gradually become more eclectic and integrative in their practice. Orlinsky et al. (2005) recommend exposure to a breadth of theoretical perspectives and practices as an avenue of enhancing professional development.

A growing number of therapists identify themselves as being eclectic and integrative in their approach. Hollanders and McLeod (1999), in a UK study, carried out from 1991 to 1993 among counsellors and other psychological therapists, reported that 87% of therapists reported utilising interventions from more than one therapeutic model. Norcross, Hedges and Castle’s (2002) study among practitioners psychologists in the USA indicated that 35% of the sample reported eclecticism and integration as their primary theoretical orientations. In addition, 79% of internship and training directors in counselling psychology doctoral programmes expressed the conviction that a single model of therapy cannot be sufficient for different client presentations (Lampropoulos & Dixon, 2007).
Integration can be seen as an ‘umbrella’ term that encompasses different approaches. Four broad approaches to therapeutic integration have been identified: theoretical integration, technical eclecticism, assimilative integration and the common factors approach (O’Hara & Schofield, 2008). A new perspective that can be broadly considered as an approach to integration is the pluralistic approach proposed by Cooper and McLeod (2011). Each of these approaches to therapeutic integration will be discussed.

The first approach to integration, namely theoretical integration, is defined as “The quest for theoretical synthesis on different levels” (Hollanders, 2000, p.34). Theoretical integration aims to create a distinct meta-theory by integrating elements from different therapeutic approaches in a coherent conceptual and practical framework (O’Hara & Schofield, 2008). A notable example of theoretical integration that has led to development of a new therapeutic approach is Cognitive Analytic Therapy (CAT) by Anthony Ryle (2005), which integrates psychoanalytical concepts with cognitive behavioural strategies and constructivist ideas.

Technical eclecticism, on the other hand, utilises techniques from different therapeutic approaches without necessarily adhering to the theoretical and philosophical ideas underpinning these techniques. Technical eclecticism has a pragmatic flavour, as its main premise is the utilisation of therapeutic techniques that have been demonstrated by research as effective and efficacious for a specific presenting problem (Lazarus, 2005; Norcross, 2005).

Another form of integration, articulated by Messer (1992), is assimilative integration. In assimilative integration the therapist has a firm grounding in a single school therapeutic approach (CBT, humanistic, psychodynamic). The assimilative integrationist recognises the limitations of a single school therapeutic approach and, in order to overcome these limitations, incorporates therapeutic techniques from other schools of therapy in his/her preferred therapeutic model (Boswell, Nelson, Nordberg, McAleavey and Castonguay, 2010).
A fourth form of integration is the common factors approach. This approach’s primary interest is to identify principles of change that underpin different therapies and consequently create more effective therapies based on those principles (Castonguay, 2000). Grencavage and Norcross (1990) identified the main commonalities in the therapeutic common factors which are the following ones: therapeutic relationship, therapists’ qualities, clients’ learning of new behaviours, clients’ positive expectations from therapy and provision of rationale.

The final approach to integration is the pluralistic approach, as proposed by Cooper and McLeod (2007). The pluralistic approach differentiates itself from the other integrative and eclectic approaches as it does not try to combine different theoretical ideas or therapeutic techniques but it rather aims to offer a conceptual space where all approaches in therapy can be valued. Therefore, technically speaking, the pluralistic approach is not an approach to integration but is rather an approach of managing tensions that arise in the process of integration. Pluralistic therapy is based on the fundamental principle that for different clients at different points of time, different things will be beneficial in therapy (Cooper & McLeod, 2011).

I have briefly presented the five main broad theoretical approaches to integration. In the next section I will discuss current ideas regarding integrative therapeutic training.

2.5.1. TRAINING IN THERAPEUTIC INTEGRATION
An ongoing debate regarding therapeutic integration is related to training. The debate revolves around the issue whether it is best for the trainee therapists to be trained first in a single school approach (the assimilative integration training route) or therapist to be trained in integration from the onset (Norcross & Halgin, 2005).

Those in favour of an integrative training from the onset (Consoli & Jester, 2005) note that empirical research has demonstrated that the majority of therapists are integrative (Norcross et al., 2002). Consoli and Jester (2005) emphasise that research has shown that the techniques and the therapeutic models that the therapists utilise in therapy only account for 15% of the therapeutic change. Furthermore, the famous ‘dodo bird verdict’ indicates no therapeutic approach can be considered as superior to the others. Consoli
and Jester (2005) stress that taking into account these research findings is imperative and argue the case for training in therapeutic integration from the onset, specifically for a training through the common factors approach. These authors proposed an integrative therapeutic training model during which trainee therapists are exposed to the four main systems of psychotherapy (psychodynamic, CBT, humanistic/existential and systemic) through an integrative structure that examines the unique contributions of each therapy system and the common threads that underpin these systems (it is worth noting the different terminology used among USA authors and UK authors, with the first referring to systems of psychotherapy and the latter referring to therapeutic schools or approaches). Consoli and Jester (2005) note that the main learning objective of their proposed integrative training is to help their students develop a relativistic and sceptical stance, and to embrace the notion that the truth is contextual and tentative.

On the other hand, there are those who advocate for the assimilative integration route, namely, that trainee therapists should be exposed to integration only after they have a firm grounding in a single school approach (Castonguay, 2000; Gold, 2005). Castonguay’s (2005) argument is on the basis that trainee therapists need to acquire a level of knowledge and a deeper understanding of a single school therapeutic approach before being able to move to the creative synthesis that integration requires. The above author also proposes that the starting point of integration should only be after the therapists learn to identify the merits of their preferred adopted therapeutic approach and have the willingness to overcome the limitations of this approach (Castonguay, 2005).

Castonguay’s (2005) view coincides with Gold’s (2005) position that trainee therapists in the early stages of training need to identify with a single school approach of therapy. Gold (2005) stresses that a single school approach can provide the trainee therapists with a prescribed way of thinking and practicing therapy, which can alleviate some of the anxiety inherent in beginning clinical practice. Furthermore, the author emphasises the psychological benefits that trainee therapists can enjoy from being members of one of the main schools of therapy as they can provide the novice trainees with a sense of belonging to a community of practice and a sense of comfort and certainty. Gold (2005)
also notes that the new therapists can experience a fear of freedom. Freedom early on in training equates, for Gold (2005), with anxiety and a sense of responsibility that the trainee therapists are reluctant to assume at this point in their training and professional development. Training in therapeutic integration can and should be introduced only after the novice therapists have acknowledged the limitations of their adopted therapeutic approach and are ready for new learning and changes in their clinical practice (Gold, 2005).

Both perspectives on when the therapists should be introduced to integrative training have their merits and weaknesses. In terms of integrative training from the outset, I find myself in agreement with Castonguay (2005) who questions how much in-depth learning of the therapeutic models can occur within an integrative training. With regards to Gold’s (2005) position, that a single school approach can alleviate the anxiety and fear that therapists experience when they begin clinical practice, from my own experience as a trained person-centred therapist and from what research suggests (Hill et al., 2007; Melton et al., 2005), anxiety is still present for beginning therapists. Both the positions of Gold (2005) and Consoli and Jester (2005) though, seem to maintain that training in a single school therapeutic approach necessarily equates with rigid adherence to the model. Castonguay (2005) offers a middle ground perspective, that a therapist can develop an integrative stance within a single school training structure. This author advocates that a training programme should encourage the student to learn one model of psychotherapy in-depth, and then, in the final stages of training and after identifying limitations of this model, be encouraged to incorporate interventions from other therapeutic models (Boswell & Castonguay, 2007; Castonguay, 2000). One could argue that this has been the common route to integration (which can be formally classified as assimilative integration) amongst therapists before integrative training programmes began to appear. Counselling psychology training programmes are integrative as they aim to produce trainees with a working knowledge of two different models of therapy (BPS, 2014a). For some trainee counselling psychologists who have no previous therapeutic training or clinical experience, this is an integrative training from the onset, while for other trainees, this is integrative training following their original training in a single school of therapy (more akin to assimilative integration route of
training). The present study aims to explore the experiences of the latter group of trainee counselling psychologists.

In this section, theoretical perspectives on both integration and integrative training have been discussed. In the following section, I will discuss and critically examine existing research on integration and integrative training.

2.5.2. PRIOR EXISTING RESEARCH ON INTEGRATION AND INTEGRATIVE TRAINING

In this section, I will focus on research addressing integration among experienced therapists, as well as newly qualified and trainee therapists. I will discuss research from the areas of psychology, counselling and psychotherapy from the UK and the USA.

Norcross, Karpiak and Lister (2005), in a study among self-identified integrative/eclectic clinical psychologists in the USA, noted a preference (59%) among participants in the study towards integration rather than eclecticism. More specifically, there was a preference (54%) towards theoretical or assimilative integration in contrast to only 19% of participants who defined their practice as influenced by technical eclecticism. Assimilative integration has been noted as the most common route to integration. The results of the Norcross et al. (2005) study also indicate that CBT is the most commonly used therapeutic approach that is integrated with other therapeutic models. Norcross et al. (2005), note that a possible reason for this prevalence of CBT among integrative and eclectic clinical psychologists is the fact that the majority of clinical psychology training programmes in the USA espouse CBT as their therapeutic model. Another study, by Thoma and Cecero (2009) among American doctoral level psychologists, indicates that psychologists who trained in a single school model draw on techniques outside of their orientation. Two types of integration were identified among the participants in the Thoma and Cecero (2009) study: common factors and assimilative integration. Both these American studies, by Norcross et al. (2005) and Thoma and Cecero (2009) indicate the predominance of assimilative integration as the preferred method of integration among American practitioner psychologists. Obviously, both these studies were conducted in America but it would be interesting to explore whether their results would be replicated amongst UK practitioner psychologists. The only study I was able to identify conducted in the UK, is the Hollanders and McLeod (1999) study that indicates
that 87% of therapists describe their practice as integrative or eclectic. However, it should be noted that this study was conducted from 1991-1993 and published in 1999 and since then integrative practice has been endorsed even more among practitioner therapists and training programmes in the UK (for example counselling psychology training programmes).

Two UK studies explored the experiences of experienced therapists of learning a new therapeutic model. The first is that by Mackay, West, Moorey, Guthrie and Margison (2001), in which these researchers explored the experiences of learning the psychodynamic interpersonal model of therapy by qualified counsellors. These counsellors were qualified to at least a certificate level and had experience of working in primary care. The counsellors were interviewed following the completion of the course (intensive one week training) and three months of supervised practice using the new model. The findings from this study indicate that learning a new model of psychotherapy can create difficulties for the counsellors, such as uncertainty, confusion and difficulty in performing in therapy, all of which can impact the therapeutic work in a negative way. Counsellors in the Mackay et al. (2001) study reported difficulties in adhering to the psychodynamic interpersonal model, having to change their way of working and feeling restricted with the new model. On the positive side, they noted changes in their professional self and heightened awareness in therapy. Even though this study offers useful insights into some of the challenges counsellors can face when learning a new model of therapy, it was focused on learning a manualised and specified model of therapy through a short-term training. Additionally, the study was conducted among qualified, experienced counsellors, whereas in the present study, I am more interested in the experiences of trainee counselling psychologists of integrating a new model of therapy in their practice within the context of counselling psychology training.

The second study is a qualitative study, by Owen-Pugh (2010), among qualified psychodynamic counsellors who studied an introductory module in CBT as part of a BA ‘top-up’ in Counselling. The data of the study were gathered from the students’ learning journals and two focus groups. The students kept the journals whilst on training, whereas the focus groups were conducted 12 months after completion of the module.
Counsellors reported an initial fear of losing their psychodynamic theory and skills, a resistance to learning CBT and feeling deskillied while trying to change their practice. These counsellors also noted difficulties in reconciling the new (CBT) and the old model (psychodynamic), which were perceived as conflicting paradigms. The resolution of the struggle for the counsellors occurred following reconciliation of the differences between the two models and engaging more actively with CBT. The study by Owen-Pugh (2010) confirms and further supports the findings of the Mackay et al. (2001) study regarding the challenging nature of changing one’s therapeutic practice. It is worth noting that in the Owen-Pugh (2010) study, the journals were written as part of the course and therefore it could be possible that the students self-censored their accounts. Additionally, the sample of the study consisted of qualified psychodynamic counsellors.

Another study that explored UK therapists’ experiences of the pluralistic approach, rather than learning specific models of therapy, is the Thompson and Cooper (2012) study. This is a qualitative study which employed an IPA methodology. In this study, semi-structured interviews were conducted with 7 therapists (6 of the participants were trained or were training in the pluralistic approach and one participant self-identified as person-centred with a pluralistic philosophy). The main findings that arose from this project are struggles around translating the pluralistic approach into practice, feelings of incompetence, especially when the therapists had limited amount of training, and the therapists’ concerns around the lack of research on the pluralistic approach (which, as noted earlier, is a relatively new approach to therapy as it was only articulated in 2007) which all created concerns for these participants in terms of their employability. The positive aspects reported from practicing the pluralistic approach were a consonance between the participants’ personal philosophies and the pluralistic approach, and a sense of freedom and creativity. This is one of the few studies that explored therapists’ experiences of integrative practice (if we consider pluralistic approach as an approach to integration). This study was conducted among therapists with a range of therapeutic experience and qualifications (newly qualified and trainees). Furthermore, in this study, the profession of the participants (whether they were counsellors, counselling psychologists etc.) was not clarified. Additionally, whether the participants in the study
had previous therapeutic experience or training prior to their training in the pluralistic approach was not discussed, thus limiting potential transferability to the present study.

Lampropoulos and Dixon (2007) undertook a survey in the USA among training directors addressing practices and attitudes regarding integration in counselling psychology training programmes and internships. More than half of the training directors reported offering training in at least two psychotherapy systems. The training directors that participated in this study noted a preference (83%) for their trainees to develop a personal approach to integration rather than adopting an already established eclectic/integrative model. Lampropoulos and Dixon (2007), in relation to this finding, warn of the danger of overlooking models of integration that have received empirical support in favour of a personal integrative approach. This study highlights training directors’ perspectives and practices on integration, providing us with a useful understanding as they are the ones designing the training programmes. However, this study only captures the training directors’ perspectives, whereas the views of the trainee counselling psychologists, those on the receiving end of these programmes, are absent.

A second American quantitative study which addressed clinical and counselling psychologists’ choice of theoretical orientations is one by Boswell, Castonguay and Pincus (2009). These researchers report that the majority of the trainees adopt an eclectic/integrative orientation. They also identified the two prevalent forms of integration among trainee clinical and counselling psychologists: a trans-theoretical approach and assimilative integration.

Moving back to the UK studies and to the final two studies discussed and examined in this section, I will discuss those by Lowndes and Hanley (2010) and Ward, Hogan and Menns (2010). Both of these studies are focused on integrative training. The former explored the experiences of integrative training among newly qualified counsellors who completed a course based on the integrative framework of Egan’s Skilled Helper. Lowndes and Hanley (2010) conducted a focus group with 7 seven recently qualified counsellors who had trained to a diploma level or above. The data collected were analysed using grounded theory. The key findings revolved around issues regarding the training’s provision of only brief and limited overview of the therapeutic models, with no
in-depth exploration and difficulty accessing integrative models as the basis of conceptualising practice. Trainees in this study stressed that integration was not a concern for them in the early phases of their counselling training and highlighted a preference for a ‘home base’ (a preferred therapeutic model). Participants in this study questioned who has the responsibility for integration, whether it is the training programme’s responsibility to encourage integration or it is the individual trainee’s responsibility. The training course that the counsellors had completed in the Lowndes and Hanley (2010) study was organised around a fixed integrative structure, namely the Egan’s Skilled Helper model (even though the participants in the study did not particularly warm to the model). Moreover, this study was conducted among counsellors not counselling psychologists and, given noted differences in the trainings, findings should be interpreted with caution among the different professional groups. Lastly, there is no information regarding the participants’ level of experience before the training (whether they were novice students exposed to integration from the onset or they had previous therapeutic experience).

The final study is one from counselling psychology in the UK. Ward et al. (2011) conducted a study seeking to identify perceptions of integration among counselling psychology trainees, course directors and qualified, experienced counselling psychologists. The sample of the study was composed of six trainee counselling psychologists, three training directors and three counselling psychologists. The data were collected through semi-structured interviews and were subjected to thematic analysis. The main themes of the study indicate differences between counselling psychology training programmes in terms of the models introduced to the trainees (varying from one to three models). Also, differences were noted on the ways the courses encouraged integration (emphasis on common factors, pluralism, assimilative integration). Trainee counselling psychologists expressed the view that training courses should adopt a more explicit stance on integration. Furthermore, and consistent with other studies, difficulties in learning integration were reported (e.g. confusion between conflicting theoretical models). External influences, such as external supervisors and placements that encourage the use of specific models (e.g. preference for CBT within NHS settings), appear to complicate the process of integration even further for these
trainees. A final finding, reported in the Ward et al. (2011) study, is the limited emphasis placed on the role of psychology in counselling psychology training programmes. A strength of this study is that it overcomes contextual limitations that other studies encounter (e.g. differences of counselling psychology in the UK and the USA and differences between professions such as counselling and counselling psychology within a UK context or not). Even though it was interesting to include multiple perspectives in their study (trainee counselling psychologists, training directors and experienced qualified counselling psychologists), this is also one of the main limitations. This has proven problematic in terms of gaining specific understanding of the trainee counselling psychologists’ experiences and perceptions of integration in their training because the data obtained from these three different groups were analysed and presented together. This becomes a problem as it is rather difficult for the reader to differentiate between the groups (even though the authors make some attempts to discuss them in a separate way). Additionally, in terms of the trainee counselling psychologists, Ward et al. (2011) do not provide us with any information regarding therapeutic trainings and experience prior to their current training. Lastly, even though the interview format used for the training directors was different from the one used for the trainees and the qualified counselling psychologists, yet the themes from all the three groups were presented altogether.

2.6. RATIONALE AND CONTRIBUTION TO KNOWLEDGE

In terms of providing a rationale and outlining potential contribution to knowledge from addressing the research question proposed in the present study, I will follow the same structure I followed throughout the literature review chapter. Therefore, I will again begin from the three broad areas of professional development, therapeutic training and integration/integrative training and explain the rationale of addressing the research question(s) in relation to each of these areas.

With regards to professional development, two seminal studies in this area have included counselling psychologists in their sample (Rønnestad & Skovholt, 2013; Orlinsky et al., 2005). These studies addressed the professional development of therapists with varying levels of experiences (from beginning therapists to senior
professionals). Even though these studies provide us with a useful understanding of the trajectory of professional development (descriptive phases, positive and negative influences in professional development, cycles of professional development) they were both conducted in different countries outside the UK, with the Rønnestad and Skovholt (2013) being conducted in the USA and the Orlinsky et al. (2005) study being an international study but not including any therapists from the UK. Thus, it has become important for a study to explore experiences of therapeutic training, which is often named as the starting point of the trajectory of professional development for a therapist, within a UK-based population. Differences between training and licensure and even conceptualisation of the profession of counselling psychology among different countries (Pelling, 2004) complicates transferability of the findings of these studies to UK therapists and, specifically, UK trained and based counselling psychologists.

Subsequent research on professional development has focused predominantly on novice therapists, namely trainee therapists with no previous therapeutic experience or training (Hill et al., 2007; Woodside et al., 2007). Hill et al. (2007) recommend that further research should explore the experiences of trainee counselling psychologists with prior therapeutic experience. This study aims to explore the experiences of a particular group of trainee counselling psychologists who had had therapeutic training and clinical experience prior to their current training in counselling psychology. Given that a significant number of trainees who enter counselling psychology training have already been trained as counsellors or therapists, it seems important to understand the experiences of this group of trainees as they may differ from the experiences of novice students. As the Rønnestad and Skovholt (2013) research indicates, this group of trainees may have different developmental needs from the novice students. Therefore, developing an understanding of the experiences of this particular population of trainee counselling psychologists can have implication for the relatively newly established training programmes in counselling psychology in the UK.

A second area to consider when establishing the rationale for the present study is the limited studies among trainee counselling psychologists in the UK (Ward et al., 2010; Kumary & Barker, 2008). The paucity of research in this area is not surprising as
counselling psychology as a profession was established in 1994 and counselling psychology training at a doctoral level was only established in 2005 (Martin, 2010). Therefore, it has become important for counselling psychology training programmes to explore the experiences of their trainees as the useful insights from those on the receiving end of these programmes, can allow the trainers to initiate necessary changes and amendments to improve the training programmes (Grafanaki, 2010). The trainees' perspective on the training is relatively absent from the existing literature and research which emphasises the trainers' perspectives and views. In addition, most of the previous research exploring training experiences is based on retrospective accounts (Lowndes & Hanley, 2010) of qualified therapists. Research exploring the lived experience of training is limited to novice trainees or family therapists (Pascual-Leone et al., 2012; Nel, 2006). Research on the lived experience can provide us with a more immediate understanding of the emotional nature of therapeutic training and the challenges trainees experience in a way that retrospective accounts may not be able to offer, given the time interval between the actual experience and the trainees' accounts.

The last area related to the research question is integration of new models of therapy. As discussed earlier, counselling psychology is essentially an integrative training as it exposes the trainees to at least two therapeutic models, as proposed by the BPS (2014a) guidelines. Therefore, a study exploring the experiences of training in counselling psychology needs to take into account the integrative nature of the training. Furthermore, in the current therapeutic landscape in the UK, CBT has been adopted as the ‘gold standard’ of therapy in the NHS, which has led many qualified therapists, trained in other therapeutic approaches, to seek additional training as a way to respond to the current changes (Owen-Pugh, 2010). Also, prior research has established the route of assimilative integration as the most common route to integration reported by therapists (Norcross et al., 2005). Given all the above reasons, a need for exploring and understanding further the processes of integration, learning new models of therapy and integrative therapy becomes imperative; especially considering the dominance of integrative practice as the most common approach of practicing therapy reported by UK therapists (Hollanders & McLeod, 1999).
For all the above reasons, the paucity of research in the area of training in counselling psychology in the UK and the influence of my own personal interest on the topic (which will be presented further in the start of the methodology chapter), I decided to undertake research in this area. My research aims to address the identified gap in the existing literature and provide insights regarding the experiences of a particular group of trainee counselling psychologists that has been neglected from the research and the theoretical literature. The main research question this study aims to explore is:

*How do trainee counselling psychologists with a prior ‘core’ therapeutic training, experience and make sense of their current training in counselling psychology?*

The main research question of the study is an open and exploratory research question. The main reason for the choice of this question was the lack of previous research within this particular trainee group. I also developed a secondary research question which is:

*How do these trainee counselling psychologists experience integrating new models of therapy in their practice?*

**2.7. CHAPTER OVERVIEW**

In the literature review chapter, I offered an overview of the background of the study in terms of existing theoretical ideas and previous research. The presentation of the background of the research questions was divided in the three broad areas that underpin the research questions the present study aims to address, namely, the areas of therapists’ professional development, therapeutic training and integration/integrative training. I ended this chapter by providing a rationale for addressing the proposed research questions and how they can fill the identified gap in the literature. In the next chapter, I will move on to the presentation of the methodological aspects of the present research project.
3. METHODOLOGY

3.1. RESEARCH QUESTION

In the previous chapter, I discussed the rationale of the current research question in relation to the existing theoretical and empirical literature and to the contribution to knowledge. In this chapter, I will provide a different rationale for choosing the specific research question, a rationale that stems from my personal and professional experiences and interests.

This study’s overall aim is to explore how trainee counselling psychologists with a prior ‘core’ therapeutic training, experience their current training in counselling psychology. This question stems directly from my own experience, as I am a trainee counselling psychologist who has been previously trained as a person-centred counsellor. My interest in the topic was first generated in the early days of commencing my counselling psychology training. My current training advocates a pluralistic/integrative approach to therapy. As keen as I was to adopt an integrative approach to therapy, I found myself experiencing some resistance in moving from the person-centred approach. I was often left feeling confused in terms of my professional identity; I was not sure who I was anymore; was I person-centred counsellor (which felt concrete) or was I trainee counselling psychologist (which felt messy and ambiguous)? In order to understand my own process, I decided to conduct a case study on myself in which I explored my experience of adopting the pluralistic approach (Cooper & McLeod, 2011) in my professional practice. What struck me from that small research project was the apparent dearth of research on the process of integrating a new model of therapy especially among trainee therapists. Following this case study, which served as a pilot study for the present research (as well as a reflective exercise) I embarked on the research journey of exploring how other trainees, who had moved to counselling psychology following training in a single school approach, experience their current training.

Originally, I was more interested in the professional identity of trainee counselling psychologists and the impact of the training on its development. The original research question was how trainee counselling psychologists, with a prior ‘core’ therapeutic
training, make sense of their professional identity. However, as I immersed myself in the research process, I realised that I was more interested in how this specific group of trainee counselling psychologists experience their training. Willig (2013) stresses that research questions in qualitative research are provisional and can be modified if they are found that they do not correspond to the participants’ experiences. In the case of the present study I realised that my initial research question did not correspond to what I actually wished to research.

Consequently, I developed a primary research question

*How do trainee counselling psychologists with a prior ‘core’ therapeutic training, experience and make sense of their counselling psychology training?*

followed by the secondary research question:

*How do these trainee counselling psychologists experience integrating new models of therapy in their practice?*

Designing a research project can have varying starting points. It can start from an epistemological position, the researcher’s technical skills or the research question (Braun & Clarke, 2013). Crotty (1998) notes that most researchers do not start from an epistemological position but rather from a research question which is guided by a desire to learn more about a phenomenon. My starting point for this project, as I described above, was my own personal and professional experience, which led me to the research question which in turn influenced all the methodological decisions I took in the process of the research. In the following diagram I outline how this research came to life:
Figure 2. The methodological journey of the researcher.

It is important to note that even though my ontological and epistemological viewpoints are placed at the end of the diagram, this mostly reflects the point at which they became explicit to me. I think my epistemological and ontological views impacted this research and my decision-making from the beginning; however, I was not explicitly aware of what they were until I immersed myself more in my research, and after I read more on epistemology and ontology, I realised which positions expressed my beliefs.

This chapter is divided in two sections: methodology and methods. The methodology section will be focused on the presentation of the methodological positions I espoused as the researcher of the project and, in the methods section, I will discuss the technical components of the project (data collection, analysis etc.). For clarity, I present below an overall diagram that outlines the methodological underpinnings of the project.
3.2. CHOOSING A QUALITATIVE METHODOLOGY

The rationale for choosing a qualitative methodology is highly dependent on the nature of the research question, which aims to explore the experiences of trainee counselling psychologists, with a prior ‘core’ therapeutic training, of their current training. I find that the suitability of a qualitative methodology in meeting the aims of the study is best reflected by Elliott, Fischer and Rennie’s (1999, p. 216) statement: “The aims of qualitative research is to understand and represent the experiences and actions of people as they encounter, engage and live through situations”.

Qualitative methodology places a central emphasis on meaning and how individuals make sense of particular experiences in their lives (Willig, 2013). Kidder and Fine (1987) created a distinction between ‘big Q’ and ‘little q’ methods in qualitative research, with the former being underpinned by a qualitative methodology spirit, in the sense that
it is inductive in nature and focuses on exploring the lived experience, while the latter refers to the adoption of non-numerical data in order to check a predetermined hypothesis. The current study is a ‘big Q’ study, as it is inductive, open-ended and seeks to explore the participants’ experiences (Willig, 2013).

The fact that the research question was more suitable to being addressed with qualitative methodology is not the only reason that influenced my choice. I find that qualitative methodology suits me as a person, with its emphasis on the researcher’s active role in the project. It also reflects my style, as a researcher, with its compatibility with my own epistemological and ontological positions (which will be explored later in the current chapter) and, finally, it fits the way I work as a practitioner. McLeod (2001) draws a parallel between the process of conducting qualitative research and engaging in therapy, in terms of the skills that the therapist/researcher utilises (active listening, eliciting understanding of peoples’ stories) and in terms of the knowledge that is produced (contextualised, idiographic and incomplete). Being a practitioner (as a counsellor and as a trainee counselling psychologist) is an integral part of my identity so I was naturally drawn into qualitative research.

3.3. EPISTEMOLOGICAL POSITION
Epistemology refers to the nature of knowledge and methods of gaining access to it (Braun & Clarke, 2013). Epistemology is intertwined with ontology and Harper (2012, p.87) makes the following distinction between them: “Epistemology concerns what is possible to know whereas ontology concerns what there is to know in the world out there”. For purposes of clarity, I will discuss epistemology and ontology separately.

Different authors used different typologies to categorise epistemological positions (Madill & Gough, 2008). Ponterotto (2005) uses the classification of positivism, post-positivism, constructivism-interpretivism and critical-ideological; Willig (2013) distinguishes between realism, phenomenology and social constructionism; Madill, Jordan and Shirley (2000) proposed the framework of realism, contextual constructionism and radical constructionism; and Braun and Clarke (2013) use the epistemological continuum of positivism, contextualism and constructionism; this is to name just a few of the different typologies I encountered. After much thought, I decided
to use the broad epistemological strands proposed by Braun and Clarke (2013), as I find this as one of the most accessible frameworks. I will briefly discuss all three epistemological positions outlined in this typology and then discuss my chosen position in more detail.

Positivism is an epistemological position which assumes that by utilising the scientific method (hypothetico-deductive method) we can gain direct access to the external world. Therefore, the goal of the research from a positivist position is to discover, predict and explain the laws of nature. Since the goal is the production of objective knowledge, researchers attempt to remove and eliminate all potential bias and personal involvement as they are viewed as a contamination of the research process (Willig 2013; Braun & Clarke, 2013; Ponterotto, 2005). Post-positivism emerged from the dissatisfaction with positivism. Post-positivism still retains the view that there is an objective reality but also acknowledges that the researcher can influence the research process (Braun & Clarke, 2013).

Constructionism, on the other hand, rejects the concept of an external reality waiting to be discovered but, instead, adopts the position that reality is constructed through language and our interaction with the world. Social constructionists place emphasis on the use of language, which they treat as a product of time and culture. Therefore, for constructionists, the way we make sense of the world will inevitably change between different cultures and across different points of time (Howitt, 2010; Crotty, 1998; Harper, 2012).

The epistemological position espoused in this study is contextualism. Contextualism emphasises the intertwined, dynamic and active relationship between the human act and its context (Jaeger & Rosnow, 1988). Knowledge, according to contextualism, is always context-dependent and, therefore, shaped by the socio-historical and cultural context (Tebes, 2005). Contextualism is underpinned by the position that “knowledge is local, provisional and situation-dependent” (Madill et al., 2000, p.9). Contextualism in the epistemology continuum sits between positivism and constructionism (Braun & Clarke, 2013). It has a realist and/or positivist dimension as it grounds the findings in the participants’ accounts and a constructionist stance as it acknowledges that these
findings would be potentially different if there was a change in the context of the data collection and analysis. Furthermore, contextualism acknowledges that the researcher inevitable brings his/her own cultural and personal understandings to the research process which in turn influences the data generation and analysis. Contextualism, unlike positivism, does not view this as problematic but instead encourages the researcher to articulate their position in the project and provide information regarding gender, age, ethnicity etc. (Henwood & Pidgeon, 1994; Madill et al., 2000).

I was particularly drawn to contextualism as my epistemological position for a number of different reasons:

1. Contextualism emphasises that knowledge is context dependent. In terms of the present study, trainee counselling psychologists shared with me their experiences of training. These experiences have undoubtedly been shaped by the context in which the training was provided. I interviewed trainees from three different universities across the country. Also, trainees were in different stages of their training (half of them were in the second year and half in the final year of the training) with varying levels of therapeutic experience and prior trainings. Furthermore, participants varied significantly in terms of age, gender, ethnicity and cultural backgrounds. Undoubtedly, all these organisational and individual differences among participants and courses have shaped and influenced the trainees’ narratives of their experience of their counselling psychology training.

2. Contextualism places emphasis on the researcher’s position and his/her impact on the material. Being a woman from Cyprus, in my late twenties, and a trainee counselling psychologist myself, has undoubtedly shaped the interview process and the data analysis. Also, Madill et al. (2000) note that the empathy fostered by a common cultural understanding between researcher and participant can be valuable for the analytic process. The common cultural background between my participants and myself is that of training in counselling psychology in the UK, which served as the common ground on which the interviews were built.

3. Contextualism is connected to critical realism (Braun & Clarke, 2013), which is my own ontological position that will be discussed next.
3.4. ONTOLOGICAL POSITION

As stated above, the ontological position underpinning this study, and my view of the world in general, is critical realism. In this section I will start by providing a definition of ontology, then discuss different ontological positions and finish by explaining how critical realism fits with the present study.

Ontology refers to the nature of reality; whether we believe that nature exists out of human consciousness.

Figure 4. The ontology continuum.

Realism                               Critical Realism                               Relativism

(Braun & Clarke, 2013, p. 26)

The ontology continuum ranges from realism, which denotes that external reality exists independently from the human mind, to the other end of the spectrum where relativism lies; relativism treats reality as completely dependent on the human mind (Braun & Clarke, 2013). Between these two positions is critical realism, which accepts the existence of an external reality but at the same time acknowledges that the way we make sense of our reality is influenced by the limits of human perception. Therefore, we can only partially know the external reality (Howitt, 2010; Oliver, 2012). Critical realism distinguishes between the intransitive and transitive dimensions of knowledge, which refer to the unchanging and changing features of reality, respectively (Al-Amoudi & Willmott, 2011). In relation to how critical realism fits with the current project, the training is treated as the intransitive dimension (at the specific time and context of the interview) of the experience and the transitive dimension refers to the participants’ perceptions of the training (as shaped by cultural, gender and educational factors).
Both contextualism and critical realism are complementary to IPA, the chosen methodology for the study. Having described the chosen methodology, epistemological and ontological position, I will now move to my choice of IPA.

3.5. INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

In this section I will provide a description of IPA, and justify my choice of IPA as the most suitable methodology for the project. After that, I will discuss the theoretical positions that underpin IPA by giving an overview of each as well as outline the main theorists, before moving on to describe how these ideas have influenced me as a researcher.

Interpretative Phenomenological Analysis (IPA) is a qualitative methodology of data analysis articulated by Smith in 1996. IPA is a relatively new method as it was created almost 20 years ago; however, it has a long history as the theoretical underpinnings of the approach have a long tradition. These theoretical positions are: phenomenology, hermeneutics, idiography and symbolic interactionism (Smith, Flowers and Larkin, 2009).

IPA is concerned with the in-depth and detailed exploration of how individuals experience and make sense of a phenomenon. It is a method that is grounded in psychology. It first emerged from health psychology and it was quickly adopted by other disciplines of applied psychology, specifically counselling and clinical psychology (Larkin, Watts and Clifton, 2006). An IPA study often draws on psychological theory, concepts and constructs and its aim is to illuminate or interrogate them in relation to its own findings. Furthermore, IPA is an inductive and flexible approach, which allows for new themes and ideas to be developed, which is an important advantage when the topic under investigation is under-researched (Smith, 2004).

I chose to utilise IPA as the method of data analysis as, first of all, it suits my research question. My research question, as stated earlier, aims to explore how trainee counselling psychologists experience their training, so it is in accordance with IPA’s aim of exploring a particular experience. Secondly, IPA focuses upon the ‘person-in-context’ (Larkin et al., 2006, p.109) and acknowledges the individual’s embeddedness in the world, which echoes my epistemological position, namely contextualism. Another
reason influencing my choice of IPA is its commitment to cognition (Smith, 1996). In terms of what ‘cognition’ is, IPA shares Bruner’s (1990) conceptualisation as a meaning-making process rather than information processing, with the latter being the current view adopted in mainstream psychology (Eatough & Smith, 2008). IPA uses questions that address ‘hot cognition’ (emotive and current) and ‘cold cognition’ (long-term reflection) (Smith & Eatough, 2007). This study aims to tap into ‘hot cognition’ as my interest is to gain an understanding of how trainees make sense of and experience their current training. This interest in ‘hot cognition’ is driven by my desire to capture, as much as possible, the intensity and emotionality of training as a therapist. Furthermore, when considering my own current experience of counselling psychology training, I found it to be an intensely challenging and emotional process; therefore much of my interest in ‘hot cognition’ is through my desire to find out how others experienced their training. Moreover, IPA acknowledges the dynamic role of the researcher in the process and recognises that the researcher’s own preconceptions can facilitate empathy but at the same time can block empathy. IPA acknowledges that full bracketing of our prior assumptions is not possible as we are not fully aware of all of our preconceptions (Smith & Osborn, 2008). Given my ‘insider status’ as a fellow trainee counselling psychologist going through a similar experience as my participants, I was leaning towards a method that acknowledges the inevitable and implicated role of the researcher (Willig, 2013), just as IPA does. Lastly, IPA adopts a holistic view of the person influenced by humanistic psychology. As a trainee counselling psychologist, whose profession is underpinned by these humanistic values and holistic view of the individual, I was naturally drawn to IPA as my method of choice (Smith & Eatough, 2007).

