How to survive and flourish: a case study and research informed-model of self-care and stress in trainee counselling psychologists

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SCHOOL OF ENVIRONMENT, EDUCATION AND DEVELOPMENT
Table of contents

Abstract ......................................................................................................................... 12

Chapter 1: Introduction ............................................................................................. 17

1.1 Overview of chapter ......................................................................................... 18

1.2 The context of the research ............................................................................. 18

Counselling psychology in the UK ................................................................. 18

Counselling psychology training in the UK .................................................. 19

1.3 Personal rationale for the study ..................................................................... 19

A note on reflexivity .............................................................................................. 19

My story ................................................................................................................ 20

1.4 Academic rationale ....................................................................................... 25

Bridging personal stories with academic stories .......................................... 25

Self-care, stress and counselling psychology .................................................. 26

Self-actualisation, self-care and stress ............................................................. 27

1.5 Chapter summary ............................................................................................. 28

Chapter 2: Literature review ................................................................................ 30

2.1 Overview of chapter ....................................................................................... 31

2.2 The nature of theory ....................................................................................... 31

2.3 Theoretical orientations ............................................................................... 32

Counselling psychology ..................................................................................... 32

Humanistic psychology ....................................................................................... 35

Human potentiality ............................................................................................... 37
Chapter 2: Theoretical conceptualisation

2.4 Conceptualising self-care and stress in the research literature

Conceptualisations of self-care .......................................................... 47
Self-care strategies ............................................................................. 48
Conceptualisations of stress .............................................................. 52
Sources of stress ................................................................................ 54

2.5 Applying the research literature to the theoretical conceptualisation ....... 58

2.6 Pluralism ....................................................................................... 61

Pluralistic philosophy ....................................................................... 62
Pluralistic therapy .............................................................................. 63

2.7 A research-informed model of self-care and stress .............................. 66

2.8 Chapter summary .......................................................................... 69

Chapter 3: Methods ........................................................................... 70

3.1 Chapter overview .......................................................................... 71

3.2 Methodological rationale .............................................................. 73

Epistemology and the nature of knowledge ...................................... 73
Social constructionism ...................................................................... 74
Social constructionist values ............................................................ 75
Social constructionism, relativism and the self ................................. 77

Qualitative methodology ................................................................. 79
3.3 Trustworthiness in qualitative research .......................................................... 81

Keeping a consistent philosophical and theoretical grounding .................................. 82

Actively engaging in reflexivity .................................................................................. 83

Gathering rich and meaningful data ......................................................................... 83

Conducting analysis in a systematic manner .............................................................. 84

Writing in a clear and accessible manner .................................................................. 84

3.4 Method .................................................................................................................. 84

A case study method .................................................................................................. 84

What is a case study? ................................................................................................... 85

Case studies in counselling and psychotherapy ......................................................... 86

Theory-building case studies .................................................................................... 87

3.5 Procedure ............................................................................................................. 88

Developing a research informed model of self-care .................................................. 88

Selecting the case ...................................................................................................... 94

Creating a rich case record through qualitative interviewing .................................... 98

Analysing the case record with thematic analysis ..................................................... 105

Presenting the findings and refining the theory ......................................................... 112

3.6 Chapter summary ............................................................................................... 112

Chapter 4: Findings .................................................................................................. 114

4.1 Overview of chapter ............................................................................................. 115

4.2 Category 1 – Conceptualisations of self-care .................................................... 115

Theme 1 – Caring for myself ....................................................................................... 116
Theme 2 – Caring for others ................................................................. 120

Theme 3 – Self-actualising ................................................................. 123

4.3 Category 2 – Self-care strategies .................................................. 126

Theme 1 – Self-care strategies which maintain a work-life balance .......... 127

Theme 2 – Self-care strategies which care for physical well-being .......... 132

Theme 3 – Self-care strategies which involve getting support from other people ........ 135

Theme 4 – Self-care strategies which help trainees realise there is more to life .......... 139

4.4 Category 3 – Conceptualisations of stress ..................................... 142

Theme 1 – Conceptualisations of stress through theoretical understandings ..... 143

Theme 2 – Conceptualisations of stress through physical impacts .......... 146

Theme 3 – Conceptualisations of stress through psychological impacts .......... 149

4.5 Category 4 – Sources of stress .................................................... 153

Theme 1 – Sources of stress from demands and pressures ................. 153

Theme 2 – Sources of stress from financial strains ............................. 158

Theme 3 – Sources of stress from unhealthy relationships .................. 159

Theme 4 – Sources of stress from personal and professional development .................. 162

4.6 Chapter summary ................................................................. 167

Chapter 5: Discussion ................................................................. 169

5.1 Overview of chapter ................................................................. 170

5.2 A research-informed model of self-care and stress ......................... 170

5.3 Goals of self-care ................................................................. 174

Caring for self ................................................................. 174
6.2 Reflexivity ................................................................. 206
6.3 How to survive and flourish ........................................... 207
6.4 Surviving on the course ................................................. 209
6.5 Flourishing on the course .............................................. 210
6.6 From wounded healer to soul friend ............................... 213
6.7 Chapter summary ....................................................... 215

References ................................................................. 215

Appendices ............................................................... 233
Final word count: 54,300
List of Tables:

Table 1: Database search terms ................................................................. 89
Table 2: Overview of systematic literature search ........................................ 90
Table 3: Inclusion and exclusion criteria ...................................................... 93
Table 4: Overview of Category 1 – Conceptualisations of self-care ............... 116
Table 5: Overview of Theme 1 – Caring for myself ....................................... 117
Table 6: Overview of Theme 2 – Caring for others ...................................... 121
Table 7: Overview of Theme 3 – Self-actualising ......................................... 124
Table 8: Overview of Category 2 – Self-care strategies ............................... 127
Table 9: Overview of Theme 4 – Keeping work-life balance ......................... 128
Table 10: Overview of Theme 5 – Caring for my physical well-being ............. 132
Table 11: Overview of Theme 6 – Support from other people ....................... 135
Table 12: Overview of Theme 7 – Realising there is more to life .................... 139
Table 13: Overview of Category 3 – Conceptualisations of stress .................. 143
Table 14: Overview of Theme 8 – Theoretical understandings ...................... 144
Table 15: Overview of Theme 9 – Physiological responses .......................... 147
Table 16: Overview of Theme 10 – Psychological impacts ........................... 149
Table 17: Overview of Category 4 – Sources of stress .................................. 153
Table 18: Overview of Theme 11 – Demands and pressures ........................ 154
Table 19: Overview of Theme 12 – Financial strains ........................................ 158

Table 20: Overview of Theme 13 – Unhealthy relationships .............................. 160

Table 21: Overview of Theme 14 – Personal and professional development .......... 162
Table of Figures:

Figure 1: Hierarchy of human needs (adapted from Maslow, 1970) ......................... 41

Figure 2: A research-informed model of self-care and stress in trainee counselling psychologists .......................................................... 68

Figure 3: Overview of methodological steps in the case study ......................... 72

Figure 4: NVivo 10 screenshot with example of descriptive coding ...................107

Figure 5: NVivo 10 screenshot with example of interpretive coding .............108

Figure 6: Nvivo 10 screenshot with example of ‘Caring for others’ theme ............ 110

Figure 7: A research-informed model of self-care and stress in trainee counselling psychologists .......................................................... 173

Figure 8: Goals of self-care ................................................................. 181

Figure 9: Tasks of self-care ................................................................. 191

Figure 10: Methods of self-care ............................................................. 199

Figure 11: Refined model of self-care and stress in trainee counselling psychologists . 200

Figure 12: University of Manchester bumblebees ........................................... 212
Abstract

Aims: This study aims to use trainee counselling psychologists’ conceptualisations and experiences to create a research-informed model of self-care and stress. In order to do this, the study integrated the basic tenets of humanistic psychology, theory relating to human potentiality and motivation, pluralistic practice and the relevant research literature around self-care and stress in trainee counsellors, psychotherapists and psychologists.

Methods: The study was qualitative in nature and utilised a theory-building case study design. The research participants were 12 trainee counselling psychologists enrolled on a Professional Doctorate in Counselling Psychology in the United Kingdom. A research-informed model of self-care and stress was developed from the relevant research and theory literature. The findings from the 12 semi-structured interviews with the trainees were applied to this model in order to contextualise and refine it.

Findings: The data from the interviews was analysed using a thematic analysis and the following categories and themes were discovered: category one – conceptualisations of self-care with caring for self, caring for others and self-actualising as its lower order themes; category two – self-care strategies, with keeping work-life in balance, caring for my physical well-being, getting support from other people and realising there is more to life as its lower order themes; category three – conceptualisations of stress with theoretical understandings of stress, physical impact of stress and psychological impact of stress as its lower order themes; the final category – sources of stress with demands and pressures, financial strains, unhealthy relationships and personal and professional development as its lower order themes.

Discussion: The revised research-informed model suggests a number of goals, tasks and methods of self-care and a number of practical examples for each of these areas. According to the model, the goals of self-care involve nurturing trainees’ potentiality to become fully functioning trainee counselling psychologists through learning to care for self, others and self-actualising. The tasks of self-care are promoting trainees’ wellbeing through meeting their training needs (social support, academic, developmental and placement). Finally, the model suggests the methods of self-care should encourage intentional individual and organisational engagement in strategies which enable trainees to meet their training needs. The study recommends the model is applicable to counselling psychology regulatory bodies and training programmes, as well as individual trainee counselling psychologists. It also proposes further development of the model through research and testing.

Key words: self-care, stress, humanistic psychology, pluralism, research-informed practice, trainee counselling psychologists, training needs, human potentiality, self-actualisation.
Declaration

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Dedication

In loving memory of the Revd Roy Dorey (1934 – 2011); an urban pastor, scholar, prophet and mentor. Your nurture and wisdom taught me how to survive and flourish.
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This thesis would not have been possible without my family and friends. I want to thank my loving husband Jonathan, who has been my chief motivator, for all his care, prayers and occasional ‘kicks in the arse’ which have helped me to make it to the finishing line. I want to acknowledge Elizabeth my editor-in-chief, I am extremely grateful for the ‘blood, sweat and tears’ she shed while encouraging me to keep going. I also would like to thank my wonderful parents, Robert and Ann, who have always believed in and supported me, particularly when I have been unsure of my own abilities. My brother, sister, brother-in-law, sister-in-law, niece and nephews have all been wonderful sources of strength and comfort as well.

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Finally, as a person of faith I want to acknowledge God within this process, and the knowledge that he continues ‘to hold me in the hollow of his hand’.
Chapter 1: Introduction
‘… if we can survive this course and like, manage it, we’re, we’re basically super-humans …’ – Joy.

1.1 Overview of chapter

I have written this chapter with four sections in mind. The first section is a description of the context of this theory-building case study; namely, an overview of counselling psychology training in the United Kingdom. The second is a discussion on my personal rationale for conducting this research. In this I explore my experience of managing stress through self-care, both in my previous professional role as a minister-of-religion and in my current role as a trainee counselling psychologist. In the third section I present the academic rationale for carrying out this research. I use the fourth and final section to conclude the chapter by outlining the structure of the case study and my research questions.

1.2 The context of the research

Counselling psychology in the UK

Counselling psychology is an international discipline which emerged in Britain in the early 1980s (Orlans and Van Scoyoc, 2009). It began as a section within the BPS and within a decade developed into a full division (Strawbridge and Woolfe, 2010). Mytton (2013) suggests its origins should be traced further back to the 1970s with the rise of the counselling movement. Whatever its actual genesis, British counselling psychology has developed into a respected applied psychology that can be found in varied settings such as education, industry, the National Health Service (NHS), the prison service, third sector organisations and private practice (Mytton, 2013). Currently, those wishing to use the protected title counselling psychologist are required to undergo doctoral-level training to gain registration from the Health and Care Professions Council (HCPC) and, if they wish, chartered status from the BPS Division of Counselling Psychology (DCoP) (Lennie, 2013).
Counselling psychology training in the UK

There are two potential pathways for training in counselling psychology in the UK. The first is a self-study pathway which can be completed whilst the trainee is in a professional role and the second is a university based full-time doctoral programme (BPS, 2014). Both these pathways are accredited by the HCPC and the BPS and require trainees to learn the philosophical basis of counselling psychology, attend personal therapy, conduct research and achieve 450 hours of supervised practice (BPS, 2010a). When the trainees graduate from either of these pathways, they are eligible for registration with the HCPC and to apply for chartered status from the BPS, hence enabling them to use the protected title counselling psychologist (Lennie, 2013).

All counselling psychology training educates trainees as ‘scientist practitioners’ (Lane, 2006; Martin, 2010, p. 552). This is a model which encourages a commitment ‘… to training and working in a manner that means their practice is informed by scientific research, and vice versa’ (Hanley, Cutts, Gordon and Scott, 2013, p.6). Therefore, trainee counselling psychologists must learn the requisite skills to be effective researchers as well as therapists (HCPC, 2012). The BPS and HCPC also require that all trainee counselling psychologists have the ability to practice as integrative therapists with a working knowledge of at least two mainstream therapeutic approaches (BPS, 2010; HCPC, 2012). A fuller discussion on the requirements for trainees and training programmes in counselling psychology can be found in the BPS (2010) publications, Standards for Doctoral Programmes in Counselling Psychology and the Qualification in Counselling Psychology: Candidate Handbook (BPS, 2014).

1.3 Personal rationale for the study

A note on reflexivity

Hanley, Lennie and West (2013, p.50) argue that quality qualitative research acknowledges
‘researcher stance’. According to their work, this means the researcher should engage in a period of reflection before beginning data collection and analysis. Therefore, I wrote the following section at an early phase of my research and have presented it as originally written, albeit with a few final redactions to aid clarity. My rationale for including this piece is to maintain transparency with regards to my *a priori* assumptions about self-care and stress; therefore aiding you, as the reader, to judge whether I found out anything new or merely reinforced my assumptions. By outlining my lived experience of self-care and stress I am also seeking to be critically aware of my own position and engage in reflexivity (Etherington, 2004). I continued this critical reflection through the research process and have outlined in my final chapter the ways researching and writing this case study have developed my understanding of self-care and stress.

*My story*

My interest in the impact of self-care on well-being comes from my own lived-experiences of working in a caring profession. Before starting the professional doctorate in counselling psychology, I spent nine years in Christian ministry. During this time I had a number of roles with varied pressures: youth and children’s work, being an assistant chaplain to a number of large academic institutions, providing pastoral supervision and mentoring. In my most recent role I worked as the pastor of a small church community in North West London. This involved juggling pastoral work, preaching and teaching, alongside a number of administrative duties such as line managing staff, building management and fundraising. My ministerial training had prepared me for my pastoral work, leading teams and thinking theologically but not for my other duties. This led to a skills deficit resulting in high levels of work-related stress. Over time this stress began to cause a number of problems-in-living.

My psychological and physical well-being was affected and I was left feeling overwhemed and unable to cope. I began to have problems with motivation, my personal relationships,
libido, sleep, my digestive system, even my teeth hurt because the stress was leading me to grind them. However, with some medical, therapeutic, spiritual, and community care, I began to recover my sense of equilibrium. This culminated in learning to self-care, which was a major turning point for me. It still surprises me, that when I was in that period of stress I was unaware that I wasn’t eating properly, paying much attention to my physical appearance, prioritising sleep, exercising, or choosing recreational activities that actually help me to rejuvenate. Neglecting myself in these very practical ways has led me to understand stress as something that can seriously affect a person’s sense of well-being.

My experience has taught me that stress results from being faced with demands (real or perceived) that we find difficult to meet, or do not have the resources to meet. It would be naïve to argue that all stress is negative. I think that it is better if we understand stress as something that holds a positive and negative potential. For example, the prospect of writing this thesis has caused me to feel stressed, but I feel that I will be able to develop the resources I need to complete it. However, I also think stress can snowball and become unmanageable, which is another potential in terms of conducting this research. I have come to understand stress as something that has environmental as well as individual aspects. In my previous role a number of environmental stressors were affecting me; an unmanageable workload, a low wage, poor living conditions and little practical support. However, I also had thought-patterns and behaviours that were detrimental to my well-being, a lack of self-awareness, little life experience and an unhealthy desire to try to meet other peoples’ needs while neglecting my own.

When I was in that period of stress, one of the first steps toward learning to self-care was to cultivate a self-awareness that enabled me to show compassion towards myself and others. The writings of the psychologist and priest Henri Nouwen (2010) brought about a turning point in terms of this new self-awareness. In his seminal book on pastoral care, the
‘Wounded Healer’, he deals with the topic of how all caring professionals are wounded to some extent, and how a wounded person can care for other wounded people in a professional but authentic manner. Nouwen (2010) illustrates this by paraphrasing a story from the Jewish religious work the *Tractate Sanhedrin*;

‘Rabbi Yoshua ben Levi came upon Elijah … He asked Elijah, “When will the Messiah come?” Elijah replied,

“Go and ask him yourself.”

“Where is he?”

“Sitting at the gates of the city”.

“How shall I know him?”

“He is sitting among the poor covered with wounds. The others unbind all their wounds at the same time and then bind them up again. But he unbinds one at a time and binds it up again, saying to himself, ‘Perhaps I shall be needed: if so I must always be ready so as not to delay for a moment’” (Nouwen, 2010, pp. 81 – 82).

In some Jewish and Christian theological viewpoints, the Messiah is seen as a significant figure that brings about change, liberation and healing (Wright, 2011). But in this story he is merely a wounded man living amongst the wounded. The only difference between him and the other wounded is that he is self-aware in a way that allows him to offer care to others as well as considering his own needs. This understanding helped me to acknowledge my wounds, limitations and needs in a way that encouraged me not to ignore them, or to becoming frustrated with myself because I had them, but to accept and even honour my sense of woundedness. Martin (2011) writes about Nouwen’s work;
Following Jung he removed the idea of woundedness out of the common discourse of exception, or accident, or some kind of punishment into an understanding of the wound as essential component of compassion and healing (Martin, 2011, p. 13).

Nouwen (2010) develops this idea by suggesting that when we accept that we are wounded we can reach out to others by offering them hospitality, rather than merely offering explanations of their pain, or even trying to heal them. He suggests that by providing a hospitable space where people do not need to hide from their pain, but can seek to experience, understand and even accept it, they can learn to grow and heal themselves. In a sense, by offering hospitality to others we can give them an opportunity to transform. Though Nouwen’s work is rooted in a theological perspective I would argue that it is also grounded in the humanistic concepts of self-actualisation, empathy, congruence and unconditional positive regard, and is ultimately about learning to self-care (Gillon, 2007, pp. 43–66).

My change in perspective had a number of very practical outcomes which started with a period of reflection on my expression of faith and led me to embrace a contemplative spirituality grounded in the monastic Christianity (Jameson, 2009; 2010). This tradition encourages people to become fully human by attending to issues such as silence, simplicity, order, and the sacredness of the present moment (Rohr, 2004, 2009). These ideas enabled me to reconsider the everyday elements of my life. I began to see the importance of sleep, exercise, spirituality, diet, recreation and community in terms of my well-being. As I attended to my needs I gained energy and awareness to look at my broader life choices, and I came to the understanding that my work and living environment were not helping me to live to my full potential.

This painful realisation led me to reflect on the elements of my ministerial role which brought me most joy, challenge and a sense of fulfilment. The outcome of this period of
reflection was a growing awareness that the aspect I found most fulfilling was offering pastoral care. After much consideration I decided to leave my role as a church leader to develop my skills in pastoral care by training to be a counselling psychologist. This decision in itself brought about significant release from stress. However, I am still acutely aware that simple everyday practices such as regular exercise, daily prayer, going to therapy, getting good supervision, being part of community, re-ordering my life, and practicing self-compassion have all helped me in making the decision to leave an environment that had become toxic for me.

These previous lived-experiences have shaped how I have approached the doctorate and engaged in self-care, in terms of managing the stress associated with being on the course. While there have been times when I have fallen into unhealthy ways of thinking and behaving, for the most part I have actively nurtured myself. I have found the doctorate stressful on a number of levels which I want to briefly explore. The most stressful part of the course has been juggling course work, placement responsibilities and my personal life. There is such a huge volume of work to do in what seems very little time to achieve it. This was particularly true of the first two years during which we attended university for professional input, we are required to meet our placement commitments and find time for independent study. One of the ways I learned to self-care was to keep my weekends free of work so that I could spend time with my family and friends. In order to do this I had to develop a routine. Unfortunately, a routine has been difficult to maintain because the course makes so many different demands on my energy and time.

Another area that I have found stressful is the process of becoming a therapist. Starting this course has required me to transition from being a professional in my own right to becoming a student again. This has involved an identity shift and navigating the loss my ministerial role, of my stipend, my own home and my standard of living. Allied to these issues is the
mounting financial investment involved in the doctorate and a sense of the unknown when it comes to finding a job when the course is completed. However, more fundamental than these has been the process of formation into a counselling psychologist. This has required me to ask some ontological questions such as ‘who am I’, ‘what values do I want to live by’ and ‘how does my faith inform my practice’? Asking these questions has been both exciting and challenging, as has trying to integrate them into my therapeutic practice. There have been other smaller sources of stress such as difficult group dynamics and the seemingly constant barrage of paper work required by the university. However, while I have found the course challenging, I have also found that I have the resources to self-care in an effective manner.

1.4 Academic rationale

*Bridging personal stories with academic stories*

My personal experience of the impact of stress and learning to self-care, which I presented in the previous section, encouraged an academic and therapeutic interest in self-care and stress. Furthermore, I sought to develop my interest in a number of ways, for example, during my doctoral training in counselling psychology, I designed and facilitated workshops on self-care and stress management for staff in a forensic setting and for counsellors in a third sector organisation. In my therapeutic work I have seen the importance of exploring self-care when working with people experiencing specific problems-in-living, for example those living with life-limiting illness. In terms of research, I conducted a qualitative systematic review on sources of stress in prison officers. All of these activities have afforded me opportunities to bridge my story with the relevant theoretical and research literature, as well as my therapeutic practice. Therefore, on a practical level this case study is a further development of my personal, therapeutic and academic interest in self-care and stress.
Self-care, stress and counselling psychology

I have conducted this case study from an understanding of counselling psychology that is pluralistic in nature and firmly rooted in the value base of humanistic psychology, which is something I will discuss in greater detail in the next chapter. Within the research literature associated with these approaches there appears to be agreement that self-care and stress management should be a fundamental aspect within counselling, psychotherapy and psychology training programmes, and that there is a serious lack of such training (Burck, Bruneau, Baker and Ellison, 2014; Christopher, Christopher, Dunnagan and Schure, 2006; Dorian and Killebrew, 2014; Goncher, Sherman, Barnett and Haskins, 2013). My training experience has been similar; during my course I had one professional issues presentation on self-care and no other taught-input on it. Furthermore, I was not required to write an assignment nor undergo any formal training in self-care or stress management. I think it would be misleading to suggest there was nothing devoted to this topic, as I would argue that the importance of self-care is often implicitly contained in broader discussions on topics such as ethical practice (Shillito-Clarke, 2010), professional development (Rizq, 2010) and the importance of supervision and personal therapy (Gnilka, Chang and Dew, 2012; Moller, Timms and Alilovic, 2009).

Similarly, the research literature appears to suggest that there is also a lack of research into self-care and stress (Clark, Murdock and Koetting, 2008; Norcross and Guy, 2007; Myers, Sweeney, Popick, Wesley, Bordfield, and Fingerhut, 2012; Pakenham and Stafford-Brown, 2013; Shapiro, Brown and Biegel, 2007). This dearth is something I encountered when conducting my systematic literature search for this case-study. I found it surprising that many of the mainstream counselling, psychotherapy and applied psychology journals that I searched for research articles on self-care and stress in trainees provided few results (see Chapter 3 for overview of systematic literature search). I also find it alarming that while our
profession focuses on caring for others, we appear to have devoted little energy on considering the same issues in relation to ourselves (Norcross and Guy 2007). Furthermore, I would suggest that self-care and stress are missing from some of the key frameworks that regulate trainee counselling psychologists.

The HCPC (2010) Guidelines on Conduct and Ethics for Students, the BPS (2009) Code of Ethics and Conduct and the DCoP Professional Practice Guidelines all fail to explicitly mention self-care. However, I would argue that it may be intrinsically contained in other concepts such as ‘responsibility to self’ (DCoP, 2005, p. 2), ‘competence’ (BPS, 2009, p. 9), as well as the requirement to disclose any (existing or occurring) health problems that may affect your ability to practice (HCPC, 2012). However, my critique of presenting self-care in this light is that it can potentially be seen as negative and even punitive. This apparent lack of self-care in training, research and regulatory documents is one of the central rationales for conducting this case study research. Furthermore, the lack of theory on self-care has encouraged me to conduct a theory-building case study to tentatively develop a theoretical model of self-care and stress that can be applied to trainee counselling psychologists.

**Self-actualisation, self-care and stress**

Bohart and Tallman (2010, pp. 85 - 86) conducted a review of the literature on ‘self-generated change’ and found that the research findings suggest that therapeutic interventions can be understood as ‘self-change that is professionally coached’. They also argue that the research evidence shows that people with significant problems-in-living can recover without any psychological intervention, which suggests that people may have an innate drive to positively transform, change and grow. Humanistic psychologists, such as Abraham Maslow (1943, 1970) and Carl Rogers (1961) framed this growth drive, as a tendency or drive towards self-actualisation, or becoming fully ourselves. Furthermore, contemporary humanistic therapists such as Mearns and Thorne (2006, p.61) argue that
people are ‘essentially positive and forward-moving’, and I would suggest have an inbuilt drive to satiate their needs and strive to reach our full potential (Maslow, 1943, 1970). This understanding has led humanistic psychologists to place a high value on a client’s ‘innate tendency to heal and grow’ and to show a ‘willingness to follow where the client leads, and an optimism which is itself conducive to therapeutic success’ (Totton, 2013, p.113).

Norcross and Guy (2007, p. 1) suggest self-care can be best understood as a valuing of ‘the person of the psychotherapist’. Therefore, I would argue that self-care relates to valuing ourselves in ways that promote personal growth and well-being, which means self-care is not just about surviving stress but also flourishing in life.

1.5 Chapter summary

In this chapter, I have provided a description of my case-study’s context, which is a Professional Doctorate in Counselling Psychology at a university in the UK. In order to maintain transparency I discussed my experience of self-care and stress and presented this as the personal rationale for my research. The academic rationale for my study came from the apparent lack of research, theory and training in self-care for trainee counselling psychologists. In Chapter 2, I will discuss the relevant theoretical literature in order to develop a research-informed model of self-care and stress that is based in a conceptualisation of counselling psychology that embraces a humanistic psychology value base and pluralistic practice. I will then critically review the relevant research literature and apply this to my model in order to further develop it.

As I have already noted, trainee counselling psychologists are ‘scientist-practitioners’ who endeavour to ground their therapeutic theory and practice in research evidence (Martin, 2010, p. 552). Therefore, it is logical to argue that we should develop our understanding of self-care and stress with research evidence in mind. In order to develop a research-informed theory of self-care and stress I have adopted a ‘theory-building case study design’ (n=1),
which I will discuss in detail in Chapter 3 (McLeod, 2010, p. 161). As a humanistic value base is integral to my case study, I have adopted a social constructionist epistemology and a qualitative methodology, which I will also further discuss in Chapter 3. In Chapter 4, I present the findings from the thematic analysis of interviews I conducted with trainee counselling psychologists. In Chapter 5, I will apply these findings to my research-informed model of self-care and stress in trainee counselling psychologists. The thesis will conclude with some pertinent conclusions drawn from my discussion, outlining the limitations of my research, its implications for counselling psychology training and a reflexive statement.

My research questions are as follows;

**Core question:**

*How can trainee counselling psychologists’ perceptions and experiences of self-care and stress be used to develop a research-informed model of self-care?*

**Sub questions:**

*How do trainee counselling psychologists conceptualise self-care?*

*Which strategies do they use to engage in self-care?*

*How do trainee counselling psychologists conceptualise stress?*

*Which sources of stress do they identify in terms of the training process?*
Chapter 2: Literature review
2.1 Overview of chapter

The literature on theory-building case study research suggests the first step in a theory-building case study is to outline the theoretical basis of the study (McLeod, 2011, Siles 2007). In my study this takes the form of a research-informed model of self-care and stress in trainee counselling psychologists. In order to do this I have divided the chapter into four sections. First I discuss the nature of theory, then I outline my theoretical approach to counselling psychology and begin to build my conceptualisation of self-care and stress from Bugental’s (1964) postulates of humanistic psychology, Maslow’s (1970) and Rogers’s (1961) views on human potentiality and Maslow’s (1943, 1970) theory of human motivation. In the next section I critically review the current research literature on self-care and stress in trainee counsellors, psychotherapists and psychologists and apply this literature to my conceptualisation. In the final section I use Cooper and McLeod’s (2007, 2011a, 2012) pluralistic approach to counselling and psychotherapy to further develop my discussion and present a theoretical and research-informed model of self-care and stress in trainee counselling psychologists.

2.2 The nature of theory

I would like to begin this section with a brief discussion on the nature of theory. As a ‘researcher-practitioner’ I am aware that whether conducting research or offering therapy, theories frame my understandings (Swanepoel, 2013, p.5). Stiles (2007, p. 122) postulates that theories are ‘ideas about the world conveyed in words, numbers, diagrams or other signs’. McLeod (2010, p.159) suggests there are two broad types of theory; ‘theory-as-a-structured-set-of-ideas’ and ‘theory-as-language’. The first ‘can be understood as a system of ideas or concepts that somehow reflect or represent an aspect of the world’ (McLeod, 2010, p. 158). This is a multi-layered and evolutionary view of theory built over time and upon pre-existing theory. McLeod’s (2010) second view of theory is a social constructionist
conceptualisation that perceives theory as a common language used by a particular community.

The epistemological position of my case study, outlined in Chapter 3, is social constructionist and therefore lends itself to McLeod’s (2010) latter view of theory. Furthermore, the theoretical basis I have used to develop my model of self-care and stress in trainee counselling psychologists comes from the rich shared language and understandings of the humanistic psychology traditions, namely Bugental’s (1964, p. 22) ‘basic postulates of humanistic psychology and Maslow’s (1970, p. 35) ‘theory of human motivation’. Whilst I realise there is contemporary literature on humanistic psychology (i.e. Schneider, Pierson and Bugental, 2015) I have chosen to generate my theoretical model from early humanistic theorists. My rationale for taking an ab initio approach is an attempt to return to the original theories with the aim of developing these in a unique and contextual way, rather than relying on other theorists’ understandings of them, hence producing a piece of original research.

2.3 Theoretical orientations

Counselling psychology

As my model of self-care and stress relates to trainee counselling psychologists I begin by outlining my understanding of the discipline. However, coming to a coherent view of counselling psychology has proved to be a difficult task due to its varied and complex nature; Orlans and Van Scoyoc, (2009, p. viii) argue it is ‘dogged by philosophical complexities, an enormously wide theoretical span, and a vast array of practical locations’. While this may be the case, I would suggest DCoP’s (2005, pp. 1-2) definition of the discipline is a good place to begin in order to develop a coherent understanding of it;
‘Counselling psychology has developed as a branch of professional psychological practice strongly influenced by human science research as well as the principal psychotherapeutic traditions. Counselling psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship. These models seek:

1. to engage with subjectivity and intersubjectivity, values and beliefs;

2. to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;

3. to be practice led, with a research base grounded in professional practice values as well as professional artistry;

4. to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today’

DCoP's (2005) definition seeks to embrace and represent the varied philosophical and practice orientations of contemporary counselling psychology in the UK. However, I would argue it has the potential of promoting an ambiguity that could result in some, such as trainee counselling psychologists, having an ‘identity crisis’ (Kasket and Gil-Rodriguez, 2011, p. 20). I think this potential crisis emanates from DCoP’s (2005) endeavour to hold together the two distinct ideologies which are at the heart of counselling psychology,
namely humanistic psychology and the scientist-practitioner model (Cooper, 2009; Du Plock, 2010; Orlans and Van Scoyoc, 2009; Strawbridge and Wolfe, 2010). As a trainee I struggle to understand how these two aspects of the discipline can be meaningfully held together. For example, it appears to me there is an inherent conflict between ‘phenomenology’ and ‘traditional scientific psychology’, or ‘rigorous empirical enquiry’ and ‘a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship’ (DCoP, 2005, p. 2). In order to reconcile this tension, both in my identity and practice, I have adopted a pluralistic approach to counselling psychology (Connolly, 2005; Rescher, 1993). I will discuss pluralistic philosophy in greater detail later in this chapter, however in essence this approach embraces the idea that ‘any substantial question admits of a variety of plausible but mutually conflicting answers’ (Rescher, 1993, p.79).

I have applied a pluralistic understanding to the humanistic psychology/scientist-practitioner conundrum within counselling psychology in three ways; firstly by accepting that counselling psychology is a heterogeneous community and holds variant opinions with regard to epistemology, methodology and therapeutic practice. Secondly, by acknowledging my chosen identity as a humanistic psychologist and recognising my assumptions are different to, but as valid as, others within our community. I would argue that by affirming my chosen identity I can collaborate and learn from those who may not share my viewpoints rather than being in conflict with them. Thirdly, I have used pluralism to reconcile the potential tensions between my humanistic value base and the scientist-practitioner model by interpreting what it means to be a scientist-practitioner according to Swanepoel’s (2013, p. 5) ‘researcher-practitioner model’ which reflects an awareness of context and is practice-led and ‘equally interested in uncovering subjective truths as it is in more empirical research outcomes’. Subsequently, I would describe myself as a researcher-practitioner and adopt an approach to therapeutic practice which is ‘evidence informed but
not evidence driven’ (Bohart, 2005, p. 40).

**Humanistic psychology**

My identity as a trainee counselling psychologist is based in the humanistic psychology tradition and I have used this as a foundation for the development of my model of self-care. Humanistic psychology emerged in America in the 1950s and 1960s, a time of discontent with established institutions, forms of knowledge and moral values (Feltham, 2013). This discontent resulted in a creative revaluation of the dominant societal norms and brought about significant and lasting change which expressed itself in a number of countercultural movements, such as free-love, civil rights, feminism and the protests against the Vietnam War. Humanistic psychologists, the most prominent being Rollo May (1909 – 1994), Abraham Maslow (1908 – 1970), Carl Rogers (1902 – 1987), Eric Berne (1910 – 1970) and Fritz Perls (1893 – 1970) were part of this zeitgeist and challenged the views of the established schools of psychotherapy, namely psychodynamic and behaviourist approaches (Feltham, 2013; Moss, 2015). In turn this led the early proponents of humanistic psychology to define it as the ‘third force in psychology’ (Bugental, 1964, p. 19).

Bugental (1964, p. 22), an early proponent of humanistic psychology, developed five ‘basic postulates’ for the third force which I would argue provide an insight into the ideological basis on which humanistic psychologists built their worldview. Although the language may be a little out dated, I would argue his sentiment remains thoroughly modern;

‘Man, as man, supercedes the sum of his parts;

Man has his being in the human context;

Man is aware;

Man has choice;
Man is intentional’ (Bugental, 1964, pp. 23 – 24).

More recently Greening (2006, p. 239) reworked and updated these classic postulates;

‘Human beings, as human, supersede the sum of their parts. They cannot be reduced to components;

Human beings have their existence in a uniquely human context, as well as in a cosmic ecology;

Human beings are aware and aware of being aware—i.e., they are conscious. Human consciousness always includes an awareness of oneself in the context of other people;

Human beings have some choice and, with that, responsibility;

Human beings are intentional, aim at goals, are aware that they cause future events, and seek meaning, value, and creativity’.

In the spirit of Greening’s (2006) work I would like to apply these postulates to self-care and stress in trainee counselling psychologists;

- *Trainees should be understood holistically*
- *Trainees exist within contexts*
- *Trainees are self-aware*
- *Trainees can make choices and have responsibility for those choices.*
- *Trainees are purposeful*

These five values are the basis for the model I have developed; for example, if trainees are to be understood in a *holistic manner*, then self-care and stress should be seen as affecting the
whole person of the trainee (body, mind and spirit); if trainees are self-aware then self-care involves personal development and the idiosyncratic needs of the individual; if context is to be acknowledged, self-care and stress should be understood as an organisational as well as an individual concern; if trainees make choices and have responsibility for those choices then self-care is related to competency and ethical practice; finally if we view trainees as purposeful, than self-care should be an intentional and active process.

**Human potentiality**

Another important impact of humanistic psychology on my model of self-care and stress is its particular understanding of the concept of self. A key innovation of the third force was to reintroduce the concept of self into psychology as a means of understanding the human person (Polkinghorne, 2015). In early humanistic theory the self was understood as being distinct from a person’s perception of their self, which is termed the self-concept (Polkinghorne, 2015). According to Person-centred therapy (PCT) theory ‘to be the self that one is … is to be a process, to be in touch with all aspects of oneself, and to have a trusting relationship towards oneself’ (Bohart, 2007, p. 51). Rogers (1961, p. 183) suggested that a person needs to move from a state of incongruence towards a state of congruence in order to become a ‘fully functioning person’, congruence comes when our experience fits with our self-concept. This internal drive or movement towards being fully functioning or self-actualisation is referred to as the ‘actualising tendency’ (Gillon, 2007, p. 27). Humanistic psychologists such as Rogers, Maslow and May came to view the actualising tendency as being inherent to all humans and therefore were interested in studying the ‘human capacities and potentialities’ rather than just human pathology (Sutich, 1961, p. viii). Maslow (1978, p. 24) argued that;
‘… it is reasonable to assume in practically every human being, and certainly in almost every newborn baby, that there is an active will toward health, an impulse towards growth, or toward the actualization of human potentialities’.

‘Self-actualisation’ was a term first used by Goldstein (1939, p. 197), a neuropsychiatrist closely associated with Gestalt psychology, who developed this concept while working with American soldiers suffering from brain injuries (Hoffman, 1989). Goldstein was one of Maslow’s early mentors and proved to have a lifelong influence on his work (Hoffman, 1989). Maslow (1943, 1970) further developed Goldstein’s (1939) concept of self-actualisation by broadened it from its original context which related to a person’s ability to overcome the limitations of their brain injury, into a concept that was applicable to all people. Maslow (1970, p.46) writes about self-actualisation in the following manner;

‘… a musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man can be, he must be. He must be true to his own nature. This need we may call self-actualisation’

I would argue that the term ‘self-actualisation’ has become synonymous with the work of Carl Rogers (1961) rather than Maslow (1943, 1970). Maslow (1943, 1970) set self-actualisation within a theory of human motivation; according to this understanding, self-actualisation is the pinnacle of the basic needs people seek to meet. Rogers (1951) applied self-actualisation to his theory of personality and behavioural development; within his theory self-actualisation was closely associated with the actualising tendency, a ‘directional trend which is evident in all organic and human life – the urge to expand, extend, develop, mature – the tendency to express and activate all the capacities of the organism, or the self’ (Rogers, 1961, p. 351). Rogers (1961, p. 192) viewed self-actualisation not as something to be attained but something to aim towards in order to become a ‘fully functioning person’. Maslow (1970, p. 171) argued that while people would probably not fully reach a state of
self-actualisation, they could be ‘actualising’. Both Maslow (1970) and Rogers (1961) argued that a tendency towards self-actualisation could be disrupted by environmental issues, such as unmet needs or constriction of the development of the *self-concept*.

