TOWARDS EMPOWERMENT: A NARRATIVE STUDY OF COUNSELLING PSYCHOLOGY TRAINEES AND HOW THEY MAKE SENSE OF THEIR PERSONAL AND PROFESSIONAL DEVELOPMENT IN THE CONTEXT OF THEIR PAST EXPERIENCES

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ABSTRACT

The discipline of counselling psychology continues to grow and change in response to social, economic and political pressures. It has been argued that its quest for a coherent and distinct identity, which emphasises the possibility of the coexistence of multiple approaches, creates an inherently uncertain and dilemmatic training environment that may hinder the development of trainees' professional identities. In order to gain a deeper understanding of the issue at hand, the aim was to explore how final year trainees and newly qualified counselling psychologists constructed and made sense of their emerging professional identities and what experiences, past and present, they drew upon in the context of their training to shape those identities. Applying narrative inquiry to analyse eight open-ended interviews, eight preliminary themes were originally identified in participants' narratives, which with further refinements lead to stories of struggle and marginalisation, growth and discovery, and power and resilience. Participants' stories of struggle and marginalisation emerged in reference to early family dynamics and stressful life experiences, which seemed to also foster a strong identification with the counselling psychology profession, while stories of growth and discovery focused on the importance of having supportive figures, who helped to instil a sense of security and create an atmosphere of openness. It was in this learning environment that participants felt it was possible to develop a more resilient, empowered professional self, which allowed them to shed an earlier sense of struggle and vulnerability. However, where more of an emphasis was placed on power and resilience, there seemed to be less room for participants to express other feelings that came into conflict with their preferred sense of professional self. While there seems to be a need for a 'safer' climate, in which trainees could voice and acknowledge anxieties, vulnerabilities and limitations, addressing concerns around power and vulnerability that may be contributing to the silencing of particular voices and identities may be equally important if trainees are to develop coherent and distinct counselling psychologist identities.

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INTRODUCTION

In recent years, there has been a growing recognition that the self of the therapist is a potentially significant determinant in the therapeutic endeavour (Wosket, 1999), and may be more important than the theoretical orientation or interventions chosen in terms of both the process and outcome of therapy (Reupert, 2006). This emphasis on the person of the therapist also reflects the increasing awareness that the personal is often inseparable from what we might call the professional (McLeod, 2003; Skovholt & Rønnestad, 1995), and that the personality of the therapist does actually matter (Rizq, 2010b). The idea that the self of the therapist plays a major role in the therapeutic process is particularly relevant to the field of counselling psychology, which endorses the view that rather than doing something to clients we need to learn the art of being-in-relation to them (Strawbridge & Woolfe, 2010). The increasing emphasis on the use of self also reflects current developments in the curriculum of counselling psychology training programmes and its growing focus on the role of personal development in the counselling learning process. In fact, counselling psychology is the only division within the British Psychological Society (BPS) that has a mandatory therapy requirement for trainees undertaking training (Rizq, 2010b).

So what has been said about the person of the therapist? A substantial body of research evidence indicates that adverse experiences in childhood may serve as an important motivation for choosing a mental health profession (Elliott & Guy, 1993; Fussell & Bonnet, 1990; Murphy & Halgin, 1995). This is in agreement with the popular psychoanalytic view of therapists as either 'narcissistically injured' and, therefore, drawn to the therapeutic profession as it allows them to pursue personal needs and motives (Barnett, 2007; Halewood & Tribe, 2003; Leahy, 2001; Miller, 1987), or as 'wounded healers', which has a slightly more positive connotation, namely, that the experience of woundedness may be necessary to heal others (Groesbeck, 1975; Guggenbühl-Craig, 1971; Jung, 1954; Kirmayer, 2003). While it may be assumed that the self of therapists is intimately bound up with early wounds, little is known about how counselling psychologists make sense of their early childhood experiences and whether early wounds are central to their identities. The particular kind of professional identity that is developed will depend largely on the context in which the individual is situated and in which meaning is constructed (Freeman, 1993; Haverkamp, Robertson, Cairns, & Bedi, 2011; Knoetze & Stroud, 2012). Since the content and demands of training programmes are likely to vary according to the particular requirements of their respective professional bodies as the British Association for

Counselling and Psychotherapy (BACP), the British Psychological Society (BPS), and the United Kingdom Council for Psychotherapy (UKCP) all offer different qualifications (McLeod, 2007; Short & Thomas, 2015), the theoretical concepts or 'hand-me-downs' that trainees draw on to make sense of and explain their life experiences are going to be reflective of the philosophy of the particular discipline that they will eventually join (Freeman, 1993; Knoetze & Stroud, 2012).