Prior to finalising IPA as my chosen method of data analysis, I also considered other qualitative approaches, specifically grounded theory (which was the main alternative choice), thematic analysis, narrative analysis and discourse analysis. Discourse analysis focuses on the role of language and on how individuals describe their experience, whereas I was more interested in how individuals experience and make sense of their training in counselling psychology, which is more consistent with an IPA focus (Biggerstaff & Thompson, 2008). Narrative analysis, despite being an appealing
alternative, can be highly unstructured (Creswell, Hanson, Clark & Morales, 2007) and it has many variations with some focused on the content of the individuals’ stories and others on the structure (Smith et al., 2009). I preferred IPA on the basis that it has a set of guidelines for how to conduct the analysis but at the same time allows the researcher the flexibility to adapt the method. Smith (2004, p. 40) advocates against a ‘cookbook’ approach to research. I found that IPA has the fine balance between the structure and flexibility that I was seeking in a research method. Thematic analysis is a method of data analysis that seeks to identify patterns on the data (Braun & Clarke, 2006). The phases of the analytic process of a thematic analysis resemble the process followed in IPA and it has been questioned whether IPA differs from a rigorous thematic analysis (Collins & Nicholson, 2002). IPA is bounded by a theoretical framework whereas thematic analysis can be employed within different theoretical frameworks (Braun & Clarke, 2006). I chose IPA over thematic analysis as IPA is more than just a method of analysis; IPA is a methodology wedded to epistemological, ontological and theoretical assumptions which are congruent with the methodological underpinnings of the current study. The final method I considered was grounded theory, specifically the social constructionist version (Charmaz, 2006). IPA shares many commonalities with grounded theory in terms of the techniques employed in the analytic process (Willig, 2013). Grounded theory emerged from sociology and has been used to address sociological questions, whereas IPA is a method grounded in psychology. Furthermore, grounded theory aims to create conceptual explanations of a phenomenon while IPA is more interested in the experience of a phenomenon (Smith et al., 2009). Therefore, going back to the aims of this study, I decided that IPA is better suited to address my research question.

I have, so far, justified my choice of IPA as the most suitable method of data analysis in relation to my research question. In the next section I will examine the theoretical underpinnings of IPA.
3.5.1. THEORETICAL POSITIONS OF IPA

IPA’s theoretical foundations draw upon concepts from four key areas: phenomenology, hermeneutics, idiography and symbolic interactionism. Each of these areas will be explored briefly, followed by an outline of how they relate to IPA and to this study.

PHENOMENOLOGY

Phenomenology encompasses both a philosophical and research approach that is interested in ‘how things appear to us through experience’ (Finlay, 2012, p.173). There are two important movements in phenomenology: the transcendental (descriptive) phenomenology and the hermeneutic (interpretative) movement (Larkin & Thompson, 2012). The main philosophers in the phenomenology movement that influenced IPA are Husserl, who is a prominent figure in the transcendental phenomenology, and Heidegger, Merleau-Ponty and Sartre who represent the hermeneutic-existential movement.

Husserl

For Husserl (1927/1971), phenomenology involved identifying the essence of a phenomenon by going back to ‘the things themselves’ (Smith et al., 2009, p.12). Husserl advocates that in order to examine an experience we need to put aside (or bracket) our pre-conceptions about the phenomenon under investigation. IPA draws on Husserl’s view and places emphasis on the importance of focusing on the lived experience of a phenomenon. Furthermore, Husserl views science as a second-order activity upon a first-order experience, which is the sensory experience. For Husserl, the description of the first order experience lies at the heart of phenomenology. IPA is interested on the subjective experience but moves away from the immediate sensory experiencing to the cognitive and emotional reactions (Smith et al., 2009).

Heidegger

Heidegger moves from Husserl’s transcendental phenomenology and argues that our knowledge of the world is always interpretative and influenced by language, culture and expectations (Larkin et al., 2006). Heidegger introduces the concept of ‘Dasein’ (literal meaning there-being) to describe human being and he expands on that by stressing
that ‘Dasein is essentially being with’ (Heidegger, 1962, p.156). Therefore, he views ‘the person as always and indelibly a person-in-context’ (Larkin et al., 2006, p. 106). IPA draws on Heidegger’s emphasis on interpretation and the person’s relatedness to the phenomenon under exploration (Larkin et al., 2006).

**Merleau-Ponty**

Merleau-Ponty (1962) shares with Heidegger his emphasis on the contextualised understanding of a phenomenon. Merleau-Ponty (1962) emphasises the embodied nature of the human experience, and places focus on the body as the means of relating and communicating with the world. IPA is influenced by Merleau-Ponty’s (1962) view that “the body shapes the fundamental character or our knowing about the world” (Smith et al., 2009, p.19).

**Sartre**

Sartre moves to existential phenomenology and states that “existence comes before essence” (1948, p. 26). Therefore, for Sartre, we are always in the process of becoming rather than being, and he stresses that individuals have the freedom of choice and responsibility for their actions (Smith et al., 2009).

I found myself being influenced to some degree by all the above philosophers. Even though I share Husserl’s commitment to the process of reflection, I found myself questioning the concept of transcending our pre-conceptions of a phenomenon. Particularly in this study, in which I am an insider researcher, I found the idea of completely bracketing all my prior assumptions as impossible. I am influenced by Heidegger, in particular, and the emphasis he placed on contextualised knowledge. More specifically, Heidegger’s concept of the ‘person-in-context’ resonates with my epistemological position, namely contextualism. I was also drawn to Sartre’s idea of becoming rather than being, as it fits with my humanistic view of humans as being in the process of becoming (Rogers, 1961). In relation to the present research, the trainees are in a phase of their professional development of becoming. They are becoming practitioners, researchers, professionals; they are in the process of becoming counselling psychologists.
HERMENEUTICS
The second theoretical position of IPA (it represents the I in IPA) is hermeneutics, which is the ‘theory of interpretation’ (Smith et al., 2009, p.21). As researchers, our understanding of a phenomenon is always interpretative as we can never gain full access to the participant’s subjective experience. The I and the P in the IPA acronym meet in Heidegger’s work on hermeneutic phenomenology. The main theorists that influenced IPA are: Schleiermacher, Heidegger and Gadamer.

Schleiermacher
Schleiermacher (1998) understands interpretation as a dual process between ‘grammatic interpretation’, which refers to the objective meaning of a text, and ‘psychological interpretation’, which refers to the author’s individuality. The aim of interpretation is to understand both the author and the text, and to make sense of both the words and the person who wrote these words (Smith, 2007). Schleiermacher (1998) also stresses that the analyst can develop a more holistic understanding of the text than the actual author, as the analysis can bring to the forefront the author’s unconscious insights (Schleiermacher, 1998). IPA draws on these ideas and indicates that it is possible for the analyst to reach insights that exceed the participant’s explicit claims and add a perspective that the participants may not be able to offer (Smith et al., 2009).

Heidegger
Heidegger (1962) articulates a case for the ‘appearance of a phenomenon’. For Heidegger (1962) the objects not only have visible meanings but can have hidden meanings as well. Therefore, what Heidegger (1962) advocates is for a phenomenology that is interested in the appearance of the latent meanings in relation to the surface meaning, as they are both connected. Furthermore, Heidegger (1962) examines the fore-conceptions (prior assumptions) of the analyst and moves away from Husserl’s concept of bracketing. Heidegger notes that our pre-conceptions can be brought into the analysis and the new object is examined in the light of these prior assumptions. Heidegger (1962) stresses that priority should be placed on the new object rather than on one’s own fore-conceptions (Smith et al., 2009). IPA is influenced by Heidegger’s work and espouses two main points of his work:
1. Phenomenology is always interpretative, thus the I and the P in IPA
2. IPA sees ‘bracketing’ as both a cyclical and only a partially achievable process (Smith et al., 2009).

**Gadamer**

Gadamer (1990/1960) builds on Heidegger’s view on the fore-structures and adds that we can only become aware of our pre-conceptions during the analytic process (Smith et al., 2009). Gadamer (1990/1960) is critical of Schleiermacher’s concept of psychological interpretation and argues that the emphasis should be placed on understanding the text rather than the author (Smith, 2007). IPA adopts Gadamer’s (1990/1960) view of the emergence of the fore-structures during the analysis as it captures the dynamic process of interpretation. However, in terms of the ‘text over author’ idea, IPA is more in line with Schleimarcher’s view of their equal importance and value on the analysis (Smith, 2007).

**Hermeneutic circle**

A significant idea in IPA from hermeneutic theory is the hermeneutic circle. According to the hermeneutic circle, in order to understand the part you need to examine the whole and in order to understand the whole you need to understand the part (Smith, 2007). Its resonance with the IPA method stems from the fact that the analytic process is iterative and, as analysts, we are moving back and forth between different units of the text (word to sentence etc.) and between different understandings of the data (Smith et al., 2009).

In IPA a ‘double hermeneutics process’ inevitably occurs: the participant is trying to make sense of the world and the researcher in turn is trying to make sense of the participant who is making sense of the world (Smith & Osborn, 2008). The process of ‘double hermeneutics’ further emphasises the researcher’s dual role ‘as both like and unlike the participant’ (Smith et al., 2009, p. 35). Double hermeneutics can also be understood through a different lens. Ricoeur (1970) makes a distinction between the ‘hermeneutics of empathy’, in which the analyst approaches the data in an empathic way and attempts to stay as close to the participant’s experience as possible, and the ‘hermeneutics of suspicion or questioning’, in which the researcher takes a step back and approaches the data in a more questioning and critical way (Smith & Eatough,

I found myself quite fascinated by hermeneutics. I espouse Heidegger’s view that phenomenology is inevitably interpretative. I believe that the process of interpretation begins from the early stages of the research. The ‘double hermeneutics process’ for me began from my interviews as I was trying to make sense of my participants who were trying to make sense of their experience of training. This process continued throughout the data analysis process. Furthermore, the process of back and forth between different understandings of the data and the part-whole was central to my analysis. Additionally, I was influenced, and possibly even relieved, to come across Heidegger’s (1962) and Gadamer’s (1990) conceptualisation of the researcher’s fore-structures. Given the duality of my role, as researcher and a trainee counselling psychologist, I was particularly concerned about the impact of my own assumptions regarding the phenomenon on the research process. The concept of ‘bracketing’ as presented by Husserl was unsatisfactory for me as I knew it would not be possible for me to completely bracket off my prior assumptions. Therefore, IPA’s tenet that the fore-structures of the researcher can be used in the interpretative process (Smith et al., 2009) was particularly relevant, I felt, to my study, and it influenced further my conviction of IPA’s suitability as my method of data analysis.

**IDIOGRAPHY**

Idiography is the emphasis on the particular. In IPA this emphasis happens at two levels: first with a detailed, in-depth and nuanced analysis and second by its commitment to understanding the particular experience of a particular individual in a particular context (Smith et al., 2009). Therefore, IPA, due to this commitment to idiography, utilises small sample sizes and often advocates the use of single case studies.

Understanding IPA’s idiographic commitment was a particular challenge as I am coming from a mainstream psychological background in which nomothetic knowledge is the norm. I began the research with the aim of recruiting at least 10 trainees; however, as I started the data collection process, I quickly realised the value of placing more
emphasis on each trainee. Furthermore, the richness of the data obtained in each interview helped me realise that each participant has such a unique perspective on their training experience and, thus, ‘each case can shed light’ on the existing nomothetic research (Smith et al., 2009, p. 38).

**SYMBOLIC INTERACTIONISM**

IPA places emphasis on symbolic interactionism and acknowledges that meaning is constructed through the individuals’ interaction with their personal and social world (Smith & Osborn, 2008). Furthermore, for symbolic interactionism, the emphasis of the social scientist should be placed on the meanings that humans ascribe to experiences, and the way the researcher can get access to these meanings is through the act of interpretation (Smith, 1996). IPA emphasises both the socially constructed nature of knowledge and the importance of the individual process of meaning making, which are stances that symbolic interactionism embraces.

**3.6. REFLEXIVITY**

Reflexivity involves “an awareness of the researcher’s contribution to the construction of meaning throughout the research process, and an acknowledgment of the impossibility of remaining ‘outside of’ one’s subject matter when conducting research. Reflexivity then, urges us to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research” (Nightingale & Cromby, 1999, p. 228). Willig (2013) differentiates between two different types of reflexivity in qualitative research:

1. Personal reflexivity, which refers to how the researcher’s experiences, values, assumptions, characteristics can influence the research process. It also refers to consideration of the influence the research process has upon the researcher.

2. Epistemological reflexivity, which refers to the researcher’s assumptions about epistemology, ontology and choice of method, and how they may have influenced the findings of the study (Willig, 2013; Wilkinson, 1988).

Before the write up of the project, I was eager to ‘box’ my personal reflections by allocating a specific section in the study as a way to keep them separated from the main components of the project. I believe this idea, to keep my reflexivity restricted in the
study, stemmed from my background in mainstream psychology, where reflexivity is treated as a contamination of the research (Etherington, 2004). Very early on though, in the write up process, I realised that my speaking position deserves and should be integrated throughout the research (Coyle, 2007). Furthermore, despite the usefulness of Willig’s (2013) above distinction in terms of the two different types of reflexivity, I personally found it really hard to separate them out as they are intrinsically intertwined (Wilkinson, 1988).

Throughout the research process, I kept a reflexive journal in which I used the ‘free association method’. I attempted to capture my own process not only as a researcher but also as a trainee counselling psychologist who was going through a similar experience as my participants. Sometimes I found this research very challenging as I felt the research question was too close to me; many times I attempted to change the subject to one that would be more detached from myself. Oscillating through renewed interest and lack of interest, fascination and boredom with the topic has been a recurrent phenomenon over the past three years. In appendix 9, I include extracts from this research journal as a way of creating transparency (Ortlipp, 2008) of my personal process, struggles and dilemmas I encountered in the research process as a researcher and a trainee counselling psychologist.

This concludes the first section of the methodology chapter. Now I will move to discuss the methods employed in the study (data collection, data analysis), describe ethical considerations and conclude the chapter by considering quality criteria for the evaluation of the present study.

METHOD

3.7. PARTICIPANTS

IPA, due to its idiographic nature and the nuanced and detailed analysis required for each case, advocates the recruitment of small samples. Smith et al. (2009) suggest that the ideal number for students undertaking a professional doctorate is 4-10 interviews rather than participants. Students from clinical and health psychology doctorate
programmes tend to choose a sample size of 8-10 participants (Smith & Eatough, 2007). I decided to recruit 6-8 participants as this would provide me with enough cases to examine convergence and divergence within the participants’ accounts of their experiencing of their training in counselling psychology training, without feeling overwhelmed by the large quantity of the data generated.

IPA advocates purposive sampling of a fairly homogenous sample (Smith et al., 2009). Purposive sampling refers to the recruitment of participants who can provide accounts regarding the experience of the particular phenomenon under investigation. Homogeneity in IPA does not mean that the sample of an IPA study aims to be socially representable and thus generalizable sample, but it rather refers to the fact that some uniformity between the participants can allow us to focus further on the variability of the group on a psychological level (Smith et al., 2009). The homogeneity of the sample in the present study was based on the specific parameters set by the research question (Smith & Osborn, 2008). Therefore, I set the following initial inclusion criteria:

1. All participants should be undertaking a doctoral level training in counselling psychology in the UK.
2. All participants should have completed therapeutic training in a single model prior to their counselling psychology training.
3. All participants should be on the second or third year (or equivalent in the case of a part-time programme) of the training programme and to have practiced as a trainee counselling psychologist for more than 12 months.

The sampling strategies I employed in this research are the following:

1. Advertisement (included in appendix 3) of the project in the Division of Counselling Psychology in the BPS website.
2. Email advertisements to training directors of counselling psychology programmes in universities across the UK.
4. Advertisements on social media networks (LinkedIn and Facebook groups related to counselling psychology).
In the first months of the recruitment process, there was limited progress (only two participants expressed interest in the study). Therefore, and after consulting with my supervisor, I decided to expand my sample to include recently qualified counselling psychologists (up to five years post qualification). Despite expanding the criteria, I managed to recruit the number of trainee counselling psychologists I originally intended. In the second round of the recruitment process (advertisements were sent out again), four more trainees decided to participate which took me back to my original inclusion criteria. In total, six participants were recruited (one from the email advertisements to the training directors and five from the social media network posts).

Participants were four females and two males. They were recruited from three different universities across the country. Half of the participants were international students and half were British. Additionally, half of the participants had completed the second year of their training and were about to enter the third year. The other three trainees were current third year students. All participants in the present study had completed an initial therapeutic training in the person-centred approach and practiced as counsellors or in a related profession, prior to their current counselling psychology training. Pseudonyms are used throughout the thesis in order to protect the identity of the participants. The pseudonyms were randomly chosen from a Greek mythology book. More detailed presentation of each participant is presented in the table below.

Table 1. Characteristics of participants.

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odysseus</td>
<td>Odysseus is in his early thirties and is a White-British male. He completed a one year, full-time Diploma level training in person-centred therapy. Odysseus practised as a person-centred counsellor for 1½ years prior to his current training. At the time of the interview, Odysseus had completed the 2\textsuperscript{nd} year of his counselling psychology training, during which he was trained in person-centred therapy and CBT.</td>
</tr>
<tr>
<td>Erato</td>
<td>Erato is in her early thirties and is a female of an Asian background. She completed her undergraduate studies in her country of origin and moved to</td>
</tr>
</tbody>
</table>
the UK 6 years ago to continue her studies. Erato is trained in person-centred therapy (Master’s level training). She practised as a person-centred therapist for 2 years prior to her current training. Erato, at the time of the interview, was completing the 3rd year of her counselling psychology training, during which she was trained in person-centred therapy and CBT.

Aeneas
Aeneas is in his early fifties and is a White-British male. He completed a diploma (humanistic focus) and a Higher Diploma in counselling. Aeneas practised as a therapist for over than 15 years and is BACP accredited. At the time of the interview, Aeneas had completed his 2nd year of his counselling psychology training during which he was trained in humanistic approaches and psychodynamic psychotherapy.

Cassandra
Cassandra is in her late twenties and is a female of an Asian background. She completed her undergraduate and postgraduate studies in psychology in her country of origin. Cassandra moved to the UK 7 years ago to continue her studies. She is trained in person-centred counselling (Master’s level training) and practised as a life coach prior to the current training. At the time of the interview, Cassandra was completing the 3rd year of her counselling psychology training, during which she trained in person-centred therapy and CBT.

Ismene
Ismene is in her mid-forties and is a White-British female. She completed postgraduate diplomas in person-centred therapy and CBT and has additional diplomas in other approaches and presenting issues. Ismene is BACP accredited and has extensive therapeutic experience over 15 years. At the time of the interview, Ismene was completing the 3rd year of her counselling psychology training, during which she trained in person-centred therapy and CBT.
Phaedra is in her mid-twenties and is a female of a North-American background. She completed her undergraduate studies in psychology in North America and moved to the UK 5 years ago to continue her studies. Phaedra is trained in person-centred counselling (Master’s level training) and practised as a person-centred counsellor for one year prior to her current training. At the time of the interview, Phaedra had completed her 2nd year of counselling psychology training, during which she trained in person-centred therapy and CBT.

3.8. DATA COLLECTION

I conducted in-depth semi-structured interviews with each one of the participants. IPA is a method that requires rich data, and semi-structured interviews are regarded as the best means of collecting this type of data (Smith et al., 2009). Prior to the interview, I created an interview schedule. The initial draft of the interview schedule covered areas such as prior training, current training and therapeutic identity. This initial schedule was subsequently revised and amended as I shifted the focus of my study from professional identity development to the experience of training. In the revised interview schedule there were two pre-defined areas of focus: previous ‘core’ therapeutic training and counselling psychology training (appendix 4). These two areas were explored with five open-ended questions followed by possible prompts.

Prior to beginning the interview process I revisited the information sheet and consent form. This served two purposes: the first was to revisit the participants’ consent and willingness to participate, and to also offer them space to address any issues related to the study that may have emerged since our last contact; the second purpose was to establish boundaries with the trainee counselling psychologists I had a prior relationship with. The use of the information sheet and the consent form served as a gentle reminder to my participants that this was a research interview during which my purpose was to gather data for my research project.
Developing rapport with the participants was an integral part of the interview process. With some of the participants, I had had a previous relationship as a peer and a colleague and so the establishment of a safe and comfortable space happened rather quickly (McConnell-Henry, James, Chapman & Francis, 2010). With the other participants I had had previous email and telephone conversations during which informed consent was obtained and further information regarding the study was discussed. This initial email contact was utilised both as a way to build a research alliance but it also provided me with the opportunity to check relevant background information. First of all I ensured that all of the interested individuals had completed a prior ‘core’ therapeutic training and that they were currently trainee counselling psychologists in a UK programme. Therefore, these individuals were asked to provide information about their previous training in terms of the level of training (certificate, diploma, masters), whether their counselling training was a single school model training and which therapeutic model they were trained at. Moreover, information regarding their current training in counselling psychology was also obtained such as year of training (second or third year trainees), the therapeutic models they were taught in the training etc. The information regarding the counselling psychology training courses was sought in order to give me a better sense of these trainees’ current training experience as there is great variability between counselling psychology training programmes in the UK.

Before the actual interviews, I utilised the core conditions of empathy, unconditional positive regard and congruence (Rogers, 1957) in order to establish rapport with participants. Even though a research interview differs from a therapeutic session, e.g. the research interview has the purpose of collecting the participant’s account regarding the phenomenon under investigation and the fact that in a research interview the participant is the one helping the researcher (Kvale, 2007), I wanted to conduct participant-centred interviews. I decided to draw on the conditions of empathy, acceptance and congruence which I view as necessary and are the conditions for building a safe relationship between researcher and participant (Knox & Burkard, 2009). Only once both the participant and I were comfortable did I begin the interview process. In terms of how I offered these core conditions to my research participants, it was by being authentic and genuine, by accepting my participants unconditionally and by
embracing the ‘as if’ quality by trying to understand their experiences (Rogers, 1957). I noticed that in my first two interviews I was particularly anxious and reluctant to deviate from the interview schedule. Following these two interviews, I spent time reflecting on my anxiety and identifying its sources. I realised that this anxiety was generated from a fear of not collecting data rich enough for the requirements of an IPA analysis. However, through the process of reflecting on the feelings and my own expectations from the interviews, I gave myself permission to relax and follow the participants’ stories (Knox & Buckard, 2009). The ability to relax and leave the protection of the interview schedule was further facilitated by the fact that my third and fourth interviews were conducted by Skype and telephone, respectively. Thus, feeling free from the intensity of the face-to-face interviews, I became more able to really ‘listen’ and follow the participants’ stories. Being flexible and responsive to my participants enabled me to probe interesting and unanticipated issues that arose during the interview process (Smith & Osborn, 2008).

A researcher who shares common characteristics, roles or the experience under exploration with the participants is considered an ‘insider researcher’ (Corbin Dwyer & Buckle, 2009). My participants and I shared the experience of training as counselling psychologists. I found that this shared experience served as the foundational ground for the interviews. I experienced my participants as open, honest and willing to share with me their experiences of their training and I believe that this was facilitated in some respect by my ‘insider researcher’ status (Corbin Dwyer & Buckle, 2009). I met each participant with an openness and curiosity to listen to their experiences and I reminded myself of the individuality of each participant’s experience. During the interviews I noticed that some participants used the word ‘we’ instead of ‘I’ when they were describing their experiences of the training; this made me aware that there was a possibility they were also assuming a degree of commonality in our experiences. Being alert to the subjectivity of each participant’s experience was facilitated by the fact that, even though my participants and I shared the common identity of ‘trainee counselling psychologist’, we were still very different individuals with different views, perspectives and experiences. Therefore, I found that my ‘insider status’ was not as fixed as I had originally perceived it to be. It was rather a fluid status that existed on a continuum from
insider to outsider researcher. I agree with Corbin Dwyer and Buckle’s view (2009, p.61) that “as researchers we can only ever occupy the space between”.

During the interview process, I was also aware of the fact that with some of the participants there was a relationship that extended beyond the interviewer-interviewee relationship. This pre-existing relationship complicated the interview process as I had previous knowledge of the participants’ experiences of the training, and these participants had an awareness of my own views and experiences of the topic under exploration in the present study. As my participants gave me consent to use the information obtained during the interview process and not by social interaction (McDermid, Peters, Jackson & Daly, 2014), I attempted to lay aside this pre-existing knowledge as much as possible (McConnell-Henry et al., 2010). However, it is important to acknowledge that some areas in the interviews with the participants were not explored in great depth because of the implicit acknowledgment, by both parties, of this pre-existing knowledge. I identified this tendency during the data collection process, and in subsequent interviews I attempted to explore areas in more depth despite pre-existing knowledge.

All interviews were digitally audio-recorded and lasted from 50-90 minutes. Four interviews were conducted face to face, one was a Skype interview and one was a telephone interview. My initial plan was to conduct all the interviews face-to-face but the practicalities (geographical, financial, and time constraints) of the recruitment forced me to reconsider my plan. My preference for face-to-face interviews was driven by the fact that they would allow me to access non-verbal communication, such as facial expressions and gestures (Knox & Buckard, 2009). Skype interviews can overcome this obstacle as they allow for the use of video which provides some access to facial expression but not to the whole body language or gestures (Cater, 2011). I encountered some problems in my Skype interview as there was excessive background noise which impacted on the quality of the interview (Di-Cicco Bloom & Grabtree, 2006). In terms of the telephone interview, despite the limitation of losing non-verbal data, I actually found the experience really liberating. I felt that it allowed both me and my participant to be more relaxed (Novick, 2008). Furthermore, the fact that I could not see my participant made me focus more on auditory cues (tone of voice, speech rhythm) as a way of
compensating for the loss of the non-verbal communication (Novick, 2008). Overall, I found that all three different modes of interviewing had their advantages and disadvantages which facilitated the collection of richer data.

3.9. DATA ANALYSIS

IPA advocates and encourages methodological flexibility. In the analytic process I followed in the present study, I utilised Smith’s et al. (2009) proposed steps as tentative guidelines. I found the process of analysing data using IPA as a highly exciting, innovative and creative, though scary, process. During the analysis, I attempted to combine rigour with creativity by following the same steps in each case to ensure that I placed equal emphasis across the cases but at the same time allowing myself to be flexible and creative and to truly embrace the iterative and unexpected nature of the data analysis. A common process linked with IPA analysis is the movement from the descriptive to the interpretative. I struggled with this idea as I found that the interpretative nature of the IPA analysis starts from the interview process through to the final production of the themes. Thus, I adopted the position in my analysis that the interpretative nature of IPA is inevitable from the outset of the process. Choosing to highlight one specific word in the text over another, choosing to give a particular name to a theme, choosing to cluster themes together, and offering a specific interpretation of a finding are all acts of interpretation that I did in the research process. I also believe that the art of interpretation is an intuitive process as I found that specific phrases, words, sighs, the tone of the participants’ voice etc. resonated with me from the interviews. The steps or strategies that I followed in the analysis of my data are:

1. Transcription. I transcribed each interview myself, as I considered this to be an integral element of the immersion process. The transcriptions were semantic (all words spoken by researcher and participant were included). Also, I included pauses, laughter, sighs, and hesitations, as I believe they can provide useful information.

2. Attunement. I familiarised myself with the data by listening to the recording and reading the transcripts many times. My goal was to be able to imagine the participants’ voice as I read the transcripts and allow myself, with empathic
listening, to stay as close to my participants’ descriptions as possible (Finlay, 2012).

3. Recording my thoughts. After the immersion, I felt overwhelmed by ideas, interpretations and connections. As a way to ‘quieten the noise in my head’ I made notes of all my ideas in order to allow me to see the data with a fresh eye. I wanted to free myself to be ‘surprised’ and be open to new ideas and understandings (Finlay, 2012).

4. Initial coding. I moved on to making notes and a thorough descriptive analysis. First, I underlined the text that appeared to have some importance and then I used the method of free association to write down any ideas that came in my mind while reading the text (Smith et al., 2009). I found using free association a liberating process, as I felt free to explore and experiment with different comments and ideas.

5. Identification of themes. This stage allowed me to reduce the volume of the prior analysis while attempting to maintain the nuanced complexity of the transcript. This was a particularly challenging step as I was mindful of the fact that, inevitably, the complexity of the analysis was compromised.

6. Tentative clustering of themes. I created tentative clusters of themes by exploring the connections between them.

7. Moving to the next case. In each individual case I repeated stages 2 to 6 with the same commitment and emphasis in each case. I attempted to start afresh with each case in order to be able to identify new themes.

8. Looking for patterns across cases. I explored the connections among the tentative clusters produced in the individual cases. These initial clusters were tested again and modified. I then created a master table which included the shared concepts between the cases. This was again another challenging process during the analysis, as the movement from the “particular to the shared” (Smith et al., 2009, p.79) meant the idiographic nature of the analysis was compromised again. A way that allowed me to relieve this tension was to ensure that all participants’ voices were represented in the final themes.
9. Revision of the master table. I added this as a distinct step as it was an integral component of the dynamic and cyclical nature of the analytic process. In IPA, revising, revisiting and modifying the themes are as much a part of the process as any of the aforementioned steps. I revisited my themes a number of times before deciding on the final version of the master table. Given the iterative nature of IPA, I found that every time I was revising my themes, I was able to identify something new. When I reached the point at which I finally felt content that the identified themes represented (as much possible) my participants' narratives, I decided that it was time to finalise the master table whilst maintaining an open attitude during the writing up phase.

10. Writing up. Finally, I produced a narrative account (see Findings chapter) of the themes identified in the analysis.

3.10. ETHICAL CONSIDERATIONS

Prior to the commencement of the data gathering, I obtained ethical approval from the University of Manchester Research Ethics Committee (appendix 5). This research is in line with the ‘Code of Human Research Ethics’ (BPS, 2010) and the ‘Standards of Conduct, Performance and Ethics’ (HCPC, 2012). Brinkman and Kvale (2008) point out four areas of ethical issues when conducting qualitative research which are: informed consent, confidentiality, consequences and the role of the researcher. I will discuss each of these issues and explain the procedures I followed in line with the ethical guidelines, as proposed by BPS (2010) and HCPC (2012), in order to address these issues.

3.10.1 INFORMED CONSENT

All participants were recruited following the sampling procedures stated earlier in this chapter. All participants were provided with an information sheet (appendix 1) following their expression of interest in taking part in the study. In this information sheet, I outlined the aims of the research and the participants' role in the project. I also included my contact details so that the potential participants could contact me if they had any further questions regarding the research. I explicitly stated that participation in the study was entirely voluntary and informed the participants of their right to withdraw from the study.
at any given point without having to provide me with a reason. Because I had had a
previous relationship – personal, professional or peer - with some of the volunteers, I
assured them that there was no pressure to participate. I did not approach any of the
participants personally but I rather allowed anyone interested in the study to approach
me. I also ensured there were would be no implications in our personal or professional
relationship if they chose not to participate (McConnell-Henry et al., 2010). This was of
particular importance to my ethical position as the researcher, as I did not want any of
my participants to feel obliged to take part in the study. All participants were given a
‘cooling off’ period of a minimum of two weeks to decide about their potential
participation in the research. Furthermore, prior to the commencement of the interviews,
I revisited the information sheet and consent form (appendix 2) and addressed any
enquiries the participants had (McDermid et al., 2014).

3.10.2. CONFIDENTIALITY
In order to ensure confidentiality, the recorded interviews were stored in an encrypted
file, which was not shared with anyone at any point in the research process. The file will
be destroyed after 5 years, according to the University of Manchester policy for storing
research data. All interviews were deleted from the audio recorder following the
completion of the transcription process. Hard copies of the transcriptions were kept in a
locked cabinet and I was the only one who had access to them. The identity of the
participants was kept hidden throughout the research and pseudonyms were used in
any reference to the participants during the write up of the study. Any quotes I selected
to use in the report are non-identifiable. Additionally, I obtained additional consent from
the participants to use the selected quotes. In terms of confidentiality, I experienced
some tension on how to provide enough details about the participants that would ‘bring
them to life’ for the reader on the one hand, yet keep the participants’ anonymity
(Houghton, Casey, Shaw & Murphy, 2010). As I am aware that this thesis will be
assessed and read possibly by individuals that are or were in the recent past involved in
counselling psychology training, I decided to omit specific details that would jeopardise
the participants’ anonymity, such as the specific courses they attended, exact age,
nationality etc. (McDermid et al., 2014)
3.10.3. CONSEQUENCES
Even though the topic of the study is not considered one of a sensitive nature, I was mindful of any signs of discomfort expressed by the participants. If any of the participants became distressed during the interview process, then I would have stopped the interview and reminded them again of the right to withdraw from the study (Houghton et al., 2010). None of my participants showed or expressed any signs of distress or discomfort during the interviews. Following the completion of the interviews, I offered a small debriefing period (10-15 minutes). Most of the participants reported finding the interview a useful process that allowed them to reflect on their experiences of training.

3.10.4. ROLE OF THE RESEARCHER
One of the main ethical tensions I experienced in this research was interviewing participants with whom I had had a previous personal and professional relationship. As stated earlier, no one from the participants was coerced into taking part in the study (McDermid et al., 2010). I considered seriously whether I should include those participants I had an existing relationship with as a way of avoiding dual relationships. However, I decided that the trainee counselling psychologists that volunteered to participate should be given the opportunity to talk about their experiences of training rather than being excluded solely on the basis of a pre-existing relationship.

3.11. ASSESSING QUALITY AND VALIDITY IN QUALITATIVE RESEARCH
Elliot et al. (1999) and Yardley (2000; 2008) proposed a number of guidelines for the evaluation of qualitative research that are broad enough to be considered in each qualitative research irrespective of the specific qualitative method employed in the study. Recently, Smith (2011a) stressed that these criteria are not specific enough to be able to assess the quality of an IPA study and he proposed an IPA specific quality evaluation guide. Smith’s (2011a) proposed criteria for the evaluation of IPA research are: clear focus of the study, rich and strong data, rigour, sufficient elaboration of each theme, analysis be interpretative and not just descriptive, points of convergence and divergence be highlighted and, there be a careful write up.
For the assessment of the validity and the quality of this study, I decided to follow Yardley’s broad principles, as there is much overlap between Yardley’s (2000; 2008) principles and Smith’s (2011a) criteria. I will additionally incorporate Smith’s (2011a) criteria for IPA specific components under Yardley’s headings. Yardley’s (2000; 2008) broad principles have already been used for the assessment of IPA studies and they were deemed as appropriate for IPA by Smith et al. (2009). The four broad principles Yardley (2000) suggests are:

1. Sensitivity to context
2. Commitment and rigour
3. Coherence and transparency
4. Impact and importance.

I will now describe how I employed each one of these principles in the current study.

3.11.1. SENSITIVITY TO CONTEXT
IPA is an approach that emphasises sensitivity to context, which was one of the main factors influencing my choice of IPA as the most appropriate methodology for the present study. This principle was demonstrated by conducting semi-structured interviews with open-ended questions which allowed the participants to express their own perspectives. In consideration of the impact of the researcher and the context of the interviews, I conducted all interviews at a time and place that was convenient and comfortable for my participants. I also offered the core conditions of empathy, unconditional positive regard and congruence in order to establish a rapport with my participants and facilitate the interview process. During the data analysis and write up, I immersed myself in the process and, staying true to the theoretical underpinnings of IPA, I ensured that I included verbatim extracts from the participants’ accounts to demonstrate grounding of the analytic claims in the raw data. As proposed by Smith (2011a) in the IPA evaluation criteria, I included extracts from a minimum of three participants for each super-ordinate theme. Furthermore, in the literature review chapter, I included the relevant identified theoretical and empirical literature in order to
situate the topic under investigation and identify the gap in the literature this study aims to fill. In the discussion chapter, the findings of the present study were discussed in relation to this existing literature, and I also drew on additional new literature. Sensitivity to the wider socio-cultural context was demonstrated in the discussion of my epistemological position (contextualism) and by considering the possible impact of my personal and professional characteristics. Furthermore, when discussing this and other research examined in the study, I attempted to always be mindful of the context of the research discussed and the context of my study when considering the transferability of findings.