Rogers (1961), Maslow (1970) and May (1958) presented an optimistic and overtly positive view of human beings, in which they are understood as having a basic potentiality;

‘… [human beings] should be understood …to mean potential, the source of potentiality; “being” is the potentiality by which the acorn becomes the oak or each of us becomes what he truly is. And when used in a particular sense, such as human being, it always has the dynamic connotation of someone in process, the person being something. Perhaps, therefore, becoming connotes more accurately the meaning of this term in this country. We can understand another human being only as we see what he is moving toward, what he is becoming; and we can know ourselves only as we “project our potential in action.” The significant tense for human beings is thus the future – that is to say, the critical question is what I am pointing toward, becoming, what I will be in the immediate future (May 1958, p. 41)

The concept of human potentiality is not without its critics. Feltham (2013a, p. 57) argues it has two major flaws; that it is overly optimistic about human nature and the concept of self-actualisation is ‘vague’ and ‘imprecise’. As I have already suggested, an understanding of human potentiality emerged from a time of radical change in America and therefore holds some of the naïve aspects of that time. However, I would disagree with Feltham’s (2013a; 2013b) view that it is overly optimistic because I think the important aspect of this approach is its challenge to mainstream psychology to actively study that which is positive, pro-social and promotes health in humans. I would argue that the contemporary positive psychology movement has continued to do this and develop an important resource for the advancement of and evidence base for human potentiality (Carr, 2011). However, I agree
with the assertion that Maslow’s (1970) and Rogers’s (1961) theories do not easily deal with the negative aspects of human nature which I think may have been in reaction to the dominant psychodynamic approach of their day (Sutich, 1961).

The claim that Rogers’ (1961) and Maslow’s (1970) theory is vague and reductionist seems unfair (Feltham, 2013a; Geller, 1982). I would argue these early theorists were seeking to make sense of broad concepts and to break new ground. My critique of their work is not that it is vague but while Rogers and Maslow began their careers as academic and experimental psychologists, towards the end of their lives they moved away from traditional means of testing. I think this led to a certain stagnation and an unwillingness for some to challenge and change their ideas through research and practice. However, it would be unfair to suggest that this has never happened because both Maslow and Rogers’s left behind a strong research tradition which has been developed by others (Cooper, 2008; Gillon, 2007; Merry, 2012; Wertz, 2015).

**Hierarchy of needs**

As I have already argued, there are differences between Maslow’s (1970) and Rogers’ (1961) approaches to self-actualisation, as Maslow’s (1970) theory focuses on human motivation whilst Rogers’ (1961) on human development. As my case study relates to self-care I would argue that Maslow’s (1970) theory has a better fit with my subject area than Rogers’ (1961), my rationale being that Maslow’s work has already been successfully applied to organisational structures, such as work places and therefore can also be applied to counselling psychology training courses (Hoffman, 1989). I have used it to inform my theoretical model and outline it in detail in this section. Maslow (1970) developed an integrative theory of human motivation usually referred to as the ‘hierarchy of human needs’ (Hoffman, 1989, p. 154). I will explain the model in some detail using a fictitious
example of self-care and stress in a trainee counselling psychologist; a summary of the model in Figure 1.

**Figure 1: The hierarchy of human needs (Adapted from Maslow, 1943, 1970)**

- **Self-actualisation**
  The need to be fully ourselves, to be fulfilled, creative, spiritual *etc.*

- **Esteem needs**
  The need to achieve and be recognised for our achievements.

- **Community needs**
  The need for friendship, love, companionship, intimate partners, colleagues *etc.*

- **Security needs**
  The need for control over our environments, resources to continue to meet our physical needs, a routine, protection from threat *etc.*

- **Physical needs**
  The need for food, water, sleep, warmth, sexual release *etc.*
Maslow’s (1970) theory argues that people are motivated by the desire to meet a number of basic needs; ‘physiological needs’, ‘safety needs’, ‘belongingness and love needs’, ‘esteem needs’ and ‘need for self-actualisation’ (p. 35 - 47). He postulated these needs formed a hierarchy in which as one need is met another arises. However, at times reversals may happen in the hierarchy, for example, the need for esteem becomes more important than the need for love (Maslow, 1970). Maslow (1970) was also clear that not all behaviours are motivated by needs, he argued there are multiple reasons why someone may behave in a certain way; therefore his hierarchy is at best an understanding rather than a conclusive system.

The physiological needs, which I will refer to as the physical needs, relate to the fundamental biological needs of a human being; the need for food, water, sleep, sexual release, warmth etc. (Maslow, 1943, 1970). Imagine an eager new student arriving for his first day on a doctoral programme in counselling psychology. Unfortunately, he is feeling exhausted as the night before his new neighbours decided to have an all-night party that involved loud music and drunken revelry until five o’clock in the morning, which prevented him from sleeping. According to Maslow’s (1943, 1970) theory the main focus of this sleep deprived student will be to meet his body’s need for sleep; this will be most likely be to detriment to almost everything else.

When the student goes home that evening he finds the neighbours have decided to go away for a couple of days and the student sleeps blissfully. Once the need for sleep is satisfied the student now feels a pressing desire to secure sleep in the future, so decides to write a note and asking to the neighbours not to have all-night parties during the week. In doing this the student is tending to what Maslow (1943, 1970) describes as the need for safety, which I will refer to as the need for security. The need for security relates to our ability to feel control over our environment, the resources to continue to meet our physiological needs, a routine,
protection from threat *etc.* Once the student’s need for sleep has been secured he may also become aware of any number of other questions in terms of his security needs – can he pay course fees, will he be able to get a placement, how is he going to find the time to write his essays? It is important to note that Maslow (1943, 1970) is not arguing that all our physiological needs or security needs must be met before others arise, but that they must be sufficiently met.

When the student’s neighbours return they say they have received the letter and are apologetic about the noise. They assure the student they are not planning to have any parties in the near future, but if they do, he is welcome to come. When they invite him to attend their next party he is reminded he has not made many new friends. In this the student becomes aware of his need to belong and to love; I would like to reframe this as the *need for community*. The need for community is about the need for friendship, love, companionship, intimate partners, colleagues *etc.* However, there is an important note to be made on this need, as it is about receiving and giving hospitality, or loving and being loved.

The student develops a friendship with the neighbours and soon he begins to do the same with his course mates. However, as this happens he becomes aware of conversations within the group about who is going to pass their fitness to practice test first time, who is going to get a desirable NHS placement and who is going to get the highest marks in their papers? Now the student begins to doubt his ability and wonders if others notice his lack of confidence. Maslow (1970, p. 381) describes this as the *need for esteem*. He argues this can be split into two aspects; the first is the ‘desire for strength, for achievement, for adequacy, for confidence in the face of the world, and for independence and freedom’. The second is the ‘desire for reputation or prestige … recognition, attention, importance or appreciation’ (Maslow, 1970, p. 382). Over a number of months the student begins to learn and develops a sense of achievement. He receives some favourable marks on his papers and his clinical
supervisors praise his practice.

The student begins to become aware of another need within him which he finds difficult to grasp; but occasionally he feels a sense of fulfilment, that he is doing what he was made to do. This seems to be related to conducting therapy and drives him towards personal growth and development. Maslow (1970, p. 382) referred to this as ‘the need for self-actualisation’. The student begins to have experiences he finds difficult to describe, they are almost mystical in nature, for example while in a therapy session he had a moment of feeling deeply connected with his client and the universe which was followed by a moment of feeling fulfilled. Maslow (1968, p. 71) describes this as a ‘peak experience’ and a sign the student is ‘actualising’.

**Critiques of the hierarchy of needs**

I would argue there are three main critiques of Maslow’s (1970) theory of human motivation. Geller, (1982) suggests it is reductionist, over generalised and at times lacking rigour. Maslow’s (1970) theory was an integration of a number of psychodynamic, behavioural and neuropsychological theories and was therefore an attempt to create a broad, unifying approach to motivation and behaviour (Hoffman, 1989). In this sense it was ingenious, radical and broke new ground. Furthermore, as a secular Jew, Maslow had witnessed first-hand the anti-Semitism in America and the growing tide of Fascism in Europe, and saw his theory as a possible antidote to the conflict ravishing Europe (Hoffman, 1989; Maslow, 1956). Therefore, while Maslow applied his theory within his therapeutic practice, I would argue he primarily viewed his theory as soteriological and a means of changing the political structures of the world. While it could be argued that Maslow’s theory has had a significant impact on our understanding of human motivation and the organisational structures of many businesses, it has not brought about world peace.
as he wished it to (Feltham, 2013b). I would argue its broad and far reaching remit means it does not necessary relate to all people or all contexts.

Maslow (1970) readily admits his theory is somewhat simplistic and makes a number of provisos to his theory. For example, in order to meet their needs people require the ‘… freedom to speak, freedom to do what one wishes so long as no harm is done to others, freedom to express one’s self, freedom to investigate and seek for information, freedom to defend one’s self, justice, fairness, honesty …’ (Maslow, 1970, p. 47). He also suggests that particular people may prioritise certain needs over others and therefore the stages of the hierarchy may be shifted; for example, a celibate priest or hermitical researcher. Although, Maslow (1970) openly makes these comments I do not think they are born out in his theory. I would suggest a way of integrating them is to cluster needs, rather than create a hierarchy of them, meaning the needs are interdependent.

In my opinion, Maslow (1970) theory has at times been accepted in an uncritical manner, which has resulted in a lack of rigorous testing. I think there are two reasons for this. Maslow left academic psychology and developing his work in other areas, such as business, management and the study of mysticism (Hoffman, 1989). While he theorised and researched his other interests in actualisation, human health, creativity and peak experiences, he did not develop his theory of human motivation (Maslow, 1968, 1971). I also think that Maslow’s (1970) theory and especially his book ‘Personality and Motivation’ have become a kind of unquestioned psychological dogma which could be argued has also happened with other humanistic approaches (Feltham, 2013a). However, I would argue that whilst critiques can be made of Maslow’s (1970) theory of human motivation, it still has currency for contemporary humanistic psychology and as a proponent of his theory I would like to use this case-study as a means of further developing it within the context of self-care and stress in trainee counselling psychologists.
Applying humanistic psychology to self-care and stress

I want to argue that Bugental’s (1964) postulates of humanistic psychology, Maslow’s (1970) and Rogers’s (1961) views on human potentiality and Maslow’s (1943, 1970) theory of human motivation can provide the foundation for a theoretical model of self-care and stress in trainee counselling psychologists. I am suggesting, self-care is an element of the trainee’s tendency to nurture their potential towards self-actualisation by meeting their basic needs in terms of training. Furthermore, I am postulating that stress is any barrier (internal, interpersonal or contextual) which challenges a trainee’s ability to meet these needs. I have developed the following humanistic definition of self-care and stress;

*Self-care is a trainee’s nurturing of their actualising tendency through meeting their basic needs and stress is a potential barrier to this process by presenting trainees with demands and pressures that challenge their ability to meet these needs.*

2.4 Conceptualising self-care and stress in the research literature

Now that I have developed the beginnings of a conceptualisation based on humanistic psychology, I will present the outcome of a systematic literature search I conducted on the relevant research literature relating to self-care and stress in trainee counselling psychologists. In order to do this, I have critically reviewed the relevant research articles and at points illustrated this review with appropriate quotes in order to give the reader a fuller understanding of the research literature and provide examples of the salient points (*i.e.* definitions of key terms, examples of self-care strategies, examples of sources of stress *etc*). In Chapter 3, I outline the method I used for this literature search and offer a rationale for including articles on trainee counsellors, psychotherapists and psychologists (*i.e.* clinical, counselling, educational, occupational and forensic) rather than just trainee counselling psychologist; namely and in summary, a) there is a paucity of research on trainee counselling
psychologists, b) I would argue trainee counsellors, psychotherapists and psychologists experience similar stressors in terms of training and c) I have designed my model to be applicable to training settings.

**Conceptualisations of self-care**

The literature presents a number of common themes in terms of a conceptualisation of self-care in trainee counsellors, psychotherapists and psychologists; for example Roach and Young (2007) and Smith, Robinson and Young (2007) frame self-care within broader discussions on the promotion of trainee wellness and well-being. Burck et al.’s (2014) study provides the following definition of wellness;

‘Wellness is defined as a state of being, integrating the mind, body and spirit for the purpose of achieving and maintaining personal health’ (p. 39).

The research literature argues that self-care relates to trainee well-being in two ways; firstly it involves care for the whole person of the trainee (Wolf, Thompson, Thompson and Smith-Adcock, 2014) and secondly, self-care strategies are intentional actions trainees take in order to ensure their well-being (Myers et al., 2012). Allied with this is the idea that self-care is not merely about care for self, but also care for others; hence some understand it as an element of ethical practice (Pakenham and Stafford-Brown, 2013), and a core competence of our profession (Goncher et al., 2013).

The research literature also suggests self-care can result in improved therapeutic outcomes for trainee therapists (Stafford-Brown and Pakenham, 2012). A possible reason for this is the research evidence argues self-care can promote a trainee personal and professional development, specifically their self-awareness, self-compassion, coping and emotional regulation, which in turn could positively affect a trainee’s ability to be present with their client, offer empathy, feel competent and make good therapeutic choices, hence improving
therapeutic outcomes (Boellinghaus, Jones and Hutton, 2013; Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen and Christopher, 2011; Shapiro, Brown and Biegel, 2007). The final aspect of self-care discussed in the research literature is an individual and organisational responsibility which training programmes should prioritise and teach (Christopher, Christopher, Dunnagan and Schure, 2006; Pakenham and Stafford-Brown, 2013). The following quote from Pakenham and Stafford-Brown (2013) summarises the nature and importance of self-care;

‘What is important is that university clinical psychology programmes provide explicit input on self-care. This should not be done in a tokenistic manner. Indeed, capacity to engage in self-care should be a core competency of clinical training. Providing training in self-care emphasises the importance of students maintaining their own well-being, equips them with the skills to manage the inevitable stressors associated with clinical training, and encourages a self-care orientation likely to sustain them through increasingly challenging and complex professional practice’ (p. 64).

**Self-care strategies**

I would argue that the quote above outlines an imperative both for training programmes and students to promote well-being and engage in self-care. As self-care is often individual or idiosyncratic in nature, it is logical to assume there are a number of possible strategies in which a trainee may engage (Burck et al., 2014). In this section I would like to outline the self-care practices, or strategies identified by the research literature on self-care in trainee counsellors, psychotherapists and psychologists. However, I only found one paper that specifically explored exercise, social support and sleep (Myers et al., 2012), a number on the importance of personal therapy and academic support (e.g. Gnilka, Chang and Dew, 2012; Prosek, Holm and Daly, 2013), and a significant amount of research on mindfulness-based
interventions (e.g. Hopkins and Proeve, 2013; Rimes and Wingrove, 2011). I would suggest it is interesting to note that the majority of research in this area appears to be within mindfulness-based strategies rather than areas such as exercise, sleep and healthy eating.

Myers et al. (2012) conducted one of the broadest studies in the literature; it was quantitative in nature and involved 488 clinical psychology students enrolled on a number of psychological training programmes within the United States. They asked their participants to complete a series of psychometrics which measured sleep hygiene, engagement in physical activities, perceived social support, emotional regulation, mindfulness and perceived stress. The study suggested sleep hygiene, social support and emotional regulation strategies (i.e. cognitive reappraisal and thought suppression) reduced trainees’ levels of stress, which they suggest is supported by other empirical evidence. However, they did not find frequent mindfulness practice or exercise affected stress levels in their participants. These findings are contrary to other research findings; however, the authors suggest the mindfulness result may be due to an ambiguity around the nature of mindfulness practice which may ‘vary between students, hence skewing the results’ (p. 62). They also suggest that while the broader research literature has shown exercise can reduce stress, some research suggests students reduce the amount of exercise they engage in at times of high academic pressure and others can find exercise an extra source of pressure at times, again causing the results to be skewed.

Gnilka, Chang and Dew (2012) conducted another broad study which did not specifically focus on self-care but rather the impact of stress on the working alliance with clients and supervisors. They used a battery of measures to test working alliance, supervisory working alliance, perceived stress and the coping resources that 232 Master’s level trainee counsellors used to manage stress. Gnilka, Chang and Dew’s (2012) study suggests that stress negatively affects a trainee’s ability to create a strong working alliance with clients.
However, in terms of this study they also found participants who used self-care strategies such as ‘situational control, emotional control, social support from family, mental tension control, and making plans’ saw beneficial impact on the working alliance which I would argue shows the effectiveness of these strategies (Gnilka, Chang and Dew, 2012, p. 65).

Unlike Myers et al.’s (2012) findings, the majority of the research literature suggested mindfulness is an effective intervention in terms of self-care in trainee counsellors, psychotherapists and psychologists. I found a number of qualitative, quantitative and mixed method research studies on the efficacy of training in mindfulness courses such as Mindfulness Based Stress Reduction (Shapiro, Brown and Biegel, 2007), Mindfulness Based Cognitive Therapy (Hopkins and Proeve, 2013; Rimes and Wingrove, 2011), Acceptance and Commitment Therapy (Christopher et al, 2011; Pakenham and Stafford-Brown, 2013; Stafford-Brown and Pakenham, 2012), brief mindfulness courses (Dorian and Killebrew, 2014) and skills groups (Moore, 2008). There were also studies into the efficacy of courses such as ‘Mind–Body Medicine and the Art of Self-Care’, which teach mindfulness through yoga meditation and Qigong (Chrisman, Christopher and Lichtenstein, 2008; Schure, Christopher and Christopher, 2008). These studies suggested students who had engaged in these interventions experienced positive effects in terms of being able to better manage stress, engage in self-talk, decrease ruminative patterns, foster self-awareness, have self-compassion, increase emotional regulation and create a greater sense of well-being as well as fostering potential positive impacts on their therapeutic practice (Chrisman, Christopher and Lichtenstein, 2008; Christopher et al., 2011; Dorian and Killebrew, 2014; Gnilka, Chang and Dew, 2012; Hopkins and Proeve, 2013; Pakenham and Stafford-Brown, 2013; Rimes and Wingrove, 2011; Schure and Christopher and Christopher, 2008; Shapiro, Brown and Biegel, 2007; Stafford-Brown and Pakenham, 2012).
The research also shows that some participants struggled with the interventions at times and found them stressful, for example, Boellinghaus, Jones and Hutton (2013, p. 267) conducted a study on the use of ‘loving-kindness meditation’, a form of Buddhist meditation which encourages the development of compassion towards the self and others. While their study shows participants found this a helpful process, it also says that one participant found the practice distressing at times. This is a finding which has emerged from other parts of the research record on mindfulness interventions (Moore, 2008). There is also a question around whether interventions involving group work and discussions, such as those listed above, help people because of the intervention they provide, in this case mindfulness practices, or because those attending are receiving social support. Furthermore, I would argue that purely being on a counselling training course may help trainees to learn to self-care due to its reflective and personal development requirements.

Social support has shown to be important in terms of trainee well-being, for example Smith (2011) conducted a qualitative study on trainee counsellors and their experience of the student-tutor relationship in terms of their studies. Her study found students felt less stressed and more able to take risks if tutors provided a ‘safe, supportive learning environment’ (p. 239). Burkard, Knox, DeWalt, Fuller, Hill and Schlosser (2014) found similar issues. This is mirrored in a study conducted by Goncher et al. (2013) on the impact a programmatic emphasis on self-care could have on trainee psychologists’ well-being and self-care strategies. Their study was qualitative in nature and involved 262 clinical psychology students taking online surveys. They found that if trainees perceived a course emphasis on self-care they reported a higher quality of life and were more likely to use self-care strategies to promote their own well-being. I would argue the implications of these two studies are straight forward; self-care is an environmental as well as personal issue. Abel, Abel and Smith (2012) conducted a study on the efficacy of a stress management course
and Wolf et al. (2014) explored the benefits to conducting a wellness programme with trainees. The results from both these studies suggest that intentional programmes have positive effects on trainees’ well-being and ability to self-care.

Another important area of social support the research literature identifies is trainee engagement in personal therapy. While the research literature questions the necessity and efficacy of compulsory personal therapy for trainee counselling psychologists, overall it is shown to be beneficial (Kumari, 2011). It is worth noting at this point that personal therapy is not compulsory for trainee clinical psychologists (Moller, Timms and Alilovic, 2009).

Prosek, Holm and Daly (2013) conducted an insightful study with 55 Master’s level counselling students who received personal therapy (as part of their training) at a clinic attached to their university. Using clinical data taken from intake and end of therapy forms they found the participants ‘reported fewer problems, decreased depressive symptoms, and decreased anxiety symptoms after receiving required counselling services’ (Prosek, Holm and Daly, 2013, p. 249). This has lead Prosek, Holm and Daly (2013) to conclude that compulsory personal therapy seems to be beneficial to trainees. However, I would argue the quantitative nature of this research could fail to uncover the subjective experiences of trainees, which is something I will discuss in more detail in the next section. I think it is interesting to note there is a lack of research on the role of supervision in self-care, work and life balance, personal relationships and activities outside of training. However, some of these issues may be included in self-care training.

**Conceptualisations of stress**

The research literature indicates that stress associated with training can have a significant impact on trainee counsellors, psychotherapists and psychologists (e.g. Myers et al., 2012; Pakenham and Stafford-Brown, 2013). There are a number of features of stress that the research literature presents; Abel, Abel and Smith (2012) argue stress is a normal part of life,
and particularly in the lives of graduate psychology students. Furthermore, they suggest stress can be thought of positively and negatively; calling the positive aspect ‘eustress’ which relates to ‘improved performance, motivation, productivity, healthy moods, passing an examination, graduation’, while the negative aspect is defined as ‘distress’ and relates to ‘frustration, unhealthy moods, irritation, fatigue, illness, poor problem solving, lowered cognitive functioning’ (Abel, Abel and Smith, 2012, p. 65). When there is a balance between eustress and distress then, according to Abel, Abel and Smith (2012) the trainee experiences ‘optimal stress’ (p. 65). However, if unchecked the research suggests stress can lead to burnout, which Clark, Murdock and Koetting (2009) characterise as ‘emotional exhaustion, depersonalization, and diminished personal accomplishment’ (Clark, Murdock and Koetting, 2009, p. 580). Gnilka, Chang and Dew (2012) present a slightly different conceptualisation of stress and use a ‘transactional model of stress’ as a basis for their discussion, which ‘posits that a stress response is the result of an imbalance between higher perceived demands/threats and lower ability to cope’ (Gnilka, Chang and Dew, 2012, p. 64). From reviewing the literature I would agree that stress has both positive and negative aspects, it is a normal reaction which relates to the ability to cope with the demands and pressures of training and if unchecked stress can result in a number of problematic issues, burnout being one of them.

The research literature agrees that unmanaged stress can cause severe physiological, emotional and psychological problems (Abel, Abel and Smith, 2012; Miller, Iverson, Kemmelmeier, MacLane, Pistorello, Fruzetti, Watkins, Pruitt, Oser, Katrichak, Erikson and Crenshaw, 2011; Myers et al., 2012; Pakenham and Stafford-Brown, 2013; Schure, Christopher and Christopher, 2008; Shapiro, Brown and Biegel, 2007). Furthermore, trainee counsellors, psychotherapists and psychologists are prone to a number of particular reactions; compassion fatigue (Shapiro, Brown and Biegel, 2007), poor academic
performance (Abel, Abel and Smith, 2012), job dissatisfaction (Clark, Murdock and Koetting, 2008), ability to provide quality clinical care (Gnilka, Chang and Dew, 2012; Myers, et al, 2012; Roach and Young, 2007), nondisclosure in supervision (Mehr, Ladany and Caskie, 2010), negative self-perception of competence (Bennett-Levy and Beedie, 2007), poor decision making (Stafford-Brown and Pakenham, 2012), feelings of self-doubt (Bennett-Levy and Beedie, 2007). Obviously, these potential outcomes of stress not only have a negative impact on trainees but also their therapeutic practice, suffice it to say that the management of distress through self-care is an important issue for trainees and educational programmes alike (Pakenham and Stafford-Brown, 2013).

**Sources of stress**

The research literature highlights a number of sources of stress with which trainee counsellors, psychotherapists and psychologists need to contend. A important article is Kumary and Baker’s (2008) research into the key sources of stress experienced by trainee counselling psychologists. They devised a questionnaire from Cushway’s (1992, p. 22) research on stress in trainee clinical psychologists to developed the ‘counselling psychology trainee stress survey’ (CPTSS). Using Cushway’s (1992) four categories of stressors (academic, placement, organizational and personal), Kumary and Baker (2008) asked five trainee counselling psychologists to brainstorm and develop these categories into a survey that related directly to trainee counselling psychologists. The trainees suggested the following four revised headings; ‘academic demands’, ‘lack of social support’, ‘placement stressors’ and ‘personal and professional development’, each of these had a number of subheadings (Kumary and Baker, 2008, p. 22). This survey, along with the ‘general health questionnaire 12’ was sent to 269 trainees, of which 109 replied (Kumary and Baker, 2008, p. 22). The findings identified a number of key stressors under each major heading; ‘finding available time’, ‘funds’, ‘suitable placements’, impact of course on ‘domestic life’, ‘academic
pressures’ and ‘professional socialisation’ (Kumary and Baker, 2008, p. 22). Kumary and Baker (2008) also found a correlation between higher levels of stress and general health score, as well as age and gender differences; with men and older trainees reporting less stress. Interestingly, none of the key stressors they identified came from the ‘support system items’ which suggest the trainees who responded to the questionnaire did not experience significant stress in this area (Kumary and Baker, 2008, p. 28). Myers et al. (2012) concur with this as they found that older trainees reported less stress, as did trainees who were married and had higher levels of income. There are a number of possible reasons for these findings, older people in married relationships may have more stable lives, greater social support and enough income to pay for the course, however this is speculation. While Kumary and Baker’s (2008) study is interesting I would argue the CPTSS requires further development.

Pakenham and Stafford-Brown (2013) conducted a study on the effectiveness of ACT on stress management in trainees. An element of this study involved asking their participants, 56 trainee clinical psychologists, to rate how satisfied they were with their training course and if there were any elements of it which they would change. The results suggested that the majority of trainees were highly satisfied with their training. Furthermore, three themes emerged from their suggested improvements to the course; ‘better preparation before seeing clients’, ‘reduce workload’ and ‘better organisation’ (Pakenham and Stafford-Brown, 2013, p. 62). I would argue these findings could be viewed as being in agreement with Kumary and Baker’s (2008) findings, albeit with one difference, that being finances. It is important to remember that trainee clinical psychologists (in the UK and Australia) are paid while they train, while most counselling psychologists, counsellors and psychotherapists are not and this could explain the absence of this stressor.
Financial pressure emerges as a source of stress within another area of the research literature, namely mandatory personal therapy. Moller, Timms and Alilovic (2009) conducted a study with 37 participants who were trainee counsellors, clinical psychologists and counselling psychologists at the beginning of their training. They used qualitative questionnaires which ‘comprised of six questions, investigating the relationship between personal therapy and training, whether it should be compulsory, rationales and difficulties in engaging in therapy during training, and the potential scope of therapy’ (p. 375). They found two main themes; ‘personal therapy helps me to be a better practitioner’ and ‘personal therapy ‘costs’ me’ (p. 376, 378). The financial cost of therapy was seen as a stressor for trainees, as it was in other parts of the research literature (Kumari, 2011). Another stressful aspect of personal therapy was, as one participant said, personal therapy ‘may open a can of worms’. Kumari (2011) found similar concerns that personal therapy may uncover personal issues the trainee found difficult to contain and this may negatively affect their client work and potentially impede their coursework. Moller, Timms and Alilovic (2009) and Kumari (2011) found mandatory personal therapy may be stressful because of the time commitment which it involves. Kumari’s (2011) participants were eight trainee counselling psychologists who were required to gain 40 hours of personal therapy which they found difficult to do within all the other requirements of the course. Furthermore, her participants struggled with the idea that they needed to go to therapy and did not necessarily have a particular issue to speak about.

Reflective practice groups were also seen as a potential source of stress for trainees. Knight, Sperlinger and Maltby (2010) conducted research with 124 qualified clinical psychologists which explored their experience of reflective practice groups whilst in training. Knight, Sperlinger and Maltby (2010, p. 430) developed the ‘reflective practice group questionnaire’ the main aim of which was an exploration of ‘the nature and style of the groups attended,
experience of the group as a trainee (feelings about and behaviour in the group), impact of the group on personal life and work life as a trainee and impact of the group on current personal and work life’ (p. 430). The findings showed a significant number of trainees found the groups distressing at times, however trainees who had previous experience of therapy or being in reflective practice groups found them more beneficial. The participants identified two areas of improvement; having a clear, model-based form of facilitation and managing the group size so that it was between 10 and 13 people. Binks, Jones and Knight (2013) conducted a study using a qualitative methodology. They interviewed reflective practice group facilitators from a clinical psychology training programme exploring the sense they made of ‘trainee’s distress’, ‘the relationship between distress and outcome’ and ‘their facilitation role’ (p. 306). The results indicated the facilitators thought that whilst trainee distress should be attended to, it was ultimately a normal and beneficial part of the process of learning and personal and professional development.

The research literature also explored the stress associated with professional development. Folkes-Skinner, Elliott and Wheeler (2010) in a study on a trainee counsellors in their first year of training, found this process can be emotionally demanding and anxiety provoking, especially in terms of beginning client work, which is consistent with other studies in this area (Howard, Inman and Altman, 2006). The nature of client work can also be stressful, for example, Miller et al. (2011) conducted a small scale study (n=6) with trainee counsellors working with clients experiencing suicidal ideation and borderline personality traits. Miller, et al. (2011) found that working with this client group’s presenting issues had significant effects on the trainees’ cortisol levels (a stress hormone measurable in saliva). However, I would suggest the small participant group involved in this study and the broad nature of the cortisol response means this study requires further investigation. De Stefano, Atkins, Noble and Heath (2012) conducted a study with 12 trainee counsellors who had experience of
working with clients who self-harm, finding that this can cause trainees distress for a number of reasons: emotional responses, hypervigilance, feelings of incompetence and navigating the ethical and confidentiality issues of working with this client group.

The research literature suggested stress can also arise from researching sensitive and distressing topics. McGourty, Farrants, Pratt and Cankovic (2010) wrote a paper on the impact of that researching childhood sexual abuse could have on a researcher and the difficulties of processing such material. The process of carrying out research itself can be difficult. Burkard et al. (2014) explored the experiences of doctoral psychology students in writing their theses. They found those who had negative, and therefore stressful experiences often did not have the opportunity to choose their own research topic, had a poor relationship with their supervisors and tutors, did not feel they had adequate research skills and had no or negative previous experiences of conducting research.

2.5 Applying the research literature to the theoretical conceptualisation

I would like to summarise the results from my systematic literature search and apply them to my theoretical conceptualisation. The literature suggests that self-care is an individual and organisational issue which relates to trainees caring for themselves in a manner which promotes well-being, is idiosyncratic and holistic (Burck et al., 2014; Roach and Young, 2007; Smith, Robinson and Young, 2007; Wolf et al., 2014). According to the research, self-care also involves care for others in a competent and ethical manner, which can positively affect therapeutic outcomes (Goncher et al., 2013; Pakenham and Stafford-Brown, 2013; Stafford-Brown and Pakenham, 2012). Therefore, I would argue that self-care relates to personal and professional development (PPD) and the development of self-awareness, self-compassion and emotional regulation (Boellinghaus, Jones and Hutton, 2013; Christopher et al., 2011; Shapiro, Brown and Biegel, 2007). I want to argue that these aspects are part of a trainee developing into a fully functioning counselling psychologist.
In order to effectively self-care the research literature suggests that training programmes should take an organisational responsibility by offering specific training courses such as MBSR, MBCT, ACT, as well as stress management and well-being courses (Abel, Abel and Smith, 2012; Chrisman, Christopher and Lichtenstein, 2008; Christopher et al., 2006; Christopher et al., 2011; Dorian and Killebrew, 2014; Pakenham and Stafford-Brown, 2013; Shapiro, Brown and Biegel, 2007; Stafford-Brown and Pakenham, 2012; Schure, Christopher and Christopher, 2008). Alongside this, training programmes should seek to create supportive learning environments with good tutor-student working alliances (Holm and Daly, 2013; Goncher et al., 2013; Smith, 2011). Individual trainees can promote their own well-being by paying attention to sleep hygiene, engaging in physical activity, utilising social support, developing emotional regulation techniques, practicing mindfulness and deepening their self-awareness, personal therapy and self-compassion; which are all self-care strategies that trainees engage in to promote their well-being and meet their basic training needs (Chrisman, Christopher and Lichtenstein, 2008; Christopher et al., 2011; Dorian and Killebrew, 2014; Gnilka, Chang and Dew 2012; Hopkins and Proeve, 2013; Kumari, 2011; Pakenham and Stafford-Brown, 2013; Prosek, Holm and Daly, 2013; Rimes and Wingrove, 2011; Schure, Christopher and Christopher, 2008; Shapiro, Brown and Biegel, 2007; Stafford-Brown and Pakenham, 2012).

The research literature posits that stress is a normal part of life and has both positive and negative aspects, which are framed as distress and eustress (Abel, Abel and Smith, 2012). According to the literature unmanaged stress can have a number of psychological, emotional and physical effects on trainees; compassion fatigue, poor academic performance, job dissatisfaction, poor clinical outcomes, non-disclosure in supervision, negative self-perception of competence, poor decision making and self-doubt (Abel, Abel and Smith, 2012; Clark, Murdock and Koetting, 2009; Miller et al., 2011; Myers et al., 2012; Pakenham
and Stafford-Brown, 2013; Schure, Christopher and Christopher, 2008; Shapiro, Brown and Biegel, 2007). Although, the literature is clear that stress has a negative impact, its suggestion that it can also positively affect trainees has led me to assert that self-care and stress are part of a dynamic whole, which means stress could be seen as something which could promote growth.

According to the research literature and using Kumary and Baker's (2008) CPTSS as a general guide I have organised the research literature on the main sources of stress under the four following headings; academic, placement, support and developmental stressors. **Academic stressors** include stress issues such as time pressures, workload associated with the course, writing a thesis, researching sensitive issues (i.e. childhood sexual abuse) and academic expectations (personal and supervisory) (Binks, Jones and Knight, 2013; Burkard et al., 2014; Kumary and Baker, 2008; McGourty et al., 2010; Moller, Timms and Alilovic, 2009; Pakenham and Stafford-Brown, 2013). The second major source of stress was **placement stressors**, for example, beginning client work, not feeling properly prepared for working with clients and therapeutic practice with clients who presented with challenging problems in living (i.e. experiencing suicidal ideation) and finding a placement (De Stefano et al., 2012; Folkes-Skinner, Elliott and Wheeler, 2010; Howard, Inman and Altman, 2006; Kumary and Baker, 2008; Miller et al., 2011; Pakenham and Stafford-Brown, 2013). The third broad area of stress related to **support stressors**; poor organisation within the course, unsupportive learning environments, financial pressures and a perceived lack of support (Kumary and Baker, 2008; Pakenham and Stafford-Brown, 2013). The final source of stress was **developmental stressors** with issues such as the impact of training on personal lives, engaging with personal therapy, unresolved problems-in-living and being in a reflective practice groups (Folkes-Skinner, Elliott and Wheeler, 2010; Knight, Sperlinger and Maltby, 2010; Kumari, 2011; Kumary and Baker, 2008; Moller, Timms and Alilovic, 2009). My
suggestion is these sources of stress represent the *basic training needs* which trainees encounter. I want to reframe Kumary and Bakers (2008) stressors I have discussed above into four basic needs; *academic, support, placement and development needs*. It is at this point I am diverging from Maslow’s (1970) theory by replacing his four basic needs with a non-hierarchical cluster of training needs which have been identified within the research literature. However, I am maintaining Maslow’s (1970) view that unmet needs can have a significant and all-encompassing effect on trainees. I would like to use the results from my literature review to propose the following changes to my conceptualisation of self-care and stress in training counselling psychologists;

*Self-care and stress is a dynamic whole; whilst self-care is an individual and organisational responsibility to nurture a trainee’s potential to become a fully-functioning counselling psychologist, this occurs through the promotion of their wellbeing by engagement in strategies that enable their basic needs (academic, support, placement and development) to be met; stress results from environmental and individual barriers to this process, in which a trainee is presented with demands and pressures that challenge their ability to meet their training needs.*

### 2.6 Pluralism

While humanistic psychology was the third force in psychology, some suggest it has become outdated, ineffective and has an overly optimistic and naïve view of human potentiality (Feltham, 2013b). Totton (2013) argues humanistic psychology and its associated therapeutic approaches (PCT, Gestalt *etc.*) are disparate, overly idiosyncratic and increasingly marginalised from the mainstream and suggests that if it is to have a future, then humanistic psychology either needs to reassert its particular therapeutic identities, or to learn to conform to the mainstream. Dryden (2013) sees another way forward for humanistic counselling and suggests it identifies itself with pluralism, and particularly the pluralistic framework (Cooper and McLeod, 2007, 2011a). This is the therapeutic approach I have
adopted in my practice and I will use the following section to outline pluralistic theory and apply it to my burgeoning conceptualisation of self-care and stress in trainee counselling psychologists.

**Pluralistic philosophy**

Pluralistic philosophy was developed by the systematic philosopher Rescher (1993). The central tenet of this approach is the idea that ‘any substantial question admits of a variety of plausible but mutually conflicting answers’ (Rescher, 1993, p. 79). I would argue that pluralistic philosophy is a pragmatic philosophy, which means it can be considered as an ethical approach to decision making and applied to varied fields such as politics, religion and psychology (Driesen, Hermans and De Jong, 2010; Connolly, 2005; McAteer, 2010). Unlike a relativist position, which bases its assumptions and presuppositions on ‘beliefs’, pluralism bases its views on ‘reason’ or ‘enquiry’ (Trigg, 2002, p. 60). Therefore, Rescher (1993) suggests whilst truth may exist, people do not necessarily have the capacity to access it. A person’s capacity to perceive truth could be affected by context, epistemological viewpoints and culture (Mau, 1997). Therefore, developing a ‘theory of truth’ does not require consensus, as consensus is neither an actuality nor a necessity (Mau, 1997, p. 137). This is an important point because I would suggest that pluralism is not arguing for a multiplicity of truth, but a multiplicity of understandings of truth.

Goertzen (2010) argues that for the most part the psychological academy has embraced pluralism; however, he warns of the potential fragmentation of psychology this may bring. For example, he argues a pluralistic approach could lead to psychology breaking into smaller disciplines, which may fail to communicate with each other in a meaningful manner (Goertzen, 2010). I would argue a pluralistic approach could be used for the opposite purpose; in the sense that it can meaningfully hold together the various therapeutic,
theoretical, research and contextual approaches found in counselling psychology (McAteer, 2010; Orlans and Van Scoyoc, 2009).

**Pluralistic therapy**

Cooper and McLeod (2011a) have presented a model of pluralistic practice which they refer to as the ‘pluralistic framework’ (p. 12). It is an integrative/eclectic approach to therapy which is rooted in the humanistic-existential tradition (Dryden, 2012). The framework has two core principles: the first is ‘that many different things can be helpful to clients’ and the second is ‘that therapists should work collaboratively with clients to help them work out what they want from therapy and how this might best be achieved’ (Cooper and McLeod, 2011a, p. 6). In terms of my study I would argue there are many different ways for trainees to self-care, and that it is important for them to work collaboratively with others discover which ways are best for them. It appears to me that these two core principles are congruent with the humanistic stance of my study which values trainees’ abilities to be self-aware, make choices and be purposeful. Allied with the core principles of pluralistic philosophy and collaborative practice are the frameworks’ three domains which are known as ‘goals, tasks and methods’ (Cooper and McLeod, 2007, p. 137).