Counselling psychology, as a distinct discipline, was first introduced in the UK in 1982 to bridge the gap between the fields of counselling, psychotherapy and psychology (Woolfe, 1997), and has since evolved to encompass a range of different traditions and modalities, and successfully carved a niche for itself as an alternative to the prevailing mainstream approaches (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). As a profession, it questions the biomedical model of mental illness that positions practitioners as experts and clients as patients (Corrie & Lane, 2011; Lewis, 2011) and espouses a pluralistic ethos, which is consistent with the postmodern view that there is no single, overarching truth (McAteer, 2010). Despite the success of counselling psychology in establishing itself as a legitimate discipline (Vasquez & Bingham, 2012), inter-group tensions pose a constant threat to the future of counselling psychology within the NHS (James & Bellamy, 2010). It is, therefore, argued that counselling psychology's quest for a coherent and distinct identity remains an ongoing struggle that is inherently uncertain and competitive (Kasket & Gil-Rodriguez, 2011; Moore & Rae, 2009; Pelling, 2004) and may, as a result, hinder the development of trainees' professional identities (Gazzola, De Stefano, Audet, & Theriault, 2011). Moore and Rae (2009) revealed that a 'maverick' repertoire is used by counselling psychologists in Britain to construct an outsider identity for counselling psychology. Although considered progressive and freeing, a maverick/outsider position is constantly under threat of being either cut adrift or incorporated into the mainstream and lose its distinct identity.

A related concern is that the division of counselling psychology has begun to align itself more closely with the clinical division in response to social, economic and political pressures (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). There has been a redefinition of the curriculum and a move to Health and Care Professions Council (HCPC) accreditation, which with its increased academic demands has made it increasingly difficult to ensure that training provides trainees with a much-needed holding environment (Gil-Rodriguez & Butcher, 2012). This is likely to have implications for the professional

preparation and development of a professional self in counselling psychology trainees.

While, as noted by Moore and Rae (2009), counselling psychologists may be drawn to a maverick identity as a result of the profession's positioning against the mainstream, little is known about how counselling psychology trainees construct their identities through the training process and whether a similar identification takes place. If it is difficult to facilitate a 'holding environment' due to the ever-changing nature of counselling psychology, how may this come to shape counselling psychology trainees' emerging identities? And, if counselling psychology trainees carry a narcissistically injured or wounded sense of self, as frequently noted in the literature on therapists, how do they make sense of it in the context of professional training in counselling psychology? Answering these questions may provide some insights into the personal and professional development needs of counselling psychology trainees and how training programmes can facilitate trainees' professional development and identity formation. The aim of the present research is, therefore, to gain an understanding into how counselling psychology trainees construct and make sense of their emerging professional identities and what experiences, past and present, they draw upon in the context of their training to shape those identities.

My interest in trainees' professional development and identity formation was inspired by my own experience as a trainee counselling psychologist. As part of my training I had regular personal therapy and supervision, which encouraged me to be a bit more curious about myself. This process of self-reflection was for me personally demanding and quite painful at times in that it pushed me to face things that were not always pleasant. So when I came across the view of therapists as 'wounded healers' and 'narcissistically vulnerable' I felt it offered me a way to understand what I was experiencing at the time. I was, at the same time, uncomfortable with its implications, and felt it was important to delve deeper because it was something personally relevant and potentially useful to me in terms of my own professional development. In this way, the research project itself became a journey of self-reflection and discovery, with which - by gaining insight from trainee and newly qualified counselling psychologists, who were further on the path - I also hoped to broaden my understanding of my own developmental process.

CHAPTER 1:   LITERATURE REVIEW

The purpose of the literature review is to lay the groundwork for exploring the development of the professional self in trainee or recently qualified counselling psychologists. It, therefore, makes sense to begin with a definition of the 'self' and what it may mean in postmodern, social constructionist and narrative terms, in line with the methodological approach undertaken. This will be followed by a review of the existing literature and research on early childhood experiences of those choosing to enter a mental health profession, and an overview of psychoanalytic concepts that can be used as a framework for understanding the impact of these early experiences on the development of the self in therapists-to-be. I will then discuss the impact of professional training, including the role of professional elders, such as trainers, supervisors, and tutors as well as personal therapists, on the development of a professional therapist self, which will set the context for a discussion of the nature of counselling psychology, its distinctive identity as a discipline and what challenges it is currently facing, with implications for its members in the future.

1.1   A definition of the self

The literature about what constitutes the self is variable and ever growing. There is no one way to define the 'self'. An early definition of the self was given by William James in 1890, who conceived of the self as multi-faceted, emphasising continuity, unity and connectedness - a 'stream of selves' (p.335) that forms the basis of consciousness. Along with the rise of postmodernism, social constructionism and narrative ideas, our understanding of the self has shifted. Consequently, there is now more of an emphasis on the fragmented and interchangeable nature of contemporary experience (Frosh, 1991) and the role of the dynamics of social interaction and practices (Layder, 2007).