3.11.2. COMMITMENT AND RIGOUR

Commitment was demonstrated by being attentive to each of my participants, not only during the interview process but also during the analysis of each individual case. By adhering to the idiographic commitment of IPA, each case was subjected to a thorough, careful, detailed and in-depth analysis. The participants were carefully and purposively selected so they would allow me to obtain data that would address the established research question. Furthermore, a reasonable degree of homogeneity was achieved during the recruitment process (all participants are trainee counselling psychologists with a previous ‘core’ therapeutic training). My methodological competence and skills were closely monitored by my research supervisor who I met at least once every month.

My engagement with the topic is discussed in the choice of the research question, and its relevance to me in a personal and professional level, in the introduction and methodology chapters.

From the onset of the research, I acknowledged my role as an ‘insider researcher’, as a researcher undertaking a research on an experience that I am simultaneously experiencing. This insider role made me acutely aware of the possibility of imposing my own meanings on the data. Therefore, it was particularly important to incorporate rigour in the present study and ensure that I built in ‘checks and balances’ during the research process. Some of the ways in which I incorporated these ‘checks and balances’, in order to challenge and critically examine my own interpretations and fore-conceptions, was, first of all, by ensuring ongoing reflective dialogues with my research supervisor.
and peers. Additionally, I kept challenging myself through bringing, as much as possible, to my conscious awareness my own experience of counselling psychology training and my fore-conceptions as they kept developing and emerging throughout the process of the research.

I decided not to employ member checks in the present study. The rationale behind my decision is based on the Larkin and Thompson (2012, p. 112) argument that when an IPA study has multiple participants, member checks are not considered appropriate due to “the combined effects of amalgamation of accounts, interpretation by the researcher and the passage of time”. In terms of the amalgamation of the accounts in the current research, I presented accounts from six trainee counselling psychologists. As I noted above, the idiographic nature of the analysis was inevitably compromised during the creation of the super-ordinate themes. Therefore, it was rather challenging for the interpretation to be traced back to the individual accounts (Larkin & Thompson, 2012). Regarding the interpretation of the researcher, IPA is a methodology that places the process of ‘double hermeneutics’ at the core of the analytic process. As a researcher, I was making sense of the participants who were making sense of their experience of training and so, by employing member checks, it would add additional layers of interpretation (Smith, Joseph & Das Nair, 2011). This would be further complicated by the passage of time. The accounts of the participants were co-produced in a joint enterprise in the interview and thus, they are the products of a specific time, space and context (Sandelowski, 1993; McConnell-Henry, Chapman & Francis, 2011). I decided that member checks would be inconsistent with the contextual stance undertaken in the present study. One of the participants requested at the time of the interview to see the analysis. When I sent the analysis to this participant, I stressed that this was not a form of a member check but it was rather a means of eliciting feedback and ensuring that my interpretations were plausible. This participant confirmed that the interpretations resonated with his experience at that particular point of the interview.

I kept a reflexive journal from the outset of the research in which possible interpretations were expressed, explored, contested and challenged. I aimed to be transparent and communicative about my decision making throughout the process of the research. For example, I have included in appendix 7 a working example of the analysis of a specific
case to illustrate to the reader how the analytic process unfolded and how themes were created. To end this section, I should note that, ironically, at times I found myself being so aware of not imposing my own meanings on the data that I struggled to allow myself to recognise commonalities between my own personal experience and my participants’ experience. The process of supervision served as the space where this struggle was explored, and thus allowed me to free myself as a trainee counselling psychologist who had the right to share some of my own experiences with my participants.

3.11.3. COHERENCE AND TRANSPARENCY

In terms of transparency, I have ensured that I provided a clear description of the process followed in each step of the research (from the selection of the research question, choice of methodology, selection of the participants, development of the interview schedule and analytic steps). I also included tables that represent the themes identified from the data analysis, a table with the participants’ characteristics and illustrative quotes from the participants’ transcripts (appendix 8). The coherence of this study is demonstrated through the fit between epistemological and ontological positions and the theoretical positions of IPA. Furthermore, the choice of IPA as the most suitable methodology to address the aims of the study is also outlined. Also, themes were clustered in a logical manner and presented in a chronological order, as much as possible. Moreover, I included the analytic process of one of the transcripts (appendix 7) in order to enhance methodological transparency. Additionally, I provided an audit trail (appendices 6-9) in the appendices, which illustrates the process followed from the raw data to the final report (Yardley, 2000). This audit trail can allow another researcher to replicate the process followed in this study (even though taking into account the interpretative nature of the analysis, it is possible that a different researcher would reach different findings). The last step I employed to enhance the transparency in the study is reflexivity, which was incorporated throughout the research. These reflexive accounts (introduction, methodology, and conclusion) aimed at demonstrating my values and assumptions as a person, a researcher, and a trainee counselling psychologist, and their potential influence on the research process. Additionally, in the appendices section (appendix 9) I included some extracts from the reflexive journal I kept throughout the
research process, illustrating how the process of being an ‘inside researcher’ influenced me and my unfolding ideas as the research progressed.

3.11.4. IMPACT AND IMPORTANCE
The impact of the present study is demonstrated in the literature review chapter when I address its aim, which is to address an identified gap in the literature of counselling psychology training and consequently contribute further to the knowledge in this particular area. The impact and its importance will be further discussed in the conclusion chapter where I outline the potential implications stemming from the findings identified in this study for the field of counselling psychology training.

3.12. CHAPTER OVERVIEW
In this chapter, I offered a thorough and explicit presentation of the methodological positions that I, as the researcher of the project, espouse. In the latter part of the chapter, I outlined the aspects of the study related to the methods employed (data collection, data analysis, ethical considerations etc.). In the following chapter I will move to the presentation of the findings identified during the analytic process.
4. FINDINGS

4.1. PROCESS OF DATA ANALYSIS

From the IPA analysis of the six trainee counselling psychologists’ narratives of their experiences of training, I initially identified six super-ordinate themes which were made up of a number of sub-ordinate themes (appendix 6). However, as I delved into the writing up of the findings, I felt disconnected from these themes, which appeared very ‘proper’ to me. I felt I could not ‘see’ my participants in this neatly presented table of themes. I found that in my effort to name the themes, I had lost the emotionality of the participants’ narratives. One theme I struggled with was that of the ‘dynamic interplay’. Even though it was present in my participants’ accounts, I wondered if it really constituted a super-ordinate theme. Following discussions with my supervisor, and staying truly committed to the iterative nature of IPA methodology, I revisited my themes again (and again and again) resulting in further revisions of the themes. I went back to each participant’s account; I took a step back from what I wanted to hear and really listened to their stories. The final version of the table, even though it has significant convergence with the original table, I felt captures the trainees’ experience more fully (as much as it is possible for a researcher to capture the experience of a phenomenon). Therefore, the final version of the master table (see table 2) consists of five super-ordinate themes and fourteen sub-ordinate themes. All super-ordinate themes were identified in all participants’ accounts. Next to each sub-ordinate theme there is an illustrative quote which helped me stay connected with my participants’ stories during the write up process, and hopefully makes the table more ‘alive’ for the reader. The super-ordinate themes were organised in an almost chronological order, starting from the time prior to beginning counselling psychology training to the present point of their training experience. I will present each super-ordinate theme and its constituent sub-ordinate themes with illustrative quotes from the participants. A table with illustrative quotes is also included in appendix 8.
The five super-ordinate themes identified in the present study are:

1. ‘Desires, Expectations and Needs from Counselling Psychology Training’,
2. ‘The Turbulence of Counselling Psychology Training’,
3. ‘The Questioning I’,
4. ‘The Changing Self’ and the
5. ‘Finding Peace’.

Below I present the table with the findings of the study:

Table 2. Summary of Super-ordinate and Sub-ordinate Themes

<table>
<thead>
<tr>
<th>Super-ordinate Theme</th>
<th>Sub-ordinate Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desires, Expectations and Needs from Counselling Psychology Training</td>
<td>1A: Needing more training&lt;br&gt;‘it’s like I hit that ceiling’&lt;br&gt;1B: Psychology as the knowledge base&lt;br&gt;‘I like psychology, that is my base’&lt;br&gt;1C: Expectations of counselling psychology training&lt;br&gt;‘my expectations and assumptions created something of a fantasy’</td>
</tr>
<tr>
<td>The Turbulence of Counselling Psychology Training</td>
<td>2A: Emotional responding to the training&lt;br&gt;‘it’s like a rollercoaster’&lt;br&gt;2B: Managing integration&lt;br&gt;‘it’s like moving from one planet to another’</td>
</tr>
</tbody>
</table>
The Questioning ‘I’

3A: Questioning the self
‘I don’t know who I am anymore’

3B: Questioning the training
‘I felt like wow this needs more training’

3C: Questioning the therapeutic model
‘It didn’t feel enough on its own’

3D: Questioning counselling psychology
‘Counselling psychology, take a look at yourself’

3E: Questioning the field of therapy
‘The field has a lot to answer for’

The Changing Self

4A: The ‘Seeking’ self
‘I was like a sponge’

4B: Challenging the self
‘I was taken out of my comfort zone’

4C: Acknowledging ongoing change
‘I’ve just changed’

Finding Peace

5A: Developing own way of practice
‘It’s like finding your own roadmap but you have no directions’
4.2. PRESENTATION OF THE ANALYSIS

4.2.1. SUPER-ORDINATE THEME 1: DESIRES, EXPECTATIONS AND NEEDS FROM COUNSELLING PSYCHOLOGY TRAINING

The participants of this study were invited to provide an account of their story and experiences of professional training, beginning with their initial training in a ‘core’ model of therapy and leading up to their current training in counselling psychology. This first super-ordinate theme was identified when participants reflected on the transitional period from counselling to counselling psychology. This theme was present in all participants’ accounts and was composed of three sub-ordinate themes:

a. Needing more training: ‘it’s like I hit that ceiling”

b. Psychology as the knowledge base: ‘I like psychology, that is my base’

c. Expectations from counselling psychology training: “my expectations and assumptions created something of a fantasy”.

SUB-ORDINATE THEME 1A: NEEDING MORE TRAINING

‘it’s like I hit that ceiling”

All the participants in this study in the period prior to their current training in counselling psychology were practicing as counsellors (qualified or in student placements) or in a relevant professional role (Cassandra was working as a life coach at that time). When the trainees were asked about their decision to pursue further training in counselling psychology, they all talked about wanting and needing to acquire further learning and knowledge. In the following extract, Ismene reflects on her experience when she became acutely aware of the limitations of her competencies as a counsellor:

‘...it felt scary because I thought my training was over, I’ve done a doctorate, I qualified as a counsellor, I was in the BACP, I’ve done all of those things and I thought I would have arrived at some great awakening which I did when I hit the ceiling so it felt like Oh God no there is more I need to find out a way to bring on all that stuff that I need to know so do I train part-time, do I um train in a specific modality and if so what do I do...’ (26/698-709)
Ismene chose the phrase ‘hit the ceiling’ to encapsulate the overwhelming intensity of ‘feeling scared’ when she became consciously aware of the limitations of her knowledge. In light of this ‘great awakening’, she immediately began considering her options for overcoming and alleviating this feeling. This immediate need to act seems to illustrate how profoundly difficult and uncomfortable it was for Ismene to ‘stay’ with this emotion.

Erato describes feeling inadequate when thinking back to that time:

“...when you go outside, the outside world you see clients, high risk clients, different presenting issues and also you see in the UK it’s like um the counselling and the psychotherapy they are focusing more on what is current, it’s like integration, mindfulness, CBT, all those are the selling points you know so I felt really inadequate because I just have one model and I would like to offer more help but it felt like I needed to gain more experience in my practice so then from a traditional pure I decided to go to an integrative course to expose myself more…” (15-16/387-399)

There appears to be a two-fold meaning behind the phrase ‘I felt really inadequate’ identified in this passage. First, Erato stresses that the ‘outside world’, which is the world of therapeutic practice, is unpredictable and risky. Therefore, she seems to be saying that she did not feel adequately prepared for the reality of the therapeutic practice by her previous training as a person-centred counsellor. On a similar note, Aeneas also draws an arbitrary dividing line between the ‘real world’ and the ‘training world’ and questions the effectiveness of person-centred therapy:

“So my earlier training was lacking something, um I felt. In the real world of the therapy world it wasn’t working as well as I think; um, as they suggested training courses.” (12/276-279)

Back to Erato’s above quote, she makes an explicit reference to the ‘selling points’ of therapy at the present time. She talks about the current emphasis, in the world of counselling and psychotherapy, on approaches such as CBT and mindfulness. As Erato
was trained in person-centred therapy she felt she did not have any of the current selling points that were expected in the world of therapy. This stresses the importance of the wider context in which therapy is situated and its impact upon Erato’s sense of self as a practitioner, as she was left feeling insufficient and inadequate. It also highlights her own motivation for developing further professionally so she could be more responsive to her clients’ needs. Thus Erato, just as Ismene, decided to pursue further training in counselling psychology in order to overcome the limitations of her practice.

SUB-ORDINATE THEME 1B: PSYCHOLOGY AS THE KNOWLEDGE BASE

‘I like psychology, that is my base’

This sub-ordinate theme represents the centrality and importance that all participants placed in psychology as their professional knowledge base. Most trainees in this study had completed undergraduate degrees in psychology prior to moving on to counselling training (apart from Ismene and Aeneas who completed conversion courses following their counselling training). Phaedra describes an oscillation between psychology and counselling and describes her decision to pursue training in counselling psychology as “a good way of merging the two” (18-19/484-513).

Odysseus expressed a longing for the scientific nature that underpins psychology, which he felt was missing from his previous training:

‘I wanted to do the counselling but it was kind missing kind of the scientific element, um which was the psychology and the empirical and all these sort of things and obviously that was my initial training was psychology so for me it was like let’s take the counselling out and let’s really make sense of it with the scientific lens’ (31/785-793)

Cassandra voiced an internal conflict she experienced at the time between whether she would continue her professional trajectory as a counsellor or she would seek further training in psychology:
“I already had 5 years of psychological background which I was going to throw away if I was going to enter the profession of counselling. Um I felt it was like um a compromise investment because, um okay I don’t like clinical psychology but I like psychology, that is my base where I’ve put my energy and my you know, my intelligence in. (15/378-385)”

For Cassandra, what seems to have driven her decision to move to counselling psychology was her prior ‘investment’ in psychology. This investment can be understood as occurring on multiple levels for Cassandra, on an intellectual, psychological and emotional level. The participant’s use of language and particularly the phrase ‘compromise investment’ reflects her uneasiness and unwillingness to move away from her base, namely psychology.

SUB-ORDINATE THEME 1C: EXPECTATIONS OF COUNSELLING PSYCHOLOGY TRAINING
‘my expectations and assumptions created something of a fantasy’

Most participants (apart from Cassandra) made explicit reference to the presence or absence of preconceived ideas, assumptions and expectations in terms of what they thought counselling psychology would be like.

Ismene’s and Phaedra’s accounts reveal a mismatch between their expectations and what the training actually delivered, which left them feeling disappointed with their experience of the course. Ismene, in light of the awakening she experienced when she ‘hit the ceiling’, as discussed earlier, came to the training with a set of preconceived ideas and expectations. These expectations served as the base for the formulation of an idealistic notion of the profession of counselling psychology. However as she so eloquently describes in the following quote, she is now left feeling ‘foolish’ for having such great big expectations of the training and the profession as a whole. She is even left questioning herself with a strong sense of disappointment pervading her narrative for these ‘unmet’ expectations:

“…I came with a set of assumptions and maybe my expectations and assumptions created something of a fantasy and idealised, being very
psychodynamic here, idealised fantasy of wanting to merge with this grandiose profession on counselling psychology, it’s non-judgemental, it has a range of approaches to fit the client whatever, it all feels very idealistic now and I feel a bit small and foolish having thought that this is possible if that makes sense (sighs).” (45/1217-1228)

As with Ismene, Phaedra also expresses a sense of disappointment when she felt that the training failed to meet her expectations. Phaedra desired a continuation of the ‘life-changing’ experience that she had during her previous training. The failure of the current training to provide her with a similar experience left her immensely disappointed:

“...for me it wasn’t the same so I was disappointed because my time at (previous university) was such a, for me it was such a like unique and like life-changing experience and I thought I would continue that and when that didn’t happen it was a disappointment...” (22/580-586)

A different dimension to this sub-ordinate theme is evident in Aeneas’ and Odysseus’ transcripts. These two trainees both talk about an absence of clear views and ideas of counselling psychology prior to entering the training. In Odysseus’ account, he describes his difficulty formulating a concrete ‘view’ and even a mental ‘image’ of what counselling psychology is. He compares this with other, more accessible subject areas:

“...I didn’t really know what to expect, um I didn’t really know what it kind of looks like, what counselling psychology or clinical psychology what it actually looks like, you know, when you have a real, tangible feel of subjects, what the practice would actually result in so there was a lot of unknowns at that time...” (34-35/869-877).

Interestingly, both Aeneas and Odysseus, despite the absence of an explicit awareness of what counselling psychology entailed at the time of starting the course, later on in their accounts both describe their training as fulfilling and even exceeding (in Aeneas’ case) their expectations. As Aeneas said:
“Um, I love it. I will say that on the outset. I, um the training is more; it’s more than I imagined it would be. I absolutely love it.” (21/16-518)

4.2.2. SUPER-ORDINATE THEME 2: THE TURBULENCE OF COUNSELLING PSYCHOLOGY TRAINING

For the majority of the participants, training as a counselling psychologist was experienced as an emotional and intellectual journey. Aeneas likened his experience of training to a ‘rollercoaster’ (39/976) giving a sense of the highs and lows of the emotions, while Odysseus says ‘it has been a strange, unique set of experiences with ups and downs and different challenges’ (60/1520-1522). The theme of the emotional turbulence of the training will be illustrated with the sub-ordinate themes of ‘emotional responding to the training’ which describes the emotional components of the process as a whole, and the ‘managing integration’ sub-ordinate theme which focuses on the process of integrating a new model of therapy.

SUB-ORDINATE THEME 2A: EMOTIONAL RESPONDING TO THE TRAINING

‘it’s like a rollercoaster’

Cassandra used a similar analogy to Aeneas to describe her experience of training as a counselling psychologist, which she called a ‘joyride’. From her account below, it became apparent to me that she felt challenged on a personal, professional and intellectual level. Cassandra’s immediate response to my question about the training was emotionally charged:

“Georgia: How would you describe your experience of your training as a counselling psychologist so far?

Cassandra: (deep sigh and we both laugh). It has been ... it has been... it has been a joy ride but it has also in looking back in the whole context, it has been a very challenging experience, it has um, it has been a very contradicting experience in many ways. ... um and yet in the middle of... lots
of difficulties, academically, personally, professionally, extremes like... it came together somehow.” (16-17/417-427)

The shared laughter after Cassandra’s deep sigh outlines a moment of connectedness and shared understanding between Cassandra and I, not as the researcher but as a fellow trainee who is going through a similar experience to her. Cassandra ends this passage on a positive note, pointing out that despite the difficulties and challenges she has been through in her training, she was able to manage it. She goes on and says:

“...I don’t know anyone who has been trained who has not failed or has been unhitched in the process. I would say that it has been very meaningful but I would also say it has been difficult.” (17/437-441)

Odysseus describes his experience when he first started the course being governed by a mixture of different emotions. For Odysseus, this dynamic turmoil of emotions was ‘a scary kind of process but at the same time was really exciting and really new and interesting yeah I felt really alive at the time” (35/880-883).

Anxiety was an emotion that often pervaded the trainees’ accounts and appears to hold a pivotal place in their experiences. However, this anxiety stemmed from different reasons for each trainee, and they each used different ways of coping with this feeling. Odysseus said he felt ‘genuinely worried’ (43/1086) about how the theoretical knowledge he was exposed to in the course would be translated in practice. In order to cope with the anxiety he said that he was either ‘affirming to myself that it will take time or doing much of my learning as much as I can about actual techniques and practicing’ (43/1092-1095).

Phaedra’s anxiety seemed to stem from the fact that she felt that the training failed to provide her with the knowledge she felt that she needed:

“...it was that uncertainty of what exactly I’m doing and then feeling a lot of anxiety of where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?” (29-30/785-790)
What helped Phaedra overcome this intense feeling of anxiety was her ability to draw on her external and internal sources and resources. She said that ‘it came from outside sources and me doing my work’ (32/839-840).

Another source of anxiety reported by both Erato and Odysseus was the constant transition between the different aspects of the training programme (theory, practice and research). Erato talks about feeling lost, confused and uncertain at the beginning of the course:

“...in the beginning of an integrative course I was very lost because um I’m thinking how do I have to integrate all these things and, and apply them, you know, as a researcher, as a practitioner and the one side as, as a, as a, as a reflective-practitioner; so it’s almost like you have different roles and it feels um, you can feel a bit uncertain as to what to do but that’s not say, that doesn’t mean that I am not confident, it’s just that sometimes it can cost tension or um sort of confusion...” (18-19/470-481)

For Erato and Odysseus, balancing all these different components of the programme was a struggle in the early phases of the training. Erato was left feeling confused about how these different roles could be brought together in a meaningful way. On a similar note, Odysseus describes it as ‘very disorienting at times’ (37/925) and he questions:

‘how the hell are you supposed to thread these different things together and um not only succeed in them all but you would hope that they all impact upon one another and there is an interplay and you develop as a result of your theory, of your practice, of and um that for me was, was a challenge...”(37/925-932)

Ismene uses the metaphor ‘like a fish out of water’ (29/784) to encapsulate her experience of the training. For Ismene, this was not her first experience of training in the same university but there was still a sense of feeling uncomfortable in her current training. She compared her experience in counselling psychology with prior training
experiences and she found it ‘troubling’ and ‘disturbing’. Ismene’s narrative was fused with disappointment as she felt that her current training failed to engage with the new, exciting developments and advancements in the world of therapy:

‘there’s exciting things, you see I get excited when I talk about these things
but it felt like we missed some of the most exciting stuff.’ (63/1715-1718)

Ismene switches from ‘I’ to ‘we’ in the above quote. It seems that this shift to ‘we’ represents the extension of her disappointment to all her fellow trainees; it is not just a disappointment for what she missed out but for what she and her peers did not have the opportunity to experience.

The majority of the trainees (four out of six) revealed a sense of ‘confidence’ in themselves as practitioners. This confidence was located in the professional sense of self and it stemmed from their previous trainings. However, this confidence appeared to decrease in the other components of the programme, namely the research and academic side. Erato’s following quote best captures this experience:

“...I think when I, I joined the integrative cou, course I was extremely confi,
confident because I have different, I had the person-centred, then I went to
do a hypnotherapy course so I had different skills so I was extremely
confident um joining a doctorate programme, an integrative programme,
does that makes sense? But I was not very confident with the research
element, it’s how when research informs practice (17-18/445-455)”

For Erato, the research and the theory elements of the training were the most ‘challenging’ (18/462) parts of the programme as they were, as she said, ‘new to me’ (18/463).
Integrating a new model of therapy appeared to be a challenging process for the trainees, and as Aeneas put it “it’s like moving from one planet to another” (25/616). All trainees at the time of the interview had been introduced to two distinct models of therapy. They were all trained in a person-centred/humanistic model in their first year and in the CBT model in the second year (apart from Aeneas who was trained in a psychodynamic model in his second year).

Cassandra talked about her readiness to learn a new model of therapy and evolve professionally. As she said: “I need a new experience of being a professional” (19/499-500). This readiness and willingness that Cassandra had did not appear to facilitate the process, as illustrated by the following quote:

“...I was just ready to go and then second year came and CBT started and I was absolutely surprised at how difficult it was to move...” (19-20/502-505)

For Cassandra, adopting CBT in her professional practice appeared to be difficult and she talks about feeling surprised:

“I was surprised of how much time it was taking because I understood it from a cognitive level but to make this transition on a practical level with a client, to apply CBT it was becoming slightly difficult because I was like ‘I feel a little confused now. Is it the right time to, is it the right time to say to this client ‘ok how about we try this’ am I being non-direct, so there was like a lot of confusion in my head, I understood both separately but now I was at that stage where you need to move out, step out from the person-centred frame of mind and you have to enter the CBT frame of mind and that took some time for me.” (20/515-527)

Cassandra notes her confusion and makes a distinction between the conceptual understanding and the practical use of the model. She also talks about needing to “step
out from the person-centred” and “enter the CBT”, which implies that Cassandra used the models separately in this phase of her training.

For Phaedra, the desire to make changes in her practice emerged before she joined the training course in counselling psychology. This desire, though, was met with a “resistance” (13/348) that stemmed from within. As we explored the meaning of this “resistance” further in the interview Phaedra said:

“the resistance was about wanting to change and try something new but I felt like I was breaking the rules in some way like these person-centred rules” (13/349-353)

Phaedra describes integrating CBT as a process that generated feelings of anxiety for her:

“I really struggled because I knew I wasn’t getting it but I also knew I didn’t know it so I was kind of balancing the unknown, having to use it, wanting to use and trying to be open to it, really trying to be open to it but not getting it so it was that uncertainty of what exactly I’m doing and then feeling a lot of anxiety of where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?” (29-30/779-790)

For Phaedra this anxiety seems to stem from the fact that she did not feel her needs were met by the course and she was left seeking the knowledge she needed.

Odysseus conceptualised the difficulty of integrating CBT in his practice as being a result of a “newbie experience” (47/208). By “newbie experience”, Odysseus refers to the initial discomfort of learning something new. He linked it back to his initial training in person-centred therapy and he remembered experiencing similar discomfort. However, he stressed that the intensity of the discomfort increased in his current training as now he was exposed to a new model (CBT) that in many ways contradicts his previous model of the therapy.
“the discomfort with the CBT because we were starting out a thing in fact if we went back in time and we looked at the original person-centred days of starting out you would probably see an equal level of discomfort, maybe not as quite as distinct because I didn’t have different, competing things but just that kind of newbie experience of starting out with something” (47/1199-1208)

Odysseus elaborated further on the feeling of discomfort in his narrative and described his experience when he first started using CBT:

“I could feel very tangible it was like a palpable, wooden feeling, this is I thought it didn’t feel organic, I felt like I am being a damn robot” (48/1216-1219)

Despite this discomfort, Odysseus talked about experiencing a sense of relief when he was introduced to CBT. Odysseus described himself as science-oriented and noted the consonance of his philosophical views with CBT. This consonance between the model and Odysseus’ personal philosophy led him to welcome CBT as his philosophical “home” (44/1104). He also noted the differentiation between his experience when he was first introduced to CBT in comparison to his peers:

“I remember feeling quite peaceful it was like that (sigh of relief) home (both laugh). That’s how it felt to me and all these people panicking and freaking around me and I kind of thought what the hell is going on here?” (44/1103-1108)

Aeneas addressed the experience of integrating a new model of therapy from a different position than the other trainees in this study. He identifies his struggle stemming from the fact that he had to use the models separately as it was required in his current training. Aeneas points out that he had had many years of experience as a therapist prior to the course that had led him to develop an integrative perspective:
“one of my difficulties, if you like, is the level of integration, seeing this through my recent work, I, we were asked to present a pure model but because I have many years’ experience as a client, on other courses, I kind of got a broader view than some other people in the course, younger people in the cohort, I bring years of life experience as well. I can’t help having this pluralistic/integrative view separating out something to be more psychoanalytic or humanistic or CBT is something I find difficult” (27-28/682-691)

As illustrated in the above quote, Aeneas compares himself to his peers in the course who had no previous therapeutic experience. Later on in the interview he said:

“They are perhaps more flexible, in a sense they are beginning from the beginning in terms of therapy training, well they are probably easier to mould; um I’ve noticed that. So I had to undo some aspects of training that I already had um because they don’t fit with what we doing on the DPsych” (37/926-932)

For Aeneas, who came to the course with a “certain way, my way” (37/941) of practicing, he found that he had to deconstruct some aspects of his previous way of working. This process of deconstruction caused him to experience tension between his ‘old’ way of working and the ‘new’ way that was taught in the course.

4.2.3. SUPER-ORDINATE THEME 3: THE QUESTIONING ‘I’

The theme of ‘Questioning I’ was identified in all the participants’ narratives; however the level and the focus of the questioning appear to differ for each trainee. This theme extends from questioning the self, to questioning counselling psychology training, to questioning the therapeutic model, to questioning the profession of counselling psychology and ultimately to questioning the field of therapy.
SUB-ORDINATE THEME 3A: QUESTIONING THE SELF
‘I don’t know who I am anymore’

Central in many trainees’ experience seems to be a deep questioning of the self. For Odysseus, Cassandra and Erato, this questioning is connected with professional identity, as their professional sense of self was challenged in their current training. Cassandra wonders “what happened to me here? How have I become like this?” (23/591-592) Cassandra felt confused about her personal and professional preferences for therapeutic models and she was left questioning what she really wants:

“when I was person-centred I was getting frustrated with it then I learnt CBT and I was not able to apply it and then suddenly I became fully CBT; I don’t know who I am anymore; what the hell is going on, you know. Do I like person-centred, do I like CBT, do I like both, what do I want to do?” (24-25/637-643)

For Odysseus, questioning himself was a direct result of integrating CBT into his professional practice. Odysseus felt as if he had lost his flexible way of being as a therapist and felt he was using CBT in a robotic way:

“I could feel very tangible it was like a palpable, wooden feeling, this is I thought it didn’t feel organic, I felt like I am being a damn robot, like what are you doing?” (48/1216-1220)

Both Erato and Aeneas drew an ethical dimension in their process of questioning themselves. As Erato said:

“Erato: ...this made me very shaky and sort of it kind of questioned me as a practitioner also whether I, am I doing the right thing? Yeah I said this twice, am I doing the right thing (laughs)?
Georgia: Yeah I am just wondering that ‘right thing’ sounds quite important to you...

Erato: The right thing is when they trained you, you do videos and then you do evaluation you know one to one evaluation.” (29/761-770)

Erato describes her sense of professional self being shaken in her training as a counselling psychologist and wonders whether she is doing the “right thing”. Erato’s emphasis and repetition on the “right thing” was something we both noticed during the interview. Erato goes on to define the “right thing” as the evaluation from the course that she is “doing it in the correct way” (29/774-775) and that she is “fit to practice” (29/781). She makes a link between being an ethical practitioner and the evaluation from the course:

“I don’t say to be perfect CBT or the mindfulness things, but to, to do it an ethical way so I, I am fit to practice, you know I’m confident I’m fit to practice as a person-centred but I am not sure I am fit to practice to give mindfulness” (29-30/776-781)

Aeneas also adds an ethical dimension but, unlike Erato, he questions himself as a practitioner prior to his current training:

“the more I go into training, the more I have a concern and I hope the field has moved on but some of the places I gone into for work, I went into not really knowing what I was doing and then this I think I’ve caused a lot of unintentional harm” (31/781-785)

SUB-ORDINATE THEME 3B: QUESTIONING THE TRAINING
‘I felt like wow this needs more training’

The majority of the participants (apart from Cassandra) described questioning their therapeutic training. Two trainees (Odysseus, Aeneas) appeared to be more critical of
their initial training while the others were more vocal in relation to their counselling psychology training.

For Odysseus, the process of questioning his prior training revolved around the fact that it was a purist training. He experienced his earlier training in the person-centred approach as a “religious thing, we were all chanting Rogers and we were dismissing all the other” (16/411-412). Odysseus describes experiencing the course as “insular” (8/189), as this one approach was being re-affirmed with other approaches dismissed in the training. Furthermore, Odysseus stresses the importance of the context in the process of questioning the training. He noted feeling unable to voice his objections to his peers in the training group:

“it wasn’t the right context because I think it might not have done so much good, a lot people see me as being a pain, so there were a lot of things put me off from doing that, it was always a private, niggling problem that it was kind of chewing in my mind.” (17-18/438-444)

In contrast, Erato was particularly vocal in relation to her training as a counselling psychologist but expressed no criticism over her prior training, and she described herself as being “very loyal and very interested” (13/319-320) at that time. Erato and Phaedra both questioned the depth of training in counselling psychology, which they experienced as “not sufficient” (Erato: 22/585), especially in comparison with their previous training:

“I, I, I felt like wow this needs more training, it needs more training and it’s, it’s like a joke you know it’s like that’s it? (27/721-723)

As it becomes apparent to me from the above quote, what Erato expresses is surprise and disbelief at the lack of depth in her current training. She describes her current training as a “sneak preview” (26/684) which she links to her reduced confidence as a practitioner, as she was left feeling that she is not “good enough” (22/584).
Similar concerns over the lack of depth of the training are also evident in Phaedra’s account. Phaedra defines her experience of training in counselling psychology as “bitty” (32/844) and says:

“Um being trained as a counselling psychologist feels bitty, so you get a little bit of this and a little bit of that and you are left to make sense of that yourself and that feels like chunks of knowledge chucked at you and then you are left to integrate it yourself so it feels bitty, it feels a bit mess” (32/849-856)

Ismene questioned the relevance of her counselling psychology training in relation to the NHS practice. For Ismene there was a sense that the reality of professional practice in the main sectors, the NHS and charities, did not correspond to the input she was receiving from her current training:

“there is something about the reality of practice in the NHS and in charity and in other services that wasn’t pervading the programme” (69/1880-1884)

Aeneas draws a parallel between his prior training and his current training:

“when people were sent to a psychoanalytic um workplace or psychodynamic we really only had done a brief module in classroom, um I am not sure about the ethics of that to be honest. I mean we have to start practicing at some point with this model but when I walked through the door I didn’t really know what I was doing from a psychoanalytic perspective and I was learning while I was there. I think we were sent in too early.” (34/860-868)

For Aeneas, this raises ethical considerations in relation to training and practice. Similar to Erato and Phaedra, he talks about the lack of depth in the training, as it only consisted of a “brief module”. From further exploration of this part of the interview, it appears that Aeneas questioned his ability to practice from a psychoanalytic perspective, especially when he first started his placement. Interestingly, when Aeneas
speaks about the training he uses “we” to signify that this was a shared experience with his peer trainees, whereas when he refers to the placement he switches to “I’ as he focuses back to his own experience. Additionally, Aeneas adds another ethical implication between the “mismatch” between clients’ expectations of the service and what the trainees actually provided:

“I can’t say that in the early sessions myself or other trainees were working in a psychoanalytical way. So people were coming to a psychoanalytic service and they wanted to see someone psychodynamic and that’s not what we were providing; for me there is a mismatch there. So even on a counselling psychology course I would say I have some concerns with the parallel with the original training” (35/875-885)

SUB-ORDINATE THEME 3C: QUESTIONING THE THERAPEUTIC MODEL

‘It didn’t feel enough on its own’

Questioning the therapeutic model was focused on the approaches the trainees were exposed to in their current training and in their previous training, and particularly in the person-centred approach and CBT. All of the participants in the present study were trained in the person-centred approach in their previous trainings. Questioning the person-centred approach, for the majority of the trainees (Phaedra, Ismene, Odysseus, and Aeneas) started whilst in their prior training, whereas for Erato this questioning started when she began practicing.

Odysseus questioned the person-centred approach as being “incomplete” (19/471) which concurred with Aeneas’ perception of the model as being “half a theory” (8/199). The notion of “half theory” also coincided with Ismene’s view of the person-centred model, which she felt was not enough:

“I think it didn’t feel enough on its own. It felt idealistic but not enough and in terms of an evidence-base to back it up it felt flimsy, lacking and that’s probably because in reality most people practice from an integrative perspective” (20/527-532)
The impact of the wider socio-politico-economical context in the process of the questioning the therapeutic model is evident in Cassandra’s account. Cassandra questioned the practical use of the person-centred approach as she took into account the current economic situation:

“it used to make me wonder whether in the real world this is possible, you know. Whether it is possible actually to carry on seeing clients for years after years and um in this time and age where money is a problem we are already in the recession when I was training and I was thinking this is not, it may be very, very useful, it is very useful therapeutic approach but is it economically possible for all counsellors to carry on and on um not providing, um in a non-directive way you know, what if somebody what if a client wants advice, what if they want structure, what if they want um to have some cues from the therapist about how they should change, what direction they should move so... person-centred didn’t provide the space for that, I would think it may be useful, it may be effective but is it practical?” (10/247-263)

Cassandra’s above passage raises interesting questions concerning the impact of the context in which therapy is situated (e.g. the public sector). First of all, Cassandra uses the phrase “real world” which seems to imply an arbitrary divide between the world of training and the world of professional practice. The “real world”, as Cassandra makes sense of it, is constrained by economic factors. Second, Cassandra questions the person-centred model in terms of its responsiveness to the clients’ own wants from their therapy, e.g. a directive approach.