Goals provide a focus for therapy and are created in collaboration with the client (Cooper and McLeod, 2011b). Obviously, this is not necessarily a straight-forward practice as clients may be unaware of their goals, present conflicting or unrealistic goals and be unable or unwilling to articulate their goals (Cooper and McLeod, 2007, 2011a, 2011b). However, I would argue the collaborative nature of the pluralistic framework allows for these issues to be worked through. Tasks are ‘macro-level strategies’ that clients use to achieve their therapeutic goals (Cooper and McLeod, 2011a, p. 12). Methods are the ‘specific, micro-level activities that clients … and therapists … can undertake to accomplish tasks and achieve their goals’ (Cooper and McLeod, 2011a, p. 12). The goals, tasks and methods sit within a
dynamic relationship which means rather than being in a liner relationship there is a flow between them and therefore they are interconnected. While these concepts are fairly straightforward, in my experience they can be a little abstract; therefore I have included a fictitious dialogue between a trainee and their personal therapist below. In it I briefly outline the way in which the two core principles and the three domains would work in a practical situation.

Therapist: Morning, how are you doing today?

Trainee: I am not so good. I feel really stressed … well, I am finding it difficult to fit everything in …

Therapist: Fitting everything in?

Trainee: Sorry … well I have a load of course work to do, classes to go to and all my placement work. … I am struggling to get everything done … to top it all off I have an assignment deadline next week and I am only half way through the paper!

Therapist: So, you’re feeling overwhelmed with your course work and client work …

Trainee: Definitely … I am having trouble sleeping and I feel distracted all the time and I am really short-tempered … I feel like I need to plan better …

Therapist: Mm …

Trainee: Yeah, I’m finding it difficult to prioritise … I’ve known about the assignment since the beginning of term and I just kept putting it off … I’m trying to have enough time for friends and family … I even took an extra half a day at placement to get my client hours up and now it all feels unmanageable … I feel like I’m cracking up …

Therapist: Okay … so … and this may be an understatement … you feel you’re struggling to cope with all the demands on your time …

Trainee: yeah …
Therapist: And, I am not sure that I heard this right, but you said that you’re finding it difficult to prioritise your time?

Trainee: I’m awful at it … I don’t even have a proper diary … so I am constantly forgetting things and pretty much always feeling guilty because of that… even when I am supposed to be relaxing, like at the gym or with my partner I am thinking I’ve forgotten something …

Therapist: You don’t plan, you forget things you need to do and you are feeling overwhelmed emotionally …

Trainee: You hit the nail on the head …

Therapist [Goal setting]: What could we work on together to help you?

Trainee: I’d like to be more planned … more able to cope with all that is going on …

Therapist [Refining goals]: That sounds like two things to me – being more organised and being able to cope with all that needs to be done …

Trainee [Articulating goal]: Yeah, that is right … but honestly I think I could be more planned if I could cope with my feelings of anxiety … you know, I think I put off planning because of them …

Therapist: Okay, so working on ways to cope with your feelings of anxiety might help?

Trainee: I’d love that … I think that it would really help …

Therapist [Task setting]: So, do you have any sense of what might be the best way for us to do that?

Trainee [Articulating tasks]: Explore them I suppose … like talk about them and the way they affect me and then maybe I won’t get as overwhelmed and be able to manage them better … and to be able to do that in a way that I don’t feel judged … really I just need a safe space to explore my feelings …
Therapist: And this is a safe space, which is honest, non-judgemental and caring [method], for you to explore your feelings of anxiety [task] … and hopefully help you cope with those feelings [goal] … how does that sound?

Trainee: Sounds perfect …

2.7 A research-informed model of self-care and stress

My rationale for including the dialogue in my previous section was to introduce the idea of goals, tasks and methods, as I intend to use them to develop my theoretical conceptualisation into a research-informed model of self-care and stress in trainee counselling psychologists. In accordance with Maslow’s (1943, 1970) original theory, the model’s goal of self-care is nurture of the actualising tendency so a trainee can become a fully-functioning counselling psychologist, which the research literature suggests includes care for self, others and personal/professional development. According to my model and diverging from the hierarchical nature of Maslow’s (1943, 1970) model, the tasks of self-care involve trainees meeting their basic training needs which are also the main sources of stress (academic, placement, support and development needs), therefore, the methods of self-care are the specific strategies trainees utilise to meet their training needs through the promotion of well-being (e.g. mindfulness practice, emotional regulation, good sleep hygiene etc.). Furthermore, I am suggesting these processes occur within the context of the humanistic value base I discussed earlier (Bugental, 1964). My final research informed model of self-care and stress in trainee counselling psychologists is outlined in Figure 2 and summarised in the following conceptualisation;

Self-care and stress are a dynamic whole. Stress results from individual and environmental demands and pressures which challenge trainees’ abilities to meet their needs. Self-care is an individual and organisational responsibility with the following goals, tasks and methods;
• Goals of self-care – nurturing trainees’ potentiality to become fully-functioning
counselling psychologists through learning to care for self and others and personal and
professional development (PPD);

• Tasks of self-care (sources of stress) – promoting trainees’ wellbeing through meeting
their support, academic, developmental and placement training needs;

• Methods of self-care – encouraging intentional individual and organisational
engagement in strategies which enable trainees to meet their training needs.

The research literature presents a number of examples of the goals, tasks and methods of
self-care;

• Research-informed examples of the goals of self-care – care for self is intentional,
promoting wellbeing, idiosyncratic and holistic; care for others is ethical, competent and
effective; personal and professional development is about self-awareness, self-compassion and
emotional regulation

• Research-informed examples of the tasks of self-care – academic needs include time
management, achievable workload, support in conducting research and realistic
expectations. Support needs require financial support, well organised training programmes,
safe learning environment and tutor support. Placement needs include support for client
work, finding a placement, being prepared for therapeutic practice (i.e. challenging
presenting issues). Development needs require a work-life balance, personal therapy,
resolving personal issues and supportive reflective practice groups.

• Research-informed examples of the methods of self-care – there were a number of self-
care strategies in the literature such as, mindfulness, self-care and stress management
training courses (MBCT, MBSR, ACT etc.), supportive learning environments, good
student tutor alliance, sleep hygiene, exercise, social support, emotional regulation
techniques, mindfulness practices, self-awareness, personal therapy and supervision.
Figure 2: A research-informed model of self-care and stress

**Humanistic value base**

**Goals of self-care**

Nurturing trainees’ potentiality to become fully-functioning counselling psychologists through learning to care for self and others and developing personally and professionally.

- **Care for self:**
  - intentional, promoting wellbeing, idiosyncratic and holistic

- **Care for others:**
  - ethical, competent and effective

- **PPD:**
  - self-awareness, self-compassion and emotional regulation

**Tasks of self-care (sources of stress)**

Promoting trainees’ wellbeing through meeting social support, academic, development and placement training needs.

- **Academic needs:**
  - time management, achievable workload, support in conducting research and realistic expectations

- **Support needs:**
  - financial support, well organised training programmes, safe learning environment and tutor support

- **Placement needs:**
  - support for client work, finding a placement, being prepared for therapeutic practice (i.e. challenging presenting issues)

- **Developmental needs:**
  - work and life balance, personal therapy, resolving personal issues and supportive reflective practice groups

**Methods of self-care**

Encouraging intentional individual and organisational engagement in strategies which enable trainees to meet these needs.

**Examples of self-care strategies:**

Mindfulness, self-care and stress management training courses, supportive learning environments, student tutor alliance, sleep hygiene, exercise, social support, emotional regulation techniques, mindfulness, cultivating self-awareness, personal therapy and practicing self-compassion (LKM).
2.8 Chapter summary

I have used this chapter to develop a research-informed model of self-care and stress in trainee counselling psychologists. To do this I first developed a theoretical conceptualisation of self-care and stress, using Bugental’s (1964) postulates of humanistic psychology, Maslow’s (1970) and Rogers’s (1961) views on human potentiality and Maslow’s (1943, 1970) theory of human motivation, as well as the relevant research literature on these topics. I concluded by outlining Cooper and McLeod’s (2007, 2011a, 2012) pluralistic approach to counselling and psychotherapy and applying this to my theoretical and research based conceptualisation, in order to further develop my model.
Chapter 3: Methods
3.1 Chapter overview

In this chapter I explore the methodology and method of my case study. To do this I have divided the chapter into four sections; in the first I outline the social constructionist epistemology and qualitative methodology I adopted for my research. In the second, I discuss the ways in which I have assured the trustworthiness of this research. In the third, I provide an outline of my method, which is a theory-building case study design (McLeod, 2010; Stiles, 2007). In the fourth section I present the procedure I used to conduct my research which includes an overview of my systematic literature search, an outline of my participants and the way in which I recruited them, a description of my use of qualitative interviews as a means of data collection, the ethical considerations involved in my research, and a discussion on my use of thematic analysis (Braun and Clarke, 2006, 2012).

To aid clarity I have provided a graphical representation of the methodological steps I took when carrying out this research. Figure 3 shows the pivotal role of my epistemological and methodological position, as well as my research questions, as these are the basis for my research-informed model of self-care and stress in trainee counselling psychologists (see chapter 2) and the analysis of the case material as presented in my findings chapter. However, it is important to note that whilst I developed my research-informed model before analysing my case material, I did not use it as a structure for my interview guide or data analysis, rather I used the research questions to underpin this work. The rationale for this was I wanted to listen to participants’ viewpoints rather than imposing the model upon them. Furthermore, this approach enabled my research findings to shape my model and make it case specific (Stiles, 2007). Figure 3 also depicts the creative synthesis which resulted from bringing my research-informed model and research findings together in order to develop a contextualised model of self-care and stress in trainee counselling psychologists. In the final chapter of my thesis I describe the tension which resulted from
trying to listen carefully to participants’ experiences of self-care and stress, while seeking to bracket off my *a priori* model and the importance of reflexivity in this process.

**Figure 3: Overview of methodological steps in the case study**

- Epistemology, methodology and research questions
- Research-informed model of self-care and stress in trainee counselling psychologists using humanistic theory and research evidence.
- Findings from my analysis of a case using qualitative interviewing and thematic analysis.
- Refined model of self-care and stress in trainee counselling psychologists using research-informed model and research findings.
3.2 Methodological rationale

**Epistemology and the nature of knowledge**

Epistemology is a branch of philosophy concerned with ‘the nature of knowledge’ and provides a framework on which we base our assumptions about the nature, acquisition and communication of knowledge (Eatoug, 2012, p.330). In terms of psychological research it also acts as a foundation for a study’s methodology and method. Therefore, I intend to use this section to articulate the approach I have adopted in a clear and concise manner. In order to do this I will outline three main epistemological positions and then discuss the approach I have adopted for this study, social constructionism.

According to the literature, there are two broad ontological positions: that of the realist and the relativist (Eatoug, 2012). Put simply, a realist believes that knowledge is objective, while a relativist perceives it as subjective (Sullivan, 2010). Gray (2006, p. 17) argues that these two approaches can be divided into three epistemological categories: ‘objectivism’, ‘subjectivism’ and ‘constructivism’. Those who take an objectivist stance adopt a realist position and perceive reality as being independent from human experience (Gray, 2006). Therefore, in order to know something they turn to empirically verifiable and quantifiable means such as the scientific method and deductive reasoning. Subjectivism and constructivism take a relativist position and reject the objectivist separation of human experience and reality. In doing so, both these epistemologies suggest that knowledge is constructed through a person’s or group’s interactions with the world (Hansen, 2006). Therefore, according to these epistemologies knowledge is a malleable entity rather than a fixed one. This approach to knowledge is also closely associated with postmodern philosophy. In a similar vein to subjectivism and constructivism postmodernism argues that knowledge is socially constructed rather than objectively ‘knowable’ (Hansen, 2006, p. 291). It also rejects the modernist (objectivist) mind-set that champions concepts such as absolute
truth, the positivity of human endeavour and the centrality of empirical science (Butler, 2002; Gillon, 2007). However, while subjectivism and constructivism have similarities, they also differ in their understanding of the process of knowledge generation.

In order to illustrate this I would like to use Hansen’s (2006) language of the subject (i.e. the observer) and the object (i.e. that which is being observed). With these terms in mind, I suggest that subjectivism posits that the observer is the dominant force in the process of generating knowledge and actively imposes their perceptions on the object (Gray, 2006); whilst in constructivism, knowledge is generated as ‘interplay’ between the object and the subject (Gray, 2006, p. 17). This is an important distinction because by adopting a constructivist approach I am acknowledging that the participants (subjects) and their environments (objects) both have a role to play in the development of an understanding of self-care and stress.

**Social constructionism**

I have used a variant of a constructivist epistemology called social constructionism as the foundation for this study. The difference between these two approaches is subtle and relates to the process of knowledge generation. McLeod (2011) argues that social constructivism considers the construction of knowledge as an intrapersonal process (within an individual) while social constructionism views it as an interpersonal process (between a group of people). My main rationale for choosing a social constructionist epistemology is that it enables me to study self-care and stress within a group of trainee counselling psychologists and provides a means of doing so that is consistent with the humanistic basis of this research (Gillon, 2007; Rowan, 1998; Wertz, 2015).

As with many philosophical positions, social constructionism contains some intricate complexities. However, I would argue that at its heart is the assumption that ‘observers
create realities’ (Hansen, 2006, p. 291). With this in mind, I suggest that a social constructionist epistemology is a way of developing an understanding of the social world by uncovering these created realities (McLeod, 2011). As all perceptions (created realities) are subjective, I would argue that they are best understood as individual observation rather than an absolute reflection of reality (Willig, 2003). This means that this case-study is aiming to create a theoretical model rather than the definition of self-care and stress in trainee psychologists. An objectivist may consider this as a fatal flaw because it lacks generalisability. However, from a constructionist position it is seen as being consistent with its philosophical understanding of knowledge and the iterative potential within social research (Greenhalgh, 2010).

**Social constructionist values**

In order to maintain a social constructionist epistemology I applied three values to this case study. These are based on Burr’s (1999) description of the key features of social constructionist theory and are as follows: a sceptical approach to accepted truth, the importance of context and the centrality of language. I will outline each of these descriptors and discuss some of the difficulties they present to the humanistic perspective of this research.

The first value is a sceptical approach to accepted truth (Burr, 1999). Accepted truth is often seen as foundational and unquestionable. A current example of this could be the dominance of Cognitive Behavioural Therapy as the most effective psychological intervention within the NHS, even though research suggests that other mainstream interventions may be as effective as each other (Stiles, Barkham, Mellor-Clark, and Connell, 2007). The rationale for adopting a sceptical approach is that social constructionists suggest all knowledge is contextual and mediated by language. Therefore, due to the changeable nature of contexts and the subjective nature of language, knowledge that is perceived as
foundational can radically change. This is important in terms of this research because as I
have conducted a theory-building case study and this process involved developing a theory
before the data was analysed and then applying this analysis to the theory. Taking a sceptical
approach to truth means that I allowed the data to challenge the theory rather than using it
as a means of reinforcing my presuppositions (Stiles, 2007).

As I have stated above, social constructionism argues that all knowledge is constructed by
the interplay between the observer and their context (Burr, 1999). These contexts can be
environmental, psychological, social, political etc. If we accept this then it follows that stress
and self-care are environmental (contextual) rather than solely individual constructs
(Orford, 1995). Therefore, if we change the context we may also change the individual’s
experience of self-care and stress. Consider a trainee who experiences a period of high
stress and decides to take a week off placement in order to recuperate. There are a number
of ways in which their placement could respond to this action of self-care. The
organisational culture may consider it a positive action; however, it could also be perceived
as a sign of weakness and an inability to cope effectively with stress. This understanding
could then affect the trainee’s perception of self-care and their chosen response. The
contextual nature of knowledge is consistent with a case study approach because these
studies take into account the context of the case and its potential impact on the data
presented in the study.

The final value I have maintained in my research is the social constructionist viewpoint that
language is a central mechanism in the construction of knowledge (Burr, 1999). Social
constructionism argues that language is the way in which humans make sense of the world
and communicate knowledge to others. However, as I have already suggested, language is
subjective and therefore an approximation of what the observer is observing (Hansen,
2006). A simple way of illustrating this point is the variant responses the participants gave to
the interview questions. I would argue the responses differed because each participant constructed their understanding from their subjective experience rather than adopting an objective definition. Furthermore, even if they did have a shared definition, the subjective nature of language means they would communicate that in any number of ways. Acknowledging the subjectivity of language is central to this study and in order to maintain this position I have illustrated my findings with direct quotes from the data.

Social constructionism, relativism and the self

The humanistic value base of my study raises a number of points of conflict in terms of the adopted epistemology. The first relates to the concept of the relativity of truth and the second to our understanding of what constitutes the self. The suggestion that all knowledge is relative has been criticised by some researchers because of the moral and ethical implications of this stance (McLeod, 2011). For example, if we are to have a shared base for ethical humanistic practice and research we need to agree that some actions are acceptable, while others are not. However, Willig (2003) provides a way forward as she suggests that a social constructionist understanding ‘does not mean that we can never really know anything; rather it suggests that there are ‘knowledges’ rather than ‘knowledge’” (p. 7). This viewpoint fits with a humanistic position which champions the importance of human experience. Rogers (1961) writes;

‘Experience is, for me, the highest authority. The touchstone of validity is my own experience. No other person’s ideas, and none of my own ideas, are as authoritative as my experience. It is to experience that I must return again and again, to discover a closer approximation to truth as it is in the process of becoming me.

Neither the bible nor the prophets – neither Freud nor research – neither the revelations of God nor man – can take precedence over my own direct experience’
In this quote Rogers (1961) seems to be suggesting that human experience is central to the construction of personal meaning making. Considering this assertion more closely I would suggest it is based on the idea that human beings have a self and that self has the capacity to experience and make sense of the world (Gillon, 2007; Polkinghorne, 2015). However, social constructionism argues that the self is contextually and linguistically constructed and therefore does not exist (McLeod, 2011). In other words, I may feel that I am but I only feel this because it is a socially constructed concept. Furthermore, if the self does not exist then it is logical to assume that ‘feelings, emotions and other bodily states do not exist as things in themselves’ (McLeod, 2011, p. 53). This view of the self has obvious implications for my study; namely, what is the point of asking someone about their experience if there is no such thing as individual experience (Hoffman, Stewart, Warren and Meek, 2015).

The assumption behind this question highlights the critique that social constructionism has an overly collectivist outlook (McLeod, 2011). Furthermore, as I have already argued, the collectivist nature of social constructionism poses certain difficulties in terms of a humanistic understanding of the self. In order to reconcile these two opposing views of the self I want to adopt Orford’s (1992) theory of ‘person-in-context’ (p.14). His theory argues for a contextual view of the individual, albeit with a subtle twist; the idea that while individuals exist within powerful contexts they also have agency and power to influence those contexts. I would argue that Orford’s (1992) acknowledgement of a person’s agency is an acknowledgment of their selfhood. Therefore, it may be possible to maintain a contextual understanding of the individual and still acknowledge their personhood (Bugental, 1964). I would like to further develop this point by suggesting that the self can be thought of as a fluid rather than fixed entity (Gillon, 2007). According to this assumption humans are in a constant state of change (Hoffman et al., 2015). Furthermore, I would argue
this change is influenced by the contexts (social, economic, environmental etc.) that individuals find themselves in, suggesting the self and collective experience are inter-related rather than distinct from each other (Gillon, 2007). In summary, I am suggesting that the feeling that I am may be socially constructed but that does not necessarily mean that I do not have a self. However, it does mean that my self is in the process of formation. In other words, ‘I am because I am becoming; therefore I am not yet!’ (Scott and Hanley, 2012, p. 30).

**Qualitative methodology**

The literature appears to disagree on what should underpin a researcher’s choice of methodology. Gray (2006) argues that a researcher’s epistemological position should inform their choice. However, others take a more pragmatic approach and suggest that the research questions should determine the methodology (Silverman, 2010). In my opinion these two viewpoints can be brought together and I would argue that my epistemological conviction has influenced the kind of questions I ask. Therefore, the methodology I have chosen for this study, which is qualitative in nature, has been influenced by social constructionism and my research questions. Before I discuss the nature of a qualitative methodology more fully I would like to begin by clarifying the difference between the terms method and methodology.

Silverman (1993) argues that methodology can be best understood as a ‘general approach to studying research topics’, while method refers to ‘specific research techniques’ (p. 1). Furthermore, I would argue the literature suggests that there are two broad methodological schools, these being the qualitative and quantitative approaches (Chambliss and Schutt, 2013). According to Chambliss and Schutt (2013) quantitative research uses ‘statistical techniques … to describe and analyse variation in quantitative measures’ (p. 154), while
qualitative methods are ‘designed to capture social life as participants experience it rather than in categories the researcher predetermines’ (p.179).

Cooper (2008) expands on these definitions by arguing that qualitative research is primarily language-based and does not seek to reduce the data generated from social science research into numbers. Similarly, McLeod (2011) suggests that ‘the primary aim of qualitative research is to develop an understanding of how the social world is constructed’ (p.3).

Therefore, taking qualitative research at its most basic, it is about exploring the construction of the social world rather than exploring the objective nature of the natural world.

Returning to my earlier discussion on the nature of knowledge I can now say that a quantitative approach fits with an objectivist epistemology, while a qualitative approach fits with a constructivist epistemology (Gray, 2006).

The particularities of these two approaches sometimes lead to researchers becoming entrenched in a particular camp where one approach is seen as worthy and the other is not. However, Silverman (2010) argues that such distinctions are not helpful and, as stated above, my choice of methodology should be primarily influenced by my research questions. Furthermore, whilst my choice of methodology has been informed by my research questions (as well as my epistemological convictions), it has also been informed by pragmatic psychology (Fishman, 1999). This viewpoint enables a researcher to acknowledge the complex theoretical nature of the construction of the social world, and focus on research that takes action rather than getting caught up in endless epistemological and methodological arguments (Mertens, 2005).

With this in mind I have chosen qualitative research questions as I am interested in the participants’ experience; focusing on their internal thought processes which are by nature subjective and, I would argue, impossible to observe from an objectivist position. The questions are designed to be used in semi-structured interviews in which I used open and
exploratory questions (Egan, 2010, p. 188 - 209). The rationale being that open questions give the participants space to fully explore their own understandings, rather than those potentially imposed on them by the researcher (Elliot, 2007). My research questions are as follows:

Core question:

How can trainee counselling psychologists’ perceptions and experiences of self-care and stress be used to develop a research-informed model of self-care?

Sub questions:

How do trainee counselling psychologists conceptualise self-care?

Which strategies do they use to engage in self-care?

How do trainee counselling psychologists conceptualise stress?

Which sources of stress do they identify in terms of the training process?

3.3 Trustworthiness in qualitative research

Having outlined my choice of methodology and research questions I would like to discuss the measures I took to ensure the scientific rigour or ‘trustworthiness’ of my case study (Morrow, 2005, p. 250). Stake (1995) argues ‘researchers recognise the need not only for being accurate in measuring things but logical in interpreting the meaning of those measurements’ (p. 108). I would suggest this sentiment is at the heart of good quality and ‘credible qualitative research’ (Silverman, 2011, p. 351). Silverman (2011, p. 360) postulates that the credibility of qualitative research rests on two key aspects; ‘reliability’ and ‘validity’. Reliability refers to the potential for a study to be repeated by another researcher in the same manner, while validity refers to whether the findings are a truthful representation of
the phenomena the research is seeking to represent (Silverman, 2011). Some researchers argue validity and reliability are the touchstones of rigorous research; however, these concepts can be viewed as being related to an objectivist rather than a subjective approach (Sparks and Smith, 2014). As my study is qualitative in nature I would question the relevance of reliability and validity to my research, whilst recognising the need to demonstrate its trustworthiness.

The literature on trustworthiness in qualitative research is diverse and offers a number of different approaches some of which conflict with each other. In order to develop my approach to trustworthiness I have distilled from the literature five key areas, which I feel are applicable to my case study (McLeod, 2010; Marrow, 2005; Silverman, 2011; Sparks and Smith, 2014; Stake, 1995; 6 and Bellamy, 2012);

- keeping a consistent philosophical and theoretical grounding;
- actively engaging in reflexivity;
- gathering rich and meaningful data;
- conducting analysis in a systematic manner;
- writing in a clear and accessible manner.

I will discuss each area in turn and provide examples of how I engaged with them during the research process.

**Keeping a consistent philosophical and theoretical grounding**

Marrow (2005) argues a study should be consistent with its philosophical underpinnings, and whilst this may seem obvious, I would argue my social constructionist epistemology and qualitative methodology is vital to the trustworthiness of my study. It has been a
struggle to do this at times as my epistemological position has been in conflict with the humanistic underpinnings of my study. Subsequently, I have actively engaged with these issues within my thesis rather than try to ignore them.

**Actively engaging in reflexivity**

All of the literature I read on trustworthiness underlined the importance of reflexivity. Many authors give practical suggestions to help researchers actively engage in reflexivity; for example, Sparks and Smith (2014) propose keeping a reflexive journal. I adopted this strategy in a number of ways during my research: writing a reflexive statement outlining my assumptions about self-care and stress prior to the commencement of my research; keeping a reflexive journal during the research process; carrying out member checks; concluding my thesis with a reflexive chapter. The rationale for this was the promotion of my self-awareness in order to confirm or challenge my assumptions. These reflexive activities have also enabled me to be transparent about the elements of my research which I have found surprising, challenging or confirming. Through these reflexive activities I have come to understand that acknowledging and creatively engaging with my subjectivity strengthen trustworthiness in qualitative research (Hanley, Lennie and West, 2013).

**Gathering rich and meaningful data**

The literature suggests trustworthiness may be influenced by the number of participants in a study (Morrow, 2005). Morrow (2005) argues qualitative researchers may over-focus on the significance of the number of participants. She suggests that while there needs to be an adequate number of participants the researcher must also attend to the quality of the participants. I discuss my participants in greater detail later in this chapter; however, in terms of trustworthiness I purposefully recruited participants who had personal experience of self-care and stress which directly related to my topic area and therefore were applicable
to my study. I was also mindful qualitative interviewing would enable the gathering of rich and meaningful data from my participants (McLeod, 2010). I would suggest both these considerations add to the trustworthiness of my research.

**Conducting analysis in a systematic manner**

I would argue a pivotal element of trustworthiness in research is the choice of analytical method, the applicability of this method and the manner in which it has been utilised (Silverman, 2011). Furthermore, I think my use of thematic analysis needs to be transparent and underpinned by a clear rationale grounded in the studies research findings. I will discuss these elements of my study in detail later in this chapter.

**Writing in a clear and accessible manner**

The final aspect of trustworthiness I would like to discuss relates to the presentation of the research. Whilst not directly mentioning this area, I would argue it is inherent within the literature. For example, 6 and Bellamy (2012, p. 114) suggest an ‘audit trail’ of the way in which the study was conducted increases its trustworthiness. I have sought to provide this in a number of ways; through my procedure section, screen shots of my data analysis, tables relating to my themes and a sample interview transcript. I have also tried to write this thesis in an accessible style in which I clearly and logically build my arguments.

3.4 Method

**A case study method**

In the following section I will outline the method I have employed in this case study. However, from the outset it is worth noting that the literature disagrees as to whether a case study should be considered as a research method in and of itself (Willig, 2003). Therefore, it could be argued qualitative interviewing is the research method used in this study and the
fact that it is a case study is merely an issue of presentation. However, I would argue that the case study approach is the method because the interviews have been conducted as an element of a systematic theory-building case study rather than in their own right.

Furthermore, McLeod (2011) suggests there is a difference between doing a case study and using cases within a study. He writes, ‘a case study is a form of inquiry that seeks to make sense of all aspects of a case, as a thing in itself’ (McLeod, 2011, p. 227). Therefore, as this case study is seeking to make sense of trainee counselling psychologists’ experiences of self-care and stress and to do so in a systematic manner, it is a ‘research technique’ or ‘method’ (Silverman, 1993, p.1). However, I want to argue that qualitative interviewing is a method of data collection within a broader method (i.e. a theory building case study). Therefore, I will discuss the qualitative interviews as an aspect of the study rather than as a method in their own right.

**What is a case study?**

Bromley (1986) suggests that a case study is ‘an account of a person in a situation’ in which there is ‘usually something interesting or problematic about the person, the situation, or the relationship between them’ (p. 1). On first reading this may appear overly simplistic as there are many approaches to case studies from a range of social science perspectives that present slightly different ways of conducting case study research (Stake, 1995; McLeod, 2009; Willig, 2003; Yin, 2009). However, I would argue that Bromley’s (1986) definition is helpful because it contains three of the basic elements of all case studies: a case, a context and a question. In terms of this research, my case is a group of trainee counselling psychologists, their context is a doctoral course in the UK and my research question is an exploration of trainees understanding of self-care and stress. I intend to add a fourth element to Bromley’s (1986) definition, define a case study as having a case, a context, a question and an approach. My rationale for adding this fourth element is, as I have already stated, social science case
studies are rooted in disciplinary approaches; a sociological study may differ from an anthropological one. Furthermore, as this case study is grounded in counselling psychology I have decided to use the theories of case study research found in the counselling and psychotherapy field (McLeod, 2010). My reasoning being this presents a best fit with the humanistic basis of my research.

**Case studies in counselling and psychotherapy**

McLeod (2010) suggests that counselling and psychotherapy case studies should fulfil one or more of the following functions;

1. to make a contribution to shared professional and scientific knowledge, by presenting carefully documented and rigorously analysed case-based evidence;

2. to enable users of therapy (clients, purchasers) and practitioners to gain an understanding of what actually happens in different forms of therapy for different client problems;

3. to provide a structure for personal and professional development in therapists, in the form of opportunities to reflect on practice’ (p. xv).

This study aims to meet the first of these suggested functions by contributing to the current research about self-care and stress in trainee psychologists. However, I would also argue it fulfils the third of McLeod’s (2010) suggestions as it is designed to provide a space for trainee psychologists to reflect on their conceptualisations of self-care and stress, which I have already suggested is a key element of therapeutic practice. Ultimately this study aims to create a tentative evidence base to present a research-informed theory of self-care and stress in trainee counselling psychologists from a humanistic perspective that can be used in the training programmes.
**Theory-building case studies**

The literature suggests that a theory-building case study can be used to develop new theory or to test and refine existing theory (McLeod, 2011). Stiles (2007) argues that a theory-building case study is best understood as an amalgamation of existing theory and the study’s findings (observations) in a creative synthesis. He uses the following metaphor to illustrate this point;

‘This is a diffusion metaphor; I picture particles of observation spreading through the theoretical interstices. Aspects of the new observations actually enter and become part of the theory. For example, the theory may be explained differently, using words that accommodate the new observations along with the previous ones. Or the new observations may be used as illustrations. Through research, then, observations accumulate in theories. New observations permeate the theory while earlier thinking and results are retained … This is a flexible view of theory from the perspective of theorists who may change it or practitioners who must adapt it …’


Stiles (2007, pp. 124 - 125) presents a theory-building case study as a process of evaluation and discovery that is harnessed through a number of stages:

a) a ‘familiarity with the theory and courage to change it’;

b) ‘selecting a case’;

c) creating a ‘rich case record’;

d) ‘analysing case study materials’;

e) applying ‘the case to the theory rather than the theory to the case’.

McLeod (2010, pp. 162 - 166) suggests similar steps however he adds further elements. His guidelines are as follows:
a) ‘develop a theoretical starting point’;
b) ‘selection of a case’;
c) ‘construction of a rich case record’;
d) ‘immersion in the case’;
e) ‘applying the theory to the case’;
f) ‘identifying gaps in the theory: applying the case to the theory’;
g) ‘refining the theory’;
h) ‘testing the revised version of the theory against further cases’.

I think it is important to note that these guidelines are a dynamic process which the researcher undergoes rather than a set of lifeless stages. This should underscore the idea that a case-study is a method because it follows a step-by-step approach and has a clear rationale for doing so. I have adapted Stiles’ (2007) and McLeod’s (2010) stages into the following steps and will use them to outline the study’s procedure as follows;

1. developing a theoretical model of self-care;
2. selecting the case;
3. creating a rich case record through qualitative interviewing;
4. using thematic analysis to analysis the findings;
5. presenting the findings;
6. refining the model.

3.5 Procedure

*Developing a research informed model of self-care*

Yin (2009) suggests that before the data collection and analysis takes place, the researcher should carefully prepare themselves for conducting the study. I endeavoured to do this by first drafting the methods chapter to become familiar with the process of conducting a
theory-building case study and aware of any potential pitfalls which may emerge. Once I had a draft methods chapter I began my literature review. I undertook this in three stages. In the first I searched for theoretical literature specifically relating to self-care and stress in trainee counselling psychologists, but did not find any. I found a number of text books about stress in counsellors and psychotherapists (Dryden, 1995; Norcross and Guy, 2007). However, I decided to exclude these from my literature search because while they provided excellent insights I was eager to create a new model, congruent with my theoretical and therapeutic perspective (i.e. counselling psychology, humanistic psychology and pluralistic practice) and grounded in the contemporary research literature.

In the second stage, I conducted a systematic search of the research literature relating to self-care and stress in trainee counsellors, psychotherapists and psychologists. As trainee counselling psychologists are a specific group within a limited population, the span of available research on self-care and stress in them was greatly reduced. I could have chosen to combat this paucity by including articles on other trainee health care professionals (e.g. doctors and nurses) and qualified counselling psychologists. Whilst I understand there is rationale for this approach, in that they may experience similar issues, I would argue trainee counselling psychologists encounter different stressors and therefore, the literature relating to these other groups is not readily relevant to my study.

In order to gain a greater spread of research literature I widened my search to include articles on trainee counsellors, psychotherapists and psychologists (i.e. clinical, counselling, educational, occupational and forensic). There were two reasons for this; firstly, while I acknowledge there are differences in the training of these practitioners I would suggest they experience similar issues during training (i.e. working with clients, learning therapeutic theory, developing ethical practice, personal and professional development etc.); secondly, I wanted my theoretical model to be applicable to educational settings which train counselling
psychologists and therefore research on trainee counsellors, psychotherapists and psychologists seemed relevant because it directly relates to educational settings.

I adopted Brettle’s (2008) approach to conduct my literature search in a systematic manner. This involved creating a search question, dividing this question into relevant concepts and search terms, including alternative spellings of the search terms, grouping the search terms together and finally testing and refining the search. Instead of creating a new search question I used the research questions I developed for my case study to inform the systematic literature search, Table 1 provides an overview of the search terms. I used these terms to search three main databases, PSYCH INFO, MEDLINE and SCOPUS, as well as a number of specific journals. Table 2 provides an overview of my searches. The searches were refined with a number of inclusion and exclusion criteria which are listed in Table 3. Once I had identified the relevant articles and removed any duplicates I used Elliot, Fischer and Rennie’s (1999) criteria for judging the quality of the research and I did not exclude any articles based on this, an outline of these criteria is contained in Appendix 1.
<table>
<thead>
<tr>
<th>Search Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling psychology OR counselling psychology OR counseling psychologist* OR counselling psychologist* OR psychology* OR counsel* OR psychotherap* OR therap*</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>Train* OR student* OR novice OR in-training</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>Stress* OR occupational stress* OR work stress OR work-related stress* OR job stress* OR burnout OR burn-out OR compassion fatigue OR Self-care OR selfcare OR resilience OR distress</td>
</tr>
</tbody>
</table>
### Table 2: Overview of systematic literature search

<table>
<thead>
<tr>
<th>Number of Articles Found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYCH INFO: 19206 (3425 with limits)</td>
</tr>
<tr>
<td>Science Direct: 3,722</td>
</tr>
<tr>
<td>SCOPUS: 13,5001 (4,444 with limits)</td>
</tr>
<tr>
<td>The Cochrane Library: 2</td>
</tr>
<tr>
<td>Total: 11,593 (with limits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Articles after Reading Titles &amp; Abstracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYCH INFO: 18</td>
</tr>
<tr>
<td>Science Direct: 0</td>
</tr>
<tr>
<td>SCOPUS: 8</td>
</tr>
</tbody>
</table>

**Specialist Journals Searched**

- Journal of Humanistic Psychology: 6
- Counselling and Psychotherapy Research: 14
- Journal of Counseling Psychology: 0
- Counselling Psychology Quarterly: 13
- European Journal of Psychotherapy Research: 2
- Counselling Psychology Review: 2

**Total: 63**

<table>
<thead>
<tr>
<th>Number of articles after duplicates removed and articles read</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: 37</td>
</tr>
</tbody>
</table>
### Table 3: Inclusion and exclusion criteria

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Written in English.</td>
</tr>
<tr>
<td>• Articles relating to trainee applied psychologists, psychotherapists and counsellors.</td>
</tr>
<tr>
<td>• Peer-reviewed journal articles.</td>
</tr>
<tr>
<td>• Written within the last 10 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not accessible online or print.</td>
</tr>
<tr>
<td>• Secondary or unpublished research.</td>
</tr>
<tr>
<td>• Poor quality studies.</td>
</tr>
<tr>
<td>• Not about self-care or stress.</td>
</tr>
</tbody>
</table>

In the final stage I amalgamated the results from my theoretical review with the results from my research literature search in order to develop a research-informed model. I have written Chapter 2 in a manner which clearly outlines the step by step evolution of my model, so there is no need to discuss it here in detail.

The fact that I had a draft of my literature review before conducting my analysis may need some discussion as there are those who would argue writing a literature review, albeit a draft, before conducting analysis creates a potential bias (Sparkes and Smith, 2014). However, as I have conducted a theory-building case study it was imperative to develop my research-informed model of self-care and stress before I analysed the data, and to do so I
needed an in-depth understanding of the literature (Stiles, 2007). Some researchers such as, Haverkamp and Young (2007, p. 285) suggest being familiar with the literature it not really a problem but rather ‘how one makes use of that knowledge in designing and conducting qualitative research’. Furthermore, Chenail, Cooper and Desir (2010) argue a thorough review of the research literature can be used to ‘(a) define the phenomenon in question, (b) identify the research gap situating the study, (c) support the author’s methodological choices, and (d) compare and contrast what was learned through the study’s results with what was previously known and not known about the phenomenon’ (p. 88).

**Selecting the case**

*Single case study*

According to the literature, case studies can focus on a single case or multiple cases (Yin, 2009). Furthermore, a single case may encompass more than one participant or a group or an organisation (Yin, 2009). Therefore, I would argue it is better to think of a case as a ‘unit of analysis’ (Baxter and Jack, 2008, p. 545). This means that the case is the ‘thing’ that the researcher wants to study. Stake (1995) elucidates this idea further by suggesting that a case is ‘a specific, complex, functioning thing’ (p. 2). Therefore, this case study is focused on a single case and that case is a group of trainee counselling psychologists. My rationale for conducting single case, rather than a multiple case study was epistemological and ethical in nature.

The epistemological rationale for the use of a single case is related to the social constructionist foundation of this study. As I have already discussed, this ideology is interested in interpersonal meaning making. Therefore, I would argue that by pooling the interview data into one dataset I gain access to the trainee counselling psychologists’ construction of self-care and stress through their collective understandings and experience.
However, in order to keep the humanistic focus on the individuals' involvement in this meaning making process I have also illustrated these understandings with quotations from the interviews.