Selfhood not only accounts for the identity of a person - an individual's reflective sense of who he or she is - but it also entails a life-long process of 'being' and 'becoming' that is intrinsically interactional and is created vis-a-vis others, which relies upon the interplay of similarity and difference (Jenkins, 2008). The construction of the self is fundamentally a social act that involves the use of language and symbolic boundaries, upon which cultures, societies and communities draw to differentiate themselves (Cohen, 1985; Mead, 1934). The meaning of these symbols is created and modified through the course of social interaction - a process referred to by Blumer (1969) as symbolic interactionism. The self is inherently dialogical,

consisting of various I-positions and shifting voices, that take place either interpersonally, in a dialogical exchange, or intrapersonally, as inner speech (Raggatt, 2006). This definition of the self is rooted in Bashkin's (1984) ideas, who in reflecting on the work of Dostoyevsky, considered the 'interior monologue' as essentially a 'multidialogue' in that 'all words in it are double-voiced, and in each of them a conflict of voices takes place' (p.74). These voices, within the self, tend to be positioned counter each other in a nexus of unequal, contradictory social relations (Gregg, 1991). In these multidialogues, the self is transformed into a multi-being that, although full of potential, is inherently inconsistent and disorderly - a postmodern self (Gergen, 2008). Studying a self that is constantly shifting positions or trapped in between conflicting voices becomes increasingly difficult, if not impossible (Raggatt, 2006). At the same time, as noted by Crossley (2000a), the postmodern vision of the self may not entirely 'accord with the reality of how people contend with their experiences and sense of themselves' (p.41). A common observation is that we strive to find some sense of coherence in our experiences as a way to make sense of why something happened and that we do so through telling stories about ourselves and constructing narratives (Crossley, 2000a).

The view of the self as a narrative has gained much interest in recent years (McAdams, Josselson, & Lieblich, 2006). It bases itself on the premise that human beings are essentially storytellers and that storytelling serves as a means of self-expression (McAdams, 1993). As defined by McAdams and McLean (2013), 'narrative identity is a person's internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose' (p.233). The explanatory power and meaning of narrative is configured through the process of emplotment (Ricoeur, 1991), whereby multiple and complex events are woven together into 'a unified story with a point or theme' (Polkinghorne 1991, p.141). As argued by Barresi (2006), developing a personal identity entails working through dialogical tensions between perspectives and voices. It is through a story that we are able to bring together different and often conflicting parts of the self or selves. For example, creating a cast of characters or 'imagoes', that is, personified and idealised aspects of the self allows us to place together the different roles we play in our daily lives under a single narrative (McAdams, 1993). Although we seek to create a fairly integrated and coherent interpretation of who we are, this is not done at the expense of our sense of difference and multiplicity. For it is precisely the feeling of dispersion or being 'undone' that drives our stories forward (Freeman, 1993, p.144). This fight between a sense of unified self and fragmented non-self is what Crossley (2000a) refers to as the experiential struggle.

Defining the self through a story is considered, above all, a psychosocial quest. Each culture has its own master narratives that serve as frames through which we organise our stories (Plummer 2001). We are, therefore, challenged to create a personal myth of ourselves that falls within the social and historical context to which we belong (McAdams, 1993). Life stories that are not immersed in the narrative convention of a culture can be quite difficult to understand and relate to (Plummer 2001). In this way, master narratives provided by a culture can become oppressive to individuals whose narratives fall outside the dominant cultural storylines or plots (Adler & McAdams, 2007).

Alternatively, stories can heal us and help us to move towards emotional fulfilment and growth by allowing us to find some meaning in our chaotic experiences or revise our understanding of ourselves (McAdams, 1993). It is argued that difficult life experiences can have an enriching and transformative effect on the self if one is able to transform negative events into positive outcome and incorporate good and bad into one integrative life story (Pals, 2006a; 2006b). This is what McAdams's (2013) describes as a redemptive story, which is considered a 'good' story in most Western cultures. Some stories about difficult past experiences have a 'springboard effect' in the sense that the worst bits of one's past are directly linked to growth of one's sense of self (Pals, 2006a). It is also noted that generally, with time, our self-conceptions become increasingly more complex and indicate personal growth, maturity and increased sense of comfort with ourselves (McAdams, Bauer, Sakaeda et al., 2006). This emphasis on growth and maturation in personal narratives correspond to the predominant forms for sense-making available in contemporary Western societies (Crossley, 2000a).