Questioning the therapeutic model was also extended to the CBT approach. Ismene compares CBT to a “bandage”. Here Ismene stresses that for her, CBT can help to reduce the symptoms but does not help her to develop a deeper understanding of the problem:

“it’s like CBT it feels to me like a bandage so it’s like I’m on a nursing triage and CBT kind of I stopped the bleeding, I got the blood pressure is back to
normal, he’s got oxygen but actually there is something else causing, why didn’t the blood pressure drop? Where is the bleeding coming from? You know what is going on in this system that is causing this crisis?” (24/641-650)

Questioning the therapeutic model was expressed by the majority of the trainees in a direct and explicit way. Phaedra offers an example of implicit and subtle questioning of the CBT model as she describes how she uses CBT in her practice as a trainee counselling psychologist:

“I use my CBT right now or if they are experiencing something to really get to the okay what is it? What is the symptom? What’s happening for you? Really get a clear understanding and then stabilise them so we can do the real work” (29/762-768)

Phaedra’s choice of phrase seems to carry a deeper meaning. Like Ismene, Phaedra perceives CBT to be a “band aid” (24/638) that she uses as a first step before commencing the ‘real’ therapeutic work with her clients.

SUB-ORDINATE THEME 3D: QUESTIONING COUNSELLING PSYCHOLOGY
‘Counselling psychology, take a look at yourself’

Questioning the profession of counselling psychology was a sub-ordinate theme that I identified in the narratives of three participants (Odysseus, Ismene, and Phaedra).

For Odysseus, the questioning of counselling psychology seems to revolve around its overlap with the allied profession of clinical psychology. Odysseus highlights the similarities between the two professions and assumes the view that the two professions should merge:

“for me I suppose I find it a little bit over reading sometimes because I do see how they have so much symmetry, I do almost kind of privately have this discussion and I kind of just think we do the same kind of damn thing, let’s
An interesting point that struck me in this passage was the private nature of Odysseus’ view. It appeared to me as if Odysseus felt unable to voice his opinion that he needs to keep it ‘private’. There seems to be a parallel between this and his previous experience of training, which was discussed earlier, where again he had to keep his questioning of the training ‘private’.

Ismene was quite vocal in her questioning of counselling psychology. The issue of the identity of the profession was an area that Ismene mentioned in her narrative:

“the identity of counselling psychology, in trying to create this distinct identity it’s almost like we have obscured our identities” (43/1164-1167)

Ismene elaborates further on the importance of having a clear sense of professional identity. For Ismene, clarity of professional identity is directly linked with one’s ability to function as a competent practitioner in the professional role:

“I think it’s more counselling psychology look at yourself, look at ourselves, what are we? Where do we want to be? And having a sense of identity is very important. Very important in terms of getting a job and functioning competently in the workplace and it’s not about being rigid, having an identity doesn’t mean it’s a fixed identity, hopefully it’s evolving” (59-60/1621-1630)

Ismene also questions the non-pathologising stance that the profession of counselling psychology advocates and provides an alternative perspective on the subject. She points out that a diagnostic label can be a necessity for a person from a lower socio-economical background as it can improve access to treatment:

“it took a non-pathologising approach which I agree with but also have mixed feelings about because I think we got to look at the bigger structure, I
think it’s very middle class to say never give anyone a label if, if we are financially very comfortable we don’t need a label to access services, to access therapy, we can pay for it, we can do other things to alleviate psychological distress levels like horse riding, go skiing, play musical instrument if you are really hard pressed and you are living in a community and a family where there are no options other than being with that psychological distress actually a label could be empowering because it could give entitlement and access to all kind of things.” (33-34/894-912)

Furthermore, Ismene talks about the issue of power. She points out that the profession of counselling psychology is encountering the danger of assuming a position of power and privilege by not being responsive and sensitive to the wider socio-politico-economic context:

“So it’s very kind of taking another position of privilege, it’s kind of an inverted snobbery oh we are so non-judgemental, everyone can have no label and how does anyone get treatment? “(35/940-944)

SUB-ORDINATE THEME 3E: QUESTIONING THE FIELD OF THERAPY

‘The field has a lot to answer for’

This sub-ordinate theme contains questions that the trainees (Erato, Ismene, and Aeneas) expressed in relation to the wider field of therapy, which includes: counselling, psychology and psychotherapy. Questioning the field of therapy appears to have two different dimensions, an ethical and a conceptual dimension.

In terms of its ethical dimension, Aeneas expressed deep-seated concerns regarding the issue of professional qualifications. Aeneas contrasts the human psyche with a car:

“Um I’m afraid that the field has a lot to answer for, people who are at a diploma level, um low level may with no personal guarantees or very little. This is wrong. I send my car to the garage and the MOT guy needs to be qualified and there is more
From this illustrative quote it became apparent to me that for Aeneas, this is a troubling concern that he has in regard to ethical practice in the field. Aeneas expresses a worry about people who practice as therapists with limited amount of training. Furthermore, Aeneas says that he wants to make these concerns more explicit and known. His wish is that the field will “tighten” more in the future with more regulations and emphasis on ethical practice.

Ismene and Aeneas both talked about all the different concepts that exist in therapy at the moment such as pluralism, integration, and eclecticism, to name a few. Ismene’s perception of pluralism, which was one of the approaches advocated in her course, is that it adds nothing new and as she said:

“it didn’t actually seem like anything new, to me it looked like integrative approaches to therapy renamed, repacked but without a sound theoretical background”(46/1249-1253)

Aeneas on a similar line, questions if there is a substantial conceptual difference between these different approaches:

“Aeneas: Pluralistic, integration, eclectic, pick your word (laughs).

Georgia: Which one would you pick?

Aeneas: Um probably I wouldn’t say eclectic because people look at you funny, it’s old fashioned. Integration, pluralistic I’m not really sure there is any difference between them. Um they seem, probably I would use the word integrative. I know pluralistic is a word on the course and I read John McLeod and Cooper but I don’t really see what is the different to integrative; um that word describes bringing different things together; sometimes I wonder if I
In this passage, Aeneas refers to the word eclectic as “old-fashioned” (29/734), which implies the currency of concepts in therapy. For Aeneas, on one level this signifies that the therapeutic field is constantly changing and he says “I’ve seen the field change, even the word eclectic is now integrative, it’s like a representation of the field changing that has a really, the world changes” (33/832-835). On another level, he questions if these concepts are actually changing or they are basically being renamed and presented as something new when in fact they are not. Aeneas explores that point further in his interview and raises the question whether these concepts add an unnecessary complexity to an already complicated profession. It seems to me that Aeneas questions whom these concepts are really for and flags up the importance of being able, as professionals, to communicate and explain these concepts to the clients in a meaningful way:

“we come up with these concepts, words which are really cool and if we can’t explain them to the client in a brief way they can make sense of them, I would think it makes things very complex” (30/748-751)

4.2.4.SUPER-ORDINATE THEME 4: THE CHANGING SELF

All participants, in their narratives, reflected on the experience of change on a personal and professional level. The trainees’ sense of self and particularly the professional sense of self appeared to be constantly changing and evolving. The aim of this theme is to capture the dynamic and fluid process of this transition. This theme is consisted of three sub-ordinate themes: the seeking self, challenging the self and acknowledging ongoing change.

SUB-ORDINATE THEME 4A: THE ‘SEEKING’ SELF

‘I was like a sponge’

A salient theme identified in the participants’ accounts related to a desire to evolve the professional self. Erato, Cassandra, Ismene and Phaedra all spoke about a desire and
a need to learn more and develop further their therapeutic skills. The reason I differentiated the present sub-ordinate theme from the ‘Needing more training’ theme is that the latter describes the experience of the participants prior to commencing their counselling psychology training. The ‘Seeking Self’ sub-ordinate theme rather aims to describe an ongoing desire for change and the professional change that pervaded their experience throughout the programme. An example of this desire for more learning is provided by Cassandra below:

“as a trainee I need something more now to increase like my bag of resources so I feel like I, before actually when the second year begun I was already ready for CBT, like give me, give me more” (19/483-486)

The repetition of “give me, give me more” illustrates the intensity of this desire for further learning, which is expressed in an almost ‘greedy’ way by Cassandra.

Ismene describes herself, when she started the training in counselling psychology, being “like a sponge”, demonstrating a willingness to assume an active approach to her learning:

“I kind of felt like I was a sponge waiting to absorb lots of stuff, and actually willing, looking for it, not being a passive recipient, being actively wanting to know more, wanting to join things up…” (37/1011-1015)

For Erato, this desire to learn more was manifested around the desire to experiment with different theories and models, and she said “I could learn more therapeutic interventions and different theories, models and things like that so I wanted to be play around with it, the different things I could do” (17/433-437).

SUB-ORDINATE THEME 4B: CHALLENGING THE SELF
“I was taken out of my comfort zone”

Five out of the six trainees talked about feeling challenged whilst on their counselling psychology training. This challenge of the self for some trainees (Erato and Cassandra) was an internal process while for the others the process was fuelled by external factors
such as clinical supervision. The trainees appeared to link the process of challenging the self as part of professional development.

Erato and Cassandra described the process of challenging the self as a process that stemmed from within. Erato talked about taking risks and pushing herself to learn more:

“this year I took a risk, I did something on sexuality which I have no experience but then I got a very good supervisor who is a specialist in sexuality and um gender and everything so a lot of um my confidence as a practitioner um, um it’s mostly from an external factor which is my supervisor” (30-31/803-810)

For Erato, despite the fact that she challenges herself to take risks and work with new client issues, she needed to do it in a contained way. Erato required support from an external source in order to manage this challenge and this support came from her clinical supervisor. This communicates the importance and trust Erato places upon her supervisor to help her manage the anxiety of taking a risk and, subsequently, becoming a more confident practitioner.

Ismene, just like Erato, talks about the importance of her supervisor in the process of challenging herself:

“it felt really good you know like I really learnt something and I got out feeling uncomfortable, way out of my comfort zone whereas pluralism it’s comfortable but there is not that movement you know there isn’t that movement, I’m not changing, I’m not moving forward, I’m not evolving whereas this I came away feeling more confident now to use it in a very basic way to help clients” (56-57/1545-1555)

This quote illustrates both Ismene’s experience of feeling uncomfortable when taking up the challenge and, at the same time, the positive aftermath of this process upon her development as a practitioner.
On a similar note, Aeneas also links his professional development with the challenge of undertaking a psychodynamic placement required by his course:

“So the placement, I would have never chosen a psychoanalytic placement unless ... so having done that because it’s mandatory I really enjoyed it and I really developed” (22/538-542)

Aeneas states that if this had not been a course requirement, he would not have chosen a psychodynamic placement. However, being pushed by the course to do it resulted in him having a positive experience and allowed him to add “a different level” (22/536) to his professional practice.

Phaedra’s experience differs from the other trainees. She described feeling that the course did not challenge her enough, particularly in the first year of the training:

“Phaedra: if anything I got lazy and yeah.

Georgia: What do you mean by lazy?

Phaedra: I got, I rested on my laurels on my practice and I, I thought to start something new to change in a way and feel like that year, it kind of set me back a little bit because I felt like oh I know this” (21/549-556)

Phaedra perceives her first year of the course, during which she was trained in the person-centred approach again, as a setback in her development as a practitioner as she felt she did not learn anything new. Phaedra uses the phrase “rested on my laurels” to signify that, as person-centred therapy was something she already knew quite well from her previous training, she did not feel as if she had to make any effort.

SUB-ORDINATE THEME 4C: ACKNOWLEDGING ONGOING CHANGE

“I’ve just changed”

The sub-ordinate theme of ‘acknowledging ongoing change’ aims to encapsulate the changes that the trainees in this study observed in themselves as practitioners. The
reason I named it ‘acknowledging ongoing change’ is because it became apparent to me, from the trainees’ narratives that their professional sense of self is constantly evolving, developing and changing. As Ismene puts it:

“we change all the time and we grow and find new self-objects experiences to grow which is what I did coming here to learn, to become part of a profession you know and it’s about we have that coherent self of self but a growing and evolving sense of self” (60/1631-1637)

One unexpected finding, for me, was the surprise expressed by the trainees regarding the changes they observed in themselves. Three out of the six participants described experiencing massive changes in their professional outlook and the surprise that accompanied the realisation of these changes. For example, Aeneas became aware of the changes in one his supervision sessions:

“Um I’ve been in a psychoanalytic place part-time for two years. My very, if I had hesitations about, there are some things I found difficult but in my last supervision at the end of two years I suddenly said “Omg listen, listen to me, I’m talking the language of psychoanalysis (laughs). I really absorbed these stuff”. Um and I really like it because now I have a different level to my practice um and being in psychoanalysis has helped. I swear to God this is something I thought I would never do.” (21-22/528-538)

It becomes apparent from his use of language that this change really surprised Aeneas as he had had doubts about psychoanalysis prior to his placement. For Aeneas, his clinical placement challenged his preconceptions about the approach and allowed him to develop further as a practitioner by adding a deeper level to his practice.

For Erato, this feeling of surprise emerged while we were conducting the interview, as illustrated by the following quote:
“Erato: I just, I think for now I would call myself integrative because I wouldn’t describe myself as a pure person-centred. Yeah, I would actually....

Georgia: You look surprised!

Erato: I am very surprised (both laugh). Yeah probably integrative because that’s what I do, I try to adopt different techniques and theories and bring them in the therapy so that’s being integrative yeah.

Georgia: I am just wondering why you looked surprised. (Laughs)

Erato: Because I was so against integrative and then suddenly I’m integrative now.” (36-37/964-977)

Erato used the word “suddenly”, just as Aeneas did in the passage above. It became apparent to me that the word suddenly captures the unexpected and quick nature of the change for these two trainees.

Cassandra also spoke about feeling surprise when it was brought to her attention by her tutor how much she had changed:

“It was...mmmm...at that point I didn’t feel anything except surprised; I was just surprised, what the hell? When did that happen? You know, I remember when it was difficult but I didn’t really know when it had become so easy but I had completely changed; I was not aware of that evolution” (21/548-554)

Cassandra questioned this change as she had not been fully aware of “the idiosyncrasy of that transition, when it happened, why it happened, how it happened, I didn’t notice these” (24:616-618).

Phaedra compares herself with her peers from her previous training in person-centred counselling:
Phaedra talks about being “struck” by how different she is as a therapist and how much she has progressed over the past years. It seems that this progression becomes more apparent to Phaedra when there is a direct comparison with her colleagues from her previous training.

Erato, in relation to the changes she noted in her professional sense of self, brought up the issue of professional identity:

“...I think now I, I, I, I can identify myself as a psychologist and I grew from...”

Erato repeats the word “tighter” in the above passage. Erato, later goes on to explore further in her narrative what she means when she talks about “tightness” (32/839) and says that it’s linked to the fact that she has been “selective to what I think I like to do and what I can offer and what’s my best skills” (32/843-845).

Odysseus, who has embraced a cognitive outlook in his approach to therapy, appeared hesitant in communicating how much he had changed as a practitioner when talking to his previous mentor from his person-centred training days. He talks about doing a
“funny little dance” (25/622) when his mentor asks him about his approach to therapy nowadays. Odysseus describes it as an “uncomfortable” (25/575) experience and says:

“I have fond memories of the training, I think I’ve learnt a lot when I was there and I wouldn’t want her to think he came, trained with me, learnt my stuff and then found that stuff and then he was off with that whole approach because that’s not actually true.” (25-26/645-651)

4.2.5.SUPER-ORDINATE THEME 5: FINDING PEACE
One thing that really struck me from the interviews is that they all seemed to end on a positive note. Despite the fact that the trainees were at different stages of their training, with half of them still having to complete the final year of the training at the time of the interview, there was a sense of peace pervading the concluding part of the interviews. It is best captured by Odysseus:

“It’s an unusual journey you go through the ups and downs, some things you don’t want to know some things but you need to know but for all the ground you cover and the understanding you find peace within it so I think that’s how I feel about my therapy now you know, kind of moving towards a position where it’s not quite so messy in my head.” (52/1316-1324)

SUB-ORDINATE THEME 5A: DEVELOPING OWN WAY OF PRACTICE
“It’s like finding your own roadmap but you have no directions”

The sub-ordinate theme of ‘managing integration’, which was discussed earlier, highlighted some of the challenges that the trainees in this study encountered when being exposed to the new therapeutic model. The current sub-ordinate theme of ‘developing own way of practice’ discusses how these trainees managed the aforementioned challenges and developed individual ways of practicing.

Odysseus and Cassandra both talked about developing their therapeutic practice based on a ‘home’ approach but used in a more liberal way. Odysseus describes his practice as being conceptualised through “a cognitive lens” (50:1267) but used in a more
individual way. Odysseus seems to enjoy this new-found freedom and independence from the boundaries of a therapeutic model:

“I would say probably for the first time at the end of this training I am kind of, I’m going on my own way with it, so liberating in so many ways, I’m no longer doing this method or that one, I’ve taken interventions and theories from those but things are beginning to make sense from the reading I’m doing, maybe even externally, whilst I’m on the programme but things I’ve learnt on the programme and things I’m developing through my own understanding, which I think we would that at this kind of level that we become independent, um scientist-practitioners in some ways is the ability to use our own, you know, this isn’t just about textbook kind of method.”

(51/1286-1301)

For Cassandra her ‘home’ approach is person-centred therapy. Cassandra talks about being “obsessed” with CBT when she was first trained in it as a way to demonstrate her fascination with the new approach. She compared herself to a child that had been given a new toy or finding her favourite ice cream, and after a few months when she felt competent in CBT she was able to go back to her base. Cassandra also makes a point about the fit of CBT with the world of therapy at the moment and the NHS; that CBT is an approach that can deliver what the NHS wants:

“I realised that actually my road is person-centred; I was, CBT, I was like a child was given a toy and I was obsessed with it or you find your favourite ice-cream flavour suddenly and you eat the same ice-cream flavour for six months because you are obsessed with it, CBT was like that for me and it given me finally that there was a missing link you know and then I was using and abusing it and overdoing it and then I realised that it’s not that I don’t like CBT it is very useful, it is very efficacious, it’s needed in a world; it’s providing for clients, in the NHS, it’s doing the job in a way that person-centred it’s not always doing the job but philosophically and in my core I am
a person-centred practitioner and I apply CBT on top of that like icing on the cake you know.” (25-26/659-674)

Phaedra talked about moving beyond models of practice and focusing more on psychology as the foundation of her therapeutic work. For Phaedra, adopting psychological theories as the basis of her practice allows her to move from the pressure of fitting in with a single school approach and provides her with the opportunity to integrate different components from different therapeutic models:

“I’m looking at this versus this is the therapeutic approach I am using because I feel like that um it suits me, it’s less pressure I think in a way to fit in to one specific way of working as well, it’s a way of integration that allows me to use stuff from each therapeutic model, take the merits, the strong points out of all of them and say it’s back down to what the client needs and you know it all comes down to the psychological aspects of it.” (38/1014-1024)

Erato and Aeneas described being guided by clients rather than models, techniques and theories. For these two trainees, the flexibility of their practice allows them to be influenced by the clients and adapt their work according to clients’ needs and wants:

Aeneas: “I don’t have one model or approach in mind; um I get a sense of the person, what seems to be their needs and what they want...” (30/755-757)

Erato stresses that sometimes therapeutic work is about leaving techniques, theories and interventions behind and going back to what she terms the “basic” component of therapy, namely the therapeutic relationship:

Erato: “…sometimes when you are being integrative you’ve seen lots of things and um and you forget the basic things you know what a human wants it’s basically connecting with that client and trying to help because sometimes therapy all these interventions and theories it doesn’t apply, it’s,
it, it sometimes falls down to the basic things how can I help this client, how

   can I connect, how can I help this client, how can I establish a good
   relationship and how can I move them forward so sometimes I think it falls

   to this basic common sense…” (24/631-643)

4.3. CHAPTER SUMMARY

In the present chapter I presented the findings of this study. The five super-ordinate themes that were identified in the participants’ narratives are: ‘Desires, Expectations and Needs from Counselling Psychology Training’, ‘The Turbulence of Counselling Psychology Training’, ‘The Questioning I’, ‘The Changing Self’ and the ‘Finding Peace’. Each of these themes described different components of the trainees’ experience of counselling psychology training and reveal that it is a challenging experience in an emotional and intellectual level. In the following chapter, the above identified findings of the present study will be discussed in relation to existing theoretical and empirical literature.
5. DISCUSSION

5.1. STUDY AIMS
The overall aim of this study was to gain an understanding of how trainee counselling psychologists with a prior training in a ‘core’ therapeutic model experienced and made sense of their current training in counselling psychology. As a secondary aim, the study sought to explore how these trainees experienced integrating a new model of therapy and the process of integration in the context of counselling psychology training.

5.2. SUMMARY OF THE FINDINGS
The findings of this study reveal the emotive and challenging nature of training as a counselling psychologist. Professional training in counselling psychology has been described as an experience driven by expectations, challenges and changes. The analysis revealed that the emotional and intellectual interaction of these trainee counselling psychologists with the training began even before commencement of the programme. Expectations, desires and motives all created an image of the profession of counselling psychology prior to the training start.

The interaction with the training itself appeared to be a dynamic and fluid process for the trainees in this study. A prominent theme identified here was the questioning nature of the trainees who did not hesitate to expand their questioning from the self to the professions of psychological therapies in the UK. The analysis suggests that those trainees with more extensive clinical experience were critical of the wider systems involved in the trainees’ professional system such as the profession of counselling psychology and the field of therapy.

A notable movement was identified in the trainee counselling psychologists’ narratives. Through the challenging process of training these trainees described changes they observed in themselves as therapists, a finding that suggests a link between professional growth and development in training.
5.3. OVERVIEW OF THE CHAPTER

In this chapter, my aim is to address the findings identified during the data analysis in relation to the wider theoretical and empirical context. In the chapter, I move from the 'hermeneutics of empathy', employed in the Findings chapter, and embrace the data from a more interrogative position (Smith, 2004). Thus, the findings will be approached in a questioning way and I will adopt the ‘hermeneutics of suspicion’ stance (Ricoeur, 1970).

IPA is rooted in psychology and it often draws on psychological lenses in order to understand its findings (Smith, 2004). Being a trainee counselling psychologist myself, I was drawn into utilising psychological theories and concepts as the conceptual platform for the findings. More specifically, and being influenced by the nature of the research question, I decided to turn to developmental theories as the most appropriate lenses for generating a more holistic understanding of the findings. Ralph (1980, p. 243) states that therapeutic training is “a developmental experience along which we can mark out certain milestones”. I drew on different developmental theories with the model of the professional development of therapists by Rønnestad and Skovholt (2003; 2013) as the overarching framework. Other developmental theories included in the discussion of the findings are:

- The bio-ecological model of human development by Bronfenbrenner (1979)
- Vygotsky’s (1978) concept of the zone of proximal development (ZPD)

In addition to these theories and models, where possible I use existing empirical research to ground the identified findings. In terms of research, and as highlighted in the discussion of the theoretical literature and previous research (Literature Review chapter), research conducted among trainee counselling psychologists in the UK is limited. Therefore, I draw on research from the allied occupations of counselling and psychotherapy as well as from research from the USA and other European countries (e.g. Austria). As stressed in the Introduction chapter, there are evident national differences between professions and the contexts in which the studies were conducted,
for example, in level of training, regulation and, licensure; however, given the paucity of research in this area, I will draw on them in order to highlight points of convergence and divergence between their findings and those of this study while highlighting that the findings of studies in different professions and conducted in different countries are not directly transferable to training in counselling psychology in the UK.

The structure of the discussion will be presented in sections that outline the main threads that run through the findings identified during the data analysis. The sections of the discussion are the following:

- ‘The idealised fantasy’: Expectations and disillusionment in counselling psychology training.
- ‘The Questioning I’: The critical trainee counselling psychologist.
- The ‘recycling loops’ of professional development: Professional development as a cyclical process.
- Stagnation in training: Challenge as fostering professional growth.
- Resistance and ambiguity: The challenge of integrating a new model of therapy.
- ‘I’m going on my own way with it’: Developing individualised integrative practice.
- The interrelated aspects of the counselling psychologist’s professional identity: The reflective-practitioner, the scientist-practitioner and the trainee counselling psychologist.

5.4. ‘THE IDEALISED FANTASY’: EXPECTATIONS AND DISILLUSIONMENT IN COUNSELLING PSYCHOLOGY TRAINING

The participants in this study talked about the reasons that influenced their decision to seek additional training in counselling psychology. Some of these reasons were internal, such as wanting to develop further as practitioners and to acquire new therapeutic skills as well as a desire to move back to psychology. Other reasons that influenced their decision were triggered by external factors such as clinical work, which led some participants in this study to experience feelings of inadequacy and to acknowledge limitations in their therapeutic skills when working with diverse clinical groups.
These findings resonate with the findings of the Carlsson et al. (2011) study on experienced therapists who sought further training in psychodynamic psychotherapy. The study found that therapists talked about wanting to improve as clinicians and to seek a formal recognition by becoming members of the psychotherapeutic community through completion of additional training leading to a formal license. The participants in the study also referred to the desire to join a programme in a reputable institution and to how this increased their expectations of their training programme. The trainee counselling psychologists in the present study did not explicitly refer to wanting the accreditation and the status that accompanies the title ‘Counselling Psychologist’, except for Aeneas, who stated “I wanted the title, that’s ego (both laugh) status” (18/434-435). For participants in my study, there was a noted desire to move from counselling into psychology. Given the difference between the two occupations in terms of status and salary (Feltham, 2013), it is possible that this factor influenced the trainees’ motives to seek additional training. The reasons explicitly stated by the trainee counselling psychologists were the scientific nature of psychology and prior investment in the profession of psychology through their completion of an undergraduate degree.

The issue around practice-based competencies was also cited by trainee counselling psychologists in the present study as one of the motivational factors that spurred them to seek additional training. The trainees in this study reported becoming acutely aware of the limitations of their practice in their clinical work, especially when working with diverse client groups and presentations. This finding coincides with the disillusionment with the training sub-phase outlined by Rønnestad and Skovholt (2013) in their model of therapists’ professional development. According to this model, in the early years following professional training, when novice professionals are exposed to the reality of clinical practice and begin working with heterogeneous client groups, they experience disappointment and disillusionment with their training and its failure to have adequately prepared them. Furthermore, if, like the participants in my study, the therapists were trained in a single school approach, then disillusionment can be extended to the therapeutic model with it being seen as ineffective across client groups and presenting issues. Rønnestad and Skovholt (2013) noted that one way for therapists to overcome these feelings of disappointment is by seeking additional training workshops. Some
trainees in my study also described this feeling of disillusionment with their previous training and the therapeutic model, that of the person-centred approach. The findings from this study emphasise the impact of external factors and the wider context in the experience of disillusionment with the training and the self as a practitioner. As noted by Erato, the therapeutic world is susceptible to trends or ‘selling points’. In the past few years, the therapeutic landscape in the UK has changed drastically with the introduction of the Increasing Access to Psychological Therapies (IAPT) programme in the NHS and the adoption of CBT as the method of choice within this initiative (Marzillier & Hall, 2009). With this emphasis on CBT, practitioner therapists from other schools of therapy (psychodynamic, humanistic, and existential) have been challenged, with many of them seeking additional training in CBT as a way of responding to the changes (Owen-Pugh, 2010).

Disillusionment with training is also accompanied by disillusionment with the self as a practitioner (Rønnestad & Skovholt, 2013). In their study, they found that disillusionment with the self or acknowledging limitations in clinical practice can lead to feelings of inadequacy or incompetence. Feelings of incompetence have also been documented in the research by Thériault et al. (2009), in which such feelings of incompetence among novice therapists were explored. One important finding from this study is that feelings of incompetence can serve as the spark that motivates therapists to engage in further professional development by attending training workshops as a way to overcome their self-identified limitations in their practice and knowledge. On a similar note, Rønnestad and Skovholt (2013) stress that therapists, in order to overcome disillusionment with the self and the training, sought further professional training. As a way to manage the feelings of inadequacy and limitations in their practice, stemming from internal and external sources, the trainees in my study sought further professional training in counselling psychology.

Trainee counselling psychologists in this study made reference to their expectations, aspirations, and hopes for their counselling psychology training. Some of the trainees had clear and explicit expectations related to the training whereas others expressed uncertainty as what to expect. The trainees stressed the impact of their expectations,
assumptions and pre-conceptions of counselling psychology and how this influenced their experience in a positive or a negative way. Those trainees who had held specific, explicit and high expectations of their training experienced a strong sense of disappointment when the training failed to live up to the expectations. In contrast, those trainees without any specific or explicit expectations seemed to avoid such disappointment and expressed greater satisfaction from their training. A tentative interpretation for this finding is that given some trainees’ experience disillusionment with previous training, their investment and expectations from the counselling psychology training were higher. This training was regarded as the means of overcoming feelings of inadequacy and disappointment with their previous training, the therapeutic model and the self as a practitioner.

The issue of a mismatch between trainee therapists’ expectations and counselling and clinical psychology training has been documented in the literature (Szymanska, 2002; Gross, 2005) and it is considered a source of stress among trainees and novice professionals (Pakenham & Stafford-Brown, 2012; Rønnestad & Skovholt, 2003). A useful way of understanding this issue is to consider the concept of ‘glamorised expectations’ as discussed by Rønnestad and Skovholt (2003, p. 53). They note that novice professionals develop the expectation that on completion of their postgraduate training in psychology, they would become effective practitioners able to produce successful outcomes with all clients, a belief that diverges from the reality of clinical work. This point is related to Brightman’s (1984) concept of the grandiose professional self who is omnipotent and successful. Obviously, these expectations soon collapse when the trainees enter the training and are exposed to the reality of clinical practice. In this way a movement from the ‘idealistic’ to the ‘realistic’ begins (Rønnestad & Skovholt, 2003, p.54).

5.5. THE QUESTIONING ‘I’: THE CRITICAL TRAINEE COUNSELLING PSYCHOLOGIST

One of the most salient findings identified in my participants’ narratives was the superordinate theme of ‘The Questioning I’, in which the trainees’ questioning of themselves and their surrounding systems was documented. This finding has been previously
identified by Rønnestad and Skovholt (2003; 2013) as a component of the advanced student and the novice professional phases (in the novice professional phase this refers to the disillusionment which was discussed above). However, it seems imperative to examine this finding through different psychological lenses in order to develop a better understanding of it in terms of its centrality in the trainee counselling psychologists' experience as discussed during their interviews. The lenses used to understand this finding are based on Rizq’s (2009) application of Winnicott’s ideas (1969) in relation to therapeutic training and my personal attempt to offer a tentative interpretation of this finding using Bronfenbrenner’s (1979) ecological model.

5.5.1. THERAPEUTIC TRAINING: A PSYCHOANALYTIC PERSPECTIVE

Winnicott (1969) views object-relating as a means of understanding subjective experience. Object-relating refers to the subject’s (baby) experience of connecting with the object (other or mother). In this primitive form of relating, the other is not seen as separate from the subject. Object-usage, Winnicott (1969) maintains, is a more sophisticated form of connecting, as the subject realises its separateness from the other. Winnicott (1969) stresses that the movement from object-relating to object-usage requires the ‘destruction’ and ‘survival’ of the object. The destruction of the object from the subject can take the form of saying ‘no’, or challenging or questioning the object. If the object survives then it is transformed to an object that can be used and loved by the subject. On the other hand, the potential ‘non-survival’ of the object can take the form of the object (or the other) withdrawing, retaliating or being indifferent towards the subject. The movement from object-relating to object-usage and the survival of the object are seen as necessary by Winnicott (1969) for the subject’s meaningful development. Rizq (2009) applied Winnicott’s thinking on object-relating and object-usage to psychotherapeutic training as a conceptualising framework for understanding the trainees’ experiences. Rizq (2009) described that when trainees first enter training they display an eagerness to learn ideas, concepts and, techniques and that dependency on the tutors as the providers of these ideas can be observed. This dependency has also been noted by Bruss and Kopala (1993) as a way of alleviating the confusion and anxiety which accompany the trainees when they start psychotherapy training. Davies (2008) argues that this dependency can also be observed among experienced trainees.
as they too experience anxiety just as novice students do, even though the anxiety may differ in terms of stressors and intensity. Trainee counselling psychologists reported this desire to learn and develop (as demonstrated in the sub-ordinate theme ‘The Seeking Self’) while also being filled with anxiety; however, and unlike Davie’s (2008) position, they were able to tolerate this anxiety without relying heavily on supervisors and tutors; some participants, however, did emphasise the role of their clinical supervisors in helping them cope with anxiety but not to the degree that would indicate dependency. A possible explanation for these trainees not experiencing high levels of dependency on the tutors could be connected with the fact that this was not their first training experience.

The next phase in trainees’ experience, as outlined by Rizq (2009) is when trainees begin clinical work and are faced with the challenging and anxiety provoking task of translating their previously uncritically accepted ideas, theories and methods into practice; this links with the disillusionment sub-phase as presented by Rønnestad and Skovholt (2003; 2013). The main difference between Rizq (2009) and Rønnestad and Skovholt (2003; 2013) is when this disillusionment occurs. According to Rizq’s (2009) view, this seems to happen during training, whereas Rønnestad and Skovholt (2013) claim that this happens after completion of professional training. The findings of the present study offer support to both views, as the trainee counselling psychologists described experiencing disillusionment after the initial professional training and then again described another period of disillusionment whilst training as counselling psychologists.

Rizq (2009) links disillusionment with the destruction of the object, which in this case represents the trainers. This ‘destruction’ is manifested through developing a critical attitude and questioning “what they are learning and from whom they are learning it” (Rizq, 2009, p. 372). Rizq (2009) sees this ‘attack’ on the training as a “vital step towards maturity” (p. 372) and is governed by feelings of disappointment. I found that Rizq’s (2009) conceptualisation provides a useful way of understanding how trainee counselling psychologists in this study responded following the acknowledgment of the mismatch of their expectations and the training. It is possible that for the participants in
my study, the investment in the training was higher given that this was an additional training that would enable them to overcome their previous disillusionment. Therefore, any disillusionment and critical stance of the training was preceded by disillusionment with their previous training. This process of ‘double disillusionment’ could potentially magnify the experience of disappointment and increase the questioning and critical stance of the trainees even further than Rizq’s (2009) description. Nevertheless, it is important to consider that even for the two trainees who did not report any mismatch of expectations with the training, the questioning process was still evident in their accounts; this supports Rizq’s (2009) assertion that this is a common experience for trainees during training.

As I noted above Rizq (2009), builds on Winnicott’s ideas (1969) and sees the ‘destruction’ of the training as a necessary step in the trainees’ development. Rizq (2009) notes that whatever from the object manages to survive the attack is considered as worth using by the trainees. In other words, Rizq (2009, p.372) states, “the extent that the material (concept, theory, research) survives such attacks, i.e. what remains after it has been assailed with questions, criticisms, even incredulity, is then felt to be worthwhile, resilient, valuable – something that can now be used and applied”. One of the aims of the training programme is seen as providing a ‘good-enough’ and containing environment which can tolerate and withstand the trainees’ criticisms (Rizq, 2009). When the training is ‘good enough’ it allows the trainees to learn and develop through frustration as the trainees come to rely on their own resources (Holmes, 2009). Trainee counselling psychologists in this study noted turning to internal and external sources in their effort to overcome the limitations identified in their current training; this enabled them to become more independent and self-reliant. Those trainees who noted a reduced sense of dependency on the training course from the onset were able to adopt an empowered and self-reliant position by calling on alternative sources and resources when they felt frustrated and disappointed with their training. A possible interpretation is that for the trainee counselling psychologists in the present study, this was their second training experience and in the time between the two trainings they had worked as practitioners and developed internal resources and experiences that they could draw upon. This different understanding of the theme ‘The Questioning I’ does not discount
the trainees’ criticisms and questions regarding the training, the self and the profession, which are all based on their experience, but it rather aims to illuminate this finding through a different lens.