The participant pool for this study was relatively small (32 participants) and from a source where most of the participants know each other. Therefore, I decided a single case study with one data set would better safeguard the participants’ anonymity. My rationale for this was that the other option, to present twelve cases, could make the participants identifiable to the broader group, even if all personal information was removed. I also choose to prioritise the participants’ anonymity by anonymising the doctoral training programme they were enrolled on and by refraining from collecting any specific demographic information from them. There is an obvious limitation to this approach, as detailed information about each participant would have provided clearer indication of the potential stressors in their lives beyond their experience of being on a doctoral training programme, for example, they may have family commitments, paid employment, financial status etc. However, I made the decision to place the ethical imperative to participant anonymity first.

Participants and recruitment

In this section I will present some demographic information about the participants in order to give the reader a broad sketch of the participants involved in my research. However, as I have already noted I want to be careful to protect the anonymity of my participants, therefore this information will be presented in a general and nonspecific in manner. I will begin by considering the commonalities and then turn to the diversity in the group.

All the participants are/were trainee counselling psychologists registered on a counselling psychology doctoral programme in a UK university during the academic year of 2013/14. In order to enrol on this course each student is required to have a degree or conversion
diploma in psychology that has been accredited by the BPS. Furthermore, many have some form of formal training and professional experience in counselling or a related subject. Therefore, it could be argued that the participants are educated and psychologically minded. This may also mean they potentially have a higher level of awareness of psychological theory which could include an understanding of self-care and stress management. This will potentially affect the findings in this study by creating a bias due to it involving a specific population. On the other hand, I would argue the results could be strengthened by using participants with a potential personal and professional understanding of the issues, who may be able to articulate their experiences in a coherent manner.

The professional doctorate is self-funded and very few trainees have been awarded funding from an external body. This means the majority of students are required to fund course fees of around £6,000 (considerably higher for non-EU students) per year for three years together with associated living costs. Some achieve this by continuing to work while on the course and others from personal means. I am noting this point because Pollack, Chideya, Cubbin, Williams, Dekker and Braveman (2007) conducted a systematic review exploring research studies that recorded wealth when researching both physical and mental health. While they found some mixed results in terms of mental health, the studies consistently reported that the greater the wealth of a research population the better their general health. Furthermore, they recommended that studies into health should record the wealth of the participants as it was an important factor in terms of analysis of the result. With this in mind, I would argue that the relative wealth of trainee doctorate students may affect their experience of well-being and self-care.

Having explored the commonality of education and wealth, I would like to briefly consider the diversity of the trainees with particular reference to the participants. I have written the following with anonymity in mind and therefore have been as general as possible. Firstly,
The participant group contained a spread of ages which, I would argue is representative of the course as a whole; most of the participants were in their twenties and thirties, although some were older. Secondly, there was an even male to female ratio in the participant group. This does not reflect the broader group of trainees on the doctoral programme, which is predominantly female. Thirdly, during the interviews the participants expressed an affiliation to a range of therapeutic approaches (i.e. CBT, Psychodynamic and PCT). Fourthly, the participants were diverse in terms of sexual orientation, ethnicity and religious adherence. Finally, there were an equal number of participants from each year group involved in the study.

The participants were recruited in the following manner:

Phase one: I sent emails to all trainees on the doctorate in counselling psychology and gained permission to make an announcement at an academic meeting (workshop, professional issues presentation or other meeting) at which each year group was present. The email and announcement included an overview of the research, an explanation of the requirements of participation and an opportunity to sign up to be interviewed. I also made information sheets and consent forms available at this point (see Appendices 2 and 3). It should be noted that in all these situations I explained I would randomly select four trainees of those who signed up from each year group. A small number of trainees were not at these meetings and I made face-to-face contact them and asked if they would like to take part in the study. Out of the total number of trainees contacted, twenty-four expressed an interest in participating in the study. However, one of these trainees withdrew before the final selection stage for personal reasons.

Phase two: I organised the trainees into their year groups and assigned each a number that was written on a card. This meant I had three packs of cards; one for each year group. The packs were shuffled and four cards were randomly selected from each. The reason for
selecting the cards in this manner was to create a simple way of combating potential researcher bias. At the end of this process I had a complement of twelve participants. The rationale for recruiting twelve participants was that the literature suggests it is a large enough population to ensure a quality study to provide a broad spread of data, whilst being small enough to analyse that data in some depth (Hanley, Lennie and West, 2013).

Phase three: I sent each of the twelve participants an email informing them that they had been randomly selected and asked if they still wished to be involved in the study. An information sheet and consent form was attached these emails. The email also stated the participants had a two week period to decide if they wanted to be involved or to withdraw. If participants expressed an interest in taking part I arranged a time and date (via email) for the interview.

Creating a rich case record through qualitative interviewing

A key decision that I needed to make was selecting a method of data collection which would best answer my research questions. I decided to use qualitative interviewing as it has an established history as a robust method, both in the social sciences and case study research (Potter and Hepburn, 2005; Sparks and Smith, 2014). However, it may be worth noting why I did not use focus-groups or surveys as both these approaches could have also been employed. The rationale for not adopting these methods was that I wanted to uncover a ‘rich’ data set which I would argue could have only come from in-depth interviewing (Curtis and Curtis, 2011, p.33). I am not suggesting that focus-groups and surveys are redundant or defective, but I felt interviewing was most congruent with the humanistic stance of the study by allowing me to ‘journey’ with the participants rather than ‘mine’ them for information (Kvale, 2009, p.19). This sentiment is expressed by Elliott (2007) when he argues that a humanistic approach to research ‘focuses on understanding, from the inside, the client’s lived experiencing … accepts and even prizes the client’s experiencing, and does
not judge it … tries to be an authentic and equal partner in with the client, treating the client as a co-researcher and allowing the client to see the researcher as a fellow human being … creatively and flexibly adapts research methods to the research topic and questions at hand’ (p. 335).

I used a semi-structured interview guide as I wanted the participants to have space to explore their lived experience in a congruent, non-judgemental and empathic relationship as well as affording me to collect a rich data record (Di Cicco-Bloom and Crabtree, 2006). Kvale (2009) suggests that an interview guide should act as a ‘script that structures the course of the interview more or less tightly’ rather than something that dominates it (p. 56). I used my research questions to create four key topics which I wanted to explore with my participants; their conceptualisations of self-care, their conceptualisations of stress, the strategies they use to self-care and the key sources of stress they experience from training (see Appendix 4 for interview guide).

All the interviews took place at the School of Environment, Education and Development in the University of Manchester. The rationale for selecting this site was I deemed it a safe environment and convenient for the participants. To ensure that the participants were comfortable I checked that the rooms in which I interviewed were fit for purpose.

Data collection

All the interviews began with a discussion of the information sheet and consent form so I could ascertain that the participants understood the requirements of the study (Appendices 2 and 3). If the participant was in agreement with these documents I asked them to sign the consent form. I then reminded participants that the interview was to be audio recorded and should last between 45 minutes and one hour. Finally, I alerted the participant when I turned the recorder on.
Once the housekeeping was finished, I asked each participant a variant of the following question, “Maybe we could start by you telling me what you understand self-care to be?” I then journeyed with them, giving opportunity to explore their lived experience and to take the interview in any direction they wished (Kvale, 2009). However, if they broached a subject on the topic guide I would ask them to explore it in more depth. Furthermore, if they seemed to have finished talking about one topic and did not naturally move into the next, I would introduce another topic from the guide. The topics that I was interested in covering were; the participants’ understanding of self-care; their understanding of stress; the specific things that they find stressful about being a trainee counselling psychologist and the strategies that they use to self-care. In order to help the participants explore their lived experiences and keep the pace of the interviews going, I used some generic counselling skills such as building rapport, probing, empathic listening, reflecting, reframing and clarifying (Egan, 2010; Sparks and Smith, 2014).

When the interview was completed I told the participants I was going to turn off the recorder and asked if they had any questions. We spent some time de-briefing and exploring how the interview had been for the participant. The rationale for this was to ascertain if the interview had caused any distress to the participant.

_Pilot study_

The first interview was transcribed before any of the others were conducted. This was done so the interview guide could be tested and reflected on. A number of learning points emerged from this process; the first was a need to be more succinct in the way in which I asked my questions and offered reflections. The second was a realisation that participants may have an unfolding understanding of self-care rather than a concrete view. This enabled me to reframe my thinking and approach subsequent interviews with a greater openness.
After assessing the quality of my pilot interview I made the decision to include it within my study.

*Member check*

I also conducted a ‘member check’ at the end of the research process (Holloway, 1997, pp. 100 - 101). Member checking is a way of promoting trustworthiness in a study by ‘taking data and interpretations back to the participants in the study so that they can confirm the credibility of the information and narrative account’ (Creswell and Millar, 2000, p. 127). In this sense member checking can show whether the findings connect with the participants’ lived-experiences. In order to carry out a member check, I emailed each participant their transcript and a sheet outlining the categories, themes and subthemes found in my study. I asked them to comment on whether these categories, themes and subthemes coincided with their lived-experience (see Appendix 5 for member check sheet). Participants were invited to respond within two weeks of receiving my email.

Of the twelve participants contacted, three responded. One indicated they agreed with all the themes and subthemes generated. The other two participants suggested minor changes: they were unsure if some of the subthemes applied to their transcript, suggested a few subthemes which were not generated by their interviews should be applied to them and one participant made a correction to the wording of their transcript.

There are those who suggest that member checking is unnecessary (Sparks and Smith, 2014). Furthermore, McLeod (2011) argues there are some potential flaws to member checking, such as its accuracy, truthfulness and whether it adds any more to a study than the interviews do. In terms of my study, I wanted to use member checks in order to promote my reflexivity rather than a quasi-quantitative means of testing the accuracy of my findings. Furthermore, as I received so few responses to my request for member checks, I felt they
were best used as a means to encourage reflexivity. Therefore, I used the comments and suggestions from participants to inform my reflexive process.

*Ethical Considerations*

Ethical clearance for this project was given by the University of Manchester’s Ethics Research Committee and conducted in accordance with the BPS (2010b) ethical codes. Di Cicco-Bloom and Crabtree (2006) argue that there are four basic areas to consider when conducting ethical qualitative interviews and I used these to inform my decision making. They are as follows; ‘reducing the risk of unanticipated harm’, ‘protecting the interviewee’s information’, ‘effectively informing interviewees about the nature of the study’, and ‘reducing the risk of exploitation’ (Di Cicco-Bloom and Crabtree, 2006, p. 319). I would like to use this section to discuss each of these areas more fully.

The first area relates to the potential distress that a participant could experience by talking about self-care and stress. While these topics could be understood as being fairly innocuous areas to discuss, there is always the potential a participant may come across a realisation which causes psychological distress. I addressed this issue in two ways. Firstly, by drawing upon the therapeutic skills I have developed as a trainee psychologist and using them to ground any participant who became distressed (Egan, 2010). However, the main way in which I dealt with this potential was to provide a space to debrief and access to self-help materials if they so wished. During this time I also reminded the participant that they could withdraw their interview at any time until a point when the data would be used and we reflected on the interview process. If the participants showed no distress then I took no further action. If they displayed mild distress then I would have offered to help ground them by using a variant of Williams and Penman’s (2011, p. 82 – 85) ‘mindfulness of body and breath’ meditation and offer MIND’s (2013, p. 1) ‘How to be mentally healthy at work’ self-help materials. If they showed extreme distress, I would offer to do the mindfulness
technique with them, provide self-help materials and suggested they consulted their GP or a therapist for further support. However, I would also be clear that while I am a therapist I could not offer immediate or future therapeutic support. None of the participants expressed distress at being interviewed.

The second ethical consideration relates to confidentiality. In order to maintain the participants’ anonymity I used a number of strategies. The first was to anonymise and/or encrypt any data that could identify a participant. All this data (electronic documents, paper documents, audio files and transcripts) was safely stored under the regulations set out by the University of Manchester Data Protection Policy. This policy requires all electrical records are encrypted, and I used Microsoft Word’s encryption tool or Axantum’s Axcrypt, which is the software recommended by the Doctorate in Counselling Psychology. Any paper documents were securely stored. When it came to transcribing the audio files I commissioned the services of a professional transcriber for nine of the interviews. This service was paid for and conducted under a confidentiality contract. The audio files were encrypted and sent to the transcriber in accordance with the University of Manchester Data Protection Guidelines. I gave each participant a pseudonym by which they are referred to in my thesis; please see Appendix 6 for the full list of these names. I have also included a sample text from one of the interviews in Appendix 7.

The importance of informed consent was the third consideration. In terms of this study every effort was made to ensure that the participants had the opportunity to be fully aware of the nature of the study and the requirements that would be made of them. To achieve this I gave the participants multiple opportunities to read the information sheet and consent form. This culminated in a discussion at the beginning of the interview stage by giving the participants the option to stop the interview and withdraw from the research. Once the
interviews were completed they were reminded they could withdraw their data at any stage until a specific date when the data had begun to be analysed.

Informed consent encompasses another area of ethical consideration, namely dual-relationships and role confusion. This is an important consideration because I was interviewing fellow trainee counselling psychologists. Strohm Kitchener (1988) in an article about dual relationships and role confusion in psychologists suggests that there are three main characteristics of these relationships that should be attended to;

- the different expectations each person may have of the relationship;
- differing levels of responsibility in each role;
- the power dynamic in the relationship.

These affected my research relationships with other trainee counselling psychologist in a number of ways. Firstly, as my participants may have previously met me in professional or educational contexts, during the interviews I reminded them that I was not in the role of a fellow trainee counselling psychologist but in the role of a researcher. This also brought a level of power that I felt needed to be managed with care. For example, while being interviewed the participants may have made me privy to information they would not want others to know. I also was aware of the potential conflict of being a researcher and therapist. This meant I was careful to maintain the role of a researcher. I achieved this through reflexivity and having boundaries; for example I knew I needed to show caution in regards to offering to conduct a mindfulness technique if a participant became distressed in case it lead the participant to feel they were receiving a therapeutic intervention from me. Finally, I felt it was important for us to ‘de-role’ at the end of the interview process in order to return to our pervious peer relationship.

The final ethical concern Di Cicco-Bloom and Crabtree (2006) write about relates to not exploiting participants in the sense that they should gain something from participating in
the study. In terms of this study, I would suggest participants may gain a greater understanding of self-care in terms of their own lives and many of the participants reflected that they found the interview process helpful.

**Analysing the case record with thematic analysis**

McLeod (2011) argues thematic analysis emerges from a number of different sources, these being Boyatzis’ (1998) book on *Thematic Analysis and Code Development*, Attride-Sterling’s (2001) *Thematic Networks*, and Meier’s, Boivin’s and Meier’s (2006; 2008) *Theme-Analysis*. However, in terms of this study I have relied on Braun and Clarke’s (2006, 2012) work on the use of thematic analysis in psychology and specifically their six stage approach. My rationale for grounding my analysis in their method is that I feel it is an elegant, systematic and theoretically ‘light’ approach (Sparks and Smith, 2014). I would argue this sets it apart from other valuable but potentially more complex approaches. For example, it could be argued that thematic analysis is similar to grounded theory (McLeod, 2011). However, while these two approaches undoubtedly share some basic elements (*i.e.* de-constructing text into codes), thematic analysis has a theoretical versatility which means it does not require the same development of potentially complex coding systems as grounded theory (McLeod, 2011). This is not to say that thematic analysis does not produce a rich analysis of the data. As Braun and Clarke (2006) argue,

‘Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data’ (p.78).

The theoretical freedom of thematic analysis means it can be adapted to a number of epistemological positions. In terms of this study, I have used thematic analysis with the social constructionist epistemology in mind, which ‘does not seek to focus on motivation or
individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided’ (Braun and Clarke, 2006, p.85).

A deductive approach

The literature suggests there are two broad approaches to thematic analysis: a deductive and inductive approach (Braun and Clarke, 2006). According to Braun and Clarke (2006) an inductive approach is data driven and therefore, a ‘bottom up’ approach, while the deductive is a ‘top-down’ approach that is theory driven (p. 84). As this study is focused on a humanistic understanding of self-care I have adopted a deductive approach which means that I will be looking for certain themes in relation to humanistic concepts of self-care, self-care strategies, stress, and sources of stress. The result of this will be a less rich overall analysis of the data, but a deeper analysis of the themes relating to these concepts. This is a point on which my case study could be criticised as it is possible to argue a deductive approach potentially affects the trustworthiness of my study, in the sense that I may looking for evidence to back up my preconceived theory. However, as I have already outlined I have sought to safeguard the credibility of this study by openly acknowledging my subjectivity and both being reflexive and transparent. Therefore, I am not expecting to give the reading of this material but my reading, which means I am content that the most creative and helpful way of engaging with this data is that my reading will be in conversation with other potential readings, hence maintaining a pluralistic stance as outlined in the literature review (Cooper and McLeod, 2011a).

Codes, subthemes and themes

At its most basic a theme is made up of a number of codes which relate to each other. A code is simply a ‘building block of the analysis’ and is descriptive and interpretive in nature
(Braun and Clarke, 2012, p.61). For example, a participant said ‘I, I think for me, it [self-care] comes down to that like … like [a] I (sic) see-saw, right?’ and I created the descriptive code see-saw in order to capture the participant’s sentiment. Figure 4 is a screenshot of NVivo 10 and the quote which coincides with this quote.

**Figure 4: NVivo 10 screenshot with example of descriptive coding**

![NVivo 10 screenshot with example of descriptive coding](image)

Another participant spoke about an inner voice which encourages them to self-care and I coded it as *self-talk*, which I think is a good example of an interpretive code. The screenshot of this code contextualised within its quote can be seen in Figure 5.
Meier et al. (2008) developed a variant of thematic analysis called Theme-analysis, specifically designed for psychotherapeutic research. This approach argues that themes ‘comprise the personal or interpersonal difficulties, concerns, and/or problems and troubling thoughts, disturbing emotions, and experiences of loss explicitly or implicitly raised and/or worked on by the client within the course of psychotherapy’ (Meier and Boivin, 2000, p. 59). This definition suggests a theme is about a meaning in relation to something else (i.e. a client’s problems-in-living in relation to therapy). McLeod (2011) takes this definition further by stating that ‘a theme is a recurring pattern, which conveys something significant about what the world … means to a person’ (p. 145). Therefore, according to McLeod (2011) it is possible to add another element to my definition that encompasses the pattern of these relational meanings. However, I think that Braun and Clarke’s (2006) definition provides us with another level of understanding. They state that a theme ‘captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set’ (p 82). I have used the terms theme and subtheme in my study (Sparks and Smith, 2014); I would define a subtheme as a collection of related codes which are not significant enough to constitute a theme in their own
right and a theme as a significant element of the data that suggests a pattern of meaning or response that relates to the researcher enquiry. Figure 5 is a screenshot from NVivo10 and shows the ‘caring for others’ theme from Category 1. For illustrative purposes I have included a selection of the subthemes and codes within this theme in Figure 6.
Figure 6: Nvivo 10 screenshot with example of ‘Caring for others’ theme
Braun and Clarke (2006) outline a six stage approach to thematic analysis. The first is to ‘familiarize yourself with the data’ (p. 87). In order to do this I listened to the original recordings of the interviews, read and re-read the transcripts while making notes on anything I found significant (*i.e.* a potential code). This process was important for me as the majority of my interviews were transcribed by a professional transcriber; therefore I took special care to go through each interview in order to become immersed in it (Sparks and Smith, 2014). The second phase involved the generation of basic codes. I chose to use the computer programme *NVivo 10* (QSR, 2015) as I would argue that it gave me the ability to analyse my data in a systematic and efficient manner and have provided illustrative screen shot in the discussion above to give the reader an understanding of how I used the programme. Once this phase was completed I began to create some themes by bringing similar codes together to make initial themes. If these themes were similar to others, I clustered them together to create broader themes.

Braun and Clarke’s (2012) fourth phase involves ‘reviewing potential themes’ (p. 65). In order to do this they suggest the following question is asked of each theme:

- ‘Is this a theme (it could be just a code)?’
- If it is a theme, what is the quality of this theme (does it tell me something useful about the dataset and my research question)?
- What are the boundaries of this theme (what does it include and exclude)?
- Are there enough (meaningful) data to support this theme (is the theme *thin* or *thick*)?
- Are the data too diverse and wide ranging (does the theme lack coherence)?’ (p. 65).
Once this phase is complete it naturally led on to the fifth phase which involved ‘defining and naming themes’ (p. 66). This process involves articulating each theme in a clear and distinct manner, as well as using direct quotes from the text to illustrate the themes and their meanings.

**Presenting the findings and refining the theory**

Braun and Clarke’s (2006) final stage of thematic analysis is ‘producing the report’ (p. 93). In order to present my report or findings I have organised my themes and subthemes into categories. A category is simply a collection of related themes and each of my categories relate with a specific research question. The results of my thematic analysis are contained in the next chapter and each category, theme and subtheme is illustrated with direct quotes from the transcripts. Appendices 8 to 11 also contain a number of tables which provide an overview of all my categories, themes and subthemes. These tables also show which transcripts each theme and subtheme come from. I have used these findings to inform the final aspect of conducting a theory-building case study design, which is the process of refining the original theory. As I have said already, I developed a research-informed model of self-care and stress in trainee counselling psychologists before I analysed my data, the rationale being that I allow the analysis to reshape my model, rather than the other way around (Stiles, 2007). The outcome of this process will be discussed in the discussion chapter of this study.

**3.6 Chapter summary**

In this chapter I have provided an overview of the methodology and method of my research. This involved a discussion of the social constructionist and qualitative nature of my case study, as well as a detailed exploration of the nature of the theory-building case study method which I have applied to my research. In the chapter I also endeavoured to present a step-by-step description of my study’s procedure, covering issues such as the
development of my research informed model of self-care and stress in trainee counselling psychologists, my participants and their recruitment, the ethical considerations of my study, and my use of qualitative interviewing as a data collection method. I concluded the chapter by outlining thematic analysis and the way in which I used it to analyse my interviews.
Chapter 4: Findings
4.1 Overview of chapter

In this chapter I present the findings of my thematic analysis of the interviews I conducted with twelve trainee counselling psychologists from a counselling psychology doctoral programme in the UK. The chapter is divided into four sections, each relating to one of the four overarching categories. Category one is called conceptualisations of self-care and has the following themes; caring for self, caring for others and self-actualising. Category two is self-care strategies, with keeping work-life in balance, caring for my physical well-being, getting support from other people and realising there is more to life as its main themes. The third category is conceptualisations of stress and its themes are theoretical understandings, physical impact and psychological impact. The final category is called sources of stress and has four themes; demands and pressures, financial strains, unhealthy relationships, and personal and professional development. I have illustrated, where useful, the themes and subthemes in the chapter with quotes from the interviews. Some of these quotes have been redacted for ease of understanding.

4.2 Category 1 - Conceptualisations of self-care

In this category I outline participants’ conceptualisations of self-care which correspond to my first research question - how do trainee counselling psychologists conceptualise self-care? Within this category are three themes outlined in Table 4, with a detailed overview in Appendix 8. These themes reflect participants’ understandings of each of these elements which relate to their conceptualisations of self-care, i.e. caring for myself, caring for others and self-actualising.
Table 4 Overview of Category 1 – Conceptualisations of self-care

<table>
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<tr>
<th>Themes</th>
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<tr>
<td>Caring for myself</td>
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<tr>
<td>Caring for others</td>
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<tr>
<td>Self-actualising</td>
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**Theme 1 - Caring for myself**

This theme relates to the understanding of many of the participants that self-care is a process in which they actively care for themselves in order to avoid the potentially negative impact of stress. For example, Orla made the comment;

‘… very simply, [self-care is] looking after yourself so, that you don’t burn out and get too stressed’ – Orla.

The theme of *caring for myself* has four subthemes which are summarised in Table 5. These subthemes suggest self-care is an *intentional* process, which is *holistic* (*i.e.* care for body, mind, emotions *etc.*) in nature, involves *balancing demands and pressures* the participants face and can be *challenging* at times.
Table 5 Overview of Theme 1 – Caring for myself

<table>
<thead>
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<th>Subthemes:</th>
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<tbody>
<tr>
<td>- Intentional</td>
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<tr>
<td>- Holistic</td>
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<tr>
<td>- Balancing demands and pressures</td>
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<tr>
<td>- Challenging</td>
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**Subtheme 1 - Caring for myself is intentional**

Participants seemed to agree that self-care is an essential aspect of being a trainee counselling psychologist and should be intentional. Therefore, a number of participants discussed the importance of actively engaging in self-care. Others said self-care should also be considered reactive in nature, for example, Joe commented when faced with a particular situation or stressor you take action. Furthermore, there seemed to be consensus surrounding the importance of remaining mindful of self-care. Roy summarised this subtheme when he offered a metaphor of self-care suggesting it was more akin to a mobile phone than a book on a shelf;

‘… [self-care can be thought of as being] like a book on a shelf where you pick it off when you're wanting it ... you flick through it and do a bit of it and put it back ... it [self-care] needs to be more not a book on a shelf where you just kind of pick it up and dust it off when you want it. It needs to be something that's ... something that I carry about with me all the time is my phone. So, it needs to be something
you carry about all the time the time and be mindful of I think. Not just something you pick up as and when you feel like... because when it's *ad hoc* like that ... there's no structure to it ... there's no boundary to it …’ – Roy.

Subtheme 2 - Caring for myself is holistic

The participants spoke about caring for themselves in a holistic manner, with the body, mind and emotions presented as being interconnected. This led a number of participants to adopt a neurological frame of reference in which they describe self-care in terms of the release of neuro-transmitters and hormones which bring about a positive emotions. Pauline suggests there is an optimum form of self-care which attends to both the emotional and physical care of the person;

‘… I think there’s different types [of self-care]. There’s like physical self-care and emotional self-care. Emm, so I think if you combine the two, that’s when you’re at the optimum …’ – Pauline.

As a holistic process many participants appeared to conceptualise one aspect of self-care as attending to their emotional and psychological needs. Joy gave an example of how through self-caring she was learning to be more flexible and stop berating herself emotionally when she did not meet her high personal expectations;

‘… I was beating myself up about it [not meeting an assignment deadline] then, yeah, but when I reflected on it, I took my space and I was like okay, it’s late, you’re still gonna take a couple more days and you’re just gonna relax before you do the essay. Um … I, you know, I beat, I stopped beating myself up and kind of forgave myself and was like … yeah, cos I … I did a lot of [therapy] hours last semester, so that meant I wasn’t doing studying’ – Joy.

Similarly participants indicated that self-care also involved being aware of and seeking to
meet their physical needs. Furthermore, they broadly discussed three areas in terms of self-care and the body: exercise, sleep and healthy eating. Some participants, such as Catherine talked about this aspect of self-care in terms of ‘well-being’. After she introduced this idea into our conversation I asked her how she would define well-being. Catherine said she did not think there was a strict definition of well-being, however, she did feel it had a number of key features, which relate to this subtheme;

‘… I think that there's certain factors [in terms of defining well-being] such as ... say sleep... probably exercise, sort of physical activity, food, I don't think that people ... I don't think anyone doesn't feel better if they haven't had like a good night's sleep, they feel better if they had ... some people may be, you know, only ever eat like ready meals whatever and that might just be fine, you know ... emm ... but then some people might be like 'Oh, my god if I had a ready meal then I would feel horrible' so I suppose it's ... emm ... all those things equate to feeling good? So that, maybe that's what well-being is?’ – Catherine.

Subtheme 3 – Caring for myself by balancing demands and pressures

Participants spoke about the importance of being able to balance the different demands and pressures (sources of stress) they experienced whilst in training. There were a number of sources of stress, which I will discuss in detail in category four. However, participants seemed to indicate a key element of self-care was the ability to manage these sources of stress. For example, Joy used the image of a ‘see-saw’ as a metaphor to conceptualise self-care;

‘I think it’s [self-care] … for me, it comes down to that like ... like I see-saw, right? ... You know, like in the middle and then, there’s some stuff up here and some down here, balancing it and you’re trying to find the balance, and so when the stuff that I can’t deal with outweighs the stuff that I can … I’m not in balance … then, I
have to figure out … what am I gonna give up? What am I gonna do in order to cope?’ – Joy.

**Subtheme 4 – Caring for myself can be challenging**

A number of participants indicated they struggled to engage in self-care, and whilst understanding the importance of self-care they felt they failed to do so. They offered a number of reasons for this such as a lack of time, personal resources and motivation. For example, Joe spoke about the way in which the demands of the course and his paid employment leaves him with little time or energy to be reflective in order to proactively self-care;

‘I don’t feel as though I’m good at self-care … I probably don’t do enough reflection on action, so sometimes, it feels like there isn’t enough time [to self-care]. Thinking purely about being a trainee counselling psychologist with everything that we have to do and then, the demands of working on top of that. I often feel like there isn’t enough time for me to look back at what I’ve done and learn from it … and there isn’t enough time, always, to reflect for action, so think about what’s coming up and proactively managing that. So, most of it feels like it’s the stuff that happens in the moment …’ – Joe.

**Theme 2 - Caring for others**

This theme relates to participants’ understanding that effective self-care enables a trainee counselling psychologist to better care for others through focusing on clients’ needs, through self-awareness, competence and maintaining their relationships with friends and family. This theme has four subthemes summarised in Table 6.
A number of participants spoke about the relationship between self-care and care for others. Meg reported she enjoyed being a therapist and felt that self-care is essential to carrying out her job effectively;

‘... I actually really like doing this job [being a therapist] and I don’t think that you can do it successfully without caring for yourself first. I don’t think you’d be a good helper if you’re not able to be making sure that you’re okay’ – Meg.

**Subtheme 1: Caring for others by being focused on clients’ needs**

The participants suggested a lack of self-care could result in potential damage to the therapeutic relationship, projection of personal issues onto the client, poor psychological holding and hinder being fully present in the session. Pete described his view of the potential impact of unresolved personal issues on the therapeutic relationship;

‘...whether it’s just not offering them [the client] the, the right environment or whether it’s not being present, in the room, if it’s … even identifying your own feelings, you, you know, empathy within a session … it’s important to distinguish
what’s yours and theirs, also you can use that but, but … where’s it from? You know, if it’s something raw that’s sitting within you, at that present it may be nothing to do with what the client’s, client’s bringing’ – Pete.

Subtheme 2 – Caring for others through self-awareness

The participants said self-awareness and reflexivity were important in terms of self-care and managing the potential impact of unresolved problems-in-living on their therapeutic practice. For example, Joy suggested being self-aware and reflexive enables trainee counselling psychologists to take responsibility and learn ‘how to manage your own shit’. In a similar vein, Pete spoke about the way in which awareness and self-care may safeguard the client;

‘… you have to be aware, to look after yourself, to not be, erm, closed off to what’s going on for you. You have to sort of be open and say, “Hold on, something’s going on for me here,” and you have to look into that. You have to be prepared to look into and, and to be open to … to what, to finding things within you, because … and that, in itself, is part of re- [reflexivity], like being self-aware, the ability to actually delve deep into yourself, to not just close things off and shut them off, it’s important’ – Pete.

Subtheme 3 – Caring for others through competence

Closely related to the previous subtheme, this reflects broader elements of self-care in terms of participants’ competence as professionals. They identified a number of areas relating to a sense of competence: prioritising commitments, good time keeping, being motivated, engaging in reflective practice and feeling confident. Roy talks about the importance of self-care in terms of fitness-to-practice;

‘… looking after yourself and sort of making sure you, you care for yourself
through all the different things that you’re doing, through the work you’re engaging in and making sure you’re in a, a fit place to … to work with clients but also, a fit place to just be … to be you outside of work as well’ – Roy.

Subtheme 4 – Caring for others in your personal life

This final subtheme relates to participants’ desire to relate well to those in their personal lives. Roy’s quote above captures the idea of being a good helper in both professional and personal contexts. Many of the participants spoke about the importance of keeping professional boundaries so they could meet their other commitments, for example family and social responsibilities. Seán spoke about the way in which he compartmentalises his life, so university and social life are kept separate. Brigid reflected on the importance of self-care in relation to being a mother;

‘But the priority is, I suppose I’m working back from needing to self-care. I have to look after myself, so I can look after the girls but I suppose the priority is the girls so, I suppose I’m looking, working back from, I’m a mum for the girls. To do that, I need to be, you know, functioning well and therefore, whatever I’m doing with my time, I need to make sure that it doesn’t impact on that’ – Brigid.

Theme 3 – Self-actualising

The final theme in this category relates to the ways in which participants spoke about elements of self-actualising when conceptualising self-care, specifically in terms of having an inner drive to self-care, being fully myself, meaning making and peak experiences, see Table 7.
Table 7 Overview of Theme 3 – Self-actualising

<table>
<thead>
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<th>Subthemes</th>
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<tr>
<td>• Inner drive</td>
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<tr>
<td>• Being fully myself</td>
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<tr>
<td>• Meaning making</td>
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<td>• Peak experiences</td>
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Subtheme 1 – Self-actualising through an inner drive to self-care

When describing their understanding of self-care, participants suggested they had an inner and instinctual drive which encourages this. Some of the participants talked about this internal drive by describing situations where they coached themselves through self-talk. This coaching often led them to consider issues such as self-love, self-acceptance, self-compassion and self-nurture. Pauline spoke about the way in which she coaches herself in order to overcome feelings of inadequacy;

‘… sometimes I’m like, “Oh, I’m not cut out for it, I’m really not counsellor material,” but then, there’s something inside me that’s like, “There is, like, just go for it and go and do it”’ – Pauline.

Subtheme 2 – Self-actualising through being fully myself

Another aspect of self-care participants spoke about was being fully themselves, highlighting personal development, having healthy relationships and expressing their creativity. For example, John spoke about self-care as an important aspect of not losing his sense of identity amongst the competing demands of the course.
‘I think that self-care is, like I said, I think, if anything, it’s an extended period of
time to think about yourself … or being reminded of yourself and being reminded
that … that there is a … almost a … a real person amidst this … academic setting
and this professional, erm, aura, which each of us wants to, wants to give’ – John.

Subtheme 3 – Self-actualising through meaning making

Many of the participants spoke about self-care in terms of religious, spiritual or
philosophical concepts which were abstract in nature. These descriptions were often
idiosyncratic and rich with personal meaning. Mary spoke about a spiritual book which
encouraged her to ‘have a very deep connection with something much bigger than myself’. Pauline said the teachings of Krishnamurti have had a significant impact on her understanding of self-care. Other participants created meaning in terms of self-care in other ways, for example, Pete talked about how psychoanalysis and neuro-psychoanalysis theory was his ‘method of understanding himself’. Roy also spoke about the importance of cognitive behavioural theory in terms of his understanding of self-care, whilst John uses mindfulness theory on which to base his understanding of self-care. Brigid spoke about the importance of her Christian faith in terms of self-care and offered the metaphor that self-care was like being in a ‘womb like place’;

‘I could pick anything [to describe self-care] but for me, I think that image [being in
the womb of God] is … is probably best. I could say I’m … I’m in the centre of
the universe or I could say … I’m in the centre of the Mother Earth, or something
like that but to say I’m in the centre of God makes the most sense for me’ - Brigid.

Subtheme 4 - Self-actualising and peak experiences

Interestingly, when discussing self-care in terms of exercise many of the participants spoke about peak experiences. Meg described that while hill-walking in remote places;
‘… you realise what a little dot you are on the planet and, you know, for that small amount of time, so it kinda makes everything seem … less … significant’ – Meg.

In a similar vein, when talking about how a change of context can positively affect him, Joe reflected on the impact that being outdoors has on him;

Maybe it is about context … or perspective … so … I suppose that’s the same as being in the middle of the countryside, in a hilly landscape … just seeing kind of the scale of that and thinking about how that environment came to be, so all the different geological processes and the huge expanse of time and so on, really kind of puts your own issues or life in perspective, in the same … there’s this … the same thing I get, I suppose, from looking at … erm, the night sky and thinking about stars and the universe and kind of all of that stuff’ – Joe.

4.3 Category 2 – Self-care strategies

In this category I outline the strategies which participants indicated they engaged with in order to self-care. This corresponds to my second research question - *which strategies do trainee counselling psychologists use to engage in self-care?* Within this category are four themes; *work-life in balance, physical well-being, support from other people and realising there is more to life* (see Table 8). I have also provided a detailed overview in Appendix 9.
Table 8 Overview of Category 2 – Self-care strategies

<table>
<thead>
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<th>Themes</th>
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<tr>
<td>• Work-life balance</td>
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<tr>
<td>• Physical well-being</td>
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<tr>
<td>• Support from other people</td>
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<td>• More to life</td>
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**Theme 4 – Self-care strategies which maintain a work-life balance**

Participants suggested an important area of self-care was to be able to balance work and life. Joy talked about the importance of keeping a balance;

‘… you’re trying to find the balance, and so when the stuff that I can’t deal with outweighs the stuff that I can … I’m not in balance … then, I have to figure out … what am I gonna give up? What am I gonna do in order to cope?’ – Joy.

There are three subthemes in this theme; *routines, boundaries, flexibility and reflexivity* (see Table 9).
Table 9 Overview of Theme 4 – Keeping work-life balance

<table>
<thead>
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<th>Subthemes</th>
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<td>• Routines</td>
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<tr>
<td>• Boundaries</td>
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<tr>
<td>• Flexibility</td>
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<tr>
<td>• Reflexivity</td>
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Subtheme 1 – Keeping work-life in balance through routines

Participants spoke about routine as a central aspect of self-care and their productivity;

‘It’s very important for me to have structure, if I don’t have structure I feel like I don’t … one, I’m not productive; two, I don’t know what to do with myself then I end up getting more stressed’ – Seán.

According to participants a pivotal aspect of developing routine was their ability to prioritise competing personal and professional demands. For example, Brigid spoke about her need to prioritise her placement because she had fallen behind on gaining therapeutic practice hours;

‘The worry about what I was doing, what I wasn’t doing and … it was definitely affecting my well-being. So, I just said, “Okay, stop right there and focus on what your priority is, and I decided the priority, I mean, half and half – half placement, half school work – so, even though, at this point in time, it should be almost all
school work, in some ways, cos really, I’m behind everybody else, so most people will have done most of their hours but I haven’t …’ - Brigid.

Subtheme 2 – Keeping work-life in balance through boundaries

Closely allied to developing routines and prioritising responsibilities was the need to develop and maintain personal and professional boundaries. Seán describes how he utilises routine and boundaries as a self-care strategy;

‘... well I try to separate [work-life] because, the course … both the course and the, the practice involves a lot of emotional … like, there is a lot of emotional involvement even in the course, only discussing lot of cases is quite intense … so I kinda trying to separate myself from my daily life and my practice and my … course work so when I go home I don't normally do a lot of work in the evening so for me the evening time is unwind time, so even weekends I do my work during the day. I get up early I do my work for a whole day, but in the evening I don't do any work’ – Seán.

Another element the participants highlighted in terms of keeping a balance between work-life was an ability to maintain boundaries by effectively managing time. This led some participants to purposefully timetable self-care activities;

‘There's something about putting boundaries in place and being strict with those and timetabling, actually timetabling self-care... so saying 'tonight I'm doing no work and it's okay' and not to be sitting stressing out about 'I've got all this work to do' because then are you [not] really taking time to care for yourself because you're sitting worrying all night …’– Roy.
Subtheme 3 - Keeping work-life in balance through flexibility

Another aspect of this theme is the ability to be flexible particularly in terms of routine, boundaries and perspective. Interestingly, John was one of the few participants to suggest having too strict a routine can become unhealthy and that part of self-care might be breaking the routine;

‘Maybe that's another sort of concept of self-care as well, in sort of breaking the monotony of a routine, doing something different because I know, in the past, sort of, like, few weeks I’ve gone to placement, come back, gone ... gone to my room, done some work ... had some tea ... then gone to bed, pretty much, and that's ... that, sort of, sounds unhealthy, even when I ... even when I talk about it ... and so, recently, I’ve not been very good at self-care in ... in, in breaking up that, I doing something, doing something different, which isn’t work-related ...’ – John.

Subtheme 4 – Keeping work-life in balance through reflexivity

A number of participants spoke about the importance of reflexive practice and cultivating self-awareness. They outlined a number of strategies to do so including reflexive journals, self-talk and mindfulness practices. Roy spoke about using his reflexive journal to process his thoughts prior to supervision or for later reflection;

‘... what's [self-care activity do I think is] most helpful? I suppose my reflective journal because that's what maybe ... creates the space to let stuff come out. So, then that's the kind of stuff that I'll bring to supervision or the other ... the stuff that I'll reflect on afterwards ...’ – Roy.

Participants articulated experiences in which they coach themselves through self-talk. For example, Orla described her inner voice encouraging specific self-care activities;

‘... I think probably in the last three years, there’s been more conscious times,
where I’ve thought, you should go sailing tomorrow, even though you’ve got lots of work on, it is more important that you go sailing than it is that you do any work, because it'll reset you and you'll have better thoughts on Monday and Tuesday as a result of it, so I’ve done it to facilitate that’ – Orla.

A number of participants spoke about the importance of using mindfulness to cultivate self-awareness in order to self-care. A number of mindfulness-based activities were described, for example, John spoke about his use of the body scan technique;

‘I suppose, like I said, [I’m] interested in the … mindfulness aspect of things. I mean, that’s a real … I suppose, a concrete thing of self-care because it is, I suppose that’s a perfect example of what I was meaning by withdrawing from situations and if you’re doing the … body scan, sort of thing, the … the 45 minutes of looking after yourself and sort of being aware of what’s … what’s going on for you ...’ – John.

Pete talked about how he uses mindfulness meditation to better manage his emotions. Whilst reflecting on this he also spoke about the importance of mindfulness in terms of his general well-being;

‘… I think, really, and I want it [mindfulness] to hold me together which is probably a strong statement but it’s what comes to my mind. I think mindfulness is a very good tool to actually balance myself, as an individual’ – Pete.

Closely associated with mindfulness was the participants’ use of meditation as a self-care strategy. Joe described meditation as a strategy he found helpful;

‘… when I had a phase of doing meditation on a regular basis, so daily and I’d been doing that for a while, I had a period of … of feeling particularly … relaxed, tranquil, a clarity, … in terms of my head and thought processes and so on … I’d
like to have that again but it does require regular practice, which I’m not doing at the moment’ – Joe.

**Theme 5 – Self-care strategies which care for physical well-being**

All participants spoke about the importance of prioritising their physical health in terms of effective self-care. Furthermore, they identified three ways in which they care for themselves; *sleep*, *eating well* and *physical activity* (see Table 10). Brigid summarised these while discussing her understanding of health;

‘Well, health is just specifically … your physical health … do you have the right weight? … and … are you strong? Do you, are you flexible? … do you have good balance? … and, you know, are you, do you have the right ingredients in your food? … so it’s, it’s a, it’s, with self, with health, it’s a lot about the body, but there’s also mental health as well, so, are, can you, can you sleep at night?’ – Brigid.

**Table 10 Overview of Theme 5 – Care for physical well-being**

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<th>Subthemes</th>
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<tr>
<td>• <em>Sleep</em></td>
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<tr>
<td>• <em>Eating well</em></td>
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<td>• <em>Physical activity</em></td>
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**Subtheme 1 – Care for physical well-being through sleep**

Participants identified getting enough sleep as a key strategy of self-care. For example, Joy said that she had recently come to understand the importance of sleep to her sense of well-being;
‘I think that’s a big thing that I’ve learnt recently, how much it affects my body if I
don’t sleep enough or … and with that, taking time out for myself to rest …’ – Joy.

Mary also identified sleep as a self-care strategy beyond its physically restorative quality;

‘Sleep is another big part of self-care for me. I need to have enough sleep … it
comes … and this has something to do, I think, with valuing … those restorative
aspects that happen in sleep, it’s valuing, kind of, also going into the … the
unconscious dream world state …’ – Mary

Subtheme 2 – Care for physical well-being by eating well

Participants spoke about the importance of food in terms of self-caring. Brigid said one of
her self-care strategies was to ‘cook a good meal’. Pauline described the positive effects she
felt a healthy diet can bring to her physical well-being by reducing the presence of stress
hormones in her body;

‘… well, I’m a vegetarian; I’ve been brought up a vegetarian so I make sure I have
loads of vegetables, fruit and yeah, I just make … yeah, I don’t, I try not to eat junk
food cos I feel that, that can increase your stress levels, it affects your cortisol
levels. So, I do make a conscious effort not to eat too much chocolate. Yeah. Even
though I know chocolate can relieve stress as well … [by releasing] endorphins,
dopamine, or serotonin’ – Pauline.

Subtheme 3 – Care for physical well-being through physical activity

Physical activity and exercise were key self-care strategies identified by participants, i.e.
walking, yoga, cycling, swimming, surfing, kayaking, sailing, working out, running, salsa
dancing and golf. Some participants spoke about the importance of exercise in terms of
emotional regulation;
‘… if I don’t feel good physically, I don't feel good emotionally either so … I guess … one thing [the reason I exercise], it's [to] start my day and next thing it's just [to] make me feel better and also like ... it does de-stress me, help me to de-stress … especially [the] evening workout, is mostly for de-stressing ... But I don’t really show emotion ... it don't really bother me I guess some emotion get buried up … then exercise … hitting the bag actually helps me to actually unleash some [emotion] ...’ – Seán.

Brigid said that exercise was not just about stress management *per se* but promoting her self-esteem;

‘… If I don’t go to the gym … from a … just because I’m, you know, in my fifties; if I don’t go, I will look terrible, essentially. So, there’s something about body image … and, and I’ve, you know, come to accept and realise that that’s very important to me. I, I want to be able to go into a group and to a clothing store, pick up something I like, put it on and say, “Yep! I, I'll … I like that. That looks good on me.” It’s really important for me to be able to say that to myself’ – Brigid.

John spoke about the importance of exercise in terms of the satisfaction which he gains through improving his physical fitness;

‘… I really like the, I like the physical aspect [of cycling], I like coming back and feeling like I’ve done … I almost, feeling, weirdly, but almost like feeling tired because I like, sort of, see, seeing improvements in my fitness, so I, sort of, I try to go out most Sundays with my club, club, in a sense, and I … I like seeing the improvements which I’ve made, and use of other people as a barometer as in, sort of, my, where I’m at, sort of thing …’ – John.
Theme 6 – Self-care strategies which involve getting support from other people

An important aspect of self-care the participants identified was seeking support from others and many said when they felt that they needed support from others they would ask for it. For example, Seán reflected while he is fairly self-motivated he will ask for help and feels, ‘I'm not in this on my own, I'm not saying like, ‘it me against the world’.

There were three main groups of people participants identified as supportive, family, friends and the academic community (see Table 11).

Table 11 Overview of Theme 6 - Support from other people

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<th>Subthemes</th>
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<td>Family</td>
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<tr>
<td>Friends</td>
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<td>Academic community</td>
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Subtheme 1 – Support from family

Participants spoke about the importance of spending time with their families and partners in terms of self-care. Roy related how his family lives in another country and that receiving phone calls from them was important because it gave him the opportunity to talk about his feelings. Meg spoke about spending time with her children which helped her to self-care;

“Spending time with my girls is another one [self-care activity] that [she finds helpful] … just being able to ground myself with them, just having a cuddle on the sofa. I know that’s really good, and just how important it is for my self-care that I, that I’m still there for them and enjoying them as well, so not missing out on them
and having my head somewhere else. So, I think that kind of ... non-work guilt-free time’s really important’ - Meg.

Orla explained that being with her partner, who she feels has a different frame of reference to her make him a good person to talk to when she feels stressed;

‘... I think, my boyfriend ... we’re very different, so I think, his brilliant coping mechanism is he doesn’t seem to have a great level of analytical thought, it’s just “I want to do something. I shall do it.” And it’s a brilliant foil, and we can talk about that ... a lot and I think it, yeah, it somehow seems to work, and so he’s probably the one person that I think I could talk to’ – Orla

Brigid said her family makes her laugh, are able to support each other and bring a sense of ‘calmness’ to her life;

‘They [family] make me laugh. My kids make me laugh ... and ... I guess there’s something calm ... there’s some calmness when things are going well. Sometimes they don’t go well but if ... if the ... if all of us are relating well, there’s a certain calmness and satisfaction that comes from knowing that my family ... when push comes to shove, they’re very close and that’s always been a big goal of mine and I wouldn’t have liked to raise a family that didn’t, didn’t have ... didn’t demonstrate care for one another’ – Brigid.

Subtheme 2 – Support from friends

Participants spoke about the importance of spending time with friends as a self-care strategy which promotes their sense of well-being. Joe said he understood this as ‘informal self-care’. Brigid also spoke about the church she attends as a source of support. John said he prefers to socialise with friends who are not associated with the course;
‘I think the biggest thing for me is the friends from home and I say that because, I mean, I think it’s one thing, sort of, having friends on the course and socialising with people on the course but, I suppose, in a way, there’s always that association there that we’re doing the training together and doing the work together and, in that way, there’s always gonna be a conversation of, how much have you done about that, about that … and from there, so I think, for me, really, old friends who’ve known me before I started the course in a sense. And, in the nicest way possible, they’re not really bothered about what I’m doing. They’re not really bothered about how academic I am, how I practice as a therapist. I think that’s, and they just really, sort of, they ground me …’ – John.

Mary said she enjoys spending time with friends because she feels that it helps her to disengage with her thoughts and enjoy herself;

‘… social time, I would say, is quite key for me, so if sometimes … I need to go out and be with people and have fun … I love to dance … so, that’s one aspect of me just letting go and engaging in something where I lose track of time, I’m not thinking, just enjoying the moment … people are quite important to me, so so, spending time with people that are important to me is another aspect of self-care’ – Mary.

Subtheme 3 – Support from the academic community

The participants spoke about the importance of support from academic peers, tutors, supervisors and personal therapists in terms of self-care. For example, Joe mentioned he found the weekly case discussion at university helpful in terms of being a supportive sounding board for challenging client work;
'Just being able to normalise my reaction to it [client work] in terms of hearing other peoples’ responses to hearing about that client [a challenging piece of client work], but also how they might work with her as well’ – Joe.

Mary shares accommodation with academic peers and finds their shared experiences supportive, additionally she comments on the importance of a sense of community within her year group;

‘I think the other aspect [of social support] is that we, as a group as well, we’re quite supportive of one another so that, I think, really helps, in that my cohort, it feels like my family. I live with some of my classmates … that really helps as well, like when … when we kind of are all in the same boat, we can talk about it, and then you kinda feel, okay, I’m not alone in this. We’re all going through this together, so it’s like a team, team effort … so, that’s the other side, I think, that … that really does help, is having that community, feeling like you’re in a part of a community and you’re not, it’s not competitive’ – Mary.

Supervision and personal therapy were highlighted by participants as another important area in terms of self-care through social support. For example, Seán said while he uses supervision mainly for practical support, it does have an emotional element at times. Furthermore, Joe spoke about the importance of personal therapy and supervision in terms of having a space to reflect on issues which may arise from therapeutic practice. Joy reflected the importance of personal therapy and supervision in terms of managing the impact of her client work;

‘… it’s about active process to like okay, this really impacted me, this client, I’m gonna take it to personal therapy to supervision … as like a therapist, I would say, I use a lot of myself in sessions’ – Joy.
**Theme 7 – Self-care strategies which help trainees realise there is more to life**

This theme is encapsulated by a realisation that Roy came to while writing his reflexive journal about his different roles and responsibilities and relates to the idea that in order to self-care trainees should keep a bigger perspective on life;

‘I think [in] writing everything down, I realised I was juggling so many different roles. But, in juggling those roles, the only roles that I put down was stuff in relation to what I'm doing here at university or at work, and neglecting the roles in my personal life ... and for me that was a bit of a light bulb moment because there's more to life than all of this academic stuff ... in two years' time, I'm not going to be on this course anymore ... but in two years’ time, if I've neglected all those personal things then I'll be ... I'll have graduated but all that ... but I may not have graduated with my family still as strong as what it is or ... so, it's just a bit of a, an eye opener to think, 'actually this needs to be addressed' – Roy.

This theme has three subthemes; taking breaks, spending time alone and being and doing (see Table 12)

**Table 12 Overview of Theme 7 – Realising there is more to life**

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<th>Subthemes</th>
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<tr>
<td>• Taking breaks</td>
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<td>• Spending time alone</td>
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<td>• Being and doing</td>
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Subtheme 1 – Realising there is more to life through taking breaks

Participants acknowledged the importance of taking some time away from their course work and placement responsibilities in order to self-care;

‘… sometimes I think I forget how important that space is for me … cos like I think back to last semester and I realised that I really needed the space, like I was really looking forward to Christmas break … and by the end of the term, I was like okay, I have to make some decisions because this [managing the demands of the course] is not working … something’s gonna have to change for it to work …’– Joy.

Participants acknowledged that small breaks can be effective, however some felt that in order to self-care effectively they needed longer and sustained breaks;

‘…I don’t see self-care as just, I suppose, taking … when you’re doing some work, or something, and take ten minutes’ break, or fifteen minutes’ break and watching the TV. I don’t really see that as self-care. I suppose it’s more of a … like I said, an in-, intentional, sort of, extended period of time to think right, no, I’m gonna completely, like I said, withdraw myself from where that stress is coming from, whether that be … writing a thesis, writing an, an assignment or doing, doing some reading, it’s real, sort of, taking some time out for you, for the self” – John.

Subtheme 2 – Realising there is more to life through spending time alone

A number of participants spoke about the importance of having time alone in order to self-care. For example, Joy said that time alone helps her to recharge and reflect, whilst Pauline spoke about how she will ‘retreat’ from people and technology in order to self-care;
‘… I think just being by myself, so like escape everyone, everyone and maybe go in, like my friends call it, the [Pauline]-road, where I’ll just like turn off my phone … I don’t have a smart-phone or anything anyway but I don’t use the Internet and I just kind of go into my own retreat. Yeah. So … and that would entail reading, a lot of walking …’ – Pauline.

Mary spoke about her self-care strategy of shutting out the world in order to help centre herself and to put problems in perspective;

‘… if I’m overwhelmed with things … it gets to a point where it can, I can only handle so much overwhelm and then, what I do is I usually shut out, shut out from the world … I need to, I need to take time out to be with myself and, and that’s usually when I do things like meditation or engage in some kind of a spiritual practice or go out in nature and, erm, maybe read some kind of a spiritual book, and just really not engage with this materialistic, err, consumerist world but kinda get back to my roots of, of … of kind of centring myself and some kind of a … a spiritual grounding … and realising that all this stuff is actually not really that important …’ – Mary.

Subtheme 3 – Realising there is more to life through being and doing activities

The participants spoke about the importance of activities not directly associated to the course in terms of self-care. Participants identified a number of self-care strategies that were active in nature, i.e. tending an allotment, being outside, cleaning, reading and prayer. Furthermore, Orla spoke about how creative activities help her manage the effects of stress;

‘… I like sketching and painting and things and making stuff, and I often find when I finish a big pie-, piece of work, I can’t sit and do nothing, but that exhausted feeling means that I’ve got to do something, so I’ve got to make something, I’ve
got to design some jewellery or do something for a few days … I think it uses up something, like the adrenaline or something …’ – Orla.

Joy also spoke about a number of strategies she uses while at placement to self-care and help energise her;

‘… I go to the bathroom in between clients, just because even if I don’t have to, I just, you know, have a glass of water, get out of the room … well … I’ve only done this a couple of times though, but with the meditation and the mindfulness, sometimes I will … before they come I do this, before they come, I like … this is really stupid … open my arms and I can be like okay, I’m opening myself up to my client, because sometimes you’re in a crap mood, you don’t wanna do it, so, you have to move yourself to …’ – Joy.

The participants also spoke about engaging in more being strategies. For example, Joy talked about taking ‘time to like do nothing’ in order to self-care and Brigid uses breathing exercises she learned at her yoga class. Meg uses a relaxation podcast to help her wind down and told me she tries to plan relaxation time with her family which is ‘guilt-free’;

‘… I’m kind of quite organised with how I’m spending my time at the moment so, I build in rest time, like guilt-free rest time. So, I will do, you know, a big stint of work on one day of the weekend but I know the next day, I’ve got the girls but I know that I’ll just take it easy, so I won’t be running round, doing everything that I poss-, probably should be doing. I will just be trying to do as little as possible in that time’– Meg.

4.4 Category 3 – Conceptualisations of stress

This category provides an overview of the ways in which the trainees conceptualise stress, directly relating to my third research question – *how do trainee counselling psychologists conceptualise stress?* There are three themes within this category outlined in Table 13, with
detailed overview in Appendix 10. A central theme within the interviews was that stress, like self-care is something affecting the whole person of a trainee, namely that it has an impact on our bodies, minds, emotions and behaviours;

‘It [stress] … it’s a, in terms of, there’s a biological stress response … but then, it can have a number of different impacts, so there’s a physical impact of the biological processes that are going on in your body; there can be a psychological impact, in terms of the way it makes you think about things … so there’s the biology, the psychology and the emotion which, I guess, then also has behaviour as well’ – Joe

Table 13 Overview of Category 3 – Conceptualisations of stress

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<td>• Theoretical understandings</td>
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<tr>
<td>• Physical impact</td>
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**Theme 8 – Conceptualisations of stress through theoretical understandings**

The interviews suggested participants had a number of general approaches to understanding stress, some based on theory and others on their lived-experience. Within this theme are three subthemes; *therapeutic models, metaphor* and *eustress and distress*, which are outlined in Table 14.
Table 14 Overview of Theme 8 – Theoretical understandings

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<th>Subthemes</th>
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<tr>
<td>• Therapeutic models</td>
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<td>• Metaphor</td>
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<td>• Eustress and distress</td>
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Subtheme 1 — Theoretical understandings through therapeutic models

A common view of stress was the behavioural view that stress is a reaction to something threatening in our environment. In his interview, Joe outlined a behavioural or stimulus and response understanding of stress in which he argued that stress ‘… it’s a in reaction to a stimulus which causes a particular reaction within you …’. He also suggested this can be a reaction to something that is real or imagined;

‘Yeah, and the stimulus that you’re reacting to doesn’t necessarily have to be a situation that’s happening so, it could be, err, something that you imagine will happen, so you can get stressed about something that hasn’t happened yet’ – Joe

Both Pete and Mary used psychodynamic concepts to inform their understanding of stress; Pete talked about stress as a ‘defence mechanism’ whilst Mary spoke about stress in terms of the ego and super-ego;

‘… the stress part of you, it’s almost like that ego part of you that gets overwhelmed by the little things and there’s that deeper part of you that knows that this … this isn’t … this isn’t the … real reality, that this is just, kind of, me experiencing or ge-, or being fearful of something and getting overwhelmed by it but there’s a, there’s that other part of me that I have to … if I connect to it, that I
know it’s gonna bring me back to who I really am – Mary.

Subtheme 2 – Theoretical understandings through metaphor

While many of the participants explicitly or implicitly used therapeutic models aid to their understanding of stress; others approached their understanding from a creative viewpoint and used metaphor. For example, Orla presented an imaginative view of stress and burnout;

‘Stress … as a kind of cloud in your mind, where you’re unable to function as well … burnout, that point where you’re unable to function and things are just too much and you have to walk away from the situation … ’ – Orla.

Roy used two images to describe stress, the first was the metaphor that his ‘brain was short-circuiting’, in the second he described stress as being similar to a lens, or perspective from which he can view a task;

‘… if I was putting a frustrated lens in-front of this task; ‘this task has to be done in three hours, it has to be done’ … it’s going to be less productive. Whereas now I’m feeling quite energised and be like ’I’ve three hours to do this … I know what I’m writing is, it's probably not even going to take three hours’ … and I did a little bit last night, just casual reading and yeah, I feel it's just a matter of pulling it all together and blasting it out, as oppose to probably … I’d have been really frustrated … I was at home sitting doing work and when it came to tidying that piece of work up … I’d of been doing it through a lens of really being pissed off at it … ’ – Roy

Joy’s understanding of stress is closely linked to her understanding of self-care in the sense that she describes both in terms of an image of a see-saw. In her metaphor, she presents stress as the unbalancing of her see-saw whilst self-care brings equilibrium;
'… my version of stress is … stress can be anything … it’s just … it brings me back to my … my little see-saw. It’s like when those demands in my life, um, outweigh my ability or my, to cope, with my resources’ – Joy.

Subtheme 3 – Theoretical understandings through eustress and distress

The majority of participants found the course stressful. However, Pete and Seán said they did not find it particularly stressful because they felt they managed stress well. Pete felt he has a high ‘stress threshold’ and that stress motivates him at times, for example, in finding a placement;

I see stress as … something which can be utilised positively and something which needs to be observed to make sure it doesn’t go into the negative’ – Pete.

In terms of the negative potential of stress, a number of participants suggested that if left unchecked stress could lead to burnout. These participants framed the term ‘burnout’ in a number of ways. For example, Meg’s definition ‘is when you stop caring and it’s because you’re, you know, there’s things going on for you’. Orla drew the following distinction between stress and burnout, in which the latter is seen as having more extreme consequences than the former;

‘So, stress would be about not being able to enjoy the course, where burnout is about actually having to walk away from the course and something about not being productive as well’ – Orla

Theme 9 – Conceptualisations of stress through physical impacts

Another common theme raised by participants when describing stress was the impact it may have on the body. For example, Mary described stress as ‘a physiological thing more than anything’. This theme has two subthemes, physiological responses and energy levels (see Table 15).
Subtheme 1 – Physical impacts through physiological responses

John spoke about the physical impact of worrying and that this is a sign for him to take some action in order to self-care;

‘… I think of anxiety just sort of being in the stomach, in a sense, in that sense, and but that’s, it’s, for me, it’s sort of like a whole body thing … and I know when that point comes, that I need to do something about it … but do I always do something about it? No, probably not …’ – John.

Other participants indicated a number of physical signs that alerted them to the fact they were feeling stressed;

‘… I can feel it [stress] in my body if I’m stressed. I can, I get headaches. I get stress headaches … which would be, like, one of my first signs …’ – Joy.

Brigid spoke about how stress causes an underlying skin condition. I reflected back to her she seemed to be saying that stress caused her condition to worsen;

‘Yeah. It does, it does. It definitely does … I realise that’s [severity of skin condition] kind of how I can monitor how bad it [stress] is … and I think, there was a point in time, maybe about a month ago, when I just said, “Okay, [name of participant], honestly, you, you absolutely have to let this go, you just can’t … you cannot let this …” so, what I decided …’ – Brigid.
The idea that a physical condition can be a monitor or alert to stress was also a common theme, as highlighted in Joy’s discussion of her stress headaches;

‘Before my mind tells me I’m stressed. Sometimes, I don’t even, you know, you just go on autopilot, you don’t really realise it’s happening. But, if I start getting headaches and stuff, I’m like … ohhhh … something’s not right … or if I’m, like … overly tired and I’m not sleeping, I’m like okay … something’s on your mind, what’s happening? There’s signs’ – Joy.

Subtheme 2 – Physical impacts through energy levels

The impact of stress on sleep was also something that a number of participants spoke about. Roy said that stress can impair his ability to sleep well leading to feeling tired and sometimes ‘exhausted’;

‘… stress for me, I would get ... migraines ... I get like, my digestion would be really bad. I'd get really like, really butterflies, anxious in the stomach ... like ... shoulder pain, neck pain ... really disturbed sleep. So, I wouldn't sleep very well ... I find it hard to get to sleep. But, I'd also wake loads of times during the night tossing and turning all night... so that's kind of how it displays’ – Roy.

John also said that stress affects his energy levels, speaking about when he is stressed he feels a ‘weird kind of energy’ in his body;

‘… it’s weird, I almost start to feel when I’m stressed; I can almost feel my high blood pressure, if that makes sense. It’s a real … I’m trying, I’m trying to explain it but sometimes, it almost feels as in my body’s full, if that makes sense. I think it’s a real … I hate using this word but I’m gonna say it anyway … but almost like a weird sort of energy … quite, not a nice kind … like I say, I just feel really pent up of something, whatever that might be’ – John.
**Theme 10 – Conceptualisations of stress through psychological impacts**

This theme relates to the impact that stress has on the mind and the emotions. This theme has *emotional response, unhelpful behaviours* and *productivity* as its three subthemes, which are outlined in Table 16.

**Table 16 Overview of Theme 10 – Psychological impacts**

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<td>• <em>Emotional responses</em></td>
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<td>• <em>Unhelpful behaviours</em></td>
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<td>• <em>Productivity</em></td>
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Participants spoke readily about the psychological and emotional impact of feeling stressed. Meg described the emotional impact of her first term and how a number of competing emotional and practical demands led her to feel stressed;

Well … so, I think that whole September to December, so that’s the first term, I was, I was in a new group, everything at work changed, like just incidentally, it happened at the same time but all loads of stuff that I was really unhappy about … yeah, starting my own therapy and my head was just like … and then, I had all the work and that self-doubt … all of that, as a combination, was just like, my mind was on overdrive and that was really stress-, and I could tell, by the end, I’d got … I kind of was pushing myself, you know, I was working really hard as well, so I was pushing myself until, you know, the Christmas break’ – Meg.
Subtheme 1 – Psychological impacts of stress on emotional responses

Participants identified that their experiences of stress whilst training sometimes led to feeling overwhelmed. For example, Seán described stress as ‘… just things that [are]… happening that you perceive as not being in your control’ and Roy spoke about how the feelings of being out of control and overwhelmed had led him to have a panic attack;

‘… I was feeling stressed, over-whelmed, feeling out of control …, feeling isolated, panic … I even had a panic attack actually, about a month ago, actually, I thought I was dying at night it was that bad …’ – Roy.

Other participants said when stressed they began to feel anxious, although, Pauline said she found it difficult to differentiate between anxiety and anger sometimes. Brigid described the process of being caught in anxiety as a result of rumination;

‘The [I] worry about what I was doing, what I wasn’t doing … and how it was … it was definitely affecting my well-being’– Brigid.

Subtheme 2 – Psychological impact of stress on unhelpful behaviours

While Roy’s experience of having a panic attack was somewhat unique in terms of the interviews, participants spoke of how high levels of stress had resulted in what they understood to be unhelpful behaviours, such as smoking, eating unhealthily and withdrawing from others. Mary said when she is stressed she will ‘… shut down from the world and from people, I’m inside my head …’ Meg described something similar when she talked about how she sometimes finds it difficult to speak about her feelings and chooses to become avoidant as a coping strategy;

‘Yeah. I think, when I’m really stressed, sometimes I can … withdraw into myself as well so, rather than voice it, I’d probably just become more quiet, or avoidant probably so, just avoiding people, like not going into the office or avoiding going
into the office, which I can do’ – Meg.

Catherine spoke about how withdrawal and avoidance do not help her to manage her anxiety and how they result in a ‘downward spiral’;

‘… I avoid things which does not help, but I still do it … I start withdrawing from other people; the world; talk to people less so … really quite a downward spiral so … and then it’s like I have to kick start myself back into sort of functioning better I suppose’ – Catherine.

A number of participants described feelings of anger and frustration as a response to stress. Seán said ‘… when I get stressed I do get angry …’ He went on to explain he does not ‘take it out’ on other people but that he does sometimes break inanimate objects. Meg described how stress can lead her to behaviours she would rather not engage in;

‘When I’m stressed? I get a bit snappy … I have rants at work … I try not to, I really try not to. It doesn’t happen very often but I … I can … I can get really negative about what’s going on, so, I very much see the negative side of things. … I s’pose I smoke more …’ – Meg.

The potential negative impact of withdrawal from relationships with partners, friends and family emerged within a number of interviews. Roy expressed a concern his stress may result in neglecting personal relationships;

‘I’ve neglected my personal life … I see family, friends and my partner as like people who will support me. But if I’m neglecting spending time with them and, and nurturing those relationships then in essence maybe I’m taking some of that support away …’ – Roy.

Brigid spoke about the responsibility she feels towards her family and the effort she makes to spend time with them;
‘… I see them [her family] all the time … but I don’t spend as much time home as I used to cos I, I can’t spend the time home. Otherwise, I can’t do my jobs and so, they see me less often. When I do see them, I’m always busy because I’ve always got something to write … or something to read, that I have to do for, you know, like, you know, I’ve gotta do this or else, I could, I could just sit there and do nothing …’ – Brigid.

Subtheme 3 – Psychological impacts of stress on productivity

Other participants spoke about the impact of feelings of anxiety and worry in terms of their productivity. For example, Catherine said these feelings can lead to a kind of paralysis which results in procrastination and a struggle to complete university work. However, she also said that sometimes she needs pressure to stop her procrastinating and be productive. Orla also spoke about the impact stress, anxiety and worry can have on her levels of productivity. She illustrated this point with a recent experience;

‘So, that’s something where the worry of doing it [meeting unrealistic deadlines], because you knew it was sort of impossible, would, would make me slower at the process. Where, ah, and I noticed recently, I did a psychology experiment, where you had to read out passages of text and the first one was timed, and I could barely read because you had to read as fast as you could because it was the number of words you could read a minute and I think I got about half way through the passage and then, the next ones, that weren’t timed … it was the same, I could easily get through twice as much text’ – Orla.

A number of the participants echoed Orla’s experience with regard to the impact of stress on their productivity. However, some also related that unmanaged stress could result in being trapped in a maladaptive pattern of coping which is unproductive;

‘So, stress … my understanding of stress is when you’ve got more things to do than
you could possibly do with the time that you’ve got and getting into a negative cycle of trying to manage that stress … but actually, a lot of the … or trying to do all those things and ending up making yourself feel worse and actually, less productive … and I think it kinda ties into burnout as well’ – Meg

4.5 Category 4 – Sources of stress

This theme relates to the key sources of stress identified by participants and relates to my fourth research question – what key sources of stress do trainee counselling psychologists identify in terms of the training process? There are three themes in this category which are outlined in Table 17, with a detailed overview in Appendix 11.

**Table 17 Overview of Category 4 – Sources of stress**

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<td>• Demands and pressures</td>
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<td>• Financial strains</td>
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<tr>
<td>• Unhealthy relationships</td>
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<td>• Personal and professional development</td>
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**Theme 11 – Sources of stress from demands and pressures**

Participants highlighted a number of demands and pressures relating to the training process; *nature of the course, managing workload, procrastination and placement requirements* (see Table 18). Meg speaks about the importance of keeping a balance in terms of the competing demands of the course;
‘… the things that I’ve found the main stressors is that you have to think about lots of different things all at once and I’m very much someone who likes to focus on something, kind of absorb myself in it, do that bit of work and then, move onto the next one, whereas, I don’t think that course … and, you know, I s’pose, you can’t … life isn’t like that anyway, so, that course doesn’t offer that, so you need to kind of be thinking that one step ahead … you know, it’s, it’s the, about, I don’t know, the thing with the course, for me, is that I’m doing the course and I’m working twenty hours and I’ve got the girls, so, I’ve got a lot on …’ – Meg.

Table 18 Overview of Theme 11 – Sources of stress from demands and pressures

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<th>Subthemes</th>
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<td>• Nature of the course</td>
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<td>• Managing workload</td>
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<tr>
<td>• Procrastination</td>
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<td>• Placement requirements</td>
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Subtheme 1 – Demands and pressures from the nature of the course

One of the key stressors identified by participants was the volume of work that needed to be completed. John spoke about this and the potentially all-encompassing nature of the course;

‘… if you think about work all the time, do stuff all the time, which you can, like I said before, this there’s always stuff to do on the course, there’s always something to do, always something, something to read … and I suppose you can do that if
you want to … there’s nothing to stop you … for me, personally … doing that ...

it’ll drive, it’ll drive … drive me insane. It’s ha-, it’s ha-, it’s having that, like I said, a
handling that balance of work-life and, I mean, if you are just, if you’re just
working, if you’re just doing this course, just thinking about your course, then your
life is … your life is the work, then your work is stress, so, almost, your life is
stress, I suppose in a, in a way. And I … I don’t really want mine to be stressful …
and anxiety provoking, and it is …’– John.

John mentions some of the requirements of the course in the quote above; however
interviews suggested a number of other demands which participants found stressful at
times, *i.e.* attending classes, academic coursework, thesis demands, meeting deadlines,
placement activities, achieving therapy hours, external employment, attending personal
therapy and supervision, as well as maintaining a personal life. Joy spoke about how she
feels that she is ‘juggling’ many of these demands and pressures;

‘I’m juggling two placements, supervision, the starting the personal therapy, then
we have class three days a week, then … I guess, my life, my social life that I don’t
really get here … so I just, it feels like you’re doing all of this stuff … all the time
and for me, space is very important, so, it’s like I’ve always got something to do,
which is fine, it’s great, I understand it, it’s just … sometimes, it feels like … some
of the deadlines are unnecessary … all the workloads are too long …’ – Joy.

*Subtheme 2 – Demands and pressures from managing workload*

Participants indicated the workload associated with the course resulted in a range of
demands and pressures which were competing with each other. For example, Meg
identified managing these can be a challenging task;

‘I get stressed about the number of different things which I have to do … and sort
of getting stressed about how to prioritise those, whether that be, which one do I
do first? How much of each do I do? … cos I know, I know, for me, anyway, a lot of stress comes from doing one thing, then when you’re doing one thing, you’re almost worried about doing the other thing and then, when you’ve got to that, do the other thing, you think well, I probably should do a bit more about about that thing, and I think that’s, for me, where stress comes from, because if I’ve just got one thing, one thing to do; yes, it might be stressful, in a sense, but it’s not as stressful as having the, the number of different aspects … so that’s, I suppose, for me, where stress comes from, in the multitude of different, different things’ – Meg.

Closely related to the stress of managing workload were time constraints, for example,

Brigid spoke about her struggle to find time to do her thesis alongside other commitments;

‘… I’m thinking, you’re a student and you need to do this thesis and you need to do this, this, this, this, this … and within this frame of time, or you’re just not gonna finish this thesis … and then, that was conflicting with the … my reality, which is spending two days a week at [placement] and … all the travelling back and forth, it’s … it’s consuming a lot of time’ – Brigid.

Subtheme 3 – Demands and pressures through procrastination

Participants highlighted the need to prioritise;

‘… that’s where the stress comes from, I think especially on this course as well, because there is always so many different things you need to do … and I think sometimes, because they are quite compacted and close together, it is that prior-, prioritising and which one do I do, and how much do I do, do of that? … because, I mean, cos I … I know, as well, I mean, I could feel myself getting stressed about it, thinking right, well, I need to do, … sort of, corrections for assignments, do my … tran-, transcription, do my analysis for my, for my thesis, then, under all of that as well …’ – John.
Some participants commented they struggled with procrastination and this caused feelings of guilt, anxiety and increased stress;

‘So, yeah I procrastinate. So, I’d sit and think; ‘right I need to do this; maybe I should just do it this way, maybe I’ll read this journal first’, before you know it two hours have past and... I'm in this hole going 'crap, what do I do?’ And then it just spirals out of control and then the day's nearly over and you've hardly done anything and then it just adds more stress to the next day. So, yeah I procrastinate and that hole does absolutely nothing. At the time it feels, I think it feels safer because, I'm kind of in it debating what I should do. So, it's kind of neglecting the task, but in neglecting the task, but in neglecting the task it's making the situation worse’ – Roy.

Subtheme 4 – Demands and pressures from placement requirements

The participants highlighted that placement requirements were a source of stress. For example, securing a placement, completion of documentary evidence and gaining sufficient clinical supervision;

‘… the past couple of weeks, … the thing about the course documentary evidence has been really stressing me out because of all the different parts which need to come together for it, and talking to all the different people that need to sign different things and making sure they sign them and having the meetings sorted and everything like that. And that's the … that's where the stress comes from, I think especially on this course as well, because there is always so many different things you need to do …’ – John
**Theme 12 – Sources of stress from financial strains**

The financial strains that training to be a counselling psychologist can impose were a major theme within the interviews. Participants identified the cost of the course fees, supervision and personal therapy as sources of stress. For example, Joe said he found ‘finances, in terms of paying for the course’ stressful. Within this theme there are two subthemes, *being self-funded* and *needing employment*, which can be found in Table 19.

**Table 19 Overview of Theme 12 – Financial strains**

<table>
<thead>
<tr>
<th>Subthemes</th>
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<tr>
<td>• Being self-funded</td>
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<td>• Needing employment</td>
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**Subtheme 1 – Financial strains from self-funding**

Some participants had made a transition from a well-paid job to being self-funded which they described as a source of stress. For example, Orla identified the feeling of not wanting to put pressure on others to help her financially;

‘And then, fi-, financial issues, I suppose … wondering how to keep funding it and the, having gone from a job to this, it’s quite weird … and self-funding is … something that only I can deal with, I suppose because, if I did appro- [approach], if I did talk to other people about it, I think they’d try and give me money, so that’s something only I can sit with’ – Orla.
Subtheme 2 – Financial strains from needing employment

In order to meet these costs many of the participants worked part-time and highlighted this as a source of stress. Meg talked about the importance of staying well in order to provide for her family;

‘I suppose, with work, when I was working full-time, it’s like I need to bring a wage in. Now, I’m doing the course, I can’t [work full-time] … you can’t afford to be ill and be taking time off, doing this course. It’s like I have to be physically well, because it … yeah, it can put a spanner in the works’ – Meg.

Catherine also spoke about the strain of securing funds to complete the course and the pressure of balancing academic and paid work;

‘The paid work that I am doing is two and a half days a week, which ideally I wouldn't really be working that much. But I felt like … like there wasn't ... room for negotiation on that. So it like, okay that means I basically have evenings and Sundays to do my thesis. I have got to do this because of the nervous breakdown factor’ – Catherine.

Theme 13 – Sources of stress from unhealthy relationships

Participants suggested having the energy to maintain healthy relationships was also a source of stress. This theme has three subthemes; difficult group dynamics, making time for family and friends and support from tutors, outlined in Table 20.
Table 20 Overview of Theme 13 – Unhealthy relationships

<table>
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<th>Subthemes</th>
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<tr>
<td>• Difficult group dynamics</td>
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<tr>
<td>• Making time for family and friends</td>
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<td>• Support from tutors.</td>
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Subtheme 1 – Unhealthy relationships through difficult group dynamics

Some participants commented they found the behaviours of other trainees and the resulting impact on group dynamics a source of stress. For example, Joe commented ‘… other people on the course [are a source of stress] … in terms of clashes’, and Joy specifically talked about the organisation of case discussion groups;

‘I find case discussion difficult as well because I find the groups big … I find like you don’t really have time to talk if you need to sometimes … and also, we switch every semester which is stupid. Well, I … I understand why, I just think it’s hard to form a group and then … talk about a client …’ – Joy.

Some participants also indicated that joining a new group was stressful for them;

‘I’m really unsure of it [the group]. I’m getting better. I’m more aware but they do … yeah, it just makes me feel quite uncomfortable and I think that was a big thing in the first term. It’s better now, you … you get to know people and everything … it’s easier’ – Meg.
Subtheme 2 – Unhealthy relationships by not making time for family and friends

A number of participants indicated they found it challenging to have the energy and time to maintain healthy relationships with those closest to them. Roy spoke about the stress of not being able to care for his family;

‘[He said that he sometimes thought that] 'I can't cope with this course anymore and maybe I should just give up' and ... because it was really impact on ... my personal life and spending time with people, which ... you know people that are important to me. Where, I'd see my Dad ringing and I'd just be like 'ignore' and then I'd forget to phone him back so then in three days’ time he's phoning going 'is everything okay' and you're like 'yeah, I'm just really busy' and so I'm neglecting the time with people that support you ... then they're maybe not going to phone as regularly so maybe when you're in a, a state when you're really panicked and doing a lot of work then you don't have that connection and support with people that are important’ – Roy.