5.5.2. THE ECOLOGICAL MODEL OF HUMAN DEVELOPMENT

The conceptualisation of training based on Rizq’s (2009) views highlighted only one aspect of the super-ordinate theme, ‘The Questioning I’, and specifically the sub-ordinate theme, ‘Questioning the training’. Therefore, I will attempt to offer an alternative tentative interpretation to provide a more holistic understanding of the theme “The Questioning I’. One of the striking features of the analytic process was how the subordinate themes that constituted the super-ordinate theme ‘The Questioning I’ appeared to be extending from the self, the training and the therapeutic model to the profession of counselling psychology and to the profession of therapy as a whole. The professional training, the therapeutic approach, the profession of counselling psychology and the profession of psychological therapies can all be understood as the different systems the trainee counselling psychologists interact with in the process of developing as professionals. Bronfenbrenner’s (1979) model of child development postulates that development occurs through interaction with the individual’s interconnected systems: micro, meso, exo, macro and chrono systems. This model has been applied in different areas of psychology and counselling such as with trainee psychologists with competence problems by Forrest, Miller and Elman (2008) and Healey (2009) on professional identity and gender role in counselling.

In using Bronfebrenner’s (1979) ecological model as a possible organising framework for the present finding I will present each of the systems that the individual trainee counselling psychologist interacts with.

- **Individuat:** As I noted in my presentation of ‘The Questioning I’ theme in the findings chapter, all trainee counselling psychologists reported questioning themselves as practitioners. This is consistent with the findings identified in the study by Auxier, Hughes and Kline (2003), that counsellors in training question themselves on a personal and professional level.
• **Microsystem**: Trainee counselling psychologists questioned their professional training in counselling psychology; this can be perceived as the microsystem with which the trainee interacts. Trainee counselling psychologists have a direct interaction with the training and the way they experience it (‘good enough’ or not) influences how much the trainee will be critical of the course (Forrest et al., 2008; Rønnestad & Skovholt, 2003). An interesting finding from this study is that even those trainees content with their training courses expressed a level of questioning and criticism; this indicates that the development of questioning and critical examination is an essential element of counselling psychology training (BPS, 2014a).

• **Mesosystem**: The next system the trainee counselling psychologist interacts with is the therapeutic models; this represents the mesosystem. These therapeutic models are regarded as the mesosystem as they are the direct result of the training course. It is the course which determines which models the trainee counselling psychologists will be exposed to during professional training. Additionally, the trainees have both a personal and a professional preference for specific therapeutic models (Buckman & Barker, 2010).

• **Exosystem**: The exosystem is the profession of counselling psychology which encapsulates the culture of the profession. The profession can impact the mesosystem and the microsystem by setting guidelines and strategies.

• **Macrosystem**: A further interacting system the trainee counselling psychologist encounters is the macrosystem which encompasses the profession of psychological therapies, including psychology, psychotherapy, counselling, which are governed by regulatory bodies such as the HCPC (in the case of applied psychology) and organisations such as the BPS, the BACP, the UK Council for Psychotherapy (UKCP) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP).

• **Chronosystem**: The chronosystem includes the contextual factors, in terms of changes over time, that influence the professions; for example, the professional development from trainee to professional, changes in the therapeutic landscape.
such as the introduction of the IAPT initiative, and changes in regulations such as the HCPC etc.

Trainee counselling psychologists in this study interact with all of these systems and by doing so critically examine and question aspects of each. Trainee counselling psychologists in this study questioned themselves before moving to the next available system, such as the training and so on. The two trainee counselling psychologists, Ismene and Aeneas, with the most clinical experience appeared to be more vocal and critical of the more distal systems, such as the profession of counselling psychology and the profession of psychological therapies in the UK. Additionally, these two trainees questioned the impact of changes in the field, such as the changes in terminology, and introduction of regulations, which are part of the chronosystem. The following figure is a graphical representation of the interacting systems that trainee counselling psychologists encounter:

Figure 5. Bronfenbrenner's (1979) ecological model applied to trainee counselling psychologists.
5.6. THE RECYCLING LOOPS OF PROFESSIONAL DEVELOPMENT: PROFESSIONAL DEVELOPMENT AS A CYCLICAL PROCESS

Trainees described the experience of beginning training in counselling psychology as a process that was governed by a mixture of emotions including excitement, fear, anxiety and confusion. These emotional responses in therapeutic training have been previously documented in empirical research among novice students in the early stages of their professional training (Woodside et al., 2007, Melton et al., 2005, Hill et al., 2007). Previous literature has established that novice students experience increased levels of stress and anxiety, particularly in relation to issues related to beginning therapeutic work, such as skills acquisition, session management and others (Hill et al., 2007). Unsurprisingly, trainees in this study, given that they were experienced therapists prior to starting their counselling psychology training (with levels of clinical experience ranging from 1 year to 20 years), did not report beginning clinical practice as being a stressor. On the contrary, for these trainees, clinical practice was one of the areas of the programme in which they felt confident. This confidence was linked to the fact that in the first year of the counselling psychology training, the therapeutic approach taught in the courses (for all trainees in the present study) was the person-centred approach; this was the therapeutic approach they had all been trained in during their previous therapeutic training. Therefore, for these trainees, issues around skills acquisition, evaluation and assessment of their ability to demonstrate sound theoretical and practical knowledge of the person-centred approach were not present in their narratives. This confidence, however, seemed to decrease and be replaced by anxiety when other areas of the programme were considered, such as research and management of the different components of the training (theory, research, practice). The stress caused by managing the different roles that the trainees had to assume in training as practitioners psychologists, has also been reported by Pakenham and Stafford-Brown (2012). In a UK study among trainee counselling psychologists by Kumary and Baker (2008) which explored sources of stress in training, the main stressors identified were academic work, personal issues and clinical placements. An interesting finding from the Kumary and Baker (2008) study was the fact that older trainees (age 41+ years) reported lower levels of stress than younger trainees (20–30 years), especially in relation to clinical
placements. The researchers hypothesised that the age difference enabled the older trainees (41+ years) to approach the clinical placements in a calmer manner. In terms of my study, lower levels of stress in relation to clinical practice were reported by all participants, irrespective of age (participants' age profile in the present study varied from late twenties to early fifties). Therefore, I would instead propose that previous clinical experience could potentially be a contributory factor in the alleviation of stress.

Another important finding to address, identified in the trainee counselling psychologists' narratives, is the feelings of self-doubt as described in the sub-ordinate theme 'Questioning the self'. These feelings were fuelled by a shaken sense of the previous 'professional self' and the adoption of a new model of therapy. A question that emerges is how these trainee counselling psychologists, who presented as confident practitioners in the early phases of training, ended up doubting themselves as practitioners? A way to address this question, at least partially, is through the concept of 'recycling loops' (Rønnestad & Skovholt, 2013, p. 150). 'Recycling loops' refer to periods of change during which the therapists' sense of confidence is shaken and challenged. Rønnestad and Skovholt (2013, p. 150) conceptualise recycling loops as "repeated cycles with sequences of hope (enthusiasm), experienced hardships, self-doubt, anxiety, dejection, exploration/processing (new learning) and integration". In other words, when the practitioner is faced with challenges (personal or professional) a period follows during which one’s confidence in clinical abilities seems to diminish. The concept of recycling loops formulates professional development as a cyclical process rather than a linear one (Rønnestad & Skovholt, 2003; 2013). The idea of the 'recycling loops' is further illuminated and supported from the findings from this study as the participants, when faced with the challenge of integrating a new model of therapy, regressed to a position of self-criticism and lack of confidence in their clinical work, characteristics usually associated with novice students rather than experienced therapists (Rønnestad & Skovholt, 2003; Hill et al., 2007).

The fluctuating nature of the therapists’ feelings of incompetence was addressed in a study by Thériault et al. (2009). The researchers explored the consequences of feelings of incompetence among novice therapists with one to five years of counselling
experience. The novice therapists reported the negative impact that feelings of incompetence had on their overall self-esteem and limited job satisfaction. Furthermore, they stressed the taboo nature of discussing feelings of incompetence among trainee and qualified therapists. In their effort to alleviate feelings of incompetence, counsellors in the Thériault et al. (2009) study reported a heavy reliance on prescribed methods of therapy and seeking additional trainings. The trainee counselling psychologists in the present study reported a reliance on the training course to reassure them of their competency as therapists, a finding that resonates with Davies’ (2008) view that even experienced therapists, when in training, seek external reassurance from the trainers, mentors and supervisors.

Furthermore, in the present study, feelings of self-doubt and the questioning of themselves as practitioners were linked with changes in their already established professional self. A process of deconstruction of their previous professional identity occurred for these trainees leading to feelings of uncertainty and confusion. The difficulty of letting go an already established professional self and identity was also reported by Nel (2006) in a study of trainee family therapists and by Carlsson et al. (2011) study among psychodynamic psychotherapists.

5.7. STAGNATION IN TRAINING: CHALLENGE AS FOSTERING PROFESSIONAL GROWTH

One of the findings of this study that has previously received limited attention in research that explored experiences of training and professional development is that of stagnation during training. Cassandra and Phaedra both reported feelings of boredom and laziness during their first year of training which was in person-centred therapy, the model they had previously trained in. This finding illustrates the negative impact experiences of stagnation can have on the trainees’ continuous professional development.

Rønnestad and Skovholt (2013) noted that one of the developmental tasks of the advanced student is to learn and develop more complex knowledge. A theme that has not previously been explored is the experience of advanced students when they are not
exposed to and stretched by new and complex knowledge. The experiences reported by trainee counselling psychologists in this study can be understood as a period of stagnation in their professional development. Rønnestad and Skovholt (2013) introduced a model of professional development which consists of cycles of development and stagnation. Stagnation is defined as “a subjective sense of arrested or discontinued improvement in therapeutic mastery” (Rønnestad & Skovholt, 2013, p. 163). In their proposed model they note that when therapists experience difficulties or challenges in the clinical work then three possible developmental trajectories can take place. These are:

1. Continued development trajectory. The therapist, through the process of refection, is able to overcome challenges and move to a functional closure. The therapist in this trajectory learns from the challenges and difficulties he or she encounters in the clinical work and uses these experiences to develop further.

2. Exhaustion trajectory. The therapist, when faced with challenges and difficulties in the therapeutic work, gets stuck in a process of inadequate closure. Inadequate closure refers to the inability to stop reflection arising from a difficulty in understanding client's material and engaging in therapeutic action. This trajectory is often associated with the experience of burnout.

3. Disengagement trajectory. The therapist, when faced with difficulties and challenges, does not engage in reflection which can lead to premature closure and subsequent disengagement from therapeutic work. This trajectory can also occur when the therapist is exposed to limited challenges and difficulties which again can lead to limited reflection and subsequent disengagement.

In both in the exhaustion and the disengagement trajectories, the therapist may either exit the profession or engage in a process of reflection and so overcome the difficulties and, learning from the experiences, grow professionally. An important component of the cyclical/trajectories model of practitioner development and stagnation is that it conceptualises difficulties and challenges encountered in therapeutic work as potential opportunities for professional growth and development (Rønnestad & Skovholt, 2013).
Some trainee counselling psychologists discussed feelings associated with the disengagement trajectory. For example, the fact that these trainees were being trained for the second time in the person-centred approach, the model they were already trained and competent in, made their first year relatively unchallenging in terms of practice. This led to the emergence of feelings of boredom and laziness which could be interpreted as indicative signs of the disengagement trajectory. Rønnestad and Skovholt (2013) emphasised the importance of challenging oneself as a practitioner as one of the driving forces for continuous professional development. On a similar note, Orlinsky et al. (2005) note that therapists who experience disengagement from their clinical work could benefit from seeking exposure to new client groups, presenting issues and therapeutic modalities and from undertaking further training in new theoretical perspectives and approaches. This emphasis on challenge as an essential component of professional development was further stressed by the participants in the present study. Trainee counselling psychologists reflected on the challenges they encountered in their training as experiences that allowed them to grow and develop as practitioners. These challenges were either initiated by the trainee counselling psychologists themselves, for example, by choosing to work with completely new presenting issues and client groups or by the training course itself, such as the requirement to undertake a specific placement in a therapeutic modality. The two trainee counselling psychologists, Ismene and Erato, who initiated their own challenges as the way of continuing their developmental trajectory, stressed the importance of clinical supervision that allowed them to undertake professional risks in a contained and safe way.

A useful concept that can enhance understanding of challenge for the trainees’ development is the concept of the zone of proximal development (ZPD) introduced by Vygotsky (1978). If the trainee is given a task that he or she can already do, like undertake a person-centred placement, then the trainee will not learn or develop. On the other hand, if the trainee is asked to undertake a CBT placement without input from the course on the therapeutic approach then the trainee will not be able to learn as this overextends his/her abilities at this stage. This could potentially lead the trainee counselling psychologist to experience more challenges and difficulties in the therapeutic work than he/she can manage at this stage, thus possibly leading to the
exhaustion trajectory (Rønnestad & Skovholt, 2013). However, if the trainee is given assistance through appropriate supervision and teaching to undertake a CBT placement, then the trainee will eventually learn the new approach (Wass & Golding, 2014). This is in line with the Orlinsky et al. (2005) recommendations of a possible matching of clinical case selection and clinical challenges to the trainees’ skills level which in turn increases the likelihood of increasing the trainees’ experience of therapeutic work as Healing Involvement. Therefore, by challenging the trainees through clinical placements, through different therapeutic models and modalities and by providing appropriate assistance, both supervision and teaching, then the trainee counselling psychologist can learn and develop in a professional level.

5.8. RESISTANCE AND AMBIGUITY: THE CHALLENGE OF INTEGRATING A NEW MODEL OF THERAPY

This study highlights some of the difficulties that trainee counselling psychologists who trained in a ‘core’ model experienced when attempting to integrate a new model of therapy. The two main challenges participants experienced during this process were, firstly, resistance in moving away from their previous ‘core’ therapeutic model and, secondly, the difficult feelings that integrating a new model of therapy evoked, such as confusion, disorientation and anxiety. Despite the readiness and eagerness that the trainee counselling psychologists expressed (sub-ordinate theme ‘The Seeking Self’) some feelings of resistance were experienced which complicated the trainees’ learning experience. It is possible to consider Atherton’s (1999, p. 77) concept of ‘resistance to learning’ as a potential explanatory framework for understanding the experience of resistance as articulated by the trainees in this study. Atherton (1999) differentiates between two different types of learning among adult learners with previously established ways of thinking and working within the context of social work; these are the ‘additive’ learning and the ‘supplantive’ learning. ‘Additive’ learning occurs when the adult learner adds new learning to their previous knowledge stock whereas ‘supplantive’ learning occurs when the new learning replaces and threatens the previous knowledge. Atherton (1999) noted that ‘supplantive’ learning is accompanied by resistance to the new learning among adult learners. This is
comparable to the present study where the new models introduced to the trainees, all of which were CBT except in one case which was psychodynamic, differ significantly from the previous therapeutic model on a philosophical, theoretical and practical level. Therefore, a possible interpretation for the resistance reported by some trainee counselling psychologists in this study is that a process of ‘supplantive’ learning was taking place. The incompatibility between therapeutic models has been stated in the literature as an additional factor hindering the process of integration as the therapist is faced with the task of finding a way to reconcile the differences between them (Mackay et al., 2001; Owen-Pugh, 2010).

Nel (2006) and Carlsson et al. (2011) noted that an attachment to a previous professional identity can be observed among experienced students. Students can become defensive of their pre-formed self (Carlsson, 2012) and may experience feelings often associated with loss, such as sadness and guilt when moving away from their previous model (Owen-Pugh, 2010; Atherton, 1999; Nel, 2006)

Feelings of anxiety, conflict and resistance among novice therapists’ learning integration were reported by Gold (2005), and he emphasised that a novice therapist can enjoy psychological benefits from belonging to one of the main school of psychotherapy (psychodynamic, CBT, humanistic). Gold (2005) likened these schools of therapy to powerful tribes which take the novice therapist under their wings. Belonging to one of the major schools of psychotherapy can alleviate some of the anxiety, ambiguity and uncertainty of the clinical work as they provide the novice therapist with established theories and techniques (Rizq, 2006). Resistance in learning integration stems from the novice therapist’s desire to defend their ‘tribe’ and a fear of adopting the freedom of choice early in one’s therapeutic work. Freedom for the inexperienced therapist, as Gold (2005, p. 380) states, is “accompanied by the anxiety of too much to lose”. Gold (2005) advises that new psychotherapists should be introduced to integration only when they are able to acknowledge the limitations and constraints of their ‘tribe’ school. This resonates with the findings of the present study in understanding resistance as a defence against leaving the safety that a single school therapeutic model can offer the novice therapists. However, the findings of this study indicate that resistance can still be
experienced even after the therapists have identified the limitations of their single school model.

Integrating a new model of therapy is a process that can evoke difficult feelings for trainees and qualified therapists (Mackay et al., 2001). A common theme in the literature on integration, and a finding from this study, is the experience of confusion, particularly when the new model appears to be incompatible theoretically and practically with the previous model or established ways of working (Ward et al., 2010; Owen-Pugh, 2010; Thompson & Cooper, 2012; Lowndes & Hanley, 2010). Changing one’s practice can be experienced as a deskilling experience, as the old skills associated with the previous therapeutic model need to be deconstructed, or at least modified and adapted, which can leave the trainee or qualified therapist feeling incompetent and inadequate as a practitioner (Nel, 2006). Kumary and Barker (2008) described feeling deskillled in training as one of the main stressors among trainee counselling psychologists in the UK. Feelings of incompetence can lead the trainees or qualified therapists to rely heavily on prescribed ways of conducting therapy and losing their natural and organic way of being with the clients, or as Odysseus, described it as “being like a damn robot” (48/1219). Similarly, in a study by Lowndes and Hanley (2010) among trainee counsellors, it was noted that when trainees felt uncertain in their effort to integrate different approaches they reported returning to their ‘home base’, which was their preferred therapeutic approach or the approach they felt more skilled in.

However, confusion, tension and ambiguity are seen as necessary emotional components of the developmental trajectory of the therapist. In Loganbill, Hardy and Delworth’s (1982) model of the supervisee’s development, a confusion stage was described. The confusion stage, sited between stagnation and integration stages, is one of liberation. During this stage, the trainee experiences disorganisation, with fluctuating feelings of incompetence and conflict experienced as they move away from old ways of working and new learning takes place. This unpleasant process is seen as a necessary component of professional development, and Jennings, Goh, Skovholt, Hanson and Banerjee-Stevens (2003, p.68) state that “Tolerance for the elusive, ambiguity, anxiety,
disorder, conflict, ambivalence, and paradox seem essential for expertise in helping professionals”.

It is worth noting that not all trainee counselling psychologists in the present study reported struggling with integration. Interestingly, the two participants who had significant therapeutic experience (15-25 years of clinical experience) prior to commencing their professional training in counselling psychology did not report struggling with the new model. This concurs with Owen-Pugh’s (2010) finding that experienced psychodynamic psychotherapists faced less difficulties with the process of integration and learning CBT in relation to therapists with less clinical experience. This link between experience and integration is noted in the senior professional phase in the Rønnestad and Skovholt (2013) model. In this phase of professional development, experienced therapists report a sense of freedom from therapeutic approaches and describe their practice as more eclectic as they draw on different therapeutic techniques and models in their clinical work. This is further supported by the Norcross et al. (2005) and the Hollanders and McLeod (1999) empirical studies, according to which the majority of psychologists in the USA and counsellors in Britain describe their clinical practice as integrative or eclectic.

Indeed, a struggle noted by one of the trainee counselling psychologists in this study with significant prior clinical experience (20 years of therapeutic experience) was the difficulty in adhering to a single model as advised on his training course. Counsellors in the Mackay et al. (2001) study identified a similar struggle as they felt restricted when they attempted to use the new model in its pure form. In addition, this confirms the Ward et al. (2010) observation that there is a tendency in counselling psychology training courses to present the two or three therapeutic models independently and to require trainees to undertake clinical placements in these models (using the therapeutic model in its pure form). This finding illustrates a process that has received limited attention in the literature, namely the experience of an integrative therapist trying to use a single model in its pure form. This limited attention is not surprising as the usual developmental trajectory as captured in previous research is the trajectory of assimilative integration (Norcross at el., 2005). Even though it is known that that
therapists trained in a single school approach tend to become integrative, it is worth considering whether is possible or even desirable, especially in counselling psychology training that advocates a pluralistic spirit, for a trainee with an integrative stance in his practice to practice from a single school approach.

5.9."I’M GOING ON MY OWN WAY WITH IT": DEVELOPING INDIVIDUALISED INTEGRATIVE PRACTICE

Trainee counselling psychologists reflected on the fact that they have developed personal therapeutic approaches. Despite the stated struggle with integration and reconciling the two different therapeutic models, participants in this study described a movement to a more individualised way of practicing. Trainee counselling psychologists described being drawn to different therapeutic models that appealed to them in terms of their resonance with their personality and philosophy of life.

A consistent and replicated finding is that the choice of theoretical orientation is influenced by personal factors such as personality characteristics (Arthur, 2001; Bitar, Bean & Bermúdez 2007; Rønnestad & Skovholt, 2003), by professional factors such as therapeutic training (Bitar et al., 2007; Fitzpatrick, Kovalak & Weaver, 2010) and by experiences with clients (Alves & Gazzola, 2011; Bitar et al., 2007; Fitzpatrick et al., 2010; Rihasek, Danelova & Cermak, 2012; Rønnestad & Skovholt, 2003). Rønnestad and Skovholt (2003) assert that the integration of the personal and professional self is the cornerstone of optimal professional development. However, they associate this integration as characteristic of the latter stages of professional development, in the master and senior professional phases. Therefore, Rønnestad and Skovholt (2013) seem to suggest that this is only occurs following many years of practice and takes place after completion of professional training. The findings from this study indicate that it is possible for trainee counselling psychologists, whose skills are sited in the advanced student phase and novice professional in the professional development model, to develop a personal model of practice. This seems to suggest that the movement between stages or phases of professional development is an individual process and, therefore, that it is possible for therapists who, in terms of years of clinical experience would be associated with the earlier phases of the professional development...
model, to display characteristics often linked with more mature and experienced therapists (Lowndes & Hanley, 2010).

The participants in this study had already completed a previous therapeutic training in the person-centred approach and some of them (Erato, Cassandra and Phaedra) indicated a strong affiliation with the approach, whereas another trainee (Odysseus) noted a preference for CBT at the end of their counselling psychology training. The trainee counselling psychologists in this study reported personal preferences in therapeutic approaches that reflected their epistemological views and philosophy of life. Arthur (2001) identified three factors that influence choice of theoretical orientation: 1) unintentional or accidental factors; 2) personality and epistemological factors; and 3) a combination of accidental and personality/epistemological factors. Finding a theoretical orientation that resonates with the therapists’ personality is a process that can be lengthy and Arthur (2001) noted that therapists move through different theoretical orientations. The trainee counselling psychologists noted that their choice of training in the person-centred approach was influenced by a mixture of both inadvertent and personality/epistemological factors, which can explain why some trainees affiliated more with CBT during their current training. In other words, for some trainees (Odysseus and Aeneas), their previous training in the person-centred approach was not in line with their philosophies of life and, therefore, the new models introduced in their counselling psychology training were more congruent with their personality and epistemological views. For example, Odysseus stated CBT is “really aligned with where I am philosophically, scientifically as a human being as I make sense of the whole thing” (45/1140-1143).

When describing their current therapeutic practice in the present study, the trainees’ narratives made only limited reference to integrative frameworks, such as theoretical integration, technical eclecticism, assimilative integration, common factors or pluralism. With the exception of Cassandra, who named her therapeutic practice as assimilative integration, and Aeneas, who said that he was akin to an eclectic practice, the other trainee counselling psychologists did not draw on any of these frameworks as points of reference. This is an interesting finding in the sense that their practice, as it was
described to me, could be assigned to assimilative integration and the common factors approach (therapeutic relationship). Furthermore, there was no reference to pluralism, either in terms of philosophy or as a practice framework, despite the fact that the training courses that these trainees attended espoused pluralism as their underpinning philosophical framework. This finding coincides with a finding by the Lowndes and Hanley (2010) study, in which reluctance was noted in counsellors in an integrative training to espouse integrative theoretical frameworks. Additionally, these counsellors also reported a preference towards developing a personal integrative framework. This corresponds with the Lampropoulos and Dixon (2007) survey in the USA, in which it was found that the majority of training directors (83%) in counselling psychology training programmes preferred their trainees to develop their own personal approach to integration rather than adopting any of the already established eclectic and integrative models. Integration can be understood as either a product (theoretical framework of integration) or a process, such as the development of a personalised approach to integration (O’ Hara & Schofield, 2008). O’ Brien (2004, p. 35) states that “integration ultimately needs to happen at an individual level”. Hollanders (2000, p. 41) makes reference to an integrative spirit and conceptualises integration “as a quest that has no end”. These findings seem to indicate a tendency adopted by both trainees and training directors and appear to question whether these frameworks should be imported into professional training programmes in psychology, counselling or psychotherapy. This tendency of the trainees could be a result of how training courses teach and import these frameworks as possible conceptualising frameworks of integration (Lowndes & Hanley, 2010; Ward et al., 2010). Additionally, it is necessary to take into account the BPS (2014a) guidelines for training programmes in counselling psychology which require that trainees need to develop theoretical and practical knowledge of at least two distinct therapeutic models; this seems to imply that the therapeutic models are to be presented separately to the trainees. Wolff and Auckenthaler (2014) argue that despite the fact that developing a theoretical orientation is perceived as a natural, organic and individual process, it nevertheless implies that trainees know ‘how’ to integrate and that the training courses should offer support to the trainees during this process. However, and as Cassandra stated in the current study the process of integration is “like finding
your own roadmap you know and you have no directions…” (25/ 651-653). To sum up, the findings of the present study seem to indicate a preference among the trainee counselling psychologists for the view that integration is a process rather than a product.

A last point I wish to illuminate further in the discussion of individualised practice is the notion of psychology as the basis of integration in counselling psychology courses. As Phaedra noted in this study, psychology is her theoretical framework for integration. Ward et al. (2010) stressed that there is anecdotal evidence that trainee counselling psychologists use psychology as the common ground for integrating different theories. Since all the therapeutic models adopted in counselling psychology training programmes (humanistic/existential, CBT and psychodynamic) have emerged from psychology, this could strengthen the case of psychology “as a meta-theory to help students develop their integrative stance” (Ward et al., 2010, p. 17). Furthermore, given that participants in this study identified that one of the defining factors that brought them into counselling psychology was the desire to return to psychology (sub-ordinate theme ‘Psychology as the base”) this could further help trainees consolidate further the identity of counselling psychology as a discipline founded in psychology (Ward et al., 2010).

Developing an individualised integrative approach of therapeutic practice requires a level of autonomy from the practitioner. Rønnestad and Skovholt (2013) noted that advanced students often express a desire to become more independent, but this desire does not necessarily equate with readiness. The findings from this study highlight the positive effects of having autonomy as a practitioner. Odysseus characterised it as ‘liberating’ as, in a way, he no longer had to adhere to restrictions and rules imposed by therapeutic approaches; instead Odysseus had the freedom to develop his own way of practice. This “desire to individualise” (Nel, 2006, p. 322) can allow the trainee therapist to grow into an individual and independent practitioner. Having the freedom to develop one’s therapeutic practice was further stressed by participants in the Carlsson et al. (2011) study, in which psychodynamic psychotherapists following graduation from their training, felt they could use their own clinical judgment instead of the training course’s
rules. These psychotherapists noted that this freedom allowed them to grow into confident and self-reliant practitioners.


As stated in the introduction, the professional identity of a counselling psychologist is composed of two interrelated models: the reflective-practitioner and the scientist-practitioner. The first refers to the counselling psychologist’s commitment to constantly search for an in-depth understanding of personal and professional experiences and the latter refers to the counselling psychologist’s commitment to be informed by research and to also produce research (BPS, 2014a). Professional training in counselling psychology is seen as the place where these two aspects of the professional identity are cultivated and developed through the different aspects of the training programme: philosophy, theory, practice, research and personal development (Martin, 2010). Given their centrality in a counselling psychologist’s professional identity, and the emphasis placed in the training course to foster these two different aspects of the identity, it is important to consider how the ‘reflective-practitioner’ and the ‘scientist-practitioner’ models were manifested in the trainee counselling psychologists’ narratives in the present study.

In terms of the ‘reflective-practitioner’ model, it became apparent from the interviews that the trainee counselling psychologists experienced changes in themselves whilst in their training. The participants expressed feelings of surprise in regards to these changes emerging through their interaction with others (peers and supervisors) and even for one participant (Erato) this awareness of how much she changed as a practitioner during her training in counselling psychology emerged during our interview. This raised questions about to what degree a ‘reflective-practitioner’ model (Schön, 1983) that considers the trainee counselling psychologists’ professional development is actually embedded in the training programme. Continuous reflection upon one’s
therapeutic practice and development had been identified as a contributing factor to optimal professional development in all levels and phases of professional development (Rønnestad & Skovholt, 2003). A possible tentative interpretation of why the trainees’ capacity for self-reflection on their own development as practitioners was impacted during their counselling psychology training could be the fast-paced nature of the course which requires the trainees to manage many different components of the programme simultaneously (Nel, 2006).

The second model of a counselling psychologist’s professional identity is the ‘scientist-practitioner’ model. Research has a central role in a counselling psychology professional training programmes as trainees are expected to be able to understand, develop and critically examine different research methodologies and designs (BPS, 2014a). In this study’s findings, reference to the research component of the training programme was conspicuously absent. Despite some occasional references, which did not constitute a sub-ordinate or super-ordinate theme, research was not emphasised in the trainee counselling psychologists’ narratives of their experiences of the programme. This could be partially explained as the result of the research question and the interview schedule, which examined the experiences of trainee counselling psychologists with a previous ‘core’ therapeutic training of their current training in counselling psychology. Given this secondary emphasis of the research question on the process of integration, a theme related to therapeutic practice, this may have influenced the trainees’ narratives. Another possible interpretation could be the preference, documented in the literature, of trainee counselling psychologists for practice elements of the programme rather than the research elements (Jordan, 2009; Kasket, 2012). Research has been identified as the weakest link of the profession of counselling psychology in the UK. This is in contrast with the profession of counselling psychology in the USA, which has committed itself to the ‘scientist-practitioner model’ (Stoltenberg, 2005). Taking into account the emphasis on evidence-based practice, this further stresses the necessity for counselling psychology as a profession to not only utilise research in terms of practice, but to also develop and produce research (Jordan, 2009; Fairfax, 2013).
The findings of the present study seem to indicate that embracing both the ‘reflective-practitioner’ and ‘scientist-practitioner’ model can be a difficult challenge for both the individual trainee counselling psychologist and the training programmes.

5.11. SUMMARY OF THE CHAPTER

In this chapter I discussed the main findings identified in the study. To the best of my knowledge, this is the first UK study exploring the experiences of trainee counselling psychologists and specifically the experiences of a particular group of trainees that were already counsellors prior to their current training. These findings were discussed in relation to existing theoretical literature and empirical research, and points of convergence and divergence were highlighted. I think this research has raised more questions rather than answers. This was not unexpected in some respects, given the exploratory and open-ended nature of the research question. A critique of the present study, recommendations for future research and implications for counselling psychology training programmes will be discussed in the concluding chapter of this thesis.
6. CONCLUSION

6.1. CHAPTER OVERVIEW
In the concluding chapter of this project, I will begin by outlining the main findings identified in the present study. I will then critique the present study, discuss implications for counselling psychology training programmes based on the findings of the study and then offer recommendations for future lines of enquiry. I will then conclude this final chapter by offering some final reflections on my experience of carrying out this research.

6.2. PRESENTATION OF THE MAIN FINDINGS
The present study was undertaken with the aim of shedding light on the experiences of a particular group of trainee counselling psychologists, namely trainees who had been previously trained in a ‘core’ model of therapy. Even though, it was not a specific selection criterion in the recruitment process, all the participants in this study had been previously trained in the person-centred approach (the two participants with the most years of clinical experience had completed additional trainings in other approaches and presenting issues). I found that this study fulfilled its aims and that the analysis produced provides (as much as possible) a holistic picture of the experience of training in counselling psychology for a particular group of trainees in their particular courses.

Smith (2011b, p.57) states that “In relation to existing work, IPA will sometimes be deconstructive, sometimes illuminating, sometimes illuminated, often a mix of all three”. I would note that the findings of the present study, in relation to pre-existing theoretical and empirical literature, have been a mixture of all three: deconstructive, illuminating and illuminated.

Expectations and disillusionment in counselling psychology training was a finding that had been previously noted in the literature. Psychodynamic developmental ideas as articulated by Bruss and Kopala (1993) and Rizq (2009) were employed to illuminate this finding further, alongside empirical research from the therapists’ professional
development model as proposed by Rønnestad and Skovholt (2013). According to the Rønnestad and Skovholt (2013) research, the process of disillusionment occurs following graduation from professional training, when the novice therapist is exposed to the reality of clinical work. However, in the present study, from the trainee counselling psychologists' narratives it was evident that this process for them took place whilst on the training. This could be related to the fact that these trainees had already experienced disillusionment with their previous therapeutic training and had been exposed to clinical work before their counselling psychology training. Bruss and Kopala (1993) and Rizq (2009), who based their observations as trainers in professional psychology, described this process as a normal part of the training. The present study employed their ideas to illuminate further the process, but at the same time the findings of this study are grounded in the trainee counselling psychologists' narratives and it offers empirical support to the theoretical ideas of Bruss and Kopala (1993) and Rizq (2009). The combination of both the trainers' (Bruss & Kopala, 1993; Rizq, 2009) perspectives and experiences, and those of the trainees in the present study, of the process of disillusionment in therapeutic training provide the foundation for a more holistic understanding of this particular phenomenon.

A significant finding identified in the present study was the questioning and critical process evident amongst the trainee counselling psychologists' experiences. Hammersley (2009, p. 7) states “that it is crucial in the training of counselling psychologists; the ability to think not just to know”. This seems to be the case among the trainees who participated in the present study as they appeared to be questioning not only themselves as practitioners but also the other systems they interacted with, namely the counselling psychology training, the therapeutic models they were exposed to as part of the training, the profession of counselling psychology, and even the field of psychological therapies. Theoretical ideas, both from psychoanalytical developmental ideas as articulated by Rizq (2009) and the ecological model of development by Bronfenbrenner (1979) were imported in order to enhance understanding of this specific finding. This finding has received limited attention in previous literature, with only a few references (e.g. Rønnestad & Skovholt, 2013). This finding, given its centrality to the
trainee counselling psychologists’ accounts, illuminates a particular aspect of the training experience that has not been explored in depth in the existing literature.

The findings of the present study illuminate the concept of the ‘recycling loops’ of professional development, which was originally introduced by Rønnestad and Skovholt (2003). This concept needs further consideration as it formulates professional development as a cyclical process and challenges the notion that professional development as a linear and accumulative process. Furthermore, the concept of the ‘recycling loops’ captures the fluctuating nature of feelings of self-doubt and confidence in one’s clinical skills and abilities as therapists, irrespective of the number of years of clinical experience. The findings of the present study shed light on the experience of ‘recycling loops’ as experienced by trainee counselling psychologists when their confidence in their clinical skills was challenged and shaken.

Stagnation and negative experiences in the therapists’ professional development are both discussed in the existing literature in relation to clinical work. The process of stagnation has been linked with the experiences of burnout and disengagement from clinical work, as well as other professional contexts, such as supervision, personal therapy and interactions with colleagues (Rønnestad & Skovholt, 2013; Orlinksy et al., 2005). While stagnation was noted as a process that can occur at any point in professional development, it has tended to be viewed within the context of later phases of professional development (Rønnestad & Skovholt, 2013). The findings of the present study add another dimension to the experience of stagnation in the therapists’ professional development, highlighting it as a process that can occur within the context of the professional training and early on in the therapists’ professional career. Trainee counselling psychologists in the present study noted the experience of being challenged and taking risks, either from internal or external sources (such as clinical supervision), as a process that enhanced their growth and development and allowed them to overcome stagnation in their professional growth. Vygotsky’s (1978) concept of the zone of proximal development was imported as a conceptualising framework for how the use of challenge and risk can be utilised as a learning experience in therapeutic training.
The secondary research question the present study addressed was the experience of integrating a new model of therapy within the context of counselling psychology training in the UK. Feelings of resistance, conflict, confusion and ambiguity were documented within the trainee counselling psychologists’ narratives. This finding coincides with previous findings reported in studies amongst experienced therapists who were trained in a new therapeutic model (Mackay et al., 2001; Owen-Pugh, 2010). An unexpected finding identified in the present study was the difficulty that one of the most experienced trainees expressed in relation to adopting a pure model of therapy in his practice after years of practicing in an integrative way. This finding raises questions regarding the experience of an integrative therapist training to use a new model of therapy in its pure form, a process which has not received much attention in previous literature. The limited attention to this specific process is not surprising as the most common route of integration is that a therapist is trained in a single model first and then becomes integrative (assimilative integration), rather than vice versa (Norcross et al., 2005). Additionally, this finding also raises questions in relation to how therapeutic models are taught within counselling psychology training programmes. The BPS (2014a) guidelines recommend that training programmes in counselling psychology produce trainees with a good working knowledge of at least two distinct therapeutic models; it could be argued that this implies that the models be presented separately to the trainees. The findings of the present study further signal the differences reported in the way integration is perceived and promoted within counselling psychology training courses (Ward et al., 2010).