Subtheme 3 – Unhealthy relationships from a lack of support from tutors

Some participants said they found the staff on the course very supportive, however, others reflected they did not feel they were receiving the level of support needed. For example, Joy said that in some ways the course had not met her expectations for academic support;

‘... I know, well, for one thing, for my writing and stuff, my academics, I’m not that confident. I think one of the things in my interview was like oh yeah, we can help you with that you'll get one on one attention ... we'll tell you your strengths, your weaknesses, what you can work on when and they do do that but not really. So, I, I guess it ... it’s not how I expected it to be. I expected more direct supervision, I would say, cos it’s a taught course, so I thought it was gonna be like more ... one on one supervision and, I dunno, I think I had this wei-, I had this
weird thing about like, I think it’s like a mentoring type thing where, you know, if you need help with your CV, you could get it like, just about professional development – Joy.

**Theme 14 – Sources of stress from personal and professional development**

This theme relates to the expectations that participants placed upon themselves whilst training. It has four subthemes, *self-doubt, fitness to practice, therapeutic practice, and personal therapy and supervision*, outlined in Table 21.

**Table 21 Overview of Theme 14 - Personal and professional development**

<table>
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<th>Subthemes</th>
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<tr>
<td>• <em>Self-doubt</em></td>
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<td>• <em>Fitness to practice</em></td>
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<tr>
<td>• <em>Therapeutic practice</em></td>
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<tr>
<td>• <em>Personal therapy and supervision</em></td>
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**Subtheme 1 – Personal and professional development and self-doubt**

Many participants expressed self-doubt as a source of stress. For example, Pauline said she felt stressed by ‘the thought of failing’. Meg talks about self-doubt in terms of her ability to complete academic aspects of the course;

‘… it’s all about self-doubt, isn’t it? So, you know, I’m … can I do that? Will I be able to do that well enough? … you know, like writing, I suppose, is something that I worry about. Will I be able to write well enough? … is my academic level
high enough for a PhD? Kind of … or … the … the unknowns, I suppose, with it at the stage that I’m on with the course’ – Meg.

Brigid also said she was concerned about not being able to meet the academic level required;

‘… there’s a lot of demands, just … it’s the intellectual demands … you know, the sense of, like, I have to actually produce an original piece of work that is good enough … mm … and … it’s not my forte really’ – Brigid.

Some participants spoke about the need for validation from tutors and clinical supervisors, expressing the view that this type of validation was important to them. Others had the opposite experience and did not feel appreciated or acknowledged sufficiently;

‘I was thinking, do I need to feel appreciated but I don’t know … I, I just … And I do realise that lately, I’ve wan-, I want more appreciation for, you know, being here’ – Joy.

Other participants, such as Joy presented with high academic expectations of themselves;

‘ … I’m not one of those people who, I’m gonna do something and just get it in. I want it, I want it to be the way I want it. I want it to be a high standard … I wanna be able to take pride in what I do … it is really important for me to be like yeah, I wrote that and … you know, I’m okay, you can read it and not have that embarrassed … I, I mean you always get that little bit of embarrassment about sharing your work but it’s about, it’s a pride thing. So, it’s about, in terms of academics, doing it to the right standard … and it, in terms of this course, it’d be finding a time to do that … clear instruction of what we’re doing … sometimes I could find that it’s … you tell me one thing and you tell me one thing and then, I have to … then I’m left in the middle, like who do I listen to? – Joy.
Subtheme 2 – Personal and professional development through fitness to practice

A number of participants said the process of learning to work with clients was stressful. Pauline spoke about the anxiety caused by her fitness to practice assessment;

‘… I kinda repressed it [the anxiety over the assessment]. I do … I kinda was like, I’m just gonna do it so, I did it, I handed my video in but whilst, it was being shown, I was just really … like, I don’t know … yeah really stressed. But internally stressed. Just like, oh, everyone’s watching me, all the attention’s on me. What are they thinking?’ – Pauline.

Catherine reflected on feeling anxious at her placement following the allocation of a new supervisor who also worked closely with her;

‘I suppose it's [supervision] like, I just said, at the moment I would say, it's making me feel worse but I think it's because it's like, I'm on a massive learning curve at the moment. So I feel, I feel more nervous about going into placement for example, which is not like an ideal thing to be feeling … so I feel, I feel more pressure in terms of what I do with these clients because I'm more watched you know? You know they [the supervisor] actually came into the therapy sessions the first couple of times so, you know, that is very stressful in the moment but I also feel in the long term that is reassuring and that I will feel less stressed because I know that I have been through this process and I know that someone seeing what I'm doing and I've had feedback on that …’ – Catherine.

Although Joe felt competent as a therapist he reflected that sometimes the client’s problems-in-living can cause him to feel overwhelmed;

‘So, the issues that they talk about [the client] can be stressful or the way in which they present can be stressful, so that’s more about in the moment stuff, rather than
anxieties about thinking ahead, although some of it can be, in terms of … oh, God, how am I gonna help this person?’ – Joe.

Subtheme 3 – Personal and professional development through the impact of therapeutic practice

The impact of working with clients was a significant subtheme in terms of the sources of stress identified by participants. Roy talked candidly about the potential impact of working as a trauma therapist;

“Yes, so an example [of how his client work can affect him] would be quite often a lot of the clients that I would work with would talk about being hyper-vigilant. So parcels sitting about, or packages … they could be bombs and … I suppose another thing I've noticed actually has been … like difference ethnicities. I've never noticed people of different, different ethnicities before in my life, life … however, what I've noticed in the last while is that … I'm doing … I am noticing people more of different ethnic origins and find myself going back to sessions were a client would say … maybe describe a certain ethnicity and about 'oh, you can't trust them and stuff’. So I have noticed different things like that. I'm being more hyper-vigilant … so, yeah it's just … I think because they've actually named it and named ethnicity as one of the things … I'm now noticing other people. Where as before I would never be like … that wouldn't be something I was aware of when I was on the train or standing on the platform … I might link that back to like suicide bombs, so you're kind of going 'gosh' … so you begin to like … when I'm standing waiting for a train and there's somebody from a foreign country I'm going 'oh, that person is a bit restless, what's going on?’. So, I think that's what I mean in terms of stuff sometimes goes out of the therapy room’ - Roy.

Meg spoke in a similar manner when describing the potential impact of working with clients who experience high levels of anxiety;
‘… when you’re working with people and they might have an anxious thought or a symptom, then you become more aware of those anxious thoughts and symptoms and you can actually start to internalise those or you just start to notice those thoughts in your own mind that would have never been there before’ - Meg.

Joe spoke about a client who had experienced a number of traumatic life events and with whom he had developed a strong therapeutic bond. When the client’s circumstances changed and he could not continue to work with her, Joe found the abrupt ending emotive;

‘… some aspects of it [the therapy] were overwhelming … and her [the client], her way of presenting in the session was also quite … stressful, because she … I think she was so afraid of being … she’d, she’d spent a lot of time, from childhood, kind of locking away her emotions and not being in touch with them, to the point where, if you asked her how she was feeling, she couldn’t answer it cos she didn’t really know but it was clear that there was a lot of emotion there because, throughout the session, you could almost see it coming up and she was almost brimming and … and about to overflow and then, she’d kind of swallow it back down again … so, that was quite a difficult process to watch … and … yeah, some of the very emotive descriptions about what happened to her in childhood and then, obviously, what had happened to her in this relationship … I suppose that keyed into some issues for me, around the fact that both of my sisters had gone through phases of being involved in violent relationships and controlling relationships and, err, at a time when I was in my mid to late teens, so I think that kind of keyed into being concerned about someone but not really being in a position to be able to do much about it … and feeling quite helpless, which was then amplified when suddenly, the work had to stop [due to a change of circumstances on the client’s part] and I had to pass her over to someone else’ – Joe.
Subtheme 4 – Personal and professional development through therapy

A number of participants said they found personal therapy stressful because it brought into awareness unresolved problems-in-living:

‘I think it [personal therapy causes stress] does, in the way that actually, … with everything else that’s going on, it’s like … and it is quite a big, added thing that messes with your head. You know what I mean? It is actually, it does make a big difference and when I’ve not been for a week, I’m more able to kind of focus on what’s going on a bit more whereas, that just kind of throws a big spanner in the works’ – Joy.

‘At first, I was like, oh, yeah, this [personal therapy] is great … and then, now … I’m quite glad when I don’t have to go. It’s still good but it … and it’s not … it’s more how it makes me think after, you know that week in between, that you just get so many thoughts going round in your brain that it’s actually quite … it’s actually really hard work. It’s making me understand, for clients, how much hard work it must be for clients’ – Meg.

4.6 Chapter summary

In this chapter I provided an overview of my findings. I uncovered four main categories each with a number of related themes and subthemes and illustrated each with reference to the relevant interview transcripts. The first category conceptualisations of self-care had the following themes; caring for self, caring for others and self-actualising. The second category self-care strategies, contained themes about keeping work-life in balance, caring for my physical well-being, getting support from other people and realising there is more to life. The next category, conceptualisations of stress, had theoretical understandings, physical impact and psychological impact as its themes. The final category called sources of stress contained demands and pressures, financial strains, unhealthy relationships, personal and professional development as its key themes.
5.1 Overview of chapter

In this chapter I will apply the findings from the analysis of the case material to my research-informed model of self-care and stress which I developed in chapter 2. To do this I will first provide a brief overview of my model and then discuss each domain in turn, i.e. the goals, tasks and methods of self-care (Cooper and McLeod, 2007, p. 137). Under each domain heading I will endeavour to: reference the relevant research questions; summarise the research findings from my thematic analysis relevant to that domain; discuss pertinent points from these findings in terms of the literature I used to develop my theoretical model; apply my findings to the model and finally, refine the model accordingly. I will conclude this chapter by presenting the refined model and a discussion of the recommendations and limitations of my case study.

5.2 A research-informed model of self-care and stress

Before I discuss my research-informed model of self-care and stress in relation to my research findings, I would like to provide a brief summary of the model. As outlined in chapter 2, the model is based on three theoretical approaches, a therapeutic framework and the research literature relevant to self-care and stress in trainee counsellors, psychotherapists and psychologists. The first theoretical approach is a modified form of Bugental’s (1964, pp. 23 - 24) key postulates of humanistic psychology which I applied to trainee counselling psychologists suggesting that trainees should be understood holistically, as existing within contexts, as self-aware, that they can make choices and have responsibility for those choices and are purposeful. The second theoretical approach is informed by Maslow’s (1970), May’s (1958) and Rogers’ (1961, p. 183) view that every person has an innate potentiality and tendency which encourages them to self-actualise and become a ‘fully functioning person’; this is called the ‘actualising tendency’ (Gillon, 2007, p. 26). I have applied this to a training context by arguing that self-care is a nurturing of a trainee’s tendency towards becoming a fully functioning counselling psychologist.
The third theory I used to develop my model is Maslow’s (1943, 1970) theory of human motivation. This approach suggests an individual’s actualising tendency leads them to fulfil a number of basic needs inherent to all people; their physical, security, community, esteem and self-actualisation needs (Maslow, 1943, 1970). However, I have also suggested Maslow’s (1970) theory could be critiqued as reductionist and an overgeneralisation (Geller, 1982). Therefore, I argued the needs may be better understood as a cluster rather than a hierarchy; furthermore, using the research literature on self-care and stress in trainee counsellors, psychotherapists and psychologists, I modified Maslow’s (1943, 1970) theory and applied it to a training setting, suggesting trainees’ basic training needs are academic, support, placement and developmental in nature (Kumary and Baker, 2008).

The fourth aspect is my use of Cooper and McLeod’s (2007, 2011a) pluralistic framework as a means of structuring my model. This framework is an integrative/eclectic therapeutic approach founded on the humanistic-existential tradition of counselling and psychotherapy (Dryden, 2012). It is based on two concepts: ‘there is more than one way to skin a cat’ and collaborative engagement between therapist and client; as clients are viewed as having expertise in resolving their own problems-in-living (Scott, 2013, p. 83). The framework also has three domains, ‘goals, tasks and methods’ (Cooper and McLeod, 2007, p. 137). In order to develop the research-informed element of my model I reviewed and applied the relevant research literature. The model is represented in Figure 7 (with specific examples from the research literature) and is as follows.

Self-care and stress are a dynamic whole. Stress results from individual and environmental demands and pressures which challenge trainees’ abilities to meet their needs. Self-care is an individual and organisational responsibility with the following goals, tasks and methods;

- Goals of self-care – nurturing trainees’ potentiality to become fully-functioning counselling psychologists through learning to care for self and others and personal and professional development (PPD);
• Tasks of self-care (sources of stress) – promoting trainees’ wellbeing through meeting their support, academic, developmental and placement training needs;

• Methods of self-care – encouraging intentional individual and organisational engagement in strategies which enable trainees to meet their training needs.

The research literature presents a number of examples of the goals, tasks and methods of self-care;

• Research-informed examples of the goals of self-care – care for self is intentional, promoting wellbeing, idiosyncratic and holistic; care for others is ethical, competent and effective; personal and professional development is about self-awareness, self-compassion and emotional regulation

• Research-informed examples of the tasks of self-care – academic needs include time management, achievable workload, support in conducting research and realistic expectations. Support needs require financial support, well organised training programmes, safe learning environment and tutor support. Placement needs include support for client work, finding a placement, being prepared for therapeutic practice (i.e. challenging presenting issues). Development needs require a work-life balance, personal therapy, resolving personal issues and supportive reflective practice groups.

• Research-informed examples of the methods of self-care – there were a number of self-care strategies in the literature such as, mindfulness, self-care and stress management training courses (MBCT, MBSR, ACT etc.), supportive learning environments, good student tutor alliance, sleep hygiene, exercise, social support, emotional regulation techniques, mindfulness practices, self-awareness, personal therapy and supervision.
Figure 7: A research-informed model of self-care and stress

Humanistic value base

Goals of self-care

Nurturing trainees’ potentiality to become fully-functioning counselling psychologists through learning to care for self and others and developing personally and professionally.

Care for self:
intentional, promoting wellbeing, idiosyncratic and holistic.

Care for others:
ethical, competent and effective.

PPD:
self-awareness, self-compassion and emotional regulation.

Tasks of self-care (sources of stress)

Promoting trainees’ wellbeing through meeting social support, academic, development and placement training needs.

Academic needs:
time management, achievable workload, support in conducting research and realistic expectations.

Support needs:
financial support, well-organized training programmes, safe learning environment and tutor support.

Placement needs:
support for client work, finding a placement, being prepared for therapeutic practice (i.e. challenging presenting issues).

Developmental needs:
work and life balance, personal therapy, resolving personal issues and supportive reflective practice groups.

Methods of self-care

Encouraging intentional individual and organizational engagement in strategies which enable trainees to meet these needs.

Examples of self-care strategies:
Mindfulness, self-care and stress management training courses, supportive learning environments, good student-tutor alliance, sleep hygiene, exercise, social support, emotional regulation techniques, mindfulness practices, self-awareness, personal therapy and supervision.
5.3 Goals of self-care

According to my model the goal of self-care is nurturing trainees’ potentiality to become fully-functioning counselling psychologists through learning to care for self and others and developing personally and professionally. The domain of goals of self-care coincides with my research question which explores trainee counselling psychologists’ conceptualisations of self-care. The trainees identified three main aspects or goals of self-care, which are the following themes caring for self, caring for others and self-actualising.

Caring for self

Caring for self is the first major theme in my findings and the participants suggested self-care should be intentional, holistic, about balancing demands and pressures and that it can be challenging at times. According to the participants, the intentionality of self-care related to prevention of distress and promotion of well-being. The research literature also suggested self-care should be intentional (Pakenham and Stafford-Brown, 2013; Myers et al., 2012). However, there is a notable difference between the findings of my study and the research literature, as the studies in the research literature suggest training programmes should be intentional in offering self-care training, while the participants did not speak about the responsibilities of their training programme and focused on their own responsibility to self-care.

This is a significant point and I think there are a number of potential reasons for the mismatch: firstly, my case study did not include a member of staff from the training programme my participants attended and if it had, they may have spoken about the self-care emphasis they offer. Secondly, the trainees may have been unaware of the resources for self-care the programme offers. Thirdly, it is possible the programme is deficient in offering self-care training. I think the fact the participants did not mention the responsibility of their programme in terms of offering self-care training should be considered alongside Goncher et al.’s (2013) findings that a programmatic emphasis on self-
care appeared to positively affect trainee’s reported quality of life and their use of self-care strategies.

The idea that caring for the self is holistic also emerged from my research, as some of the participants acknowledged caring for themselves involved attending to their body, mind and emotions. Furthermore, the participants appeared to frame the care for the body, mind and emotions in terms of the promotion of their well-being. The research on which I have based my model also suggests self-care is holistic and relates to well-being (Burck et al., 2014; Smith, Robinson and Young, 2007; Roach and Young, 2007). For example, Wolf et al. (2014) conducted a study on a student-led wellness programme for post-graduate student counsellors. The programme involved activities which related to the trainees’ bodies, minds and spirits, and was shown to have a ‘positive impact on students’ knowledge and practice of wellness’ (p. 57). However, while the participants in my study spoke about self-care in terms of their bodies and minds, few mention spiritual care, and those who did attested to some form of religious or spiritual belief. I would argue Wolf et al. (2014) talk about spirit in terms of well-being from within a culture (i.e. United States) where holding religious belief is acceptable. However, I would suggest those in a UK context, specifically in the fields of counselling, psychotherapy and psychology, may be wary of expressing religious and spiritual views because of the criticism it can draw (Gubi, 2010; Hawkins, 2010; Thorne, 1998).

The next subtheme was trainees’ need to care for themselves by balancing demands and pressures of the training process. I would argue this aspect of self-care fits well with my model’s conceptualisation of stress which is based on Abel, Abel and Smith’s (2012) view that in order to promote well-being, trainees need to learn to balance eustress and distress. The final subtheme is the idea that self-care can be challenging at times. Many of the participants said they struggled to actively engage in self-care due to a lack of time, personal resources and motivation. While I did not find any direct research on this area when
developing my model, I would argue Myers et al.'s (2012) suggestion that students who are feeling stressed are less likely to engage in exercise may correlate with my findings. Also apparent within my research and the research literature was the challenging nature of some self-care activities (i.e. mindfulness), in the sense they caused distress or are difficult to master (Boellinghaus, Jones and Hutton, 2013; Moore, 2008).

**Caring for others**

The theme caring for others had four subthemes: clients’ needs, self-awareness, competence and personal life. The participants suggested a lack of focus on the needs of clients could cause significant issues in terms of their therapeutic work, such as affecting participants’ ability to sustain a healthy therapeutic relationship, projection of personal problems onto the client, and may impede the trainee’s ability to be present and to offer appropriate psychological holding. Some of these issues are contained in the research literature, for example Shapiro, Brown and Biegel (2007) suggested trainee stress, which I would argue results from a lack of self-care, can cause compassion fatigue. Others such as Gnilka, Chang and Dew (2012), Myers et al. (2012) and Roach and Young (2007) suggest stress can have an impact on therapeutic outcomes and Stafford-Brown and Pakenham (2012) argue it can lead trainees to make poor clinical decisions. The participants in my study specifically mentioned projection, psychological holding, being present and providing a healthy therapeutic relationship as important elements in caring for others because these are pertinent to the therapeutic models in which they have been trained and practice, which I would argue are grounded in humanistic psychology (Wampold, 2015).

The next subtheme was caring for others through self-awareness. Whilst it appears this subtheme may link more clearly with the theme caring for self, participants spoke about the importance of being self-aware in order to minimise the potential impact of unresolved problems-in-living on clients, as well as themselves. The research literature suggested similar but farther reaching issues which do relate to caring for self; namely, self-care can
result in personal and professional development and not only a greater sense of self-awareness, but also self-compassion, emotional regulation, empathy, feeling competent and making good therapeutic choices (Boellinghaus, Jones and Hutton, 2013; Christopher et al., 2011; Shapiro, Brown and Biegel, 2007).

The participants also suggested they care for others through ensuring their competence. For the most part, they framed competence in terms of professionalism and highlighted areas such as being able to prioritise commitments, good time keeping, staying motivated, being confident and engaging in reflective practice. While the research literature does not stipulate the areas above in terms of self-care, it does suggest that self-care should be understood as being a core competency of our profession and is closely related to ethical practice (Goncher et al., 2013; Pakenham and Stafford-Brown, 2013).

The final area of caring for others relates to the participants’ understanding of the importance of maintaining boundaries which enable them to care for those in their personal lives. The research literature underlines the importance of social support in terms of self-care and I will discuss examples of this in the final domain of my model (Myers et al., 2012). However, a number of participants did speak about the measures they take in order to care for their families and maintain close relationships with them.

**Self-actualising**

The final theme in this domain is self-actualising. This is a departure from my original model which suggests that self-care is about personal and professional development. I would argue this departure primarily displays the humanistic bias of my study, however, I would also suggest personal and professional development is an inherent element of the actualising process. One of Dryden’s (2012) critiques of Cooper and McLeod’s (2011a) pluralistic framework is that its existentialist-humanistic foundation is not necessarily made explicit and so I have
sought to be transparent about mine in the development of my theory and the writing up of my case study.

There are four subthemes in this theme; *inner drive, being fully myself, meaning making and peak experiences*. The participants appeared to describe an inner drive to self-care which involved discussions on self-love, self-acceptance, self-compassion and self-nurture, which they often framed in terms of self-coaching and positive ‘self-talk’ (Boellinghaus, Jones and Hutton, 2013, p.272). Boellinghaus, Jones and Hutton (2013) in their study of the use of Loving Kindness Meditation by trainee CBT therapists and trainee clinical psychologists found their participants also spoke about similar issues;

‘Participants fostered kindness and compassion in different ways. Some used positive self-talk, and other encouraged themselves to set a better work-life balance and to engage in nurturing activities’ (Boellinghaus, Jones and Hutton, 2013, p 272).

Other studies in the relevant research literature showed that self-care could foster similar tendencies, however these often related to self-care strategies such as mindfulness-based training and attending personal therapy (Chrisman, Christopher, and Lichtenstein, 2008; Christopher, et al. 2006; Christopher, et al. 2011; Dorian and Killebrew, 2014; Hopkins and Proeve, 2013; Kumari, 2011; Prosek, Holm and Daly, 2013; Rimes and Wingrove, 2010; Shapiro, Brown and Biegel, 2007). A number of the participants spoke about mindfulness and personal therapy in terms of gaining a greater sense of self-awareness. I find it interesting that mindfulness is a major theme in terms of the literature, but only a few of the participants spoke about it and I will suggest some potential reasons for this later in the chapter.

The next area of self-care in terms of self-actualising which emerged from my research was the idea of *being fully myself*. This related to participants’ desire for personal development, to have healthy relationships and to express creativity. One of the key aspects of *being fully*
*myself* is the need to maintain personal identity in the midst of the demanding process of training. There is no clear reference to this within the research literature, however I would argue the theoretical literature relating to self-actualisation coincides with this point, specifically Maslow’s (1970) view that ‘what man *can* be, he *must* be … This need we may call self-actualisation’ (p. 46). I would argue that according to this viewpoint, *being fully myself* is an essential aspect of self-care and self-actualisation.

*Meaning making* was also seen as an important aspect of self-care, particularly in terms of the participants’ development of their own sense of what self-care means for them. They used a number of different frameworks to do this; lived experiences, ideologies and metaphor. These all included religious, therapeutic, spiritual, and philosophical understandings.

Schure, Christopher and Christopher (2008, p. 47) conducted a qualitative study exploring the impact of the ‘Mind-Body Medicine and the Art of Self-care’ course they developed to teach post-graduate counselling students. The study was conducted over a four year period and introduced the students to self-care through a 15 week course based on MBSR and hatha yoga, meditation and *Qijong*. The participants who took part in the course reported ‘positive physical, emotional, mental, spiritual and interpersonal changes and substantial effects on their counselling skills and therapeutic relationship’ (p. 47). However, they also reported a change in their world view and the meaning they attributed to self-care. One student said;

‘This class has also led me to explore my own belief system and has expanded my knowledge about differing views of the world, life and spirituality. I can honestly say that this class has caused me to think about the kind of person that I am, and also the kind of person I want to be. This has been an important reminder of the things that matter in life in the middle of the craziness of school’ (Schure, Christopher and Christopher, 2008, p. 48).
The final aspect of the participants’ understanding of self-care, relates to Maslow’s (1968) ‘peak experiences’ (p. 103). Some of the participants, particularly when discussing engagement in physical activity, seemed to talk about having mystical experiences. Therefore, I would argue the physical activity took on a greater significance and was presented in an almost preternatural light. Maslow (1968) commented;

‘the person in the peak-experiences feels more integrated (unified, whole, all-of-a-piece), than at other times. He also looks (to the observer) more integrated in various ways … less split or dissociated, less fighting against himself, more at peace within himself, less split between an experiencing-self and an observing self …’ (p. 104).

In this sense a peak experience is an experience of self-actualising, albeit a brief one (Maslow, 1968). The research literature does not refer to peak experiences at all, however, I think it would be interesting to compare the description above with some of the researcher’s understandings of a mindful state. Kabat-Zinn (1994), a leading proponent of mindfulness, defines mindfulness as ‘paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally’ (p. 4). Dorian and Killebrew’s (2014) study on the effects of a mindfulness-based self-care course with graduate counselling students reported the following results;

‘The students described a rich set of experiences with their mindfulness practice … most students stated that the mindfulness practice helped them gain acceptance (willingness to see things as they are), compassion for self and others (letting go of negative judgments), and increased their capacity for attention and awareness. Students noticed decreased suffering in their day-to-day lives and experienced changes in perception of events. Several positive effects were noted, including slowing down and greater connection, relaxation, enjoyment, gratitude, and clarity’ (p. 158).
Changes to the goals of self-care

Based on my findings I suggest a number of changes to my model of self-care and stress in trainee counselling psychologists. I think my conceptualisation of the goals of self-care need to be refined in a number of ways. Therefore, I suggest the following revised version of my conceptualisation;

Goals of self-care – nurturing trainee’s potentiality to become fully functioning trainee counselling psychologists through learning to care for self, others and self-actualising.

I would also like to consolidate the research-informed examples and include additional examples drawn from my research findings, outlined in Figure 8;

Figure 8: Goals of self-care

5.4 Tasks of self-care (sources of stress)

The second domain of my model is entitled the tasks of self-care (sources of stress). This relates to research questions three and four, which explore the participants’ conceptualisations of stress and the sources of stress they identified in the training process. There are two reasons for using these questions to inform this domain; the first is that I am presenting a model in which self-care and stress are viewed as an integrated whole, rather than two
separate entities. This view is consistent with a humanistic approach which is non-pathological in nature (Rowan 1998). Therefore, I would argue, whilst stress may have a negative impact on trainees, it can ultimately be seen as something which promotes personal growth. Secondly, I suggest the sources of stress trainees identify may be consistent with their perceived needs; if a trainee identifies paying for personal therapy causes them stress, then I suggest they are highlighting a financial need. This understanding is consistent with Maslow’s (1970) theory of human motivation where individuals’ behaviours are driven by their needs. Unlike Maslow (1970), I am suggesting these needs are clustered rather than hierarchical, my rationale being that I consider his view to be overly simplified and the research literature did not identify a hierarchy *per se*. Earlier I offered the following understanding of the tasks of self-care and sources of stress, as *promoting trainees’ wellbeing through meeting academic, support, placement and developmental needs*.

**Stress**

Having explored the promotion of wellbeing in the previous section I do not intend to return to that discussion. However, I do want to note that the participants in my case study presented a holistic understanding of wellbeing and also a holistic understanding of stress, in the sense that it affected the whole person (physical, psychological, emotional etc.). Three main themes emerged when exploring the participants’ conceptualisations of stress; *theoretical understandings, physical impact and psychological impact*. There were three subthemes in the *theoretical understandings of stress*, which were *therapeutic models*, *metaphor* and the concept of *eustress and distress*.

**Theoretical understandings of stress**

The participants appeared to conceptualise stress in terms of the theoretical models they utilised or had interest in. This led many to understand stress in terms of a behaviourist stimulus/response framework, although other participants thought of it from a
psychodynamic perspective. I suggest these findings link with the research literature in the sense that behaviourist conceptualisations of stress are intrinsic to cognitive-behavioural and mindfulness-informed approaches to stress management and self-care (i.e. MBSR, MBCT and ACT).

The participants also presented a number of creative metaphors when discussing stress which I would argue illustrate their theoretical understandings. One of the metaphors offered was an image of stress and self-care being like a seesaw, demands being on one side and the participant’s ability to cope being on the other. I would suggest this fits well with my model’s conceptualisation that stress and self-care are a dynamic whole. It also relates to the transactional model of stress which Gnilka, Chang and Dew (2012) presented. Some of the participants in my case study presented the idea that stress can be positive and even motivational at times; again this understanding relates to the research literature and my model, for example, Abel, Abel and Smith’s (2012, p. 65) idea of ‘optimal stress’ which is a balance between positive stress (eustress) and negative stress (distress). However, not all the participants expressed the view that stress is positive and a number of articles in the research literature underlined the potential danger of unmanaged stress, specifically its impact physically and psychologically.

**Physical and psychological impacts of stress**

The participants in my case study suggested two broad forms of physical impact of stress, the first being physiological responses and the second energy levels. The physiological responses they identified were intestinal problems, stress headaches and exacerbated medical issues. Interestingly, some participants highlighted that their physiological responses to stress could bring into conscious awareness the emotional and psychological impact this may be having. The physical impact of stress identified was a reduction in energy levels through restlessness and disturbed sleep. The research literature at the heart of my model concurs with the idea that stress can have a significant impact on the physical
well-being of trainees (Abel, Abel and Smith, 2012; Miller, et al., 2011; Myers, et al, 2012; Pakenham and Stafford-Brown, 2013; Schure, Christopher and Christopher, 2008; Shapiro, Brown and Biegel, 2007).

The participants suggested stress can have a physiological impact in three ways; emotional responses to stress, unhelpful behaviours and a reduction in productivity. Some participants reported they felt overwhelmed, out of control, angry, frustrated, anxious and negatively ruminative when stressed, and one participant related they experienced a panic attack in response to stress. These findings correlate with the research literature which suggests people who are stressed experience similar issues (Abel, Abel and Smith, 2012).

The participants also said that stress can lead them to engage in a number of behaviours which they viewed as unhealthy; smoking, eating poorly and withdrawing from others. This finding is concerning as the research literature suggests maintaining healthy behaviours and actively utilising social support are effective self-care strategies (Abel, Abel and Smith, 2012).

The final psychological impact of stress the participants in my case study highlighted was the negative effect on their productivity and the related maladaptive coping strategies (i.e. avoidance) which can lead to procrastination and further stress. The research literature indicated a number of areas on which stress can have an impact that did not explicitly appear in my study; poor academic performance, job dissatisfaction and non-disclosure in supervision (Abel, Abel and Smith, 2012; Bennett-Levy and Beedie, 2007; Clark, Murdock and Koetting, 2008; Mehr, Ladany and Caskie, 2010). While the participants did not speak about these issues I would argue these areas may be relevant in terms of their experience.

**Sources of stress**

My theoretical model suggested there were four main training needs which trainees experience; academic, support, placement and developmental needs (Kumary and Baker, 2008).
However, my research findings show a departure from this format and offer an alternative set of headings; demands and pressures, financial strains, unhealthy relationships and personal and professional development. I will discuss each heading in turn and explore the ways they relate to the research literature used to develop my model in self-care and stress. The first heading is sources of stress relating to the demands and pressures of the course, in which I identified four subthemes; the nature of the course, managing workload, procrastination and placement requirements.

The participants in my case study suggested the all-encompassing nature of their training programme was stressful at times and required them to juggle a number of competing demands and pressures, such as attending classes, achieving therapy hours, managing external employment, going to personal therapy and supervision, while also trying to maintain a personal life outside the course. Closely allied to this is the heavy workload trainees experienced, which some described as a near constant barrage of tasks and activities. A response to these demands and pressures which the participants spoke about was the constant struggle to prioritise tasks which often resulted in feelings of guilt, anxiety and increased stress.

These findings are supported by the research literature, particularly Pakenham and Stafford-Brown’s (2013) study with trainee clinical psychologists who suggested a number of ways in which they felt their training programme reduced their levels of stress. Two of the key things they proposed were a reduction in workload and better organisation within the programme. My research participants did not seem to question the organisation of and the amount of work required by the programme, instead they appeared to take personal responsibility for struggling to manage the workload; although one participant indicated she found the way in which the programme was organised stressful. I would argue the counselling psychology training programme could explore both the workload required by the trainees and potential strategies to reduce this (i.e. the non-duplication of paperwork and carefully planned deadlines). This highlights self-care is an organisational responsibility,
as well as an individual one (Christopher, et al., 2006; Pakenham and Stafford-Brown, 2013).

Another source of stress associated with this theme was the demands and pressures which resulted from placement needs. Participants spoke about issues such as difficulties in securing a placement, frustration involved in completing documentary evidence, the struggle to achieve their client hours and the challenge of gaining sufficient clinical supervision from a qualified counselling psychologist. Kumary and Baker’s (2008, p. 22) CPTSS measured for similar issues, and finding a ‘suitable placement’ ranked as one of the most stressful activities by their participants. The research literature did not reference the completion of documentary evidence, the need to gain a particular number of clinical hours and the requirement of supervision from a qualified counselling psychologist as sources of stress. However, I would argue these issues are context specific, in the sense that they are requirements of one programme rather than all the programmes in the UK.

The next area participants highlighted was the financial strain which they experienced from being on the training programme. This related to two areas; being self-funded and needing employment. The majority of my participants funded themselves which involved paying for course fees, personal therapy, supervision costs and living expenses. Furthermore, some participants said they had left well-paid jobs to attend the course which has resulted in a worry that family and friends may feel under pressure to support them financially and associated with this is the loss of their previous standard of living. Some participants told me they needed paid employment alongside the course in order to meet their financial needs and those of their families and discussed the strain of balancing employment alongside the requirements of the course. The research literature supports the idea that finances can be a significant source of stress for trainees (Kumary and Baker, 2008) and specifically mentions the cost of personal therapy (Kumari, 2011; Moller, Timms and Alilovic (2009). However, there were few articles on the overall financial pressure of
I would suggest this is because there were few papers on counselling psychology training and a number on clinical psychology training. The difference between these two disciplines is that trainee clinical psychologists have their course fees paid and receive a salary, while trainee counselling psychologists do not, therefore, clinical trainees’ financial need may not be as significant as counselling trainees’.

The next broad source of stress which my case study uncovered relates to social support framed as unhealthy relationships, this includes difficult group dynamics, making time for friends and family and support from tutors. The participants said there were a number of aspects of being part of their cohort which they found difficult; the first was the problematic behaviours of other trainees towards each other. Secondly, the way in which the groups were structured, namely that the case discussion groups were reorganised with new members half way through the year which lead some trainees to feel the group dynamic was difficult to form. The final aspect some participants related as being stressful in terms of group dynamics was the anxiety of entering into a new group and forming new relationships with peers.

The research literature does not deal directly with group dynamics within peer groups or case discussion groups. It does however, explore personal and professional development and reflective practice groups and suggests some trainees can experience them as being stressful (Binks, Jones and Knight, 2013; Knight, Sperlinger and Maltby, 2010). The relevance of this literature to my case study could be questioned, as the trainee counselling psychologists on the programme I chose to base my case study on do not have mandatory reflective practice groups, although the research may have some implications because case discussion groups could be thought of as being similar to reflective practice groups.

Participants also said the demands on their time made it difficult to maintain relationships with friends and family, which could result in feelings of isolation, guilt and stress. One participant indicated she felt a lack of support from tutors, which she found stressful. The research literature did not specifically explore the potential stress of maintaining
relationships with friends and family while on a training programme; however, this could be understood as an intrinsic element of work-life balance (Kumary and Baker, 2008). The research literature does comment on the potentially stressful impact of a perceived lack of support from tutors. Burkard et al. (2014) report that students who experienced poor relationships with tutors and academic supervisors found the process of writing their thesis more stressful. Furthermore, McGourty et al. (2010) found students researching challenging topics, such as childhood sexual abuse, could feel isolated in the research process, which again was experienced as being stressful. I would argue that both these findings are potentially applicable to the participants involved in my case study.

The final theme in terms of sources of stress was personal and professional development which includes four areas; self-doubt, fitness to practice, therapeutic practice and personal therapy. The participants appeared to doubt themselves in a number of ways; some feared they lacked the academic ability to complete the course, others suggested they may not have the skills to write a thesis and one participant was concerned she may not be able to achieve her own high expectations. The research literature fits with these findings, Burkard et al.’s (2014) research suggested post-graduate students who did not feel they had the adequate academic skill or experience were more likely to report negative research experience. Burkard et al.’s (2014) study also shows those with negative research experiences often fail to achieve their academic goals.

The participants indicated achieving fitness to practice was also stressful in relation to a number of areas; undergoing the fitness to practice assessment and particularly having a therapy DVD viewed by the group. One participant said her supervisor coming into therapy sessions was stressful, as well as receiving feedback for that work. Another area the participants highlighted as stressful was working with clients with challenging presenting issues. This closely relates with stress which can result from the impact of therapeutic practice on trainees, for example, the participants spoke about vicarious traumatisation,
emotionally-charged identification with a client’s presenting issues and feelings of anxiety after conducting therapy. The research literature states that client work is a major source of stress, especially for first year trainees who are beginning client work for the first time (Folkes-Skinner, Elliott and Wheeler, 2010; Howard, Inman and Altman, 2006). Furthermore, Miller et al. (2011) found trainees experienced stress when working with clients with challenging presenting issues (i.e. suicidal ideation and borderline personality traits). Similarly, De Stefano et al.’s (2012) research suggests clients who self-harm can result in trainees experiencing distress and emotional issues.

The final source of stress participants raised was personal therapy, finding this stressful for a number of reasons; the cost of therapy, the time commitment involved and the potential for it to bring into their awareness unresolved problems-in-living. The research literature also presents personal therapy as a potential source of stress, which arises from its cost, attending therapy purely because it is mandatory, time commitment and the potential to negatively impact trainees’ well-being which may affect client work because it can highlight potential problems-in-living (Kumari, 2011; Moller et al., 2009). While I understand the time constraints and financial implication of personal therapy can be prohibitive, I think it is concerning and potentially unethical for trainees to want to avoid exploring their problems-in-living.

**Changes to the tasks of self-care**

When conducting a theory-building case study McLeod (2010) and Stiles (2007) recommend the case study is applied to the theory, rather than the other way around. However, as I suggested in Chapter 3, this is a dynamic process and while writing this discussion I became aware the original headings for the tasks of self-care, contained in my model, are more coherent than those from my findings. Therefore, I intend to apply these headings to my findings and to do so I will deconstruct my themes into their subthemes
and assimilate them with my original headings (i.e. academic needs, personal needs, programme needs and training needs).

I have deconstructed the demands and pressures theme and placed the subthemes nature of the course and managing workload under academic needs. However, they may also fit within the support needs and specifically well organised training programmes and safe learning environments. I would argue the subtheme placement requirements naturally aligns with placement needs, and procrastination should be considered a developmental need. In terms of the second theme financial issues, I have placed both its subthemes self-funding and needing employment under the support needs heading, as financial support is already an issue the research literature presented. My third theme, unhealthy relationships and its subthemes, difficult group dynamics and support from tutors has also been placed within support needs as well; I would argue they most readily fit here. However, I have put making time for family and friends within developmental needs, the reason being I think this is a skill the trainees need to develop. I have reorganised my final theme personal and professional development under a number of headings; self-doubt and personal therapy are under the developmental needs and fitness to practice and therapeutic practice are contained within placement needs. I merged the themes and their subthemes with the model’s headings and rephrased them. The refined conceptualisation of the tasks of self-care and the research-informed examples are as follows and overview is provided in Figure 9;

Tasks of self-care (sources of stress) – promoting trainees’ wellbeing through meeting their support, academic, developmental and placement training needs.
5.5 Methods of self-care

The final domain of my model, *methods of self-care* is conceptualised in the following manner; encouraging intentional individual and organisational engagement in strategies which enable trainees to meet their training needs. This domain relates with my second research question exploring the self-care strategies trainees engage in. In my research I identified four key themes; *work-life balance, physical well-being, social support and more to life.*

**Work-life balance**

Participants suggested there were four key ways in which they sought to effectively maintain a *work-life balance*; by developing *routines, boundaries, flexibility* and *cultivating self-awareness*. The development of *routines* was seen as an important self-care strategy in terms...
of balancing the demands and pressures of the course. **Boundaries** were also perceived as pivotal to this process, specifically the boundary between personal and professional life and time management. **Flexibility** relates to the ability of the trainees to remain flexible within their routines. Finally, the cultivating of **self-awareness** included using reflexive journals, self-talk and mindfulness-based practices (*e.g.* body scan).

The research literature did not present any specific self-care strategies relating to **routines**, **boundaries** and **flexibility** as methods of self-care; although I would argue it is possible these may be taught as part of stress management and self-care courses but not outlined within the research itself (Chrisman, Christopher and Lichtenstein, 2008; Schure, Christopher and Christopher, 2008; Wolf, *et al.*, 2014). Within the theoretical literature on self-care in trainee counsellors and psychotherapists, Avis, Smith, Solomou and Sorhus (2011) talk about the importance of maintaining work-life balance and suggest a number of strategies which are consistent with my research findings; for example, being self-aware, the importance of planning, being aware of academic deadlines, optimising time and learning to prioritise. I consider it concerning there appears a lack of research literature relating to self-care strategies which enable trainees to maintain a work-life balance, as this is an essential element of self-care and of being a competent practitioner.

The research literature outlined the importance of **self-awareness**, with particular reference to the use of mindfulness and personal therapy as strategies to develop it (Schure, Christopher and Christopher, 2008; Kumari, 2011; Shapiro, Brown and Biegel, 2007). However, while a number of the participants spoke about mindfulness, it was not represented as a major self-care strategy within my research findings. As the research literature had such a strong focus on mindfulness, I would have expected this to be prominent in my study. I suggest three possible reasons for mindfulness not being a dominant aspect of my findings; firstly the doctoral programme in counselling psychology on which I based my study does not provide its trainees with the opportunity to attend training in MBCT, ACT, MBSR or any
other formalised mindfulness training, therefore there is no reason to expect students to speak directly about mindfulness. Secondly, the participants in my study who did speak about mindfulness appeared to have a special interest in it, or to practice an activity, such as yoga, which had an inherent mindfulness element to it. Thirdly, a number of participants said they had tried mindfulness and found it helpful, but struggled to maintain mindfulness as an activity. Christopher et al. (2011) carried out a longitudinal study which explored whether counsellors and psychotherapists who receive training in mindfulness maintain the practice. They found that 13 out of their 16 participants had continued their practice after an average length of time of four years from receiving the training and continued to experience positive benefits from engaging in mindfulness exercises.

Caring for physical well-being

The participants in my case study spoke about the importance of engaging in self-care strategies which enabled them to care for their physical needs, these included a focus on sleep, eating well and engaging in physical activity. Sleep was described as being essential to effective self-care as the participants suggested a lack of sleep can negatively impact the body and a person’s well-being. Prioritising sleep was not only viewed as being about physical restoration but also valuing the self. Participants also spoke about caring for the body by cooking healthy food and eating well. The final area in this theme which the participants spoke about was engaging in physical activity and they mentioned a number of varied activities, such as walking, yoga, sailing, cycling, swimming, kayaking, running, working out, salsa etc.

Physical activity seemed to have three important elements to it; stress management, promotion of self-esteem and a sense of achievement. I have also argued physical exercise may encourage self-actualising through peak experiences. In terms of the research literature, Myers et al. (2012) conducted a study in which they explored the importance of sleep and exercise in trainee clinical psychologists and found that both were important self-
care strategies. Unfortunately, I did not find any studies on the importance of food in terms of self-care, although a number of articles focused on caring for the body through strategies such as mindfulness, yoga and Qigong (Christopher et al., 2006; Schure, Christopher and Christopher, 2008). It is interesting to note there was only one article directly on sleep and exercise in my literature search. However, there were a number of research studies which focused on a self-care and wellness training course which understood the body and mind as an integrated whole in which the importance of sleep may have played a role (Christopher et al., 2006; Schure, Christopher and Christopher, 2008; Wolf et al., 2014).

In my opinion the lack of self-care strategies for physical well-being in the research literature is somewhat surprising and I expected more research on exercise, sleep and nutrition as these seem to be important aspects of physical health and therefore well-being (Norcross and Guy, 2007). I suggest this lack of research into self-care strategies which promote physical activity may be that some psychologists do not prioritise physical health in their practice and therefore do not perceive a research need. However, as my model is based on a humanistic understanding of the self, I would argue we should research the promotion of holistic well-being, which involves the body and therefore, physical health. Rogers’ (1980) wrote;

‘It is the overstress on the conscious and rational and the underestimation of the wisdom of the total organism that prevent us from living as unified, whole human beings’ (p. 250).

I would argue that humanistic psychotherapies have something to offer as we seek to develop self-care strategies which promote physical well-being in trainee counselling psychologists.
Support from other people

The participants considered support from other people as an essential self-care strategy and identified three types of support; family, friends and the academic community. Some of the participants indicated the support they received from their family helped them to manage their stress levels. The participants indicated they experienced the support they received from their families and intimate partners in a number of ways; family support provided a space to offload and discuss difficult feelings, it offered some trainees an opportunity to have their frame of reference changed from a negative to a more positive one, a number of trainees said their families made them laugh which lead them to feel less stressed, family support could bring a sense of calmness and finally prioritising time with family.

Like family, gaining support from friends was also seen as an important self-care strategy. I have included support from academic peers, which many participants viewed as friends within the next section; however, there is some argument to have included them here. My rationale for not including them in this subtheme is one participant said he enjoyed spending time with friends who were not associated with the course as he felt they did not have the same expectations of him as his peers, and also his peers often spoke about academic issues when he wanted to relax, which he found stressful. The participants in my case study felt that spending time with friends promoted their well-being because it gave them time to disengage with their professional context and enjoy themselves. It also appears friends help trainees to realise there is more to life than academic work, this is something I will discuss in greater detail later in the chapter.

The research literature does not make a clear delineation between the types of social support trainees experience (i.e. Myers et al., 2012). Therefore, I would suggest this makes it difficult to separate support received from friends, family and academic peers. However, Gnilka, Chang and Dew (2012, p.65) argue ‘social support from family’ is an effective self-care strategy for trainee counsellors. There was also the suggestion intimate relationships
are an important aspect of self-care in trainees. Myers et al. (2012) argued trainees in committed (marriage) relationships experienced less stress. There is some evidence within my research for this, in that one trainee spoke about the positive impact of her relationship with her partner in terms of dealing with their stressful feelings. However, I would speculate that it may be difficult to separate the support trainees received via intimate partners from their family as a whole.

The final source of social support participants highlighted was the support gained from the academic community. Some participants found the weekly case discussion group helpful and supportive; some also spoke of the support they received from academic peers and the shared experience of being on the course. The participants also spoke about the helpfulness of personal therapy and supervision in terms of support, for example one participant discussed the importance of supervision in terms of managing the impact of their client work.

The literature did not contain any research on the benefit of case discussion groups on trainee well-being. However, there were a number of articles on reflective practice groups. The counselling psychology programme which my participants came from could be seen as unusual in the sense it does not have reflective practice or personal and professional development groups as it feels trainees’ self-awareness can be facilitated by other means, such as general group work, personal therapy and case discussion (Lennie, 2007). However, I would like to argue there are parallels between case discussion and reflective practice groups, in the sense they afford trainees the opportunity to reflect on their therapeutic work and approach, in a manner which seeks to foster personal and professional growth. The research on reflective practice groups suggests they can cause stress, however, they are also a source of support for trainees (Binks, Jones and Knight, 2013; Knight, Sperlinger and Maltby, 2010). In a similar manner, the research literature argues personal therapy is a
source of support and strain for trainees (Kumari, 2011; Moller, Timms and Alilovic, 2009; Proseck, Holm and Daly, 2013).

The research literature highlights the importance of student-tutor relationships in terms of trainee well-being. Some participants in my case study spoke about feeling a sense of validation from tutors, whilst others wanted more support. However, the research literature is clear that the alliance between students, tutors and academic supervisors is essential in terms of self-care and academic achievement (Burkard, et al., 2014; Smith, 2011). In my opinion, this suggests the programme in counselling psychology on which my study is based may need to be more explicit about the academic support they offer students.

There's more to life

The final area in the section is self-care strategies which help trainees realise there is more to life than doctoral training. There were three broad strategies which facilitated this; taking a break, having time alone and being and doing. The first subtheme, taking a break is about being able to take time away from the course when needed. The participants spoke about the effectiveness of taking short breaks, as well as longer and sustained breaks. Another aspect of realising there is more to life is taking time alone. Participants spoke about retreating from others in order to recharge and reflect, centring themselves and putting their problems in perspective. The final subtheme is being and doing, this relates to activities the trainees do which are not related to the course; tending an allotment, being outside, cleaning, reading, prayer, meditation and yoga. Some participants spoke about the importance of doing creative activities to help them de-stress and others spoke about activities they used to re-energise at placement. However, the participants highlighted they sometimes needed to do nothing, or just be in order to self-care, for example breathing exercise, yoga, relaxation podcasts and planned time to self-care.
In terms of the research these strategies would fit with some of the self-care training courses offered (i.e. Wolf et al., 2014). However, I think these strategies are best understood from humanistic psychology theory, in the sense they involve trainees engaging in strategies which may be perceived as self-actualising activities. Maslow (1970) suggests self-actualising people share similar characteristics, such ‘acceptance of self’, ‘naturalness’, ‘autonomy’ and are ‘active agents’ within their own lives (pp. 155 - 162). Therefore, I would argue that when trainees take breaks and seek time alone, they are expressing their autonomy and are active agents in their own lives. Similarly, creative activities could be seen as self-expression, another form of self-actualising according to Maslow (1970), as is the desire to explore spiritual and ethereal aspects of the self and existence;

‘The human being needs a framework of values, a philosophy of life, a religion or religion surrogate to live by and understand by, in about the same sense he needs sunlight, calcium or love’ (Maslow, 1962, p. 206).

**Changes to methods of self-care**

I have refined the methods of self-care in three key ways. I have the four headings from my findings to organise the self-care strategies I uncovered through carrying out my literature review and my research. I added the heading *organisational self-care strategies* into the model, which I would argue should be provided by the training programmes. I amalgamated the examples of self-care strategies and reorganised them under the new headings. The refined methods of self-care and the research-informed examples, outlined in Figure 10.
5.6 Recommendations and limitations

In the following section I would like to acknowledge some limitations of my study and make some recommendations from it. In order to do this I will discuss the following headings; a provisional model, applying the model and further research. Figure 11 shows the refined model of self-care and stress in trainee counselling psychologists, with the changes made after the research findings were incorporated into the previous model.
Figure 11: Refined model of self-care and stress in trainee counselling psychologists
A provisional model

I suggest a potential limitation of my theory-building case study is the proposed model requires further testing and therefore should be considered as a provisional model. Further testing could be done by informing the model by other therapeutic approaches, for example, I would assume those within the CBT, MBCT, PCT or even psychodynamic traditions may formulate the goals, tasks and methods of self-care in a different manner they may even choose not to use the goals, tasks and methods framework at all. It is possible that counselling psychologists who adopt variant approaches to integration may also produce radically different models. Hollanders (1999) argues therapeutic integration is a spectrum between eclecticism and theoretical integration;

“…‘eclecticism’ is being applied to the use of diverse techniques without regard to their origins within a particular theoretical orientation; while ‘integration’ is being used to refer to attempts at combining diverse theoretical concepts into a coherent new theory” (Hollanders, 1999, p. 483).

I suggest that as my research-informed model seeks to integrate a number of pre-existing humanistic theories it is theoretically integrative in nature. However, I would also argue it would be possible to develop an eclectic model of self-care and stress which is free from a theoretical basis, but harnessed by the pluralistic framework (Cooper and McLeod, 2011).

Another potential limitation to my case study is its contextual nature. I have developed my model and applied it to a specific case, that being the trainee counselling psychologists at one doctoral training programme in the UK. I want to suggest that if my model was applied to other counselling psychology doctoral programmes, I may discover different goals, tasks and methods of self-care as the context would not be the same. However, the reason I adopted a theory-building case study design was because of its contextual nature.
and as a researcher-practitioner I want to ground my research in a context. The social constructionist and pluralistic nature of this study welcomes a multitude of interpretations.

**Applying the model**

The key recommendation of my study is for counselling psychology training programmes and organisational bodies in the UK (i.e. the BPS and the DCOP) to emphasise the importance of self-care to their trainees and to provide intentional training in self-care. Goncher *et al.* (2013, p. 57) recommends that doctoral programmes provide ‘a strong foundation of self-care education and training’ which is both individual and systematic. My case study demonstrates how self-care and stress can have an impact on trainee well-being, client outcomes, academic achievement, educational retention, trainee competence and may help to facilitate trainees to become fully functioning counselling psychologists (Goncher *et al.*, 2013; Myers *et al.*, 2012; Pakenham and Stafford-Brown, 2013). Furthermore, the research suggests there is a strong evidence base for offering training in mindfulness-based interventions such as MBCT, MBSR and ACT (Christopher *et al.*, 2011; Hopkins and Proeve, 2013; Parkenham and Stafford-Brown, 2013; Rimes and Wingrove, 2011; Shapiro, Brown and Biegel, 2007; Stafford-Brown and Pakenham, 2012). I would argue this assertion also presents another limitation of my case study, in that I chose not to explore self-care and stress on a systemic level or as the responsibility of the training programme I studied.

I would suggest there are a number of ways in which my research could be applied in a beneficial way to counselling psychology in the UK. Firstly, I want to argue that DCOP could utilise my research as a means of facilitating discussion on the self-care needs of those in counselling psychology training. In the light of my model, some of the issues they might consider are; does DCOP do enough to actively encourage self-care, should self-care be considered a core-competence within counselling psychology training and are current policy, procedure and training requirements fit-for-purpose when it comes to self-care?
Another way in which my research-informed model is applicable to counselling psychology training programmes is that it could be utilised by course directors to design and develop programme curricula with self-care in mind. For example, programme directors could tailor their curriculum to include professional input on self-care, or they could use the model to consult with students on their training needs and implement appropriate changes to their programmes based on these needs, *i.e.* providing mindfulness-based training as a means of self-care or recalibrating programme requirements to be mindful of students’ need to balance their work and personal lives.

My model could also be used by groups of trainee counselling psychologists as a means to reflect on their goals, tasks and methods of self-care. If this process was offered within small groups, such as personal and professional development groups, trainees could share their preferred methods of self-care and explore new ones, therefore offering an opportunity to be supportive of each other in their self-care process. In this sense, the social support offered within such groups is in itself a potential source and means of self-care. Individual trainees could also use the model in a self-help capacity to promote their well-being and to positively respond when faced with difficulties which challenge their resources and ability to cope.

**Further research**

Another limitation of my study is that it has a small population of participants and that it is a single case study design (*n*=1). I am aware of the rationale for having one data set which I outlined in Chapter 3, however I think the data may have been richer if I had analysed it in terms of year group, or individuals. I would argue using an *n*=1 design has limited my research because it made my study broader, which resulted in a discussion of self-care and stress at a relatively general level. However, as I have already argued there is a paucity of research on self-care and stress in trainee counselling psychologists and I would suggest the
broad remit of my research has raised the pertinent issues in order to encourage further investigation, in this sense it has cleared the ground and laid a foundation for further work.

I think my current theory-building case study and any further research which utilises my model could be strengthened by a mixed methods approach, the quantitative element involving a measurement of trainee perceptions of stress, well-being, anxiety, self-care utilisation, quality of life and general mental health (for examples see, Abel, Abel and Smith, 2012; Goncher et al., 2013; Myers et al., 2012; Wolf et al. 2014). It may also be possible to develop my research-informed model into a questionnaire, which could be used to gather data from individuals and year groups across a number of different training programmes.

5.7 Chapter summary

In this chapter I have discussed the findings from my thematic analysis in terms of my research-informed model of self-care and stress. The chapter had three main sections, each focusing on a domain within my model (i.e. the goals, tasks and methods of self-care). I used these sections to modify my model in a number of ways. I concluded the chapter with an overview of the limitations and recommendations of my theory-building case study.
Chapter 6: Conclusion
6.1 Overview of chapter

This chapter is reflexive in nature and in it I will explore how the research process has influenced and been influenced by me as the researcher. To do this I have divided the chapter into five sections, in the first I discuss my approach to reflexivity. Secondly, I outline the way in which my conceptualisation and experience of self-care has developed through the research process, I have framed this in terms of surviving and flourishing. The third and fourth sections describe specific examples of ways in which I have survived and flourished during my training. In the final section I discuss the ways my religious faith has had an impact on my research; namely, by the change in my self-concept from wounded healer to soul friend. It is important to note as this chapter is a reflexive piece I have used a style of writing more representative of my personal rather than academic voice.

6.2 Reflexivity

As my theory-building case study explores self-care and stress I want to discuss my ‘use of self’ in the research process (Wosket, 1999, p. 58). Wosket (1999) argues that some practitioners may experience anxiety when faced with the prospect of unveiling themselves within their research, but suggests there are a number of benefits for the researcher and others in doing so; namely in terms of promoting reflexivity and formative learning. I acknowledge my case study has been shaped by my lived-experience, and in turn my research has shaped me. Furthermore, I am acutely aware I am writing this chapter at the end of the research process and this provides an opportunity to outline ways in which I have engaged in reflexivity during that process.

Sparks and Smith (2014) argue being reflexive involves ‘actively turning back on oneself, or the action of taking the role of the other in examining oneself’ (p. 20). Etherington (2004) suggests a practical way of facilitating reflexivity is to keep a reflexive journal and carry out
a member check. During my research I formed my journal with accumulated hand written and electronic notes, photographs, drawings, snippets of other peoples’ writings and my own memories. This eclectic jumble of materials represents my style of working and being; Connolly (2005, p. 73) writes our ‘experience of the world is more comparable to the relation we have to our desks in the middle of a project than to the desk after the project has been completed’. Additionally, I wrote a reflexive statement outlining my conceptualisations and experiences of self-care and stress before I began my research (see section 1.3). My rationale was to capture any presuppositions and assumptions so I could look back on them and evaluate how conducting this research has changed them.

One of the most significant changes to occur during my research was to my conceptualisation of self-care, which I would argue has become a richer, deeper and more meaningful understanding of it. In this sense, my research has brought into my awareness the ways in which I have always self-cared. This feels strange, because I have learned something new, but at the same time simply been reminded of what already was. With this in mind, I want to use this section to unfold my revitalised understanding of self-care.

6.3 How to survive and flourish

As a child I loved being outside. I grew up in a fairly rural area close to the sea and would spend hours with my friends exploring the world around us. I learned to swim, fish, grow plants, hill-walk and rock-climb, all of which still bring a great sense of personal meaning to me. Over the years I have continued to investigate and gain great pleasure through rambling with my field guide and binoculars observing the natural world. Being outside has also encouraged my spiritual growth and played a major role in my recovery from a mental health issue which severely debilitated me. After I left pastoral ministry to begin my training as a counselling psychologist I spent a number of months living in rural Northumberland decompressing from chronic stress and felt comforted by the land. Explaining what I mean by this is difficult, but there is something about experiencing
nature, watching bats to and fro from their roosts, the spirit shocking beauty of the dawn, sleeping in the soft sand and swimming in the ice-cold sea, which feeds my soul and brings a sense of wholeness.

With an interest in nature so came an interest in survival, I remember being a cub scout and learning a person can survive for a three weeks without food, but only three days without water. As an eight year old this felt like one of the most important lessons of my life, although thankfully I have not had to test it yet! As a child and adult I have read many books about exploration and survival, which usually pitch nature against humans. However, one writer changed my view of survival. The popular woodsman Mears (2005, p. 34) introduced me to the idea of ‘bushcraft’;

‘I can't understand people preparing for disaster … We should be preparing to enjoy life in the world. That's not to say there aren't survival skills in what I do, but that's the shorthand of a much bigger and more beautiful subject … You learn the value of the things around you, and that forever changes your perspective on nature. It makes you feel at home in places we are otherwise brought up to believe are threatening … this constant rhetoric that wild places are inherently dangerous. They're not. They're fine. It's just whether you do the right thing or not’ (Mears cited in Moss, 2013, p. 1).

The title of my thesis was inspired by a comment a participant made during our interview together ‘… if we can survive this course and like, manage it, we’re, we’re basically super-humans’. While the participant was speaking about surviving the course in a general sense, their statement left an image of self-care being similar to survival training and while I would argue that this understanding fits well with my research, it only represents the reactive nature of self-care. The humanistic foundation of my study and particularly the idea of the actualising tendency, alongside Mears’ (2005) bushcraft, suggest to me that self-care can
also be framed as flourishing, as being proactive as well as reactive. Therefore, I have come to think of self-care as *how to survive and flourish*.

### 6.4 Surviving on the course

I have found researching and writing this thesis enjoyable as well as stressful at times, and I have had to survive some aspects of the training. For example, it has been particularly challenging to balance writing my thesis alongside my placements, course work, paid employment, personal life and trying to care for myself. My doctoral training has been costly (both personally and financially) and felt all-encompassing because it required the lion’s share of my time, energy and focus. My initial reflexive statement shows that I expected the course to be demanding and the process of writing my thesis to be stressful. However, the research also brought up feelings of stress which I did not expect and I want to discuss an experience, which I recorded in my reflexive materials, that was unexpectedly stressful and required my survival skills.

I anticipated the process of analysing my data and writing my findings chapter would be challenging, as I expected it to require a significant level of concentration, dedicated time and freedom from distraction. So, I decided to take some leave from my part-time jobs and placement activities and go to a quiet place in order to write. I went to a Franciscan Friary in a rural Northumbrian seaside village which I often visit and I enjoy a close friendship with the friars who live there. They know I am easily distracted so I was given a small study in which to work. As I began my work, I found reading and analysing the participants’ conceptualisations of self-care energising and it brought fresh motivation. However, this radically changed when I turned to the participants’ conceptualisations of stress and the sources of stress they experienced. I became aware of bodily discomfort, a rise in my anxiety levels and even a sense of hopelessness. Finally my productivity ground to a halt. I could not rationalise the change in my experience, however after a conversation with one of friars I decided I had probably been working too hard and took some time out to walk
and explore the coast. It was a blustery day and being buffeted by the wind and rain drew me out of my anxious ruminations and brought a moment of clarity in which I realised I was experiencing a kind of vicarious stress from listening to, reading and analysing the stressful experiences of other trainee counselling psychologists.

This realisation resulted in a sense of calm and armed me for similar experiences which seem to have occurred whenever I have returned to writing about participants’ understandings and experiences of stress. Even writing this section has caused me to experience stress. It also made me aware that if I could associate with the stress participants were describing, it may also be possible for me to project the elements of stress I experience as most significant into the research; for example in my initial reflexive statement I discussed the process of losing my professional identity as being stressful, however, few participants spoke about such issues. In a similar manner, I also realised if I had a lack of self-awareness I may downgrade sources of stress which I have not experienced. An example of this is some participants spoke about supervision as stressful, whereas I have only ever experienced supervision as supportive. To maintain self-awareness and survive these experiences of stress, I employed a number of strategies: maintaining awareness through activities such as mindfulness and prayer; making time to talk through these issues with my supervisor; gaining support from academic peers; attending to my spiritual health; compartmentalising, in order to limit the stress bleeding into my personal life; and caring for my body with good food, sleep and occasional pints of ale.

6.5 Flourishing on the course

The process of listening, reading and analysing my participants’ experiences of self-care have also had a significant positive impact on me, which has resulted in personal growth and enabled me to flourish. I have been inspired by some of the strategies participants said they utilised in order to self-care and found myself drawn to particular activities and
repelled by others. For example, the use of mindfulness interests me, but the thought of going to the gym does not. I was careful to keep my preferences in awareness so I did not create a bias in my study towards self-care strategies which only enabled me to flourish. This realisation has caused me to see that self-care is a deeply personal activity and uncovered a presupposition which I brought to this study of which I was not cognisant. I thought there were a particular set of self-care strategies which if everyone engaged in they would flourish. In keeping with a pluralistic stance I have come to understand self-care strategies as similar to items on a menu from which anyone can choose their preference (Copper and McLeod, 2011a). I do not think this viewpoint precludes a model of self-care or a research-informed list of strategies, as I would argue we need a span of choices in order to choose something, but ultimately I have come to view self-care as nuanced and personal.

The fact my participants spoke about self-care in ways which I found unexpected or unappealing encouraged me to listen carefully to their lived-experience and allow my assumptions to be challenged. Interestingly, a number of participants seemed to have a parallel process and in our interview said they thought they knew what self-care was and then became unsure as they explored the meaning they attached to it further. This led a number of participants to say they found their interview beneficial as it facilitated a deeper insight into self-care. I endeavoured to keep this non-judgemental openness to the data during the research by regular supervision, making time for reflection, conducting member checks and allowing the data to interpret my lived-experience. An example of the data influencing my experience is my response to the descriptions of self-care some participants offered, in which they appeared to talk about having peak experiences while exercising. My experience of and assumption about physical activity as a self-care strategy is that it can positively affect my mood by distracting me from negative thought patterns, influence my frame of reference and potentially cause an endorphin release. I never thought it could
encourage self-actualising in terms of peak experiences. However, while reading an entry in my reflexive journal materials I realised I had described a peak experience after going for a walk one day.

The journal entry relates how I was having a particularly stressful day writing my thesis and I was overwhelmed by feelings of anxiety and frustration. In order to combat these I decided to leave my desk and go for a walk for half an hour or so, which culminated in me sitting in the sun outside the university library. My mind was racing, my body felt like energy was coursing through it and I was emotionally unsettled. A bumblebee, gathering nectar on the bush beside me, caught my eye. I can remember being surprised at how small it was and then noticing a multitude of bees were harvesting. My entomological contemplations became so intense that I must have become fully present in that moment, which resulted in an acute sense of self-awareness, a felt-sense of being connected with nature and an inner experience of well-being. When the experience faded I found my anxiety had greatly reduced and my body began returning to homeostasis. This experience was so striking that I took a picture of the bees, to use as an *aide-mémoire* when I felt stressed again (see Figure 12). While this activity helped me to reduce my stress levels, I think this was a secondary-gain from the self-actualising effect it had.

**Figure 12: University of Manchester Bumblebees**¹

¹ Photograph taken by author
6.6 From wounded healer to soul friend

West (1998, 2009) conducted research which suggests that the religious and spiritual beliefs of therapists and researchers may affect their therapeutic practice and research. Therefore, as a Christian minister I think it is important to discuss ways in which my training as a counselling psychologist and particularly writing this doctoral research has affected my religious identity and vice versa. I am clear that I do not recognise a sacred-secular divide in my life, all of my life is spiritual and every aspect relates to my faith, which means that writing this thesis and training to be a counselling psychologist are part of an expression of my faith. Furthermore, fundamental to my religious belief is the idea that each of us is created in ‘the image of God’ (Drever, 2013). Gunton (1992) argues this means humans have the capacity to be in relationship to God, other people and the natural world. The idea that each person can relate to God has led some Christians to place a high value on personal experience;

‘Take heed, dear Friends, to the promptings of love and truth in your hearts. Trust them as the leadings of God whose Light show us our darkness and brings us to new life’ (Religious Society of Friends, 2012, p. 18).
I am part of a Christian community which believes strongly in personal conscience and an individual’s responsibility for their spiritual growth, as well as engagement in the world. As I look back over my thesis I can see how this theological viewpoint has been a foundation for my study; namely, my view of self-care is founded on the concept that people can set goals and tasks to self-care and find individual methods to achieve these goals in a manner which enables them to survive adversity and flourish. This ideology has also become clearer to me personally and led to a change in my self-concept. When I began this research I very much saw myself as a ‘wounded healer’ (Nouwen, 2010, p. 95). However, my experiences over the last four years have transformed that viewpoint to an understanding of being a soul friend to my clients. This phrase comes from a translation of Gaelic anam cara;

‘In the early Celtic Church, a person who acted as a teacher, companion or spiritual guide was called an anam ċara. Anam ċara was originally someone one to whom you confessed, revealing the hidden intimacies of your life. With the anam ċara, you could share your innermost self, your mind and your heart. This friendship was an act of recognition and belonging’ (O’Donohue, 1997, p.35).

For me, being a soul friend is to be someone who is present to others and to care for them in a collaborative, loving, supportive and challenging manner. A wounded healer could do the same, however I wish to move away from this concept as I do not want to define myself through being wounded anymore. I think the view of being a self-actualising person has influenced this change, as has the healing which has come to my own life through self-care. Companioning with clients as a soul friend proposes of a view of therapy as ‘simply self-change that is professionally coached’ (Bohart and Tallman, 2010, p. 86). In this I am not arguing therapists have nothing to offer, what I am suggesting is that as Mears (2005) teaches others to survive and flourish in the natural world through sharing his knowledge and skill of bushcraft, so I will endeavour to facilitate myself and others to survive and flourish by sharing my knowledge and skill in self-care.
6.7 Chapter summary

In this chapter I outlined the approach to reflexivity which I adopted for this study. This involved a general discussion on reflexivity and a specific focus on reflexive journals. From there I explored the ways in which writing this case study has impacted upon and been influenced by me as the researcher. I suggested the research process has giving me a fresh understanding of self-care which relates to surviving and flourishing. I also reflected that it has caused me to change my understanding of myself from a wounded healer to a soul friend.

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Please note: the references used in the review of the research literature are marked with an asterisk.


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Appendices
Table of contents

Appendix 1: Quality criteria for studies included in the systematic literature search …235

Appendix 2: Information sheet ................................................................. 236

Appendix 3: Consent form ................................................................. 239

Appendix 4: Interview guide .............................................................. 240

Appendix 5: Member check sheet ....................................................... 243

Appendix 6: Participant pseudonyms .................................................. 259

Appendix 7: Sample text from transcript 10 (Joy) ................................. 260

Appendix 8: Tables for Category 1 – Conceptualisations of self-care .......... 277

Appendix 9: Tables for Category 2 – Self-care strategies ................................ 280

Appendix 10: Tables for Category 3 – Conceptualisations of stress ............. 284

Appendix 11: Tables for Category 4 – Sources of stress ............................ 287
Appendix 1: Quality criteria for studies included in the systematic literature search (Adapted from Elliot, Fischer and Rennie, 1999, p.220) ²

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<thead>
<tr>
<th>Criteria for Quality Qualitative and Quantitative Research</th>
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<tr>
<td>• Explicit scientific context and purpose</td>
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<td>• Respect for participants</td>
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<td>• Specification of methods</td>
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<td>• Appropriate discussion</td>
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<th>Criteria for Quality Qualitative</th>
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<td>• Owning one’s perspective</td>
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<td>• Situating the sample</td>
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<td>• Providing credibility checks</td>
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² The adaptations I have made to this table are a change of title and headings. The rest of the text remains the same.
Appendix 2: Information sheet

Information Sheet

What self-care strategies do trainee counselling psychologists use to positively manage stress?

Introduction

This information sheet is designed to help you make an informed decision on whether you want to take part in this research. The research is part of my doctoral studies in Counselling Psychology at the University of Manchester. All the information that you need regarding the research is found on this sheet. Please take time to read it carefully and if you have any questions then feel free to ask me. Once you have read the sheet, and if you decide to be part of my research then please sign the accompanying ‘Consent form’ and give it back to me.

What is the research trying to find out?

Stress can be over-whelming at times but is a normal part of everyday life and for the most part people manage it well. My research is interested in finding out how trainee counselling psychologists positively manage stress on a day-to-day basis.

Why have I been asked to take part?

You are being asked to participate because you are a trainee on the Professional Doctorate in Counselling Psychology at XXXX [anonymised to protect participants’ identities].

It should be noted that it is not compulsory for you to take part.

What will I be asked to do?

You will be asked to do two things:
Firstly, you will be asked to attend an interview. In the interview I will ask you to talk about a number of topics. These will be relating to what stress means for you; what you find stressful about being a trainee psychologist; what you understand by the term ‘self-care’; and how you positively manage stress. There are no right or wrong answers. I am merely interested in your opinion.

If you choose to take part, the interview will be recorded by a digital audio recorder and transcribed.

Secondly, you will be asked to comment on my analysis of your interview. When the interview is over I will analyse it by looking for themes about stress and the positive management of stress. When I have done this I will email you a copy of the transcript of the interview and the themes and ask you if you feel the themes match your interview.

**What will you do with the information you collect and will it be confidential?**

All data will remain anonymous. However, confidentiality will be broken if you disclose harm to yourself or others. So, except in these instances, no one will know what contribution you make. Furthermore, your contributions will be attached to a pseudonym that will bear no resemblance to your name. Once the recordings are transcribed the digital audio files will be destroyed, and the electronic text transcripts of the interviews will be stored on an encrypted memory storage unit. All this will be done in line with the University of Manchester’s data protection policy.

**What if I change my mind and don’t want to take part?**

As participation is voluntary you can change your mind at any time. Even if you agree to take part you will be given a couple of opportunities to opt out. For example, if you sign the consent form and then change your mind during the session then you will be very welcome to leave the research. If you choose to withdraw from the project, the data collected from your interview will be removed from the study completely. Please be aware that it will not be possible to withdraw from the study after the 1st of March, 2014 as analysis of the interviews will have begun.

**How long will the interview be?**

Each interview will last between 45 minutes to an hour.

**Where will the interview take place?**
The interview will take place in an appropriate room in the School of Education and I will inform you of the location before the interview.

**Where will the study be published?**

This study will be submitted in the form of my thesis for University assessment. It may also be used in other publications and in academic journals. However, the information will always be kept anonymous.

**Further information**

*Researcher:*

Adam J Scott, trainee counselling psychologist at the University of Manchester

Can be contacted by email - adam.scott@postgrad.manchester.ac.uk

*Supervisor:*

Dr Terry Hanley, Programme Director of the Doctorate in Counselling Psychology.

Email : terry.hanley@manchester.ac.uk

This project has been given ethical approval by the University of Manchester Committee on the Ethics of Research on Human Beings.

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 275 809
Appendix 3: Consent form

**Consent Form for Interviews**

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

<table>
<thead>
<tr>
<th>1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information, ask any questions and have had these questions answered satisfactorily.</th>
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<td>Please Initial Box</td>
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<td>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, and that withdrawing from the research will have no negative effect on me as a trainee at XXXX [anonymised to protect participants’ identities].</td>
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<td>3. I understand that the interview will be audio recorded and transcribed.</td>
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<td>4. I agree to the use of anonymous quotes in any write up.</td>
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<td>5. I agree that any data collected may be published in anonymous form in academic books, journals, or other sources.</td>
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I agree to take part in the above project:
Appendix 4: Interview guide

The interviews will be semi-structured and use this following interview guide.

1) Opening statements

Each interview will begin with a discussion of the information sheet and consent form relevant to this study. I will also raise the potential issue from our dual-relationship in order to promote self-awareness and listen to any concerns the participant may have. I will use a variant of the following opening statement:

“Thank you for coming today, as you may know I am currently in my third year of my doctorate in counselling psychology. This interview is part of my thesis which is exploring trainee counselling psychologists’ management of stress through self-care.

“Hopefully you have had time to read through the overview of my research?”

“Do you have any questions at this point?”

“I want you to read through the consent form and make sure that we are both clear on what each part of it means, is that ok? I will also ask you to sign it if you are in agreement with it”.

“As you may be aware, I am also a trainee counselling psychologist; but, for the purpose of this interview I am in the role of a researcher. Do you have any questions or concerns about this?”

“Just to remind you that we will be together for about 45 minutes or an hour, before we begin would you like a cup of tea, or some water?”

2) Beginning the interview

Once the participant has signed the consent form I will begin the interview by informing them that I am going to turn on the audio recorder. In order to start the interview I will use the following statement as a guide.
“I am turning on the digital recorder now”

“Well maybe we could start by you telling me how you would define self-care?”

Once we have dealt with this question I will introduce the other topics on my guide as they naturally emerge within the conversation; the participants understanding of stress, the sources of stress they experience from being a trainee counselling psychologist and the self-care strategies which they engage in. I want the participants to have the opportunity to explore these issues in as natural manner as possible and therefore I have no preference in terms of the order they discuss them in. However, I will use probes and minimal signifiers to elicit further information about the relevant topics. All these probes will be ‘open questions’ and ‘summarising’ so that the participant has the opportunity to explore their frame of reference. Furthermore, I will use emphatic listening and responding techniques to help me understand the participant’s point of view (Sparkes and Smith, 2014). Some of the possible probes I will use are as follows;

‘Emm, interesting, tell me some more?’

‘I just want to check my understanding with you; from what you said, I think I understand that you may be saying … is that right?’

‘Could you tell me some more about that?’

‘That’s interesting maybe you could unpack that a little for me?’

‘That is very interesting; could you give me an example of what you mean?’

3) The conclusion of the interview

When we have finished the interview I will tell the participant that I am going to turn the recorder off and offer them some time to de-brief if they so wish too. I will use a variant of the following for this;

“Thank you for agreeing to be interviewed for my research. I am going to turn the recorder off now, is that okay with you?”

“Some of what we talked about today may have been a little sensitive or difficult for you. I want to remind you that everything you said is confidential and if you want to withdraw any part of what you said you have every right to.”

“Is there anything you would like to withdraw at this point?”
“Before we finish I want to check with you how you are feeling emotionally?”

There are a number of actions I can take, depending on how the participant responds to our de-brief; the following are three I devised as part of my interview guide:

- If the participant does not appear distressed, or signify distress – no action required.
- If the participant appears mildly distressed – I will offer to do a mindfulness-based meditation with them and invite them to take some self-help materials.
- If the participant is visibly distressed – I would say “You look like our interview may have upset you emotionally? Would you like to do a brief mindfulness meditation together to help centre yourself? I also have some self-help materials here that may help you deal effectively with stress? Can I also suggest that explore any issue which is concerning you with your GP or your personal therapist?”
Appendix 5: Member check sheet

Member check sheet

Thank you for taking part in my research. I asked you to be involved in two aspects of my study; the first was to be interviewed and the second, to review the transcript and the themes I generated from your interview. Please note that participation in both these activities is voluntary and therefore it is not compulsory to take part.