All trainee counselling psychologists in the present study described developing an individualised integrative way of practicing. These trainees described their individual approaches to therapy as being influenced by a mixture of personal and professional factors; a finding which was illuminated by previous studies that support the integration of the personal and professional self as the cornerstone of the therapists’ professional development (Rønnestad and Skovholt, 2013). However, it is worth noting that the developmental task of the integration of the personal and professional self is associated with the latter phases of professional development, whereas this study indicates that
this process can start earlier than previously described in the professional development literature.

Overall, the findings from the present study shed light on the process of professional development within the context of professional training in counselling psychology in the UK. To the best of my knowledge, it is one of the few studies that explored the experiences of trainee counselling psychologists in the UK and more particularly among trainees with previous professional training in a single school of therapy. These findings further support the process of professional development as a cyclical process and question the developmental phases of therapists’ professional development. The trainee counselling psychologists appeared to be oscillating between characteristics and developmental tasks associated with different phases.

On a personal note, the present research has left me with more questions than answers. Given that my goal was to adopt an open-ended exploratory approach to the experience of a particular group of trainee counselling psychologists, the new questions that emerged from this research are an indicator that I succeeded in my goal. New understandings should breed new questions, which takes me to the next section of the concluding chapter. In the next sections, I will reflect and critique the present study, discuss implications for counselling psychology training programmes based on the findings of this study and make recommendations for future research.

6.3.CRITIQUE OF THE PRESENT RESEARCH

In this section, I will critically reflect and examine the present study by acknowledging its possible limitations and the steps I took to overcome them when possible.

One of the most common limitations usually associated with IPA research studies is the small sample sizes (Pringle, Drummond, McLafferty & Hendry, 2011). This can be regarded as a limitation if approached from a nomothetic stance that is commonly adopted in psychology which aims to create general claims and laws (Smith et al., 2009). The present study does not escape this ‘limitation’. I placed the word limitation in inverted commas because, as the researcher in the current study, I do not necessarily consider the small sample size as a limitation. The present study employed a sample of
six participants, within the recommended size of six to ten participants or interviews sample for a professional doctorate IPA thesis (Smith et al., 2009). Obviously from a sample of six participants, generalisability of the data is not possible. However, I do not necessarily consider the fact that no general claims can be drawn from the current study as a limitation. IPA is an approach committed to idiography, which is the study of the particular. IPA advocates the illumination of individual experience, which can be seen as a strength of IPA and one of its defining characteristics. However, the possibility of generalisation is not dismissed in the approach, and a concept that can employed to explain how this fits with IPA is that of ‘theoretical transferability’ rather than ‘empirical generalisability’ (Smith et al., 2009). ‘Theoretical transferability’ means that if the researcher provides a “rich, transparent and contextualised analysis of the participants’ accounts this in turn can allow the reader to evaluate its transferability to persons in contexts which are more, or less similar” (Smith et al., 2009, p. 51). Smith et al. (2009) also state that “The effectiveness of the IPA study is judged by the light it sheds within the broader context”. Thus, echoing the above statements, my aim from the present study was not to make general claims about the experience of training in counselling psychology but rather it was to illuminate the experience of training for a particular group of trainee counselling psychologists. The present study can help contribute to the overall understanding of training in counselling psychology in the UK by providing a nuanced understanding of a particular group of trainees. Smith et al. (2009) point out that IPA studies can offer nuanced understandings of a phenomenon which, in turn, can start building a mosaic of an overall nuanced nomothetic understanding.

IPA studies usually advise obtaining a fairly homogenous sample (Smith et al., 2009). In terms of sample homogeneity in the present study, this was not without limitations. The characteristics of the participants of this study are homogenous in terms of the fact that they all completed a prior therapeutic training in a single school approach, specifically in the person-centred approach. However, one of the main variations between the participants was the number of years of clinical experience they had prior to their counselling psychology training. The majority of the participants (4 out of 6) had relatively little therapeutic experience (1 to 2 years of clinical experience). However, two of the participants had significant therapeutic experience (in terms of length and
breadth), varying from 15 to 25 years of clinical experience. This variation of experience between the participants, made me even more alert to individual differences and I attempted to note these differences in my presentation of the findings. Another potential critique in terms of homogeneity was the variations between the training programmes in counselling psychology in the UK. The participants of this study were recruited from three different training courses across the UK. Two of the training programmes had a relatively similar structure (two therapeutic models taught to the trainees which were the person-centred approach and CBT) whereas one of the courses exposed its trainees to three therapeutic models (humanistic/existential, psychodynamic and CBT). A way I addressed this was by being particularly attentive to the context of the accounts and by outlining these differences throughout the analysis. Finally, the sample was self-selected, which means that it consisted of trainee counselling psychologists who wanted to share and communicate their experiences of training. Thus, it is possible that the trainee counselling psychologists who chose not to participate in the study would have different stories to share. Obviously this is an inherent critique in any research which it is not possible to overcome.

Another characteristic of the study is the fact that I chose to conduct single point interviews. Taking into account the contextualist position that underpins this project, that “knowledge is local, provisional and situation-dependent” (Madill et al., 2000, p.9), one could argue that the findings of this study represent the trainee counselling psychologists’ experiences and perceptions of their specific training at a specific point of time. Therefore, if the participants were interviewed at a different point of their training it can be expected that their experiences as communicated in their interviews would differ. However, these single point interviews allowed me access to understanding the participants’ individual experiences within a particular time, place and relational context. Furthermore, I chose to conduct interviews with second and third year trainee counselling psychologists. A result for this is the fact that the immediate voice of first year trainees is absent from the present study. The rationale behind this choice was my interest on the process of integration within the context of counselling psychology training in the UK; thus I chose to interview second and third year trainees to ensure
that these trainees had been exposed to at least two models of therapy at the point of the interview.

A point worth considering, when reflecting on the current project, is the researcher's dual role. As noted in the methodology section, with some of the participants I had an existing personal and professional relationship. Furthermore, from the outset of the study I was mindful of my insider status as a trainee counselling psychologist examining the experiences of other trainee counselling psychologists; I was exploring a phenomenon that I was also experiencing at the same time. One of the strengths of both my 'dual role' and my 'insider status' was that, given our common experience, it allowed my participants to talk more openly about their experiences. On the other hand, though, with the trainees I had an existing relationship with, there were times during the interview process when an implicit common understanding of the training experiences was assumed by both parties. Therefore, it is highly likely that some areas in the interviews were not fully explored. Overall, in my estimation, my 'insider status' had both advantages and disadvantages as it facilitated and yet obscured the research at the same time (Pringle et al., 2011), although, equally, a similar argument can be made for an outsider-researcher.

Another potential criticism that can be associated with the researcher's role is that, given the interpretative nature of IPA, it is possible that a different researcher could reach different interpretations. I have put in 'checks and balances' and was transparent regarding my own role in the research throughout the process. Member checks within IPA can be seen as problematic as you are asking the participants to be the arbiter of truth in a co-constructed dialogue that happened some time ago. Given the provisional and situation-dependent nature of knowledge (Madill et al., 2000) it is possible that the participants may hold different meanings at the time from those they held before. Another point of view regarding the use of member checks is that it could be argued that IPA is not as collaborative as other approaches that advocate the use of member checks (e.g. grounded theory). I chose to send the analysis to one of my participants as a means of eliciting feedback. I clearly stated to this participant that this was not a member check but it was a rather a way of confirming that he was comfortable with the
analysis I had produced and whether he felt the interpretations were plausible. This participant reported finding the analysis engaging and did not have any objections or comments on the analysis.

In critiquing the present study, it is important to note that I found that the idiographic emphasis of IPA was compromised during the abstraction phase when the analysis moved from the individual cases to the super-ordinate themes (Wagstaff, Jeong, Nolan, Wilson, Tweedlie, Phillips, Senu and Holland, 2014). This is a tension I experienced strongly during the analytic phase. I attempted as much as possible to maintain nuanced differences between cases, but at the same time I recognise that this undoubtedly led to the loss of some of the idiographic details.

A limitation that Willig (2013) identifies in relation to IPA is the use of language. IPA, just as other phenomenological approaches, relies heavily on language. It requires rich data which in turn require that participants are articulate and able to express their experiences and perspectives in detail. I do not consider this to be a limitation of the present study as the trainee counselling psychologists that participated in the study were able to provide rich accounts of their experiences.

After offering a critique on the present study, I will move on to discuss the main implications that can be drawn from the identified findings of the present study.

**6.4. IMPLICATIONS OF THE STUDY**

In this section I will discuss the possible implications of the current study for training programmes in counselling psychology. I will also consider some wider implications that could be identified in the findings of this study for training providers in therapeutic programmes (professional psychology programmes such in clinical psychology, educational psychology, counselling training programmes and psychotherapy training programmes) and for the allied professions of counselling, applied psychology and psychotherapy.

**6.4.1. IMPLICATIONS FOR COUNSELING PSYCHOLOGY PROGRAMMES**

A number of implications for counselling psychology training programmes can be drawn from the findings of the present study. One of the main implications is the value of
introducing therapists’ professional development theories into the training. Incorporating a developmental understanding as the baseline of training can be a source of psychoeducation for the trainee counselling psychologists. As trainees in this and other studies (Kumary & Barker, 2008) report, trainee counselling psychologists experience high levels of stress. Introducing professional developmental theories and research in the training curriculum can help normalise the experience of stress for the trainees. Furthermore, a training based on a developmental understanding of therapists’ development could place emphasis on acknowledging the different developmental needs of trainees (Boswell & Castonguay, 2007; Nel, 2006). For example, the needs of a trainee beginning clinical practice may differ from the needs of one with prior clinical experience, as the present study indicates. Therefore, for training programmes in counselling psychology to be responsive to all their trainees, emphasis could be placed on different needs for different trainees. Obviously, the main issue with current research on therapists’ professional development is the fact that it has largely been conducted outside the UK. Therefore, in order for training programmes in counselling psychology to be able to import professional developmental theories that are truly responsive to their trainees, further research needs to be undertaken within a UK context (this will be discussed further on the recommendations for further research section).

Additionally, more support from training programmes could be given on self-directed learning as a means of avoiding potential impasses in the trainees’ professional development. Explicit acknowledgement of the advanced trainee counselling psychologists’ previous experiences, skills and knowledge can allow both the trainees and the trainers to use this previous knowledge as the ground on which to build the trainees’ subsequent learning (Carlsson, 2012). Furthermore, in addition to self-directed learning, trainees with prior therapeutic training can be encouraged to create their own goals from their learning. Orlinsky et al. (2005) recommend that working with different modalities can enhance professional development. Echoing Orlinsky’s et al. (2005) view, I would suggest that, as an example, a trainee counselling psychologist, already trained in the person-centred approach, be explicitly encouraged, from early on, to develop the person-centred approach with new presenting issues or different modalities; by having to move from individual work to group work, for example, they would continue
their professional development. Another point I would like to revisit from the discussion is the use of challenge as a means of enhancing professional development and avoiding stagnation. In the discussion chapter, I outlined how Vygotsky’s (1978) seminal concept of the zone of proximal development could be imported into counselling psychology training.

Another finding from this study was the trainees’ expectations and consequent disillusionment with their counselling psychology training. Even though this can be seen as a normal component of the training experience (Rizq, 2009; Rønnestad and Skovholt, 2013), it could also be addressed by the training programme. For example, training programmes in counselling psychology could explore in greater depth the trainees’ expectations of the training during the interview process and the induction to the programme, and offer them a realistic and clear presentation of what the programme will entail (Carlsson et al., 2011). Additionally, the questions raised by trainees in this study are valid and should be taken into serious consideration by training programmes and the profession of counselling psychology. I would like to echo Bruss and Kopala’s (1993) view that postgraduate training in psychology programmes need to be able to adapt to the needs of the trainees, as failure to respond to these needs can have a negative impact on the trainee’s development.

Trainee counselling psychologists in this study utilised the interview process as a means of reflecting on their changing professional self. Training programmes in counselling psychology can be very busy and demanding, which in turn can impact the trainees’ ability to reflect on the changes that happen to them (Nel, 2006). A way that training programmes in counselling psychology could encourage systematic reflection on one’s professional development could be the establishment of ‘professional development’ groups, that in a similar fashion to personal development groups, could be used as a space for reflection on the trainees’ changes as professionals. I will not suggest reflective essays, which are the standard practice in many courses in counselling psychology (Lewis, 2008) as trainees already have a lot of academic work to complete whilst on training. I would, instead, suggest that training courses encourage
discussions on the topic of the trainees’ professional development as a possible alternative for encouraging reflection.

A further implication for counselling psychology training programmes that stems from the findings of the present study is related to integration. Trainee counselling psychologists in this study made little reference to integrative frameworks and noted that the responsibility for integration lies with each individual trainee. Even though I am in agreement that integration is a personal process, training programmes in counselling psychology (if they do not do that already) could encourage trainees to pay attention to the utility of already established integrative frameworks to reach a creative synthesis between the different therapeutic models taught on the courses. Additionally, as one of the trainee counselling psychologists noted in the present study, and as reported by Ward et al. (2010), psychology could be promoted in counselling psychology training programmes as the basis for integrative practice. The use of psychology as the platform for integration could have two potential contributions to the profession of counselling psychology: first, the development of an integrative framework based on common psychological language and theories as the foundational ground for integration which extends beyond therapeutic approaches; and second, trainee counselling psychologists and qualified counselling psychologists will develop a stronger grounding in the science of psychology (Ward et al., 2010).

6.4.2. WIDER IMPLICATIONS OF THE STUDY FOR TRAINING PROVIDERS AND ALLIED PROFESSIONS

Even though the findings of the study have a direct relevance for counselling psychology training programmes in the UK, some potential tentative wider implications for training providers in therapeutic training and allied professions could be drawn. One potential implication is the explicit acknowledgment of the trainees’ previous therapy experiences and trainings. Similarly to the six trainee counselling psychologists in the present study who had previous counselling training, a significant number of trainees in counselling, psychotherapy and applied psychology training programmes come on the courses with professional experience in related areas, for instance, as assistant psychologists or psychological wellbeing practitioners. Therefore, the findings of this study indicate the possible impact that these previous experiences and knowledge can
have on the trainees’ experience of their current learning e.g. resistance to new learning.

It is important when considering the potential implications of the current study to consider how training providers in counselling psychology and other related disciplines consider the cyclical process of learning and professional development as identified within this study and by other researchers (Rønnestad and Skovholt, 2013). By explicitly acknowledging that professional development within training can be a cyclical process rather than a cumulative and linear process training providers can be more alert and responsive to negative experiences in the trainees’ professional development e.g. experiences of stagnation, resistance to new learning, recycling loops.

In the previous section, I noted the importance for training programmes in counselling psychology to explicitly acknowledge trainee counselling psychologists’ expectations and disillusionment with the training. As Rizq (2009), Rønnestad and Skovholt, (2013), Bruss & Kopala (1993) and the findings of this study indicate experiences of disillusionment with the training and the professions can be present in different types of training from counselling psychology, psychotherapy and counselling. Thus, I would like to echo the above recommendation I made for counselling psychology programmes to training providers of other allied professions and stress the importance of open and clear communication from training providers regarding the nature and scope of the offered training programme, and exploration of the trainees’ expectations during the interview and induction process.

To end this section the implications of this present IPA study provide some tentative theoretical implications and can potentially offer the initial seeds for the subsequent development of a theoretical model of therapists’ experience of training and professional development within a UK context. Even though the creation of a conceptual framework extends the aims of the present IPA study (Smith et al., 2009) I nevertheless want to acknowledge the usefulness of developing UK models for best practice in training in counselling psychology and other related professions based on empirical findings. This initial micro-analysis of these six trainee counselling psychologists’ experiences of their current training can be perceived as an initial step towards the development of further
macro-analyses that can potentially lead to the creation of theoretical conceptual models.

In this section, I discussed the main implications for counselling psychology training programmes and training providers from the allied professions of counselling, applied psychology and psychotherapy based on the findings of this study. In the next section, I will make recommendations for further research.

6.5. RECOMMENDATIONS FOR FUTURE RESEARCH

Given the emphasis on evidence-based therapies, which refer to therapies that are supported by empirical evidence, it is worth wondering why an equivalent emphasis does not exist for evidence-based training, as training is the place that produces the therapists who are delivering these evidence-based therapies. Therefore, the first recommendation is for further research to be undertaken on therapeutic training, in general, and on counselling psychology training in the UK, specifically. Counselling psychology training programmes at a doctoral level are relatively new in the UK (they were only established in 2005); therefore, further qualitative and quantitative research among the stakeholders (trainees, trainers, clinical and research supervisors, qualified counselling psychologists) involved in the training seems imperative as it can allow us to develop a better understanding of these training programmes from multiple sources and perspectives.

Additionally, longitudinal studies that would address counselling psychologists’ professional development would be an interesting point of focus for further research. Given that most empirical research in the area of therapists’ professional development has been conducted mainly in the USA or European countries other than the UK (Rønnestad and Skovholt, 2003; Orlinsky et al., 2005), I would recommend that research on professional development within a UK context needs to be undertaken. This would allow for a comparison between established models of therapists’ professional development and, in turn, would allow us to establish whether transferability of these models to a UK context is possible or not, given national differences between training routes and accreditation. Taking into account pragmatic and logistical difficulties inherent in longitudinal designs, I would recommend that a
cross-sectional design exploring the experiences of therapists at different points of their professional development, as was employed in the Rønnestad and Skovholt (2003) study, could be a starting point for research. Additionally, a cross-sectional design could serve as the basis for future studies exploring the experiences of different groups of trainee counselling psychologists, such as novice trainees and trainees with previous therapeutic experiences within the same training programme.

The final recommendations for future research are directly related to integrative training. The big debate whether therapists should be trained in integration from the outset or should be trained first in a single model and then encouraged to integrate (assimilative integration route) has yet to be resolved (Boswell & Castonguay, 2007). Therefore, my recommendation for future research would be to focus on exploring the relative strengths and weaknesses of different routes to integrative therapeutic training. Another recommendation for future research I would like to make echoes Ward’s et al. (2010) recommendation of studying particular training courses in counselling psychology in more depth. Given the diversity among counselling psychology training programmes in the UK (in terms of the therapeutic models introduced to the trainees and ways of teaching integration) they can serve as fruitful places for research to explore different routes on integrative training.

Moreover, previous research has explored the experiences of therapists trained in single school models of therapy developing an integrative practice. As this study highlighted, a potential reverse process can occur when an integrative therapist, while seeking additional therapeutic training, changes practicing from an integrative way to a single school approach. I would recommend that this could be an interesting area for further research if we take into account the current emphasis on CBT which led experienced therapists, who practiced in an integrative way, to seek additional training in CBT (Owen-Pugh, 2010).

I have so far outlined the main findings of the study, the limitations identified in the study, and implications for counselling psychology training programmes based on the findings of the present study, and then made recommendations for future research. I will
end this thesis by offering a final reflective statement on my experience of undertaking this piece of research.

6.6. FINAL REFLECTIONS ON THE RESEARCH

I am drawn to research that resonates with me in a personal and professional level. Undertaking this research for the past two years has undoubtedly influenced me as much as I have influenced the research process (Willig, 2013). This final section of this thesis will encapsulate my attempt for ‘deliberate controlled reflection’ (Smith et al., 2009, p. 189), which refers to my attempt to offer my reflections on the spontaneous reflections that emerged during the research on how it has influenced me, and vice versa.

I came to this research with a set of expectations, assumptions and ideas. These pre-existing ideas were shaped by my own personal experience of going through a similar experience as my participants, and from background theoretical and empirical reading I did in my effort to establish the research question. These pre-existing ideas revolved around themes I expected to come up: the challenges of the training; issues in relation to professional identity; comparisons between the previous training and the new training; the process of deconstruction of the previous practitioner self and reconstruction of a new practitioner self; tensions between the ‘core’ model and the new model; and the issues around the transition from counselling to counselling psychology. Some of these pre-existing ideas and views I was aware of, even before conducting the research, as I had conducted a case study in my first year of training, exploring my own experience of changing my practice and adopting a more pluralistic approach to my clinical practice. Some of these pre-existing assumptions I only became aware of during the research as I became more immersed in the process. Throughout my second year of training, prior to collecting any data, I kept a reflexive journal in which I was documented my own experience of training as a counselling psychologist and evolving ideas about the research.

A feeling that emerged for me during the research process, and particularly during the interviews and the individual case analysis, is how similar and yet dissimilar my participants’ stories were to mine. The difference among my participants’ experiences
surprised me even more when these participants were on the same training as I was. These individual differences made me reflect and appreciate further the subjectivity of each trainee counselling psychologists’ experience of the training. Points of convergence between my own story of training and my participants also created a feeling of surprise for me. I remember vividly a conversation with my research supervisor when I told her I was surprised at the fact that these participants reported psychology as one of the main reasons for seeking additional training, because that was one of the reasons for my decision to train further. At that point my supervisor asked me “So you thought you were the only one?” This question made me take a step back and really reflect on my own process. What I realised at that moment was that I was so eager and cautious to leave my own experience out of the research out of fear of imposing my own views on the data, that I was not hearing the commonalities of my participants’ stories with my own. Even though, theoretically, I had the understanding that the researcher has a significant role in the process, which was one of the reasons that had drawn me to IPA, I still attempted to keep myself out of the process as much as I could. That was a ‘light bulb’ moment for me as I realised that I was bound to have some common experiences with my participants for, after all, I was going through a similar experience with them even though my experience was coloured by own individuality.

Another moment of sudden realisation was when I noticed the ‘peace’ that pervaded the concluding part of all the participants’ narratives. All participants described feeling quite settled and peaceful at the end of the interview despite the challenges and difficulties they experienced in their training. This influenced my own experience, as at the point of the interviews I felt quite negative about my own training. Noticing this peace in my participants’ experiences made me really hopeful and I was able to let go some of my own negative feelings about the training. A specific quote from Cassandra’s account really resonated with me and filled me with optimism:

“...it has been a joy ride but it has also in looking back in the whole context, it has been very challenging experience, it has um, it has been a very contradicting experience in many ways. ... um and yet in the middle of... lots
of difficulties, academically, personally, professionally, extremes like... it came together somehow. On the other if you think the philosophy of counselling psychology, the philosophy of our profession you will learn to see the silver lining, you learn to carry on with some hope…” (16-17/421-431)

The experience of undertaking this specific research was a challenging, difficult and overwhelming experience but at the same time it was stimulating, exciting and promising. Throughout the process of carrying out this research, and at the same time completing my training as a counselling psychologist, I recognise that I have learnt and changed a lot. This research allowed me to understand and question my own experience of the training. It also allowed me to take a step back from my own experience and understand the experience of training through different lenses. At times, it was difficult to balance the tension of wanting to approach the data in a questioning way and at the same time honour the participants’ experiences as they shared them with me. Overall, I recognise my own transition over the past years as a counselling psychologist, as a researcher and most importantly as a person. I will close this thesis with two quotes from two of my participants, namely Cassandra and Odysseus:

Cassandra:“I don’t know anyone who has been trained who has not failed or has been unhitched in the process. I would say that it has been very meaningful but I would also say it has been difficult.” (17/437-441)

Odysseus: “...it’s an unusual journey you go through the ups and downs, some things you don’t want to know some things but you need to know but for all the ground you cover and the understanding you find peace within it…” (52/1316-1321)

Lastly, I present a quote from my reflective journal that I feel really capture the experience of training in counselling psychology:

“I have changed a lot over the past three years and I still debate in my head if that change is positive or negative. I questioned many times if I chose to do
this course in the right time of my life. But at the end of the day when is the ‘right’ time anyway? All I know is that I have changed.” (20/07/2015)
REFERENCE LIST


Moller, N., (2011). The identity of counselling psychology in Britain is parochial, rigid and irrelevant but diversity offers a solution. *Counselling Psychology Review, 26*(2), 8-16.


APPENDICES

APPENDIX 1: INFORMATION SHEET

A qualitative exploration of how trainee/qualified counselling psychologists, with prior ‘core’ therapeutic training, make sense of their experiences of their current training.

Participant Information Sheet

You are being invited to take part in a research study as part of a thesis of the professional doctorate in counselling psychology of the University of Manchester. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Georgia Konstantinou - Trainee Counselling Psychologist – Doctorate in Counselling Psychology

School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK

Title of the Research

A qualitative exploration of how trainee/qualified Counselling Psychologists, with prior 'core' therapeutic training, make sense of their experiences of their current training.

What is the aim of the research?

Counselling psychologists have a solid theoretical and practical knowledge of at least two distinct therapeutic models. However, only a limited number of studies focused on how trainee/qualified counselling psychologists make sense of their experiences of integrative/pluralistic training. This study aims to address this identified gap in the literature and explore how trainee counselling psychologists, with prior 'core' therapeutic training, experience and make sense of their current counselling psychology training.
Why have I been chosen?

You have been chosen because you are a fellow trainee Counselling Psychologist/recently qualified Counselling psychologist (up to 5 years following qualification), who has been trained in a ‘core’ therapeutic approach prior to your current training, and therefore you can provide useful insights on your experiences of your Counselling Psychology training.

What would I be asked to do if I took part?

If you decide to participate in the research, you will be asked to take part in a semi-structured interview, which will last about an hour. The interview will be conducted at a time and place, which is convenient for you. In the interview you will be asked questions around the topic of integrative training in Counselling Psychology and your prior therapeutic training in a ‘core’ model. Given the nature of the topic no risk, pain or discomfort is expected but in case you experience any distress during the interview this will be addressed by the researcher.

What happens to the data collected?

The audio-recorded interview will be transcribed by the researcher and then it will be deleted from the recorder. The recorded session will be stored in an encrypted file and only the researcher will have access to this file. The data collected from the interview will be subjected to qualitative analysis (IPA). Some extracts from the raw data may be used in the write-up of the thesis but the researcher will first seek permission from you before using them.

How is confidentiality maintained?

The recorded interview will be stored in an encrypted file and only the researcher will have access to this file. The file will not be shared with anyone other than the researcher without prior consent from the participant. The file will be destroyed after five years. The interview will be deleted from the recorder after the transcription. Any hard copies of the transcriptions will be kept in a locked storage and only the researcher will have access to them. The identity of the participant will be kept anonymous throughout the process of the research and pseudonyms will be used in any reference to the participants in the written reports. Any quotes that may be used in the report will be non-identifiable and further permission will be obtained from the participants before using them.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and you will have two weeks to decide if you want to participate. On the day of the interview you will be asked to sign a consent form and the researcher will revisit the information sheet to ensure that you have an explicit
understanding of your role in the research. If you decide to take part you are still free to withdraw at any time without giving a reason.

Will I be paid for participating in the research?

The participant will not receive any payment for the research.

What is the duration of the research?

The interview will last 60 minutes.

Where will the research be conducted?

The interview will be conducted in a time and place that is convenient for you.

Will the outcomes of the research be published?

The outcomes of this research are a part of a doctoral thesis that will be submitted to the University of Manchester. There may be further publications in academic journals.

Contact for further information

Researcher:

Georgia Konstantinou, Trainee Counselling Psychologist- University of Manchester
E-mail: Georgia_konstantinou@outlook.com

Supervisor:
Dr Liz Ballinger,
E-mail : Liz.Ballinger@manchester.ac.uk

What if something goes wrong?

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

The research has received ethical approval from the School of Education at University of Manchester
APPENDIX 2: PARTICIPANT CONSENT FORM

A qualitative exploration of how trainee Counselling Psychologists, with prior ‘core’ therapeutic training, make sense of their experiences of their current training.

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the interviews will be audio-recorded

4. I agree to the use of anonymous quotes

5. I agree that any data collected may be passed to other researchers

6. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of participant __________________________ Date ______________ Signature __________________________

Name of person taking consent __________________________ Date ______________ Signature __________________________
APPENDIX 3: RESEARCH FLYER

A qualitative exploration of how trainee/qualified Counselling Psychologists, with prior ‘core’ therapeutic training, make sense of their experiences of their current training.

My name is Georgia Konstantinou and I am a trainee Counselling Psychologist at the University of Manchester. My research aims to explore how trainee/qualified Counselling Psychologists, with a prior 'core' therapeutic training experience and make sense of their Counselling psychology training.

I am looking to recruit:

- trainee Counselling Psychologists (2\textsuperscript{nd} year and onward) or recently qualified Counselling Psychologists (qualified within the past 5 years)
- who have completed therapeutic training (diploma level or above) in a single model (CBT, Humanistic, Psychodynamic/Psychoanalytic etc.) prior to their Counselling Psychology training.

Participants will be asked to take part in an audio-recorded, semi-structured interview, which will last approximately 60-75 minutes. The interviews will be conducted in a time and a place convenient for the participants.

If you are interested in participating in the study or require more information please do not hesitate to contact me.

Researcher: Georgia Konstantinou, georgia_konstantinou@outlook.com

Supervisor: Dr Liz Ballinger, Liz.Ballinger@manchester.ac.uk
APPENDIX 4: INTERVIEW GUIDE

PREVIOUS ‘CORE’ TRAINING

- Can you tell me about your previous therapeutic training?
  
  *Possible prompts:* Can you tell about your experiences of being training in a core model?
- Can you tell me why you chose to train in a ‘core’ model?
- How did it feel like being trained as a single model therapist?
- What did you take from your training at a core model?
- What aspects of being trained in a ‘core’ model have you identified as positives and negatives?
- What was the impact of your initial training on you as a person and as a therapist? Can you give me an example?

COUNSELLING PSYCHOLOGY TRAINING

- Can you tell me something about why you became a Counselling Psychologist?
  
  *Possible prompts:* What influenced your decision to pursue further training?

- How would you describe your experience of your current training so far?
  
  *Possible prompts:* helpful/unhelpful aspects?
- How do you experience your current training in comparison to your prior training?
- How do you feel about these similarities/differences between your previous and current training?
- Can you give me specific examples?

- How does it feel like being a trainee Counselling Psychologist?
  
  *Possible prompts:* How does it feel like being trained in an integrative way?
- How do you make sense of your experiences of integrative training?
- Have you experienced any changes in yourself as a therapist since you started training as a Counselling Psychologist?
- Can you give an example?

- How would you describe yourself as a therapist at the moment?
  
  *Possible prompts:* practice/ theory/ philosophy?
APPENDIX 5: ETHICAL APPROVAL

Dear Georgia

Ref: PGR-8197093-A1

I am pleased to confirm that your ethics application has now been approved by the School Research Integrity Committee (RIC) against a pre-approved UREC template.

If anything untoward happens during your research then please ensure you make your supervisor aware who can then raise it with the RIC on your behalf

This approval is only for the Ethical Approval Application, you are still required to have received approval from your Panel before carrying out any research.

Regards

Gail

Gail Divall | PGT & Quality Assurance Administrator | Room B3.8 | School of Education | Ellen Wilkinson Building | The University of Manchester | Oxford Road | Manchester | M13 9PL

Tel: +44(0)161 275 3390 | School Website | School PGT Intranet
APPENDIX 6: INITIAL TABLE OF MASTER THEMES

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<thead>
<tr>
<th>MASTER THEMES</th>
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<td>COMPARING TRAINING EXPERIENCES</td>
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<td><strong>6. FINDING RESOLUTION</strong></td>
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<td>DEVELOPING ‘OWN’ WAY OF PRACTICE</td>
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## APPENDIX 7: EXAMPLE OF A TRANSCRIPT

<table>
<thead>
<tr>
<th>THEMES</th>
<th>PARTICIPANT 6 INTERVIEW TRANSCRIPT</th>
<th>EXPLORATORY COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>The seeking self</td>
<td>P6: Well I guess I had a need to learn to more, that was a big one, um I need to know more about different ways off working um I didn't feel like my skills have fully developed and I was finding I was really stuck with some clients, I was getting into a position where you know I wanted to be more directive, I wanted to offer something more but I wasn't quite sure how to do it um so I thought okay I'll do something else. G: And you chose Counselling Psychology. Can you tell me something more why Counselling Psychology? P6: Ok from my undergrad background I told you I had psychology experience so I kind of knew that I was more aware of psychological models like the influence of the brain and developmental aspects um the developmental part has always been an interest of mine and I knew that in my practice as a counsellor but it was more of again an unconscious one so I felt like I didn't want to do again another therapy, just another therapy course because I didn't feel that…</td>
<td>Self as needing more- wondering- wanting to explore</td>
</tr>
<tr>
<td>Needing more training</td>
<td></td>
<td>Wanting to develop the practitioner self more</td>
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<td>Psychology as the knowledge base</td>
<td></td>
<td>Wanting to make changes in practice Challenging existing practitioner self Wanting to develop further</td>
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<td>Prior background in psychology</td>
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<td>Interest in developmental psychology</td>
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<td>Just’-therapeutic models are not enough Wanting a holistic understanding</td>
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**Expectations from Counselling Psychology training**

Would be enough and I also feel like it makes sense because I was already really committed to person-centred therapy if that makes sense so I thought okay. Counselling Psychology would be a good way of merging the two, of knowing yeah I'm going to learn more, I'm going to learn more about the psychology, how the brain works, how it all fits together and when I learn how it all fits together I will also integrate a new model so I will be able to um fill in the gaps that they were missing for me with person-centred that's what I was thinking when I started so I still have it, it's still there but I'll have something new that I could use to develop the way I was working with my clients em and I always I remember before I always thought of it as a secondary thing so it wasn't something that it was going to replace what I was doing but as an addition of what I can offer to my clients.

G: So it would be something extra for you to bring in it wouldn’t…
P6: …replace it.
G: …replace it. So if we start thinking about your training as a Counselling Psychologist can you tell me a bit about your first year here, about the model you were introduced to, how you found the experience?
P6: So the first year here would be the person-centred again and my experience was that I didn’t get

**Psychology as the knowledge base**

Sense of commitment and allegiance to the person-centred approach- fit between the self and the model

Counselling Psychology as merging psychology and counselling-the ideal solution for her needs and wants

Expectations from Counselling Psychology training- clearly defined expectations from the course

Counselling Psychology as overcoming limitations of a single school approach

Person-centred as an integral part of the self

Development of the practitioner self

Person-centred approach as important to her home base

Strong attachment to the person-centred model

**Interplay of the self with the model**
Emotional responding to the training

Questioning Counselling Psychology training

Expectations from Counselling Psychology training

(Not) Challenging the self

anything out of it and that I was really disappointed because I didn’t think they did justice to the model at all, it was very surface level and I was very surprised about it because X was a year as well with the taught input and I was here and this was a year as well and I was really surprised to what we not were covering, what we were not doing so that was my experience.

G: You mentioned disappointed.

P6: Yeah I was disappointed in the fact that even though I felt I understood the model I didn’t, I still knew that there were stuff I could still learn about it and I don’t think from that year, if anything I got lazy and yeah.

G: What do you mean by lazy?

P6: I got, I rested on my laurels on my practice and I, I thought to start something new to change in a way and feel like that year, it kind of set me back a little bit because I felt like oh I know this, it gave me the good thing is that it gave me confidence to what I was going and it showed me that I understood more of what I was doing but at the same time I did feel like I would be moving more to the psychological aspect but I didn’t think that happen for me in the first year.

G: So you are exposed to person-centred again. Can you tell me a bit more how you experienced, because they were both person-centred in a sense…

Sense of disappointment with person-centred approach in her Counselling Psychology training

No depth in the training-surface level

Contrasting training experiences-contrasting depth of training

Feeling surprised with her Counselling psychology training

Surprise as negative

Feeling disappointed-expected to deepen her learning of the approach

Feeling lazy in her first year of training

Self as not feeling challenged- not moving- not developing further- wanting to change but the change did not come

Feeling liked she took a step back at professional development- a step back or staying still?

Ready for the next step

Developing confidence in practitioner self-realising and acknowledging her previous learning and understanding of the person-centred approach

Expecting for psychology to be more present in training- wanting to move forward-wanting to embed psychology in her practice- sense of stuckness in her first year- her expectations were not met
Expectations from Counselling Psychology training

P6: Yeah. G: Can you tell me a bit about the comparison between them? You mentioned a bit about feeling that it was in a surface level. P6: Well I don’t think they compare, I don’t think they compare. So for me I don’t really think about my first year being person-centred at all, I think of it as like basic counselling, one to one, skills year, it wasn’t really about the theory behind person-centred therapy, it wasn’t about even the experiential part of it for me it wasn’t the same so I was disappointed because my time at X was such a, for me it was such a like unique and like life-changing experience and I thought I would continue that and when that didn’t happen it was a disappointment so um yeah in terms of learning about the theory, using the skills practice I don’t feel it actually taught person-centred therapy, I feel like it assumed that people already knew about it so I felt it was okay for the people who already did but when I thought that people who didn’t think they know person-centred therapy it really get me annoyed because I don’t feel like they do and also the way people think about person-centred therapy and they approach it how it’s one of the fundamental skills of therapy but then they don’t realise how important it is it gets me really pissed.

Emotional responding to the training

Sense of disappointment - expectations to repeat the same experience - Wanted to continue her previous experience - expectations not being met

Emotional responding to the training

Feeling annoyed with peers - peers and training misunderstanding the person-centred approach - misunderstanding an approach she values

Feeling angry and annoyed - person-centred approach (PCA) as not being valued - person-centred approach precious to her - reacting as something important to her is criticised - anger
| Questioning the field of therapy | G: Can you tell me a bit more about that?  
P6: Um well I feel like in Counselling Psychology there is a lot of that when you go for jobs person-centred as a model of working is not recognised in the NHS and also when you come up with some therapists they are like, they don’t recognise it as a way of working in itself whereas I do, with its limitations but I do see it as a way of working that is effective so I feel like Counselling Psychology really doesn’t recognise that and in fact it downplays it and it’s a bit disrespectful to the humanistic values that it builds itself on so Counselling Psychology being humanistic should really value those and value that approach more I feel like instead of criticizing it or saying that oh it’s not recognised as a way of working, it’s not recognised as a way of being when in reality for me Counselling Psychology is, I feel like the whole profession stems from you know person-centred therapists who were like okay what is happening here so yeah.  
G: Yeah. Thank you for that. Can you tell me a bit more about the next year you were exposed to a new model?  
P6: So the next year I was exposed to CBT skills and theory and I found that really challenging because I didn’t get it so it was really hard for me to understand. |
| --- | --- |
| Critiquing the wider context of therapy-NHS and other therapists being dismissive of PCA-does this extends to her? Is she feeling dismissed by the NHS, by other therapists because of allegiance to the PCA  
They and I- I is in contrast with the others and the wider context  
Questioning Counselling Psychology (CP)  
The profession of CP as being dismissive to its own values-criticizing the profession of CP  
The profession of CP being incongruent to its own values-not clear sense of identity in the profession-profession as disrespectful to the PCA  
Personal view of CP- profession based on humanistic values- she espoused humanistic values- feeling critical of CP  
Exposed to CBT –self as being challenged by CBT training  
Finding hard to make sense of CBT |

<p>| Struggling with integration | Questioning Counselling Psychology |</p>
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<tr>
<th>Questioning CBT</th>
<th>Struggling to make sense of CBT</th>
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<tr>
<td>Incongruence between the self and the CBT</td>
<td>Could understand it but did not believe in its usefulness</td>
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<td>Incongruence between CBT and client group</td>
<td>Questioning CBT-struggling to understand how it works</td>
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<td>CBT as a band aid</td>
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<td>Questioning how CBT first with her in a personal level-questioning CBT in relation to the self</td>
<td>Questioning how CBT first with her in a personal level-questioning CBT in relation to the self</td>
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<td>Incongruence between CBT and the self</td>
<td>Struggling integrating CBT in her practice</td>
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<tr>
<td>Incompatibility of CBT with the client group and the setting where she work-sense of struggle with these questions- struggling integrating CBT in her practice</td>
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| Acknowledging ongoing change | so for me coming from the person-centred it was about the feelings, how the feelings and understanding the feelings and the changing the behaviours which would then change the thoughts and now I'm even speaking in a CBT way but at first I couldn't get how em you know, I just, I just didn't get it so it's really hard for me to explain it, for me it was like stating the obvious over and over again and getting nowhere so when thinking about how it would fit me as a person I think I was thinking more like the structure, I was thinking of how I would be directive in therapy; at the time I was thinking, I remember I was thinking by being directive I wasn't listening to my clients but now I developed my understanding of that I would say so I can be directive but still follow my clients. G: What helped you develop that understanding? P6: Um I think that I had to really, I tried it in practice and I had to understand not the theoretical model but to understand how I was going to use it so I had to own it, I had to you know own it as a person so em yeah when it came down to the structure and the agenda I had to try and how would I use it, how do I, I tried it as a client, how do I perceive it, I began to understand the utility of it yeah. G: You said I tried it as a client. P6: Yeah I tried it, I had, we had to PCA- understand the new through the lenses of something familiar

| Struggling with integration | Now- noticing the changes in herself- uses CBT language to describe therapy- she changed as a therapist Repetition of just- emphasises the struggle she went through in trying to make sense of CBT Personal fit of the self with the approach- the self does not fit with CBT or CBT does not fit the self- does this hinders the process of integration even more? At the time- self at a specific point of time- questioning how CBT would fit her- CBT perceived as negative to her practice Now- self in the present-changes in the self- she developed her understanding- makes sense of CBT in a different way Using CBT in her practice-exposed the self in CBT adapted CBT to fit the self and not the self to fit the model - owns it- it's her way of using CBT- personal and individual way trying out- exploring different ways to adapt the model, to find her personal style

<p>| Struggling with integration | Managing integration |
| Managing integration | the practice sessions and in that and as people tried it on me oh I could see oh I see why this, I see why this is helpful um I don’t like and I know that as a client I don’t like too much direction but I began to understand the balance between it, focusing on issues more and focusing on what you came to therapy so I could see the merits of having goals and making them more concrete because I did have goals when I was being person-centred I don’t think they were not concrete so in a way I began to understand that by being more transparent in like I am being directive by focusing on this goal I was giving my client autonomy um and by doing that I began to develop my understanding of that it fit me better so like I said I began to own it in my own way like ok how am I going to use it? How does it work with what I already do? P6: So in a way you had to make sense of it from your own personal… P6: …experience yeah of being the client but also trying it and what exactly is attempting to doing or is attempting to do sorry, yeah. G: You mentioned something else in the beginning that you find it really difficult with the clients you were working. P6: Yeah because at the time I was working, one I was still working with the kids in the same holistic understanding- making sense of it as a practitioner, as a client as a person- all aspects of identity are linked- personal understanding linked with professional understanding exposing the self to the model-experiencing the new model-becoming a client of CBT-experiential learning experiencing it as a client facilitated the process of making sense of the new model Adapting the CBT model to fit the self-developing ownership over the model-making it hers- facilitating the process of making sense of CBT Questioning how to integrate CBT in existing practical and theoretical knowledge- CBT does not replace her previous model- it is integrated in an existing framework Questioning the fit of CBT with client group Incompatibility of the model with client group/setting | Developing own way of practice | Questioning CBT |</p>
<table>
<thead>
<tr>
<th>Questioning CBT</th>
<th>Developing own way of practice</th>
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<tr>
<td>Link between context of therapy and model- where is the trainee in this dynamic interplay of context and model?</td>
<td>Developed own way of using CBT- personal integration- making sense of how CBT fits with her practice</td>
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| Impact of client work and context of practice on choice of therapeutic model- not a solely a personal choice- trainee is part of a wider system |}

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<tr>
<td>CBT as short-term</td>
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<td>Struggling to use CBT longer than 6 sessions</td>
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<tr>
<td>Making sense of CBT as a short-term therapy</td>
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<td>CBT suitable for specific symptoms</td>
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| Questioning CBT – implicit critiquing the model- can’t fix the real issues |}

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<thead>
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<td>placement and I was working with women who have been sexually abused and so going into that client group... so at the time I was thinking hm if I start with a new client could I just do CBT with them? And I couldn’t and I still wouldn’t. G: Have you ever done it? P6: Mm not purely. I have integrated it into a lot of my client work... um in my.... One of the places I am now that is short-term, crisis work more I would use it a lot more because it’s short-term and it’s about the symptoms so I would focus on the symptomology like the anxiety that they are feelings and then I would it um but if it’s any more than six sessions I struggle and I move away from it because again for me when I think about CBT again I think of symptomology and focus on fixing a specific problem and not really getting to the underlying issue. G: So for you it feels like problem-solving.... P6: …technique. G: …techniques. P6: Yeah it’s like trouble shoot where um I can use it to stabilise my clients before I can do other work. Um so that’s how I sue my CBT right now or if they are experiencing something to really get to the okay what is it? What is the symptom? What’s happening for you? Really get a clear understanding and then stabilise</td>
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</table>
| Questioning CBT | them so we can do the real work.  
G: You mentioned that in the first year you found that person-centred was delivered on a surface level. How did you find the CBT training?  
P6: Um the same way so I think I really struggled with that as well, more so because when I struggled with the person-centred at least I knew it so I was getting anxiety like about oh the rest of the people think they know it but they are not really getting it but in the CBT year I really struggled because I knew I wasn’t getting it but I also knew I didn’t know it so I was kind of balancing the unknown, having to use it, wanting to use and trying to be open to it, really trying to be open to it but not getting it so it was that uncertainty of what exactly I’m doing and then feeling a lot of anxiety of where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?  
G: So you didn’t feel like the course …  
P6: …gave it to me.  
G: …was providing that for you.  
P6: Yeah I didn’t feel like they did much adequate job providing it for me.  
G: Um so where did you get that, those things that you needed, if you did get them?  
P6: Um I wouldn’t say I use CBT that much if I am being honest but I do know that I formulate sometimes from a, more from a |
| Struggling with integration | ‘real work’- questioning /criticising CBT- CBT does not address the real issues – implicit questioning not direct |
| Struggling with integration | Sense of struggle with PCA- different sense of struggle with CBT  
Feeling anxious about peers- peers not learning PCA in the appropriate way- anxiety directed towards others not the self- easier when it’s not personal the feeling?  
‘really’ difficult, challenging process-filled with anxiety- I couldn’t get it  
Trying to- resistance towards CBT?  
Requires conscious effort need to use own resources to do it  
Feeling anxious, uncertain  
Questioning, wondering when to use CBT  
Wanting to but struggling- anxiety  
Sense of intense anxiety- who is going to help me- needing guidance- needing help- needing someone to be responsive to her needs |
| Questioning Counselling Psychology training | Training as irresponsive- did not meet her needs- did not provide her with what she wanted |
| Managing integration | CBT perspective and I would in the first two sessions I really do symptomology to make sure the client or stabilisation in those first couple of sessions so I think I got that from supervision, also keep asking in class trying to, talking to colleagues a lot and having to read myself um for my clients. G: Okay. Have you experienced any changes in yourself as a therapist since you started training as a Counselling Psychologist? P6: Yeah, I think in the way I approach my cases; so best example is before I go in to see a client before I wouldn’t look at the client notes now I have to or else I feel I might miss something so reading my referrals before I go in to do assessments to make sure that I am asking the right assessment questions, um doing an assessment that is clear, taking more back more to the childhood and significant events in their life, it’s really different, um so basically the way I approach working with my clients. |
| Acknowledging ongoing change | External sources helped her to get what she needed- others outside the course as responsive and helpful to her needs Does this balance it out? Drawing on personal resources- own reading- meeting and filling her own needs Changes in practitioner self since Counselling psychology training- she changed- her practice is different Who facilitated this change? Is it the training or is it personal? |
### ILLUSTRATIVE QUOTES

#### 1A. Needing more training: ‘it's like I hit that ceiling’

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<tr>
<td>&quot;when I was a practitioner I became a practitioner or a therapist I felt very inadequate because I felt like it's just person-centred and I had not much, not, I didn't have sufficient skills to help my clients so in terms of that I felt like I wasn't good enough, you know, because it's just one model.”</td>
<td>P. 2 L. 36-43</td>
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<td>&quot;So even though I finished studying I wasn't ready to see clients yet, you know. I feel, I felt insufficient to see clients but as, as, the more I used the person-centred model and the more I met more clients I grew as a practitioner but then I, I felt oh I could do more for my clients or I could help my clients by learning different techniques or interventions to, to help my clients.”</td>
<td>P. 7-8 L. 185-194</td>
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<td>&quot;after few years you, you see different clients with different presenting issues and you are thinking oh this is not sufficient”</td>
<td>P.12-13 L.315-318</td>
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<tr>
<td>&quot;...when you go outside, the outside world you see clients, high risk clients, different presenting issues and also you see in the UK it's like um the counselling and the psychotherapy they are focusing more on what is current, it's like integration, mindfulness, CBT, all those are the selling points you know so I felt really inadequate because I just have one model and I would like to offer more help but it felt like I needed to gain more experience in my practice so then from a traditional pure I decided to go to an integrative course to expose myself more...”</td>
<td>P. 15-16 L. 387-399</td>
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<tr>
<td>&quot;...I was already on a placement in a GP surgery they didn't want humanistic training, they didn't want someone who was training in a humanistic, um, they called it navel gazing, so the partners in the surgery. I had some private training that I paid for and it was more CBT orientation, um, which it was what they did want in the NHS…”</td>
<td>p. 4-5 l. 98-105</td>
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<tr>
<td>&quot;...So my earlier training was lacking something, um I felt. In the real world of the therapy world it wasn't working as well as I think; um, as they suggested training courses.”</td>
<td>p. 12 l. 276-279</td>
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P3: “I was disenchanted with the training that I’ve had. It was good, it was good you know but there were gaps and when I was practicing the gaps were becoming more and more evident.

P5: “It still felt there needed to be more knots and bolts, there needed, I needed more in the bag you know and I questioned is that me because I never feel good enough, I always feel the need to know more or what is it the paradigm, that was an ongoing dialogue I think with me.”

P5: “It made me doubt, you know, do I want to be a CBT practitioner and solely do that and then I was like no because then you are missing so much and that, that feels flimsy because you may have this but it’s not got all the rest of the context that whole, an orbit but there was a planet if I can describe it so CBT is a little planet there and then you’ve got this great planet here that somehow I’m trying to access, you know, bringing it all together.”

P5: “...there is a whole lot of languages of therapy I don’t have access to and if I train more...”

P5: “There were limits of my competence and it’s kind of I hit the ceiling of those limits and I thought I feel like I could do more and I could be more helpful and I could be more useful in this relationship if I had more skills and knowledge that I have in the moment. So it’s like I hit that ceiling...”

P5: “...it felt scary because I thought my training was over, I’ve done a doctorate, I qualified as a counsellor, I was in the BACP, I’ve done all of those things and I thought I would have arrived at some great awakening which I did when I hit the ceiling so it felt like Oh God no there is more I need to find out a way to bring on all that stuff that I need to know so do I train part-time, do I um train in a specific modality and if so what do I do...”

P6: “I felt that it limited me to what I can offer my clients; if there were asking for something else I would like it’s not in the rules, it’s not in the rule book”

P6: “I had a need to learn to more, that was a big one, um I need to know more about different ways off working um I didn’t feel like my skills have fully developed”
### 1B: Psychology as the knowledge base: “I like psychology, that is my base”

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<td>P1</td>
<td>783-797</td>
<td>“...for me that felt even more logical step than any of the others really and that I enjoyed the counselling, I wanted to do the counselling but it was kind missing kind of the scientific element, um which was the psychology and the empirical and all these sort of things and obviously that was my initial training was psychology so for me it was like let's take the counselling out and let's really make sense of it with the scientific lens um so um that was the reason why um in terms of, to me I liked the humanistic foundation to it as well, again there were some kind of philosophical views in line with some of those things...”</td>
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<td>P3</td>
<td>18</td>
<td>“So I was more interested in the psychology side and extending what I've been doing.”</td>
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<td>P4</td>
<td>378-397</td>
<td>“I already had 5 years of psychological background which I was going to throw away if I was going to enter the profession of counselling. Um I felt it was like um a compromise investment because, um okay I don’t like clinical psychology but I like psychology, that is my base where I've put my energy and my you know, my intelligence in. so I said ok I want to have the counselling approach to things, I want to have that egalitarian approach to you know providing mental health care but I want to still keep my psychology background because I had, I got a lot out of it and you know as a science it was a very useful basis. So I thought what is the best approach forward? I will have to do a doctorate in Counselling Psychology because that will bring together what I got from my first course and what I got from my second course, so I needed them and Counselling Psychology was the perfect fit; it took all the things I needed and it gave me one programme.”</td>
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<td>P4</td>
<td>401-408</td>
<td>“ok I enjoy this but do I want to go ahead and then become BACP accredited or do I want to continue as the title of being a Psychologist? So I took two years to think about it, you know, and then finally I made the decision that no I want to go back to psychology, that is my base and however I did not want to, it will not be clinical in nature. So that’s why I chose Counselling Psychology;”</td>
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<td>P5</td>
<td>871-884</td>
<td>“I kind of asked myself what did I want to know further about neuropsychology because it was so thorough, I guess I have an interest in it, it’s a part of what we do, psychometrics assessment comes into that, that’s necessary, as a psychologist I think this is what differentiates from being a counsellor that we embed all of our knowledge in psychological theories and approaches and that we have an...”</td>
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understanding how the brain influences the body and mind and you can't separate those two”

P6: “Ok from my undergrad background I told you I had psychology experience so I kind of knew that I was more aware of psychological models like the influence of the brain and developmental aspects um the developmental part has always been an interest of mine and I knew that in my practice as a counsellor but it was more of again an unconscious one so I felt like I didn’t want to do again another therapy, just another therapy course because I didn’t feel that would be enough and I also feel like it makes sense because I was already really committed to person-centred therapy if that makes sense so I thought okay Counselling Psychology would be a good way of merging the two, of knowing yeah I’m going to learn more, I’m going to learn more about the psychology, how the brain works, how it all fits together and when I learn how it all fits together I will also integrate a new model so I will be able to um fill in the gaps that they were missing for me with person-centred...”
### 1C: Expectations of Counselling Psychology training:

"my expectations and assumptions created something of a fantasy"

<table>
<thead>
<tr>
<th>P1: “...I didn’t really know what to expect, em I didn’t really know what it kind of looks like, what Counselling Psychology or Clinical Psychology what it actually looks like, you know, when you have a real, tangible feel of subjects, what the practice would actually result in so there was a lot of unknowns at that time…”</th>
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<td>P1: “...it was a quite big step up in that regard and in some ways it was that what I was hoping for, it was what I was expecting, it was the science meets the counselling, um a little more disappointed in terms of how then we apply that in practice because we have all this learning, we have all this knowledge, all of these things that we discovered but then how it translates into clinical outcomes, that was something that was a challenge for me.”</td>
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<td>P2: “...I can acquire higher level of education, I could learn more therapeutic interventions and different theories, models and things like that so I wanted to be play around with it, the different things I could do and also um research also…”</td>
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<tr>
<td>P3: “I didn’t get on Counselling Psychology just because it’s Counselling Psychology. Um I didn’t really know what Counselling Psychology was, honestly.”</td>
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<td>P3: “Um, I love it. I will say that on the outset. I, um the training is more; it’s more than I imagined it would be. I absolutely love it.”</td>
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<td>P3: “I came with the expectations on the course that because I had training before I would be better suited for Counselling Psychology training than I would say my peers who hadn’t had training before and I don’t think that is the case now. It’s completely the opposite because I come with ways of practicing, preconceived ideas and sometimes it’s come out like I was doing something that I have done before when I was working rather than talking the new way whereas people who hadn’t had this personal experience of what works in therapy because they are perhaps more flexible, in a sense they are beginning from the beginning in terms of therapy training, well they are probably easier to mould; um I’ve noticed that. So I had to undo some aspects of training that I already had um because they don’t fit with what we doing on the DPsych.”</td>
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<td>P5: “...my expectation of the training, in terms of a diploma that it’s taught one evening a week over two years was it my diploma? Yes two years, my expectations are not as big as three years in university three days a week programme at doctoral</td>
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level yeah its doctorate so we have to access lot of the information ourselves but then paradoxically why are we in university?”

P5: “...I think my expectation maybe, maybe it was more clinical (long pause). I've questioned this, I don’t know, I don’t think it was clinical, I think what appeals to me about the Counselling Psychology was that it was more practice-oriented, that was my understanding, it was more practice-oriented, it was more about skills, about delivering therapy, being a therapist rather than keep learning the theories and it took a non-pathologising approach...”

P5: “...I've gone into Counselling psychology training with beliefs and values and then I didn’t know if, I was a fish out of water, I didn’t know if what I thought I was getting I was getting or whether I was getting what I thought I was getting only I realised it wasn’t enough which may be the case actually and that’s something I had to be open to that maybe I did think I wanted this kind of lucid structure, this non-pathologising, lucid structure...”

P5: “...I came with a set of assumptions and maybe my expectations and assumptions created something of a fantasy and idealised, being very psychodynamic here, idealised fantasy of wanting to merge with this grandiose profession on Counselling Psychology, it’s non-judgemental, it has a range of approaches to fit the client whatever, it all feels very idealistic now and I feel a bit small and foolish having thought that this is possible if that makes sense (sighs).”

P6: “...I was disappointed because my time at X was such a, for me it was such a like unique and like life-changing experience and I thought I would continue that and when that didn’t happen it was a disappointment...”
2. THE TURBULENCE OF COUNSELLING PSYCHOLOGY TRAINING

2A: Emotional responding to the training

‘it’s like a rollercoaster’

P1: “...I felt very enthusiastic about getting into training and developing my knowledge and skills and finding the opportunity to kind of really come in grips with some of the things I’ve been struggling with, there was a little bit of fear and anxiety because I didn’t really know what to expect...”

P1: “...there was a lot of unknowns at that time, a lot of I didn’t know, you know, the academic side of things was terrifying to me, you know the kind of practice was, you know, the whole thing was a scary kind of process but at the same time was really exciting and really new and interesting yeah I felt really alive at the time.”

P1: “...I think there was a lot of struggle and a lot of concern about the theory and then putting things into practice as well, we had these fitness of practice things and assignments and um a lot of things going on, thesis going on alongside that and placements going on alongside that, very disorienting at times I was thinking how the hell are you supposed to thread these different things together and um not only succeed in them all but you would hope that they all impact upon one another and there is an interplay and you develop as a result of your theory, of your practice, of and um that for me was, was a challenge...”

P1: “...I sometimes find that this might be a quirk of being me, just one of those things but I find it hard to transition from being in an academic mode, you know sitting at night, you know that kind of thing to being in therapy, that is something it takes a real struggle for me to do that but as I say I might be a unique, one of those idiosyncratic things because it’s one of those experiences, if want to I go to the gym or I want to write I have a struggle of getting to flow of the state, so I had that in the first year, I felt like I was always moving from one thing to another and just as I was getting warmed up I was shut down and move on to the next thing.”

P1: “...there is a lot of different things going on at once and I think that at often times, you know, in therapy or in writing I think it can take a little bit of time to get into things to get warmed up, to kind of get into it um and sometimes as you kind of got different things on different days, so maybe you got a couple of days when you are in thesis mode and you are kind of writing and you are kind of lost in them, you got placement and that kind of you just getting in terms with that and then the next day you got uni and then that’s different again and then back into writing mode, I think that for me, that’s always a struggle, I’m much better when there is a
consistent trim of different, of the same thing and I keep getting into those things a little bit better um.”

P1: “It was partly uncomfortable and I know I’m smiling but a part of me loved it; this is, this is what is about now, no messing around with these kind of, we’ll just say this, this is about the science now and this is about and the arguments are there, science is a settled truth, empirical evidence and augmentation and that’s how you get to figure stuff out ultimately and I love that bit of it, the theoretical side of it, the learning, the assignments, everything…”

P1: “...there was another side of it that was genuinely um worried about how the actual theory and the understanding and the knowledge base translates so there was a part of me that would just be, that would be concerned and I think how did I manage that type of concern, it was either isolating between affirming to myself that it will take time or doing much of my learning as much as I can about actual techniques and practicing…”

P1: “…it’s an unusual journey you go through the ups and downs, some things you don’t want to know some things but you need to know but for all the ground you cover and the understanding you find peace within it so I think that’s how I feel about my therapy now you know, kind of moving towards a position where it’s not quite so messy in my head.”

P1: “…in terms of experience yeah that has been a, it has been a strange, unique set of experiences with ups and downs and different challenges on the way in terms of where I fit in with a lot of those different environments because they seemed to change a lot as I’ve gone through things em and I think that was the most difficult bit to make sense of but I think at the end I kind of I am happy with where I am, where I am.”

P2: “…I think when I, I joined the integrative cou, course I was extremely confi, confident because I have different, I had the person-centred, then I went to do a hypnotherapy course so I had different skills so I was extremely confident um joining a doctorate programme, an integrative programme, does that makes sense? But I was not very confident with the research element…”

P2: “…more challenging because this is something new to me so I had to learn that.”

P2: “…in the beginning of an integrative course I was very lost because um I’m thinking how do I have to integrate all these things and, and apply them, you know, as a researcher, as a practitioner and the one side as, as a, as a reflective-
practitioner; so it’s almost like you have different roles and it feels um, you can feel a bit uncertain as to what to do but that’s not say, that doesn’t mean that I am not confident, it’s just that sometimes it can cost tension or em sort of confusion…”

P2: “…you do get confused but I guess sometimes you need to be confused in order to have a better understanding as to who you are as a practitioner.”

P2: “…I was completely lost because I’m like what is going on here? It was not enough for me, just a few lessons and maybe a few videos and we are not even examined you know we were not examined or there was no evaluation…”

P2: “…an integrative course was a little bit frustrating but there are lots of benefits to it as well because you are not stuck one type of model and one way of working, so I think you are given lots of options, you are given a choice in conclusion.”

P3: “Um, I love it. I will say that on the outset. I, um the training is more; it’s more than I imagined it would be. I absolutely love it.”

P3: “Yeah like a rollercoaster (laughs). Still going through it. I’m enjoying it.”

P4: “It has been … it has been a joy ride but it has also in looking back in the whole context, it has been very challenging experience, it has um, it has been a very contradicting experience in many ways. … um and yet in the middle of… lots of difficulties, academically, personally, professionally, extremes like… it came together somehow. On the other if you think the philosophy of Counselling Psychology, the philosophy of our profession you will learn to see the silver lining, you learn to carry on with some hope…”

P4: “…I don’t know anyone who has been trained who has not failed or has been unhitched in the process. I would say that it has been very meaningful but I would also say it has been difficult.”

P5: “I guess um if I had to find a metaphor I felt like a fish out of water…”

P5: “…I found that quite disturbing really, I experienced that as quite troubling…”
P5: “..., it felt disappointing because I was looking forward to more I guess...”

P5: “...and that shocked me I think because I hoped that it would take that community practice in its approach...”

P5: “So I think there’s exciting things, you see I get excited when I talk about these things but it felt like we missed some of the most exciting stuff.”

P5: “...it felt almost comical but then for me as someone who has been in practice for over ten, fifteen, twenty years, I had people who had virtually no practice experience judging me of a session that I recorded with a colleague who was role playing, she hadn’t brought a natural issue that was around, she was role playing a role and it felt odd and kind of caused me to question what am I doing and one of the comments I got back was a personal rather than a professional comment and I found it upsetting and I found it diminishing, I felt humiliated and that's not often something I experience...”

P6: “I was really disappointed because I didn't think they did justice to the model at all, it was very surface level and I was very surprised about it because K was a year as well with the taught input and I was here and this was a year as well and I was really surprised to what we not were covering, what we were not doing so that was my experience.”

P6: “Yeah I was disappointed in the fact that even though I felt I understood the model I didn’t, I still knew that there were stuff I could still learn about it and I don’t think from that year, if anything I got lazy and yeah.

G: What do you mean by lazy?

P6: I got, I rested on my lorry's on my practice and I, I thought to start something new to change in a way and feel like that year, it kind of set me back a little bit because I felt like oh I know this, it gave me the good thing is that it gave me confidence to what I was going and it showed me that I understood more of what I was doing but at the same time I did feel like I would be moving more to the psychological aspect but I didn’t think that happen for me in the first year.”

P6: “…when I thought that people who didn’t think they know person-centred therapy it really get me annoyed because I don’t feel like they do and also the way
people think about person-centred therapy and they approach it how it’s one of the fundamental skills of therapy but then they don’t realise how important it is it gets really pissed.”

P6: “...it was that uncertainty of what exactly I’m doing and then feeling a lot of anxiety of where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?”

P6: “…it’s up to you to pick up what you want to know and to read about it more and seek more training on it yourself and it’s about um getting exposure to all of those things and having the autonomy and the choice to work in the way you want to but also the responsibility to follow up and get the right sort of information on it and the right sort of training for how you are going to work on that way.”
### 2B: Managing integration

#### ‘it’s like moving from one planet to another’

**P1:** “The second year we, we started the CBT training which for me it was relatively, it was all new really, it was a time of panic and despair and I mean for most people that’s how it was, for me actually internally quite peaceful, I remember feeling quite peaceful it was like that (sighs of relief) home (both laugh). That’s how it felt to me and all these people panicking and freaking around me and I kind of thought what the hell is going on here.”

**P1:** “…it just fitted in in all those ways, that wasn’t to say that it was an easy thing, it still, even to this day, struggle to make sense of other ways of practicing, to make sure I’m doing things the right way…”

**P1:** “…the discomfort with the CBT because we were starting out a thing in fact if we went back in time and we looked at the original person-centred days of starting out you would probably see an equal level of discomfort, maybe not as quite as distinct because I didn’t have different, competing things but just that kind of newbie experience of starting out with something um.”

**P1:** “…I feel more comfortable with all the CBT things now even though I’m still learning, I’m still trying to put things together, I feel comfortable and that didn’t feel at first, I could feel very tangible it was like a palpable, wooden feeling, this is I thought it didn’t feel organic, I felt like I am being a damn robot, like what are you doing, you know, and that was something I remember feeling when I started out therapy and I had to make this little transition from being this wooden thing to being human and the same transition this time from using something, you know as I say in a wooden way to a more fluent way, being human with it.”

**P2:** “…sometimes when I see a client sometimes I, what I’ve learnt from the course, you know, a little bit of CBT, a little bit of mindfulness I find it very nervous to work with the client to use it because I’m not, I am not very skilful, you know I’m a little bit oh I’m not certain so you know in order to resolve this conflict I took, I, I got a supervisor who is integrative and who has lot of mindfulness background and stuff like that so doing the integrative has not, has not given me the confidence to do mindfulness, it was my supervisor who has been with me for three years who taught me mindfulness and different ways to apply it with the clients, gave me the confidence to do.”
P2: “...in order to resolve this I had to get a supervisor who could teach me about mindfulness um and tell me the right way to um use it on a client so I wasn’t perfect but I had to do a lot of research by myself and um talk to my supervisor about my fears and everything and then yes I can say I, I have, um I wouldn’t say I’m an expert or I specialise at giving mindfulness but it’s, it’s something that I could offer a client.”

P2: “...there is a saying I don’t know what’s that’s saying, it’s like em, it’s almost like em you jack all trades and then you finally don’t learn anything.

G: ‘Jack all trades and master none’.

P2: Yeah sometimes it’s like that, it feels like oh I can take that little bit, I can take that little bit and I can take that little but I think um sometimes I think it used to give us, it used to give me I think um quite stress what to use…”

P3: “So I was in a humanistic setting but at the same time, like one day a week but at the same time I had another day a week in a psychoanalytic setting (laughs) so I had Tuesday on a humanistic setting and Wednesday on a psychoanalytic setting. Oh my God! (laughs). So I had to make this massive shift in sort of, you know doing the coursework, in my outlook, in my training. It’s like; it’s like moving from one planet to another. It was sometimes a little bit crazy because I had back to back two days, I had two different placements one and the concepts would be very different.”

P3: “Um, I bring them together; on paper they are separated because I’m on the training but for me I integrate them. I, one of my difficulties, if you like, is the level of integration, seeing this through my recent work, I, we were asked to present a pure model but because I have many years’ experience as a client, on other courses, I kind of got a broader view than some other people in the course, younger people in the cohort, I bring years of life experience as well. I can’t help having this pluralistic/integrative view separating out something to be more psychoanalytic or humanistic or CBT is something I find difficult.”

P3: “…because I come with ways of practicing, preconceived ideas and sometimes it’s come out like I was doing something that I have done before when I was working rather than talking the new way whereas people who hadn’t had this personal experience of what works in therapy because they are perhaps more flexible, in a sense they are beginning from the beginning in terms of therapy training, well they are probably easier to mould; em I’ve noticed that. So I had to undo some aspects of training that I already had um because they don’t fit with what we doing on the DPsych.”
P3: “...I’m used to doing something in a certain way, my way and I’m holding this quite tightly.

G: It sounds like your training challenged the way you were used to work.

P3: Yeah there is a tension sometimes…”

P4: “…there is no denying that it has been difficult to be trained in two models, to understand, to switch mentality, you know, to switch mental space, emotional space, to switch understanding of human beings…”

P4: “…I was just ready to go and then second year came and CBT started and I was absolutely surprised at how difficult it was to move…”

P4: “But it became, again, theoretically it was all very like exciting, I was like wow look at this and look at that and then to apply it I took much longer to get out of my person-centred frame of mind. Well I was surprised of how much time it was taking because I understood it from a cognitive level but to make this transition on a practical level with a client, to apply CBT it was becoming slightly difficult because I was like ‘I feel a little confused now. Is it the right time to, is it the right time to say to this client ‘ok how about we try this’ am I being non-direct, so there was like a lot of confusion in my head, I understood both separately but now I was at that stage where you need to move out, step out form the person-centred frame of mind and you have to enter the CBT frame of mind and that took some time for me.”

P4: “…I’m shifting models, I’m shifting like the pages of the book you know but it’s actually an important page, I have to find a way of doing this so in the third year you were given the freedom to choose what’s right or to create our way of how to apply CBT and person-centred together…”

P4: “…so it was a very conscious decision to start streamlining and start thinking, being very aware of what I am doing with a client, why am I choosing this approach, why am I shifting the approach; um... it was difficult, third year was definitely difficult because now nobody was teaching me person-centred and I just have to apply CBT and I just have to; now I was told find your own style and I, that was really difficult; it was like finding your own roadmap you know and you have no directions…”

P4: “Absolutely not (laughs).They just let, they just push you into the swimming pool;”

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P5: “...we are actually using a different language but this is the same thing we are trying to do here, we are coming at it maybe from a different road but we are singing from the same hymn sheet so that felt, that felt quite powerful joining that together...”

P5: “Yeah it felt good, it felt good but it also felt at times anxiety-provoking because you know I you think about from a CAT frame my zed PD I was pushed into it and knowledge was scaffolding in supervision and my learning and then I was pushed even further...”

P5: “...I did it and oh that felt really uncomfortable, good and what did you learn and how did it work and what was the feedback from the staff there and your clients and it felt really good you know like I really learnt something and I got out feeling comfortable, way out of my comfort zone...”

P6: “Um challenging because I think my experience at K, my experience at K set me off this is wrong, this is not wrong, you should be working like this which I found really helpful when I didn't know what to do but then if I was in the room and I'm like mmm I should try something new I would find myself being resistant to it in a way so I would go to my supervisor and be like what about this and she what say great idea why didn’t you do that and I would be like mmm is that person-centred? Should I be giving them homework? Should I be giving them tools? Should I take more of a directive stance?”

P6: “I think the resistance came from within myself you know the resistance was about wanting to change and try something new but I felt like I was breaking the rules in some way like these person-centred rules of like um...”

G: What meant for you to break these rules?

P6: Um kind of straying from what I was taught, to move away from the K stuff so it meant that it had a risk to do the things the way I wanted to so as well so it made me take a lot more personal responsibility on what I was doing so when I working from a person-centred base I had a theoretical model but when I changed there is more like a risk of this is what I think that's what we should be doing but at that point I had no awareness of what that was em it was more subconsciously, more intuition...”
P6: “And now I think it hinders me in that it still have that resistance sometimes of trying to learn new stuff um but that again that’s a positive because when I do learn more stuff I do have something to measure it against and that’s good and bad but I have something to kind of say, to criticize it against so it’s like my yardstick right now because I feel really comfortable in person-centred and I know so when I compare my learning to another theoretical model I’m like do I know it in the same way? Can I use it in the same way? How do I feel about it? Does it fit me in the same way? So it became a yardstick, a measurement stick I would say for my practice.”