If you would like to take part in reviewing your transcript and themes, then please read through this document. I have divided it into four sections, each section relates to a specific research question. In each section there are a number of themes and subthemes. I am inviting you to indicate if you feel the themes and subthemes are representative of your interview and the experiences of trainee counselling psychologists more broadly. At the end of each theme there is a series of boxes, please tick which you feel is most true of the statement and make any comments in the box provided. The final page of this document has space for any other comments. The information you provide should you choose to will be used to inform the reflexivity element of my thesis.

In this document you will find all the themes and subthemes and for ease of reading the themes and subthemes which I drew from your interview are highlighted in yellow. I have included brief explanations of themes or subthemes which may be ambiguous.

Please email any comments to adam.scott@postgrad.manchester.ac.uk and I would be grateful if you could do this within two weeks of receiving this email – Adam Scott (researcher).

Your interview number is:

Your pseudonym:
Section 1

The following themes relate to my first research question, how do trainee counselling psychologists conceptualise self-care?

Theme 1: Self-care relates to caring for self

- Subtheme 1: Caring for self should be intentional
- Subtheme 2: Caring for self should be holistic (body, mind and spirit)
- Subtheme 3: Caring for self is about balancing the demands and pressures of the training programme
- Subtheme 4: Caring for self can be challenging at times

Do you feel this theme and its subthemes are representative of your interview?

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Comments
**Theme 2: Self-care relates to caring for others**

- Subtheme 1: Caring for others means *focusing on clients’ needs*
- Subtheme 2: Caring for others through *self-awareness*. This relates to having awareness about personal issues and the way in which they could impact on the therapeutic relationship
- Subtheme 3: Caring for other relates to professional *competence*
- Subtheme 4: Caring for others through maintaining relationships with those is your *personal life*

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Theme 3: Self-actualising

- Subtheme 1 – Self-actualising through expressing an *inner drive* to self-care. This was often expressed through self-talk, for example a participant might say ‘Even though I felt unconfident, I told myself that I could achieve my goals’
- Subtheme 2 – Self-actualising through *being fully myself*. This was expressed through issues such as personal development, having healthy relationships and expressing creativity
- Subtheme 3 – Self-actualising through *meaning making*. This is the way in which participants made sense of self-care, for example therapeutic models, spirituality etc.
- Subtheme 4 – Self-actualising through *peak experiences*. Some participants spoke about having almost mystical experiences, for example a participant might talk about how hill walking or another physical activity helps them to gain perspective on life

Do you feel this theme and its subthemes are representative of your interview?

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Section 2

The themes and subthemes in this section relate to my second research question, which strategies do trainee counselling psychologists use to engage in self-care?

**Theme 1: Self-care strategies which maintain a work-life in balance**

- Subtheme 1 – Keeping work-life balance through *routines*
- Subtheme 2 – Keeping work-life balance through *boundaries*
- Subtheme 3 – Keeping work-life balance through *flexibility*. This relates to being able to be flexible with routines and boundaries at times.
- Subtheme 4 – Keeping work-life balance through *reflexivity*

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Theme 2: Self-care strategies which promote physical well-being

- Subtheme 1 – Caring for my physical well-being through *sleep*
- Subtheme 2 – Caring for my physical well-being though *eating well*
- Subtheme 3 – Caring for my physical well-being through *physical activity*

Do you feel this theme and its subthemes are representative of your interview?

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**Theme 3: Self-care strategies which involve support from other people**

- Subtheme 1 – Support from *family* - Codes from interviews:
- Subtheme 2 – Support from *friends*
- Subtheme 3 – Support from the *academic community*

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Theme 4: Self-care strategies which help trainees realise there is more to life

- Subtheme 1 – Realising there is more to life through taking a break. These are short and longer sustained breaks
- Subtheme 2 – Realising there is more to life through having time alone
- Subtheme 3 – Realising there is more to life through being and doing activities. ‘Being’ activities are passive in nature, things like mindfulness, yoga or using a relaxation exercise; while ‘doing’ activities are active, such as running, dancing or creative projects

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Section 3

The themes and subthemes in this section relate to my third research question, how do trainee counselling psychologists conceptualise stress?

**Theme 1: Theoretical understandings of stress**

- Subtheme 1: Theoretical understandings of stress through *therapeutic models*
- Subtheme 2: Theoretical understandings of stress through *metaphor*
- Subtheme 3: Theoretical understandings of stress through *eustress and distress*,
  
  Eustress is the positive side of stress, for example a small amount of stress may encourage increased productivity; distress is the negative side of stress

Do you feel this theme and its subthemes are representative of your interview?

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Theme 2: Physical impact of stress

- Subtheme 1 – Physical impact of stress on physiological responses
- Subtheme 2 – Physical impact of stress on energy levels. Some participants suggested that stress affected their productivity in a negative manner

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Theme 3: Psychological impact

- Subtheme 1 - Psychological impact of stress on emotional responses, such as anxiety, self-doubt etc.
- Subtheme 2 - Psychological impact of stress on unhelpful behaviours, i.e. participants identified smoking, withdrawal from others and unhealthy eating
- Subtheme 3 – Psychological impact of stress on productivity. Some participants suggested stress reduced their productivity

Do you feel this theme and its subthemes are representative of your interview?

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Section 4

The themes and subthemes in this section relate to my final research question, which sources of stress do trainee counselling psychologists identify in terms of the training process?

Theme 1: Demands and pressures

- Subtheme 1 – Demands and pressures from the nature of the course. Participants spoke about the course as being demanding and all-encompassing
- Subtheme 2 – Demands and pressures of managing the workload. Some participants indicated the level of work required was difficult to manage
- Subtheme 3 – Demands and pressures of procrastination. This relates to the negative spiral some trainees described in terms of procrastinating and then struggling to meet deadlines
- Subtheme 4 – Demands and pressures of placement requirements. This included documentary evidence

Do you feel this theme and its subthemes are representative of your interview?

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Comments
**Theme 2: Financial strains**

- Subtheme 1 – Financial strains of being *self-funded*
- Subtheme 2 – Financial strains of *needing employment*. This subtheme relates to the need to have employment while studying

Do you feel this theme and its subthemes are representative of your interview?

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Comments
**Theme 3: Unhealthy relationships**

- Subtheme 1 – Unhealthy relationships through *difficult group dynamics*. This related to the stress of joining and new group and for some the unresolved issues between trainees within class.
- Subtheme 2 – Unhealthy relationships through the difficulty of making time for *friends and family*. This relates to the difficulty some participants had in making time for those outside the course.
- Subtheme 3 – Unhealthy relationship through lack of *support from tutors*.

Do you feel this theme and its subthemes are representative of your interview?

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Comments
**Theme 4: Personal and professional development**

- Subtheme 1 – Personal and professional development and *self-doubt*. This relates to the participants you highlighted feelings of self-doubt in relation to the course
- Subtheme 2 – Personal and professional development and *fitness to practice*. Some participants said they found the process of gaining fitness to practice stressful
- Subtheme 3 – Personal and professional development through the *impact of therapeutic practice* on trainees
- Subtheme 4 – Personal and professional development through *personal therapy and supervision*. This relates to participants who found personal therapy and supervision stressful at times

Do you feel this theme and its subthemes are representative of your interview?

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Comments
Any other comments?
Appendix 6: Participant pseudonyms

Please note: these names do not relate to the participants in any manner. I chose them because they are the names of people I know, who I feel are particularly skilled at self-care.

- Interview 1 – Catherine
- Interview 2 – Seán
- Interview 3 – Roy
- Interview 4 – Pete
- Interview 5 – Orla
- Interview 6 – Brigid
- Interview 7 – Pauline
- Interview 8 – John
- Interview 9 – Mary
- Interview 10 – Joy
- Interview 11 – Meg
- Interview 12 - Joe
Appendix 7: Sample text from transcript 10 (Joy)

Please note that [m] indicates a minimal encourager such as umm, okay or another noise. Where [m] appears in a sentence it indicates that the other person offered the minimal encourager.

Researcher

So, why don’t we start by, emm … discussing what you understand self-care to be.

Participant 10

Mhm … so, I guess self-care would be able taking care of myself [m] … um, learning how to cope with, erm, things in my life … erm, the stressors in my life [m] … erm … and I guess something about strategies that I would use to do the self-care. [m] Yeah.

Researcher

So, about caring for yourself, learning how to cope with … with stressors and then, strategies?

Participant 10

Yeah, I guess.

Researcher

Okay. Well, why don’t we look at one of those things? Which one of those would you like to unfold a little bit more?

Participant 10

Mm … unless I do the taking care of myself, [m] that’s the first one. Yeah. So, I guess, when I say that, I mean, err … [Participant looked confused]

Researcher

It’s, it’s fine … this is like … this is about exploring thoughts that you may not already have unfolded. Does that make sense? [m] So, just let it go and if you get, if you come to an end, then that’s fine. [m] So, what do you understand caring for yourself as?

Participant 10

Um … you know, making sure I sleep properly. [m] I think that’s a big thing that I’ve
learnt recently, how much it affects my body if I don’t [m] sleep enough or, um, and with that, taking time out for myself [m] to rest [m] … um.

**Researcher**

So, is the sleep different than the rest? It sounds like it’s something a little bit different.

**Participant 10**

Yeah. Well, when I say rest, I, I mean, erm, just take time to like do nothing. [m] Not sleep but personal time; I would say [m] … yeah.

**Researcher**

So, doing nothing – what would, what would a bit of personal time look like if you took some today?

**Participant 10**

Err … if I took some today, it would just be like cleaning. [m] You know, making sure my life space is like organised [m] and like, ready for the week and, erm, then making sure I do stuff like grocery shop, cos I hate grocery shopping and stuff [m] so, when it comes down to, you know, having to juggle things in my life, the first thing that will go will be food. [m] It’ll be like … the first thing that would go would be like healthy stuff [m] and then, the second thing, I can always tell when I’m starting to get a little bit like I needed to take a break, if my room’s messy [m].

**Researcher**

So, you’re aware that if, if you’re not eating healthily and if your room’s messy, there’s something up with you?

**Participant 10**

Yeah. And that I need to take like a break [m] and then, I’m like, you need to recharge a little bit [m] … yeah.

**Researcher**

So, tell me about why it’s important that your personal space is … is organised. Why is that important for you?

**Participant 10**
Um … I guess it’s, I like to know where things are [m] and I have, like know what, I like to plan out what I’m … I know what I’m doing for the week and like … so, a little bit of disorgani-, like messiness is okay, like, you know, clothes on the floor, but when, if I’m like, got a stack of dishes and [m] erm … haven’t done la-, I hate doing laundry as well, so it’s like those simple little life chores that you have to do to – not have to – but you should do [m] and you need to do, erm, to keep yourself on track.

**Researcher**

And what kind of feelings are associated with having them, what does it feel like when everything’s organised?

**Participant 10**

It feels nice. It feels clean. You wake up in the morning and you look around and you’re like … okay, I can start my day, [m] you know what you can wear. [m] You know, erm … you know what, okay, and I have … I have food in the fridge, I can eat breakfast, I don’t have to rush about [m] … yeah.

**Researcher**

So, that is … that’s part of caring for yourself – knowing that what you’re gonna wear, having a good breakfast, waking up and feeling …

**Participant 10**

Feeling good.

**Researcher**

Good … okay.

**Participant 10**

Yeah. It’s that feeling, that good feeling, you know [m] … erm, where you have time in the morning just to check e-mails, [m] you know, have a coffee, erm …

**Researcher**

So, space sounds important as well. [m] In terms of having time.

**Participant 10**

Yeah. Like, my living space and then my time space. [m] Yeah.
Researcher

That’s nice. So, tell us about your time space then.

Participant 10

Yeah. So, the time space would be the … the, like … like I said, the time out to do [m] the relaxation, you know, watch a TV show and old friends, erm. [m] And then, time space to do my placements and stuff and then, homework. [m] So, it’s a lot of juggling but if you have the space to do it [m] it feels okay. And then, your life space would be … you know, the … your living space [m] like … yeah.

Researcher

Okay. So, these different clean, organised spaces – whether that’s personal space, in terms of the being out with friends or doing stuff like that, or homework and placements, kinda Uni stuff, and then, you know, your, emm … your environment – [m] you like, you like organisation. Is that what you’re saying?

Participant 10

Yeah. It’s really funny but I do. I think it’s funny because I don’t really … I don’t need organisation [m] but I like it, so [m] I function okay if things are a bit messy [m] but I … I think it’s a threshold.

Researcher

Okay. What do you mean by that?

Participant 10

Like … a bit of messiness, where you’re able to cope and you’re like, you know that if you had an extra day, so you take a day and you just organise [m] and then, you can start over. Like a … or like if I organise my week, it’d be like a Sunday … you have that one day, where you can wash clothes, do homework and relax. [m] If you take that day out, and you’re just doing the Monday to Friday, the Saturday [m], like you lose that recharging period.

Researcher

Okay. So, Sunday would be your kind of, what word would you put on it?
Participant 10

Um … that’s my … my … my recharge day, my XXXX [participant’s name] day, my …

Researcher

Okay. Your XXXX [participant’s name] day.

Participant 10

Yeah. XXXX [participant’s name] day.

Researcher

Recharge day, yeah. And does it … what … you’re smiling as you say that. You look happy.

Participant 10

Yeah. I look … you know, just one of those days … I mean, it doesn’t have to be a Sunday but it’s that day where you … you know, you don’t rush to do anything. [m] If it doesn’t get done, it’s okay but if it’s does get done, you feel good. [m] But it’s that, erm … you can, I get to choose what I wanna do and, erm …

Researcher

Okay. So, am I right in thinking there’s, when you’re caring for yourself, you’re setting out time and space to organise and prepare. Is that … is that right?

Participant 10

Yeah. Yeah. To organise and prepare because, err … I think with like this programme and what we do, it … it takes … it can be draining and it takes a lot of like parts of yourself to be able to do it [m] … um, so, for me, it’s really important sometimes, to take the step back and have that reflection period [m] to be like, you know, just be … just be, I guess.

Researcher

Okay. So, move from all the doing stuff to just … just being.

Participant 10

Mm. And I’m still … it’s funny because I’m still getting things done, it’s just, you know, personal stuff that I need, I guess. [m] Time alone as well, [m] like Thursdays, I usually
would be alone, I would maybe see my roommates in the kitchen or something but I wouldn't make an effort to, um, put time in with it.

Researcher

Okay. You look a bit perplexed.

Participant 10

Yeah, I was just thinking about, I didn’t realise that it’s usually alone or, you know, just time.

Researcher

So, there’s something about having time alone that’s important for you.

Participant 10

Yeah.

Researcher

Can you, do you think you’d be able to think about what that is?

Participant 10

Erm … well, I think it’s a part of, um, again, with the recharging [m] … um, reflecting on my week [m] cos sometimes, I don’t get time to do that, erm … or like things that are happening within myself [m] versus the outside world.

Researcher

Okay. So, reflecting, recharging, [m] being aware of the things that are happening inside yourself. Is that …

Participant 10

Yeah.

Researcher

Or have I misunderstood that?

Participant 10

Well, being aware that things are … yeah. Just … recognising that I am tired sometimes
and that I might need to sleep more that day or [m] erm … really allow myself to like just watch a TV show and enjoy it. [m] Not doing some multi-tasking but like just doing one thing and [m] really relaxing into it.

Researcher

So, is multi-tasking stressful?

Participant 10

Erm … it’s not stressful but it’s doing … it’s like, okay, I have a ‘to do’ list, [m] erm … so it’s not, I don’t really get stressed out over it but it’s, I’m mindful that, okay, I have to do this today, this today, this … [m] juggling [m] … it’s all the juggling. Whereas, if I’m taking time out for myself I’m not juggling; I’m just being.

Researcher

Okay. [m] Yeah? Where’s your mind going? [laughs] I can see you going … mm, what’s this about?

Participant 10

[laughs] Yeah. I’m thinking … okay …

Researcher

Well, take your time to think and … and tell me what’s come … coming up in you.

Participant 10

Yeah. I, I … I, sometimes I think I forget how important that space is for me. [m] Um … cos like I think back to last semester and I realised that I really needed the space, like I was really looking forward to Christmas break … [m] um … and by the end of the term, I was like okay, I have to make some decisions because this is not working [m] … erm, what … something’s gonna have to change for it to work, stuff like that … like, by the end of last semester, I was like okay, something’s not working, you have to think about this a bit more. [m] Erm … and this … this conversation makes me … it’s just reminded me of that [m].

Researcher

Okay and what … do you mind me asking what you felt wasn’t working?
Participant 10

Um … well … yeah. I … last semester, I found it, erm … I was juggling a lot of stuff [m] which I think it’s good for some people and I, I know I can do it [m] but I think I have a … erm … I can only do it for short periods of time [m] so, um … like, I can do it for a couple of weeks and then, I need to say okay, time for a break, [m] take time for yourself, recharge [m] and then, you can start over [participant makes a funny face]

Researcher

Okay. And [laughs] what’s that face for?

Participant 10

I was just thinking, cos I didn’t decide. [both laugh] I remember last semester thinking okay, something’s gotta give [m] … I was like at Christmas, you’re gonna decide what are you giving up. [m] I realised I never did that [both laugh].

Researcher

Okay.

Participant 10

Yeah.

Researcher

So, what … can you think of what you would like to give up here?

Participant 10

Well, yeah. Giving up one of my placements. [m] I just haven’t gotten around to, erm … I’ve only got one too, cos I’m worried about my hours and stuff.

Researcher

Yeah. Your therapy hours?

Participant 10

My therapy hours [m] … like so, yeah, I was worried about my therapy hours but I’m really thinking I’m gonna have to [m] … um … end one of my placements. [m] Yeah.
Researcher

So, making that decision, that reflective process and making that decision, is to help you [m] look after yourself?

Participant 10

Yeah. And I think it’s an important part of it, [m] you know. Erm … I’ve allowed myself to be like okay, something, you can’t do it all [m] and it’s okay to sometimes admit my limitations [m] … um … I think that’s a big part of my self-care stuff, that … that I’m learning.

Researcher

It’s about your limitations.

Participant 10

Yeah. [m] And to have flexibility with it, I think.

Researcher

Okay. Flexibility in terms of what … your limitations.

Participant 10

And what I … my flexibility in what I can and cannot do [m] and then, you know, learning to forgive myself when I miss deadlines and [m] stuff like that, cos I know my, my last … last semester, I had an essay that I … I didn’t finish on time and I was, I was beating myself up about it [m] then, yeah, but when I reflected on it, I took my space and I was like okay, it’s late, you’re still gonna take a couple more days [m] and you’re just gonna relax before you do the essay [m]. Um … I, you know, I beat, I stopped beating myself up and kind of forgave myself and was like [m] … yeah, cos I … I did a lot of hours last semester, so that meant I wasn’t doing studying.

Researcher

Okay. So, there’s something … it sounds like you’re almost talking to yourself. [m] You know, about not beating yourself up and I forgave myself and what, what’s that? You know, what … do you know what I’m asking?
Participant 10

Yeah.

Researcher

What is that process?

Participant 10

Erm ... for me, that ... err ... about, how would I ... to try my process of self-care ... um ... mm ... erm ...

Researcher

You can give me a picture if you want or a feeling or whatever the best way of describing it is for you.

Participant 10

Okay. Um ... I don't know. I, I think it's ... for me, it comes down to that like ... like I see-saw, right? [laughs] [m] This is gonna get really ... but it, like a see-saw, right? [m] You know, like in the middle and then, there's some stuff up here and some down here [m] balancing it and you're trying to find the balance [m] and so, when the stuff that I can't deal with outweighs the stuff that I can, [m] you know, I'm not in balance [m] ... um ... then, I have to figure out, okay, what am I gonna give up? What am I gonna do in order to cope? [m] Um ... and it's like that.

Researcher

Okay. So, you're aware there's this balance of different things like a see-saw [m] and when the stuff that you, you can't cope with gets heavier [m] and the stuff you can cope with gets lighter, you need to ... to re-balance it [m] and what does the good balance look like? Is it that the stuff you can't cope with it, is completely unbalanced and you just have what you can cope with or is it more, is there more equilibrium?

Participant 10

Um ... I guess it fluctuates with what I'm doing [m] and in what context I'm in [m] ... erm, yeah, and what resources I have around me [m] cos, you know, I think that's an important part too, like my getting help and being able to ask for help and like realising what I can and can't do [m] will be part of it as well.
Researcher

Okay. So … so … the resources are about asking for help and getting help [m] and realising what you can and can’t do. Is that right?

Participant 10

Yeah. And realis- … yeah. And what I can do too, because some of the stuff I can deal with if I have the opportunity or the space to do it as well [m] … um … yeah, so …

Researcher

Can you give me an example of that? Can you think of one?

Participant 10

Um … like, if I use my … my essay example again. [m] Um … at submission point, I was so imbalanced, there was no way I was gonna get it done [m] … um, and I was getting really anxious about it [m] and like really stressed out about it … erm, and thinking okay, you’re … you can’t write and really beating myself up and it was very demoralising, I guess. [m] Um … but then, I when I … okay, I said okay, so how am I gonna deal with this? I have to like think of a strategy; took some space and I realised, you know, I can, I can ask for an extension [m] … um, it’s not the end of the world [m] … um, you can’t write a essay, like you can do, and I have this like … you know, you have proof, you passed last year [m] so, CBT on my thoughts and I feel like, you know, you have evidence that you can do this [m] so it’s not about the essay, it’s about what’s happening in your life right now. [m] So, I had to take a look at like the bigger picture [m] than that one little thing. It was like everything.

Researcher

Okay. Where do you think that looking at the bigger picture has come from?

Participant 10

Um … looking at the bigger picture?

Researcher

You’re talking a lot about reflecting, [m] having your own time to think through things, [m] CBT stuff of balancing and so on. Where, where has that come from?
Participant 10

Mm … Well, I guess it’d just have to come from my experiences and my … I guess my professional experiences as well and, um …

Researcher

Do, do you understand what I’m asking you? How has it developed? Where has it … you know, where have you learnt it from?

Participant 10

Um … where have I learnt it from? Well, I’ve always kind of been a reflective person [m] but, I mean, I guess the importance of, would come from like … working in this profession, I think you have to … um … learn how to manage your own [m] shit as well [m] so, and I, that’s always been an interest of mine … um … so, I think that’s probably why I take it so serious [m] like because … um … like for my Masters research and stuff, I … I was looking at, err, how therapy influences practitioners [m] and stuff, so it’s always been, I would say, and I … I did say, like it was … it was a frame of mind to be, like one of, like become burnt out and erm … [m] you know, you meet a lot of professionals and stuff, who … very … um … I’m trying to describe, let me see … but, yeah, so it’s always been a frame of mind not become over-stressed [m] and like, to be able to, erm, have a good work-life balance [m] and um … so, I guess, taking that, looking at the bigger picture, is probably one of the skills that I just have picked up.

Researcher

Okay. So, there’s something about you are, in your character, reflective [m] but there’s also your research, in your Masters, and your professional experience have also influenced you to think like in a kind of bigger picture way.

Participant 10

Yeah.

Researcher

But there’s something about a fear of not becoming burnt out because you met professionals [m] who are like that.
Participant 10

Yeah.

Researcher

Can you explain that fear a little bit to me? What would the … the effect of … of being over-stressed, as a trainee Counselling Psychologist … what, what effect would it have on your practice on you?

Participant 10

Mhm. Um well, I’m very conscious that when I work with clients a lot of the time, I can some-, you know, the transference, you can sometimes take on some of their problems and, um, worries and the stress [m] so, I’ve kinda, within myself, tried to find ways to deal with that [m] actively. [m] Um … I would say that’s me, it’s about active process to like okay, this really impacted me, this client, [m] I’m gonna take it to personal therapy [m] to supervision [m] … um, I’m gonna … you know, after the sessions, you know, I … I walk home, I … I like, I have like key things that I’ll do [m] … um, to de-stress, so … I think there’s something about that with my client work. Um … and then, I think, as a … as like a therapist, I would say, I use a lot of myself in sessions. [m] I would say I’m very personable and … so, I’m being, for me, in the process of working with clients, I am being … that, they don’t just change but we change. [m] Cos it’s, like everything’s, we learn from all of our interactions [m] for me. So, um … I’m learning from my client, I’m with them, [m] they’re learning from me but I’m learning from them [m] so, I think it changes you [m]. Um … and I think that part of reflective process … what’s, you know, what’s happening here? [m] What am I taking on? Um … yeah. [m] So, I think I’m getting lost in what I was gonna say, but yes, I … I … yeah, so I think being there for my clients is a process and [m] …

Researcher

It sounds like you’re thinking about something now. Is … are you thinking about something now or are you actually just getting lost in what you’re saying?

Participant 10

Um … I’m thinking about what I’m trying to say.
Researcher

Okay. [m] Okay. So, like, what I’ve heard you say is that with your client work, you feel that clients impact you [m] and change you, so there’s a two-way process. Emm … and you have a number of things that you do in order to care for yourself within that, so if you feel stressed by, or upset by what they’re saying, you can go to supervision, you take it to personal therapy and then, you do things like you walk home. [m] Is, is that right? Is that what, what … the kind of stuff you were saying?

Participant 10

Yeah.

Researcher

Or have I missed something about the reflective process in that?

Participant 10

No. Err … I think you got what I was saying. It’s like the, you know, you … you turn it off, it’s like [m] um … you’re changing but you’re trying to … not become overwhelmed [m] with what’s happening [m] … um. Yeah.

Researcher

Okay. So, apart from walking and bringing it to personal therapy and supervision, what other things do you do to …?

Participant 10

With my client? [m] Err … sometimes, I go to the bathroom in between clients, just because [m] even if I don’t have to, I just, you know, have a glass of water, [m] get out the room [m] … erm, what else would I do? I’ve … well … I’ve only done this a couple of times though, but with the meditation and the mindfulness, sometimes I will … um … before they come [m] I do this, before they come, I like … this is really stupid … open my arms and I can be like okay, I’m opening myself up to my client, because sometimes [m] you’re in a crap mood, [m] you don’t wanna do it, so, you have to move yourself to …

Researcher

So, you do a … a whole body movement.
Participant 10

Yeah. Cos I have read this thing that, if you open up your arms, you’re welcoming the person [laughs] [m] before they come, so it’s like a stretching. [m] It sounds really corny but it’s … sometimes, I feel like, you know, I don’t really feel like doing this, but I’m like okay, I’m gonna open myself up [m] to the person and it can really change how you feel [m] and then, so afterwards, it’s about, erm … erm … saying goodbye to the client … erm, for one placement, I have to walk them to do the door [m] and I’ve found that really effective, cos you’re walking it, you’re not talking about anything, [m] you’re just saying goodbye [m] and then, I have to walk back up [m] … um.

Researcher

So, you’ve got … they sound like little, would the word ‘ritual’ be ri-, right or would that be putting something [m] … you know, you know … a term that’s not really there?

Participant 10

Well, you could say ‘ritual’, yeah. Um …

Researcher

What would you say?

Participant 10

Um … I would say … mm … what would I call it? Just some things I do.

Researcher

Okay. So, the things you do [m]. Yeah?

Participant 10

Like, hmm … have a chat with somebody for two seconds [m] or depending on how emotive it was, I might, if I have time, do my reflective journal real quick [m] just so I don’t miss it. [m] Um … cos sometimes, I guess your clients are back to back to back.

Researcher

So, you’re using a reflective journal, little conversations, going to the bathroom, [m] walking there, walking back, opening your arms. These are all little things you’re … you’re doing, to … to manage your feelings. Is that right?
Participant 10

Yeah. I will have a glass of water.

Researcher

Have a glass of water.

Participant 10

I’ll try to ground myself a little bit.

Researcher

Yeah. Oh, mindfulness as well. You said you do a little bit of mindfulness. [m] So, all these things are … are helping you.

Participant 10

Yeah.

Researcher

Okay. [m] Okay. So, emm … we’ve been talking a lot about caring for yourself [m] … emm, and the second thing you … you talked about, when I asked you what was, you understood self-care to be, was coping with stressors; [m] coping with things that are stressful. So, could I ask you to tell me what you think stress is? How would you define that term?

Participant 10

Hmm. [laughs] Stress … okay, my … my version of stress is, um … stress can be anything. Um … it’s just … it brings me back to my … my, err … my little see-saw. [m] It’s like when those demands in my life, um, outweigh my ability or my, to cope, with my resources. [m] Yeah, so … and I, I can feel it in my body [m] if I’m stressed. I can, I get headaches. I get stress headaches. [m] Um … which would be, like, one of my first signs [m] … um.

Researcher

So, your body tells you’re stressed before …

Participant 10

Before my mind tells me I’m stressed. [m] Sometimes, I don’t even, you know, you just go
on autopilot, you don’t really realise it’s happening. [m] But, if I start getting headaches and stuff, I’m like … ohhhh … something’s not right [m] … or if I’m, like … err … overly tired [m] and I’m not sleeping, I’m like okay … something’s on your mind, what’s happening? [m] There’s signs.

**Researcher**

So, stress is about not having the resources to meet demands [m] and we’re back to our little see-saw.

**Participant 10**

Yeah.
Appendix 8: Tables for Category 1 – Conceptualisations of self-care

<table>
<thead>
<tr>
<th>Theme 1: Caring for myself</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
</tr>
<tr>
<td>- Quote from interview: 5.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 2, 4, 5, 8, 9 and 11.</td>
</tr>
<tr>
<td>1) Intentional</td>
</tr>
<tr>
<td>- Quote from interview: 3.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 3, 4, 6, 8, 10 and 12.</td>
</tr>
<tr>
<td>2) Holistic</td>
</tr>
<tr>
<td>- Quotes from interviews: 1, 7 and 10.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 2, 4, 7, 10, 12.</td>
</tr>
<tr>
<td>3) Balancing demands and pressures</td>
</tr>
<tr>
<td>- Quote from interview: 10.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 6, 8, 9 and 10.</td>
</tr>
<tr>
<td>4) Challenging</td>
</tr>
<tr>
<td>- Quote from interview: 12.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 3, 5, 6, 8 and 12.</td>
</tr>
</tbody>
</table>

**Interviews referenced in this theme:**
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
### Theme 2: Caring for others

**Introduction:**
- Quote from interview: 11.
- Codes from interviews: 11.

1) *Clients’ needs*
- Quote from interview: 4.
- Interviews: 1, 3, 4, 11 and 12.

2) *Self-awareness*
- Quote from interview: 4.
- Codes from interviews: 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

3) *Competence*
- Quote from interview: 3.
- Codes from interviews: 2, 3, 4, 6, 7, 10, 11 and 12.

4) *Personal life*
- Quote from interview: 6.
- Codes from interviews: 2, 3, 4, 6, 7, 8 and 9.

**Interviews referenced in this theme:**
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
## Theme 3: Self-actualising

1) **Inner drive**
   - Quote from interview: 7.
   - Codes from interviews: 1, 2, 3, 4, 5, 6, 7, 9, 10 and 11.

2) **Being fully myself**
   - Quote from interview: 8.
   - Codes from interviews: 2, 3, 4, 6, 7, 8 and 9.

3) **Meaning making**
   - Quote from interview: 6.
   - Codes from interviews: 3, 4, 6, 7, 8, 9 and 10.

4) **Peak experiences**
   - Quotes from interviews: 11 and 12.
   - Codes from interviews: 3, 4, 5, 7, 8, 9, 11 and 12.

**Interviews referenced in this theme:**

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Appendix 9: Tables for Category 2 – Self-care strategies

<table>
<thead>
<tr>
<th>Theme 4: Keeping work-life in balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
</tr>
<tr>
<td>- Quote from interview: 10.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 2, 6, 8, 9, 10 and 11.</td>
</tr>
<tr>
<td><strong>1) Routines</strong></td>
</tr>
<tr>
<td>- Quotes from interviews: 2 and 6.</td>
</tr>
<tr>
<td>- Codes from interviews: 2, 3, 6, 10 and 11.</td>
</tr>
<tr>
<td><strong>2) Boundaries</strong></td>
</tr>
<tr>
<td>- Quotes from interviews: 2 and 3.</td>
</tr>
<tr>
<td>- Codes from interviews: 2, 3, 4, 9, 10 and 11.</td>
</tr>
<tr>
<td><strong>3) Flexibility</strong></td>
</tr>
<tr>
<td>- Quote from interview: 8.</td>
</tr>
<tr>
<td>- Codes from interviews: 2, 8, 10 and 11.</td>
</tr>
<tr>
<td><strong>4) Reflexivity</strong></td>
</tr>
<tr>
<td>- Quote from interview: 3, 5, 8, 4 and 12.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.</td>
</tr>
</tbody>
</table>

**Interviews referenced in this theme:**

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Theme 5: Caring for physical well-being

Introduction:
- Quote from interview: 6.
- Codes from interviews: 2, 6 and 11.

1) Sleep
- Quotes from interviews: 9 and 10.
- Codes from interviews: 1, 9, 10 and 11.

2) Eating well
- Quotes from interviews: 6 and 7.
- Codes from interviews: 1, 2, 6, 7, 9 and 10.

3) Physical activity
- Quotes from interviews: 2, 6 and 8.
- Codes from interviews: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

Interviews referenced in this theme:
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Theme 6: Support from other people

Introduction:
- Quote from interview: 2.
- Codes from interviews: 1, 2, 6, 7, 10 and 12.

1) Family
- Quotes from interviews: 5, 6 and 11.
- Codes from interviews: 3, 5, 6, 7 and 11.

2) Friends
- Quotes from interviews: 8, 9 and 12.
- Codes from interviews: 1, 3, 4, 6, 7, 8, 9, 10 and 12.

3) Academic community
- Quotes from interviews: 9, 10 and 12.
- Codes from interviews: 1, 2, 3, 4, 9, 10 and 12.

Interviews referenced in this theme:
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Theme 7: Realising there is more to life

| Introduction: |
| - Quote from interview: 3. |
| - Codes from interviews: 2, 3, 7 and 11. |

1) **Taking breaks**
- Quotes from interviews: 8 and 10.
- Codes from interviews: 3, 8, 10 and 11.

2) **Spending time alone**
- Quotes from interviews: 7 and 9.
- Codes from interviews: 5, 7, 8, 9, 10 and 12.

3) **Being and doing**
- Quotes from interviews: 5, 10 and 11.
- Codes from interviews: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

**Interviews referenced in this theme:**
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Appendix 10: Tables for Category 3 – Conceptualisations of stress

<table>
<thead>
<tr>
<th>Theme 8: Theoretical understandings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
</tr>
<tr>
<td>- Quote from interview: 12.</td>
</tr>
<tr>
<td>- Codes from interviews: 5, 10 and 12.</td>
</tr>
<tr>
<td>1) <strong>Therapeutic models</strong></td>
</tr>
<tr>
<td>- Quotes from interviews: 4 and 12.</td>
</tr>
<tr>
<td>- Codes from interviews: 2, 4, 7, 8 and 12.</td>
</tr>
<tr>
<td>2) <strong>Metaphor</strong></td>
</tr>
<tr>
<td>- Quotes from interviews: 3, 5 and 10.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 3, 5, 8 and 10.</td>
</tr>
<tr>
<td>3) <strong>Eustress and distress</strong></td>
</tr>
<tr>
<td>- Quotes from interviews: 4, 5 and 11.</td>
</tr>
<tr>
<td>- Codes from interviews: 1, 2, 3, 4, 5, 8, 9, 10 and 11.</td>
</tr>
</tbody>
</table>

**Interviews referenced in this theme:**

- 1, 2, 3, 4, 5, 7, 8, 9, 10, 11 and 12.
### Theme 9: Physical impact

**Introduction:**

- Quote from interview: 9.
- Codes from interviews: 8, 9 and 10.

1) *Physiological responses*

- Quotes from interviews: 6, 8 and 10.
- Codes from interviews: 2, 3, 5, 6, 7, 8, 10, 11 and 12.

2) *Energy levels*

- Quotes from interviews: 3 and 8.
- Codes from interviews: 3, 8, 10 and 11.

*Interviews referenced in this theme:*

- 2, 3, 5, 6, 7, 8, 10, 11 and 12.
Theme 10: Psychological impact

Introduction:
- Quote from interview: 11.
- Codes from interviews: 3, 6 and 11.

1) Emotional responses
- Quotes from interviews: 2, 3 and 6.
- Codes from interviews: 1, 2, 3, 6, 7, 8, 9, 11 and 12.

2) Unhelpful behaviours
- Quotes from interviews: 1, 2, 3, 6, 9 and 11.
- Codes from interviews: 1, 2, 3, 4, 5, 6, 7, 9, 10, 11 and 12.

3) Productivity
- Quotes from interviews: 5 and 11.
- Codes from interviews: 1, 3, 5, 6, 7 and 11.

Interviews referenced in this theme:
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
Appendix 11: Tables for Category 4 – Sources of stress

<table>
<thead>
<tr>
<th>Theme 11: Demands and pressures</th>
</tr>
</thead>
</table>

**Introduction:**

- Quote from interview: 11.
- Codes from interviews: 6, 8, 9, 10 and 11.

1) Nature of the course

- Quotes from interviews: 8 and 10.
- Codes from interviews: 1, 2, 3, 5, 6, 7, 8, 9, 10, 11 and 12.

2) Managing workload

- Quotes from interviews: 6 and 11.
- Codes from interviews: 1, 2, 3, 6, 8, 10, 11 and 12.

3) Procrastination

- Quotes from interviews: 3 and 8.
- Codes from interviews: 1, 3, 5, 6, 7, 8, 10 and 12.

4) Placement requirements

- Quotes from interviews: 8 and 12.
- Codes from interviews: 8 and 12.

**Interviews referenced in this theme:**

- 1, 2, 3, 5, 6, 7, 8, 9, 10, 11 and 12.
<table>
<thead>
<tr>
<th>Theme 12: Financial strains</th>
</tr>
</thead>
</table>

**Introduction:**
- Codes from interviews: 1, 5 and 11.

1) Being self-funded
- Quote from interview: 5
- Codes from interviews: 1, 5, 10 and 12.

2) Needing employment
- Quotes from interviews: 1 and 11.
- Codes from interviews: 1, 3, 10, 11 and 12.

**Interviews referenced in this theme:**
- 1, 3, 5, 10, 11 and 12.
<table>
<thead>
<tr>
<th>Theme 13: Unhealthy relationships</th>
</tr>
</thead>
</table>

**Introduction:**

- Codes from interviews: 2, 3 and 10.

1) Difficult group dynamics

- Quotes from interviews: 10, 11 and 12.
- Codes from interviews: 7, 10, 11 and 12.

2) Making time for family and friends

- Quote from interview: 3.
- Codes from interviews: 2, 3, 5, 6 and 11.

3) Support from tutors

- Quotes from interviews: 2 and 10.
- Codes from interviews: 2 and 10.

**Interviews referenced in this theme:**

- 2, 3, 4, 5, 6, 7, 10, 11 and 12.
<table>
<thead>
<tr>
<th>Theme 14: Personal and professional development</th>
</tr>
</thead>
</table>

**Introduction:**
- Codes from interviews: 6, 7, 10 and 11.

1) **Self-doubt**
- Quotes from interviews: 6, 7, 10 and 11.
- Codes from interviews: 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

2) **Fitness to practice**
- Quotes from interviews: 1, 7 and 12.
- Codes from interviews: 1, 7, 11 and 12.

3) **Therapeutic practice**
- Quotes from interviews: 3, 11 and 12.
- Codes from interviews: 1, 3, 7, 11 and 12.

4) **Personal therapy and supervision**
- Quotes from interviews: 10 and 11.
- Codes from interviews: 1, 10, 11 and 12.

**Interviews referenced in this theme:**
- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.