P6: “It’s not as comfortable, it’s not, clearly I don’t, I know I don’t know it as well em when it comes to working in practice with it even though I do, I will use some aspects of CBT and I will use some aspects of psychodynamic when I approach a client I will not be I will just work with in a CBT way with this client, I don’t think I will ever do that but I would do that if it’s person-centred because it’s what I know, I feel comfortable with it, it’s what I believe in so it’s more about a belief in the way it works whereas with CBT I have a belief in some aspects of it, some merits of it but I don’t have a belief in it as a model.”

P6: “…I was exposed to CBT skills and theory and I found that really challenging because I didn’t get it so it was really hard for me to understand. I understood it but I didn’t get it, I didn’t understand how it would work.”

P6: “…but at first I couldn’t get how em you know, I just, I just didn’t get it so it’s really hard for me to explain it, for me it was like stating the obvious over and over again and getting nowhere...”

P6: “Um I think that I had to really, I tried it in practice and I had to understand not the theoretical model but to understand how I was going to use it so I had to own it, I had to you know own it as a person so em yeah when it came down to the structure and the agenda I had to try and how would I use it, how do I, I tried it as a client, how do I perceive it, I began to understand the utility of it yeah.”

P6: “P6: Um the same way so I think I really struggled with that as well, more so because when I struggled with the person-centred at least I knew it so I was getting anxiety like about oh the rest of the people think they know it but they are not really getting it but in the CBT year I really struggled because I knew I wasn’t getting it but I also knew I didn’t know it so I was kind of balancing the unknown, having to use it, wanting to use and trying to be open to it, really trying to be open to it but not getting it so it was that uncertainty of what exactly I’m doing and then feeling a lot of anxiety of where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?”
P6: "...even now I know that I have integrated different models into my practice um but I don’t feel like it came from the course, I feel like it came from outside sources and me doing my work. Um yeah so for me when I think about the second year yeah I just don’t think it worked.”

P6: "...I’ll have something new that I could use to develop the way I was working with my clients em and I always I remember before I always thought of it as a secondary thing so it wasn’t something that it was going to replace what I was doing but as an addition of what I can offer to my clients.”
### 3. THE QUESTIONING ‘I’

#### 3A: Questioning the self

**‘I don't know who I am anymore’**

P1: “...I could feel very tangible it was like a palpable, wooden feeling, this is I thought it didn't feel organic, I felt like I am being a damn robot, like what are you doing?”

P2: “...we are not given formal training of how you give psycho-education or how you do CBT, I mean we did a few videos but that doesn’t make me feel like I’m good enough...”

P2: “...I am very confused with my identity and especially now I was a, I was therapist and now it’s a psychologist and that is and that is a transition and it is very difficult to transit from a counsellor to a hypnotherapist and then to a psychologist.”

P2: “...this made me very shaky and sort of it kind of questioned me as a practitioner also whether I, am I doing the right thing? Yeah I said this twice, am I doing the right thing (laughs)?

G: Yeah I am just wondering that ‘right thing’ sounds quite important to you...

P2: The right thing is when they trained you do, you do videos and then you do evaluation you know one to one evaluation.

G: You mentioned evaluation again; it sounds like it’s important for you.

P2: Yes!

G: To get from someone that yes I am doing it in the correct way.

P2: Yes. I mean I don’t say to be perfect CBT or the mindfulness things but to, to do it an ethical way so I, I am fit to practice, you know I’m confident I’m fit to practice as a person-centred but I am not sure I am fit to practice to give mindfulness so because there is no em evaluation for this...”
P3: “...and if I look back I did some things that were unethical, not terribly but things I will never do now. I didn't realise how great with someone you can have identification. I lacked, in the early days of training, in the early years perhaps a real boundary between my own stuff and the other person’s causing unknown feelings, how difficult...”

P3: “I have a real concern that I was let loose to work in some of the situations I've been with the level of experience that I've had.”

P3: “I can think back to a couple of experiences where I have not only not helped somebody but I've probably made it worse because I didn't know what I was doing or I came with an amount of training and thinking that was all or I couldn't separate myself from the person;”

P4: “...what happened to me here? How have I become like this?”

P4: “...when I was person-centred I was getting frustrated with it then I learnt CBT and I was not able to apply it and then suddenly I became fully CBT; I don't know who I am anymore; what the hell is going on, you know. Do I like person-centred, do I like CBT, do I like both, what do I want to do?”

P4: “...there is no structure on anything I am doing, one time I'm talking about self-concept, another time I am talking about um I don't know like an activity you should do or something like that and I thought this is crazy, I'm just doing, I am just like a trainee that’s gone wild, you know but that actually that is not, at that point it serves like that, it serves like that, I was... I am throwing things now you know, this gone mad.”

P5: “...like what if I've missed something. Does this sound silly? What if I missed something? What if something has changed? What if I need to know something, develop something?”

P5: “...there needed, I needed more in the bag you know and I questioned is that me because I never feel good enough, I always feel the need to know more or what is it the paradigm...”
P6: “...why am I not meeting these criteria, why am I not writing enough, why am I basically failing every essay and that very disheartening, um but now I realise it was because I was being too critical something that they held, they held really precious...”

P6: “...I was just really down at myself and I think that was key I was like really feeling bad, I was like why, I’m sure I can be reflective, I’m not doing something different from other people...”

P6: “...I don't know it as much so when I go to use it with the client I'm like is this the best thing?”
### 3B: Questioning the training

#### ‘I felt like wow this needs more training’

P1: “I think I just found it kind of there were dismissing all these other techniques and things that could work, there were things that we could be applying that have merit and value that we were um, we'd almost, we were facilitating this atmosphere of closing these doors to other avenues that could be useful and to me from the start until the end that didn’t make sense. Um so I experienced it as a bit insular in one way, we were kind of all just re-affirming this one approach and we all, it's like a religious you know dynamic to it, we kind of going kind of the same things and we are re-affirming those things.”

P1: “…it kind of felt like a religious thing, we were all chanting Rogers and we were dismissing all the other…”

P1: “…I didn't find the pluralistic kind of thing that was the spirit of the course um it felt like a copout to me and I always struggled with that philosophically…”

P2: “…we are not given formal training of how you give psycho-education or how you do CBT, I mean we did a few videos but that doesn't make me feel like I'm good enough, that doesn’t, for me I think that’s not sufficient…”

P2: “…they teach us very little you know it’s a like a sneak peak preview and then you, you are left with can I, can I do this?”

P2: “…the first it was person-centred and when they train person-centred I was like wow this is not enough because they did they just did a few role plays and that’s it…”

P2: “I, I, I felt like wow this needs more training, it needs more training and it’s, it’s like a joke you know it’s like that’s it?”

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P3: “So my earlier training was lacking something, um I felt. In the real world of the therapy world it wasn't working as well as I think; um, as they suggested training courses.”

P3: “…I'm not sure that's what Carl Rogers he was saying. I feel like um people change it along the way or they don't fully understand what he was saying they focused on bits of it.”

P3: “People came for a few months and then left and we had lots of people come and go, um and I suspected because they trained, their humanistic training did not fit this primary care setting.”

P3: “…certainly my training let me loose in situations that were really um helping people that I would never thought it was appropriate.”

P3: “…when people were sent to a psychoanalytic um workplace or psychodynamic we really only had done a brief module in classroom, um I am not sure about the ethics of that to be honest. I mean we have to start practicing at some point with this model but when I walked through the door I didn't really know what I was doing from a psychoanalytic perspective and I was learning while I was there. I think we were sent in too early.”

P3: “…I can’t say that in the early sessions myself or other trainees were work in a psychoanalytical way. So people were coming to a psychoanalytic service and they wanted to see someone psychodynamic and that's not what we were providing; for me there is a mismatch there. So even on a Counselling psychology course I would say I have some concerns with the parallel with the original training...”

P5: “It felt flimsy so even though we did look at humanistic-existential it wasn’t a flimsy, tokenistic person-centred it still felt there needed to be more knots and bolts...”
P5: “...it feels loose, not solidated I think I like my learning to be, learn something, practice it, go out and do it in the real life, reflect on it, talk about it, analyse it with theories, find new ways you can do it and go out and do it you know and kind of building all the time.”

P5: “...did I feel nourished? Did I feel like the flesh was coming into the bones? I didn’t do it for me so it felt very um (pause) fragmented in a way”

P5: “...there is something about the reality of practice in the NHS and in charity and in other services that wasn’t pervading the programme...”

P6: “...it felt it was more their own voice they wanted to hear, they didn't want to hear anything else, it’s just that only way of being...”

P6: “...where am I going to get this knowledge from? How am I going to get it? Who is going to give it to me?

G: So you didn’t feel like the course ...

P6: ...gave it to me.

G: ...was providing that for you.

P6: Yeah I didn’t feel like they did much adequate job providing it for me.”

P6: “Um being trained as a Counselling Psychologist feels bitty, so you get a little bit of this and a little bit of that and you are left to make sense of that yourself and that feels like chunks of knowledge chunked at you and then you are left to integrate it yourself so it feels bitty, it feels a bit messy...”
**3C: Questioning the therapeutic model**

**‘It didn’t feel enough on its own’**

P1: “...um it will play a role on emphasising, influencing therapy for years to come but it’s incomplete that it’s taking us a part of the way but that is as far it’s going to take you and now we need to really break it down to, we need to go quantum you know in therapy...”

P2: “...after few years you, you see different clients with different presenting issues and you are thinking oh this is not sufficient...”

P3: “My own reaction to what we are talking about, the humanistic I felt was very light weight, wishy washy. It felt like... The professor in the course I mentioned this to him one day and he said “Yeah, it’s half a theory” and I like that. Our humanistic course was half a theory...”

P4: ““Okay, you know what if this doesn’t work for a client?, ‘What if there is something else that they need?’”

P4: “...it used to make me wonder whether in the real world this is possible, you know. Whether it is possible actually to carry on seeing clients for years after years and um in this time and age where money is a problem we are already in the recession when I was training and I was thinking this is not, it may be very, very useful, it is very useful therapeutic approach but is it economically possible for all counsellors to carry on and on um not providing, um in a non-directive way you know, what if somebody what if a client want advice, what if they want structure, what if they want um to have some cues from the therapist about how they should change, what direction they should move so... person-centred didn’t provide the space for that, I would think it may be useful, it may be effective but is it practical?”

P5: “I think it didn’t feel enough on its own. It felt idealistic but not enough and in terms of an evidence-base to back it up it felt flimsy, lacking and that’s probably because in reality most people practice from an integrative perspective...”
P5: “...it’s like CBT it feels to me like a bandage so it’s like I’m on a nursing triage and CBT kind of I stopped the bleeding, I got the blood pressure is back to normal, he’s got oxygen but actually there is something else causing, why did the blood pressure drop? Where is the bleeding coming from? You know what is going on in this system that is causing this crisis?”

P6: “…do I know it in the same way? Can I use it in the same way? How do I feel about it? Does it fit me in the same way?”

P6: “I can understand the principles, the theoretical underpinnings of it but I don’t get how that would help somebody I mean long-term, I can get how it can work on the symptoms put the band aid on but I didn’t get it as um how it would, I didn’t get one how it would fit with me as a person and I didn’t get how it would be beneficial to um to my clients and the clients that I was seeing so I, I really struggled with it, I really struggled with it…”

P6” ...that’s how I use my CBT right now or if they are experiencing something to really get to the okay what is it? What is the symptom? What’s happening for you? Really get a clear understanding and then stabilise them so we can do the real work
3D: Questioning Counselling Psychology

‘Counselling Psychology, take a look at yourself’

P1: “...for me I suppose I find it a little bit over reading sometimes because I do see how they have so much symmetry, I do almost kind of privately had this discussion and I kind of just think we do the same kind of damn thing, let’s merge and concentrate on the science, um that’s kind of privately...”

P1: “...and I looked into it um for me they are the same thing, I was never at odds with Clinical Psychology because I suppose of my philosophy on the one hand, that’s a big factor I think, I was never at odds with that so for me it’s kind of a move point now, I just, we do the same thing, I’m happy to you know see myself as one of them, or you know them as one of us...”

P5: “...it took a non-pathologising approach which I agree with but also have mixed feelings about because I think we got to look at the bigger structure, I think it’s very middle class to say never give anyone a label if, if we are financially very comfortable we don’t need a label to access services, to access therapy, we can pay for it, we can do other things to alleviate psychological distress levels like horse riding, go skiing, play musical instrument if you are really hard pressed and you are living in a community and a family where there are no options other than being with that psychological distress actually a label could be empowering because it could give entitlement and access to all kind of things.”

P5: “...without that label how do we understand what’s going on so it’s very kind of taking another position of privilege, it’s kind of an inverted snobbery oh we are so non-judgemental, everyone can have no label and how does anyone get treatment? And I guess some people will need pharmacological treatment and we can’t, we can’t deny that...”

P5: “..., it’s very sort of taking a more powerful position saying we are not going to give you that label, we are not going to give you that medication...”

P5: “That makes me question, which I don’t think it’s a bad thing, you know the whole notion, the whole philosophy of Counselling Psychology, which I think the profession questions a lot, you know from within reading the papers there is a lot of questioning do we actually know who we are and what we are saying? What’s our identity? If we are scientist-practitioners by virtue of that we have to have theory
underpinning our practice and that must include neuropsychology, it must be embedded theory in the context and the body but it feels as though we have principles and beliefs that are very honourable and very congruent with my ontology as a human being but it’s not enough, there’s need to be more.”

P5: “...how we are different to Counselling, to Clinical Psychologists, how we are actually different to clinicals and they, their perceptions of us and um I was shocked that there are perceptions out there that we are elitist and that we take a very elitist and disempowering view...”

P5: “…the identity of Counselling Psychology, in trying to create this distinct identity it’s almost like we have obscured our identities...”

P5: “…my experience of Counselling Psychology is like it doesn't know itself or parts of itself...”

P5: “I think it’s more Counselling Psychology look at yourself, look at ourselves, what are we? Where do we want to be? And having a sense of identity is very important. Very important in terms of getting a job and functioning competently in the workplace and it’s not about being rigid, having an identity doesn’t mean it’s a fixed identity, hopefully it’s evolving...”

P5: “...we are now formulating a new identity, why we invent, why try to build a planet, it’s kind of we just find a new way to navigate it, we don’t need to complete rebuild a planet...”

P6: “...I feel like Counselling Psychology really doesn’t recognise that and in fact it downplays it and it’s a bit disrespectful to the humanistic values that it builds itself on so Counselling Psychology being humanistic should really value those and value that approach more I feel like instead of criticizing it or saying that oh it’s not recognised as a way of working, it’s not recognised as a way of being when in reality for me Counselling Psychology is, I feel like the whole profession stems from you know person-centred therapists who were like okay what is happening here so yeah.”
3E: Questioning the field of therapy

'The field has a lot to answer for'

P2: “...I debate whether we are doing things in the right way.”

P3: “Um I’m afraid that the field has a lot to answer for, people who are at a diploma level, um low level may with no personal guarantees or very little. This is wrong. I send my car to the garage and the MOT guy needs to be qualified and there is more care for that than the psyche. Um it troubles me. Let’s hope that one day things will tighten up. Um let’s get these questions out there.

P3: “Pluralistic, integration, eclectic, pick your word (laughs).

G: Which one would you pick?

P3: Um probably I wouldn’t say eclectic because people look at you funny, it’s old fashioned. Integration, pluralistic I’m not really sure there is any difference between them. Um they seem, probably I would use the word integrative. I know pluralistic is a word on the course and I read John McLeod & Cooper but I don’t really see what is the different to integrative; um that word describes bringing different things together; sometimes I wonder if I went to a client and said integrative I think it’s more easy to understand than eclectic or pluralistic.”

P3: “...we come up with these concepts, words which are really cool and if we can’t explain them to the client in a brief way they can make sense of them, I would think it makes things very complex. Integrative it’s simple and it does what it says, it does what it says on the tin, it says it, it’s integrative.”

P3: “I’m critical of counselling and psychology as a field of psychotherapy. I’m not sure we are doing enough training so we can recognise when therapy can be harmful...”

P3: “I don’t know if regulations are an answer or not. If we can’t consider our training in this way you are looking at then how do we match that with ethics? I mean if we can’t do it then we need somebody else to do it for us.”

P3: “I’ve seen the field change, even the word eclectic is now integrative, it’s like a representation of the field changing that has a really, the world changes. I passed a local board where people put their business cards on quite recently to advertise for clients and many people only had like a certificate or a diploma but may be they are
highly skilled practitioners who just, you know who've been in the field for a really long time hence their training um but they may not be. They may be people who are in the beginning and not very well trained and they are let loose on public. Um so the counselling psychology doctorate I suppose you could say it's some kind of validation that this person had training in therapy.”

P5: “…what is right, who knows?”

P5: “…it didn't actually seem like anything new, to me it looked like integrative approaches to therapy renamed, repacked but without a sound theoretical background…”

P5: “At point confusing and confounding because it felt, you may heard the saying ‘All roads lead to Rome’, I think it’s about religion that everything leads to Catholicism I don’t know where it came from, what it ultimately means but I think it’s all paths lead to the same destination and it kind of felt like that but then I questioned is it the same destination?”
### 4. THE CHANGING SELF

#### 4A: The ‘Seeking’ self

**‘I was like a sponge’**

P2: “...I can acquire higher level of education, I could learn more therapeutic interventions and different theories, models and things like that so I wanted to be play around with it, the different things I could do...”

P4: “...as a trainee I need something more now to increase like my bag of resources so I feel like I, before actually when the second year begun I was already ready for CBT, like give me, give me more, I had done this...”

P4: “...I am bored of this now, you know I need some change in, in the model, I need, I need new experience of being a professional...”

P4: “...I was very enthusiastic, I was waiting for it you know, okay now they are going to give me more structure, they are going to give me agenda, they are going to give me you know the freedom to be directive um and CBT they will give tools and techniques, I was like this is what I need now, you know?”

P5: “I kind of felt like it was a sponge waiting to absorb lots of stuff, and actually willing, looking for it, not being a passive recipient, being actively wanting to know more, wanting to join things up...”

P5: “...that was a very positive experience and as a result of that I hungrily read lots of stuff on systemic therapy...”

P6: “Well I guess I had a need to learn to more, that was a big one, um I need to know more about different ways off working um I didn’t feel like my skills have fully developed and I was finding I was really stuck with some clients, I was getting into a position where you know I wanted to be more directive, I wanted to offer something more but I wasn’t quite sure how to do it um so I thought okay I’ll do something else.”
# 4B: Challenging the self

**‘I was taken out of my comfort zone’**

P2: “...you get the sense of oh I felt, I’ve not learnt enough, you get this sense of anxiety like this is not good enough but I think the more you expose yourself to the practice um, um you get more confidence...”

P2: “...this year I took a risk, I did something on sexuality which I have no experience but then I got a very good supervisor who is a specialist in sexuality and em gender and everything so a lot of um my confidence as a practitioner um, um it’s mostly from an external factor which is my supervisor...”

P3: “So the placement, I would have never chosen a psychoanalytic placement unless ... so having done that because it’s mandatory I really enjoyed it and I really developed.”

P4: “...it has to be difficult so it’s just I had to choose whether I wanted to take on the difficulty or I wouldn’t take it on basically.”

P4: “...it does require a level of personal, yeah that’s very true, you need to be mature personally and you need to be feeling ready to take on the challenges and you need to know your capacities you know, at what time of your life you are in the mode to learn more, absorb more, to make shift in your approach.”

P5: “...it felt really good you know like I really learnt something and I got out feeling uncomfortable, way out of my comfort zone whereas pluralism it’s comfortable but there is not that movement you know there isn’t that movement, I’m not changing, I’m not moving forward, I’m not evolving whereas this I came away feeling more confident now to use it in a very basic way to help clients...”

P5: “…my identity as a Psychologist I think was validated and developed more in clinical practice.

G: Yeah rather than the training.

P5: Yeah I feel, I felt that my learning was scaffolded and I was taken out of my comfort zone which needed to be otherwise I would carry on, not pushing myself.”
P6: “...if anything I got lazy and yeah.

G: What do you mean by lazy?

P6: I got, I rested on my laurels on my practice and I, I thought to start something new to change in a way and feel like that year, it kind of set me back a little bit because I felt like oh I know this...”
<table>
<thead>
<tr>
<th>4C: Acknowledging ongoing change</th>
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<tr>
<td><strong>‘I’ve just changed’</strong></td>
<td><strong>P1: “...I think I probably did a funny, little dance you know around it answering the question, I do tell her in roundabout ways that oh I am interested in this now, we covered this now but I always kind of almost kind of…”</strong></td>
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<td><strong>G: It sounds like you are filtering your answers a bit when you offer them back…</strong></td>
<td><strong>P1: Yeah, yeah it is. I try to sweeten the deal, yes I have a cognitive view and the things that we learnt and we trained are important and are still working and are still in use but they don’t work because of some quasi-religious, you know, scientifically, inaccessible method of metaphysically distinct, you know, it’s because of um, you know, because it facilitates the person’s awareness of x and then we can, so there’s a cognitive view, an explanation for why these things happen and why when you engage somebody in certain way you facilitate that process and so yeah I am, I am trying to say that in a nice way because I do have very fond memories of her, I have fond memories of the training, I think I’ve learnt a lot when I was there and I wouldn’t want her to think he came, trained with me, learnt my stuff and then found that stuff and then he was off with that whole approach because that’s not actually true.”</strong></td>
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<td><strong>P1: “…different challenges on the way in terms of where I fit in with a lot of those different environments because they seemed to change a lot as I’ve gone through things em and I think that was the most difficult bit to make sense of but I think at the end I kind of I am happy with where I am, where I am.”</strong></td>
<td><strong>P2: “…I think each person has a different transition and for me it’s, it’s all about learning who I am, learning about my identity, learning about what have I learnt as a counsellor, what I have learned as a hypnotherapist and finally in an integrative course and it’s about bringing all the aspects in and trying to help a client…”</strong></td>
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<td><strong>P2: “…I think now I, I, I, I can identify myself as a psychologist and I grew from um, from, from I’ve learnt a lot of stuff and I think it really reflects when I see clients I produce successful outcomes in therapy so yes I have learnt a lot and I have, I definitely progressed a lot and I think the things I do now here are more structured, are more tighter you know whereas before I would get this thing I don’t know what I want to do, I don’t know who I am as a person um but I think now I feel tighter…”</strong></td>
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**References:**

- P. 25-26
- l. 622-651
- P. 60
- l. 1522-1529
- P. 25
- l. 664-671
- P. 31-32
- l. 827-838
P2: “I just, I think for now I would call myself integrative because I wouldn’t describe myself as a pure person-centred. Yeah, I would actually....

G: You look surprised!

P2: I am very surprised (both laugh). Yeah probably integrative because that’s what I do, I try to adopt different techniques and theories and bring them in the therapy so that’s being integrative yeah.

G: I am just wondering why you looked surprised. (Laugh)

P2: Because I was so against integrative and then suddenly I’m integrative now.”

P3: “Um I’ve been in a psychoanalytic place part-time for two years. My very, if I had hesitations about, there are some things I found difficult but in my last supervision at the end of two years I suddenly said “Omg listen, listen to me, I’m talking the language of psychoanalysis (laughs). I really absorbed these stuff”. Um and I really like it because now I have a different level to my practice um and being in psychoanalysis has helped. I swear to God this is something I thought I would never do."

P3: “…some things that I used to believe I don’t believe anymore, I mean some ways of working, some things that are helpful;”

P4: “...when I had started doing CBT and eventually I became more confident at it, you know, um I forgot about person-centred completely, like my way of um... approach in therapy was different, my way of looking at the client, the way of conducting myself, the way I talked, the words I used, everything, as if I didn’t have any person-centred training, I went through a total shift form the one end to the other end.”

P4: “…I was being quite active but I was, I would talk more than the client, I would be saying more than listening, I was talking and then I realised that something had changed in the way I, it was during training but it was towards the end of second year.

G: How did you feel about this?

P4: It was...mmmm...at that point I didn’t feel anything except surprised; I was just surprised, what the hell? When did that happen? You know, I remember when it was difficult but I didn’t really know when it had become so easy but I had completely changed; I was not aware of that evolution so but then I realised the evolution but
oh my God I completely forgotten the person, I am collaborating definitely, I am setting up an agenda for therapy, for the goals together but actually afterwards I don’t care, I am telling them what to do, I am giving the techniques, I just, I disempowered the client, it became a slow process where I was starting to realise that I was not feeling only negative but I just thought no, I am surprised how this has happened, I was not expecting it so yeah I think surprised is more, the right word;”

P4: “...I’m just I’ve changed completely and completely, and I am suppose not fully aware how the idiosyncrasy of that transition, when it happened, why it happened, how it happened, I didn’t notice these;”

P5: “...to practice something for me I have to know why I am doing it, how I am doing, how it fits it’s like a tree, I’ve got to have my roots and then my branches got to grow and then my other things got to grow of it for me to feel that my tree is healthy and flourishing and going somewhere...”

P6: “...now I’m even speaking in a CBT way but at first I couldn’t get how em you know, I just, I just didn’t get it...”

P6: “...I can see a progression, I think it’s hard for me to see it right now because I am still on the training but I always, I’m always struck, I’m struck when I talk to people form the K course and we would be talking about a client issue and the different ways how we try to approach it in comparison to the one linear way they think it’s right. So I would say in my journey I do see a change of being able to look at different perspectives and weigh them up and try to do what’s best for my client um yeah.”
5. FINDING PEACE

5A: Developing own way of practice

‘It’s like finding your own roadmap but you have no directions’

<table>
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<tr>
<th>P1: “…it’s the proper way I would say with CBT maybe there is an emphasis on, you know, what people do are more manualised and so on, it was learning process by doing things the proper this is the way you do person-centred and this is the way you do CBT and you as a practitioner you are trying to do things the proper way where the reality is the proper way is to learn the core key skills and then use them in an organic way as a human being, that’s the idea.”</th>
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<td>P1: “…I mean I still rely a lot on the skills I’ve used in CBT, person-centred, um I almost kind of conceive it as person-centred is the method of delivery if you like, you it’s kind of, a lot of the skills I use is building a rapport, things like unconditional positive regards, a lot of those things, um showing warmth, those are key ways of doing therapy but I think I conceptualise it more through a cognitive lens so maybe cognitive techniques I’m using but in my mind and I’m still not fully figured things out yet, I would that I will be there by the time I finish but um I will continue to make sense of it through a cognitive lens and that will increase in clarity with time, that will be making more sense to me in that way…”</td>
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<td>P1: “…I would say probably for the first time at the end of this training I am kind of, I’m going on my own way with it, so liberating in so many ways, I’m no longer doing this method or that one, I’ve taken interventions and theories from those but things are beginning to make sense from the reading I’m doing, maybe even externally, whilst I’m on the programme but things I’ve learnt on the programme and things I’m developing through my own understanding, which I think we would that at this kind of level that we become independent, um scientist-practitioners in some ways is the ability to use our own, you know, this isn’t just about textbook kind of method.”</td>
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<td>P2: “…sometimes when you are being integrative you’ve seen lots of things and em and you forget the basic things you know what a human wants it’s basically connecting with that client and trying to help because sometimes therapy all these interventions and theories it doesn’t apply, it’s, it, it sometimes falls down to the basic things how can I help this client, how can I connect, how can I help this client, how can I establish a good relationship and how can I move them forward so sometimes I think it falls to this basic common sense…”</td>
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P3: “...I don’t have one model or approach in mind, um I get a sense of the person, what seems to be their needs and what they want, perhaps gaps..."

G: So you are influenced by the person you have opposite you not so much about...

P3: Yeah I think I’m guided by the person.”

P4: “I realised that actually my road is person-centred; I was, CBT, I was like a child was given a toy and I was obsessed with it or you find your favourite ice-cream flavour suddenly and you eat the same ice-cream flavour for six months because you are obsessed with it, CBT was like that for me and it given me finally that there was a missing link you know and then I was using and abusing it and overdoing it and then I realised that it’s not that I don’t like CBT it is very useful, it is very efficacious, it’s needed in a world; it’s providing for clients, in the NHS, it’s doing the job in a way that person-centred it’s not always doing the job but philosophically and in my core I am a person-centred practitioner and I apply CBT on top of that like icing on the cake you know.”

P4: “…I was not obsessed with CBT anymore you know, at first I was like I know it, I’m confident, it’s there in my toolkit, I can apply it when I want, I realised that okay person-centred is my base and um, CBT falls in the middle of therapy when the client shows readiness for change, when they say to me okay you know I’m ready to do something about it, let’s do something about it, when I hear it from their mouth then I use CBT.”

P5: “…it’s kind of my story of training becomes my bag of, of interventions and possibilities and that feels exciting because then it’s like my life story and the interventions I use it makes sense and I understand why I am doing what I am doing and I have experienced it...

G: It’s personal.

P5: Yeah, there is a personal connection to all of those things.”

P5: “…some models help me understand and make sense of the clients’ experience from their point of reference. Does that make sense? It’s like you look at something, really no idea and suddenly it kind of enabled me access...”

P6: “…I would use my presence in the person-centred stuff but then I think I’m using more psychodynamic theory now and yeah then the CBT is just the symptomology.”
P6: "...I am starting to really move away and that's a new thing of working from like theoretical perspectives and I'm focused more on the psychology beneath it..."

P6: "...I'm looking at this versus this is the therapeutic approach I am using because I feel like that um it suits me, it's less pressure I think in a way to fit in to one specific way of working as well, it's a way of integration that allows me to use stuff from each therapeutic model, take the merits, the strong points out of all of them and say it's back down to what the client needs and you know it all comes down to the psychological aspects of it."

P6: "...it's about stepping back from actually I need to use this theoretical model, I need to work, I need to be a therapist in this sort of way, it's stepping back from that and be like okay what is informing my practice right now..."
APPENDIX 9: EXTRACTS FROM REFLECTIVE JOURNAL

07/11/2014

I am surprised how all interviews ended with the trainees noting how settled they felt especially in relation to their clinical practice. The trainees noted finding an internal model of integration and their own individual way of being as therapists.

I was surprised on the trainees’ ability to reflect on the positive aspects of the course and what they gained from the course whereas my experience has been predominantly negative. It makes me reconsider my own experience. Is it just too difficult for me to recognise the positive aspects of the course now because I am so immersed into it?

My experience from the course was that I was not held. I felt there was no containment.

At times I felt quite frustrated because I felt that my skills, training and experience I obtained prior to the course were not acknowledged.

08/12/2014

When transcribing I started contemplating with the idea of looking at the data through psychodynamic lenses and specifically object-relations theory. The training could be viewed as the parent and the trainee as the child. The course is critical, uncaring and unresponsive to the needs of the trainees leaving them feeling angry because they do not receive the care they expected.

A theme that I identified in Ismene’s interview is the theme of expectations. She had placed high expectations on the course left feeling disappointed as the course failed to meet these expectations. This differs significantly from Aeneas’ experience, who in a way did not have any expectations.

Link between expectations and experience of the training?

Can you really not have any expectations at all?

When I came to the course I do not remember what exactly I wanted. I could not specify what I expected specifically from the training. I strongly remember feeling disappointed very early on. In a sense I only became aware of my expectations whilst in the course.
Phaedra spoke about psychology being her platform for integration. She spoke about moving away from therapeutic models and using psychological theories to make sense of her practice.

I like that idea. It can give a framework of integration and can help feeling more as a psychologist.

Where am I with integration?

I felt settled up to recently. Learning CBT was definitely difficult for me as I felt it challenged everything I knew. I kind of understood CBT as antithetical to everything I was taught previously. I was against at the beginning, I didn’t like it and I attacked it. But I think that was my process of integrating CBT. When I realised that I do not have to be a textbook CBT therapist and above all that I am a Counselling Psychologist my defensive attitude towards CBT changed drastically. Nowadays, using CBT feels very natural and easy. It is very weird as it was only a year ago that I was first exposed to the model. Now, I feel confident and competent in using CBT, even though I find it next to impossible to follow a manual. I am flexible as a therapist and I like to use CBT in a relational and flexible way.

Now as part of my placements I am training in psychodynamic and DBT. DBT feels much easier to integrate as it kind of builds on CBT a lot. Psychodynamic psychotherapy though is a completely new experience for me. I struggle to grasp it at times. I identify myself as a critical realist but still a realist. Psychodynamic theories really challenge me to the core in a similar way as CBT but with even more intensity as with CBT I could see its rationale. I think it’s helpful to find the common language between approaches. So my own personal process of integration is to translate models into one another. I kind of think that they all talk about similar things but name them differently.

30/01/2015

When I started the data analysis I was mindful of the fact that as a researcher, who had an insider’s experience on the phenomenon I was researching, I would have my own perceptions and biases. Ideas about the themes and the subthemes had already started shaping in my mind during the interviews, even before that. Despite having preconceived ideas of what I might identify in the data, I tried to maintain openness and an unwillingness to be surprised by the material.

The interview questions were designed in a way that would explore the experience of training. Participants interpreted the questions in a different way which made each interview to be quite unique.
In the beginning, after I finished transcribing, I was overwhelmed by the divergence of the data and I questioned how they would fit in together as I began the analysis of the transcripts. I attempted analysis of the transcripts I attempted a tentative clustering in the beginning with two overall themes “the transformation of self” and “the lived experience of training”. As I proceeded with the analysis I felt more able pick up nuances and break the themes into smaller units of analysis.

Three of the themes were quite apparent when I began grouping the themes from each transcript together. These themes were:

- Questioning the I
- Dynamic interplay
- Transforming the self

The first two themes were very clear and grouping the subthemes felt easy and quick. The last theme felt slightly more difficult as I was very mindful to maintain the idiographic nuances of the self. But then I reminded myself that these differences which made the analysis so rich would be shown in the write up of the analysis.

The theme I mainly struggled was related to the experience of training. I originally grouped all training subthemes under a broad theme “lived experience of training” but for some reason the theme seemed to suffer from inconsistency among its constituted subthemes.

After a meeting with my supervisor she picked up my hesitation about the last theme. It just felt wrong! Through dialogue it became apparent to me that it would made more sense to break the theme into the two themes of expectations and finding resolution. As the first theme is about their experience at the beginning of the training and the latter is about the ending part of the training it was no surprise then why the theme felt inconsistent.

My goal from the beginning was to present a story of training, a story that had a beginning, middle and an ending. This ending did not signify the end of training but rather the end of this particular training experience.

At this point, I have decided on these themes and grouped them in an order that would capture the story. Later on I will try to ensure that the subthemes would have this order as well within the themes.

Some themes, like “the impact of the context in questioning “and “questioning the field of therapy” were merged into one subtheme. The subtheme “making sense of the questioning” was discarded and will be merged in the subtheme making sense of the experience of training, as part of the finding resolutions theme. On a similar note, the substance compatibility in comparability of the modes was moved from “expectations” theme. The subtheme “struggling with integration” can be merged both in the “comparing training experiences “and “challenging the self”
The sub-ordinate theme questioning Counselling Psychology training was changed to questioning the training. The reason for that decision was that as I was looking for illustrative quotes in the data for the questioning Counselling Psychology training, it became apparent to me that I left behind the prior training. For these trainees there seems to be interplay between the previous and the current training with a constant comparing and continuity. They have an experience they measure against to and they fall back to. It feels like these early training is always there for them, it can’t be left behind. Therefore I decided to include it as a theme.

I questioned whether to have it as an individual subtheme but then, I decided against that. It made more analytic sense for it to be merged with the questioning Counselling Psychology training under the subtheme questioning the training as the two of the together could be used to shed light in the relationship between the two trainings, and the impact of the prior training upon the trainees’ level and depth and degree of questioning.

Positive relationship with Person Centred Approach ➔ more questioning of the current training.

Negative relationship with Person Centred Approach ➔ less questioning of the current training.

A few weeks earlier I made the decision to add the theme struggling with integration. I contemplated more with this idea as I felt that something was missing from the data. At the moment I am thinking of adding a theme “managing transitions” which could include both the struggle (or not) with integration and the trainees’ struggle in managing the multiple components of the training e.g. research practice, theory, and constant movement between them.

Furthermore questioning the model is moved after the questioning the training as I am thinking to apply the eco systems theory, in which the questioning starts from a micro level and extends to the macro level. The system of training is a smaller system than the model as a therapeutic approach entails a community of professionals trained in that particular model.