1.1.1 Narratives, early experiences and memories

Early experiences in the family of origin provide the individual with narrative material that contribute to the construction of one's identity in adulthood. Although children are not yet concerned with the dilemma of creating a personal story that provides their lives with a sense of unity and purpose, they do tend to organise their desires in terms of goals for the future that eventually become motivational scripts around which they construct their lives (McAdams, 1996). The type of attachment that is formed with significant others may ultimately impact on narrative tone development - the overall feel or emotion of their personal stories (McAdams, 1993). It is also through stories of significant others that children become exposed to dominant narrative structures of their culture (Han, Leichtman, & Wang, 1998). Since our self-

understanding in contemporary Western culture is saturated with psychoanalytic discourse that focuses hugely on early experiences in childhood (Parker, 2015), recollections of early family dynamics feature prominently in our personal narratives.

It is important to note that not all memories are remembered equally well. Those that are retained are frequently described as vivid, having a flashbulb-like quality (Pillemer, 2001), and concerning atypical, highly emotional and disruptive events (Thorne, 2000). Such memories are also found to revolve around concerns and conflicts that are central to our current life (Blagov & Singer, 2004) and encompass motivational themes that serve as insights and lessons for the future (Thorne, McLean, & Lawrence, 2004; Woike, Lavezzary, & Barsky, 2001). It is for this reason that these types of memories are regarded as self-defining (Blagov & Singer, 2004; Singer, 1990) and are believed to be building blocks for constructing a meaningful sense of self (Singer, Blagov, Berry, & Oost, 2012).

While our childhoods may serve as an interpretative lens through which we can make sense of ourselves and our lives, the meaning that is attached to our past experiences may change over time (Pals, 2006a). As we go through life and take on new roles and responsibilities, our sense of self is continuously challenged to evolve and adapt (Pals, 2006b). The changing realities of our lives require that we restory our selves and reconstruct or reinterpret our pasts so that some sense of coherence and unity can be maintained in line with our most pressing needs and concerns (McAdams, Bauer, Sakaeda et al., 2006). Revising our understanding of our pasts is itself developmental as it involves the expansion of our grasp of past experience and the ways in which we may be determined by it, which is imperative to being able to move forward in one's life and towards who one wishes to be (Freeman, 1993).

1.2 The self of the therapist and the therapeutic relationship

One important implication of narrative and social constructionist perspectives is the acknowledgement that the therapist's self plays an important part in the therapeutic encounter (Flaskas, 2002; Sutherland, 2005). The idea that it is the therapist's ability to be-in-relation to clients rather than techniques and interventions that make therapy effective also prevails within the field of counselling psychology (Strawbridge & Woolfe, 2010). It is increasingly recognised that the therapeutic relationship, as suggested by van Deurzen (2010), relies on what we, as therapists, 'can give of ourselves' (p. 289). What happens in the therapy room is affected by the therapist's own personal psychology

(Lemma, 2003), and the theoretical orientation that is adopted to understand the client's experience (van Deurzen, 2010). In this way, the therapist unavoidably imposes his or her own subjectivity and evokes certain feelings in clients through interacting with them (van Deurzen, 2010; Rizq, 2010a).

Since it is inevitable that the therapist's own subjectivity influences what takes place with clients, the first step to seeing things more clearly is becoming aware of how one's own biases and assumptions currently contribute to one's understanding (Safran & Muran, 2000). This allows the therapist to discern more accurately what belongs to whom and how the subjectivity of each is contributing to the encounter (Lemma, 2003). However, given the intersubjective and co-constructed nature of the therapeutic relationship (Lemma, 2003; Strawbridge & Woolfe, 2010), it is important that therapists also keep in mind how their own story of being a therapist as well as the broader self-narrative are revised through their therapeutic work with clients and the dialogue that ensues in the therapy room (Richert, 2003).

1.3   Early childhood experiences and choice of career

With the increased emphasis on the use of the therapist as a therapeutic tool (Reupert, 2006), questions concerning the person of the therapist are of obvious importance. There are many reasons as to why certain individuals might wish to understand and help others. However, choosing a career that involves dedicating most of their waking hours to trying to make sense of another's distress could be seen as a curious calling (Sussman, 2007). So what may be the motivation behind the decision to become a therapist? What is the backstory? There is much anecdotal evidence of the emotional pain and distress in the lives of therapists as a precursor for entering the field (Eagle, 1998; van Deurzen, 2010) and recent quantitative and qualitative research point in the same direction. For example, several US-based comparative studies found that mental health professionals, including social workers, psychologists, psychiatric nurse practitioners, psychiatrists and psychotherapists, were more likely than other professionals to report experiences of emotional distress and disturbances in their families of origin, such as emotional deprivation, parental absence, conflict and less cohesion, and parent-child role inversion (Elliott & Guy, 1993; Fussell & Bonnet, 1990; Murphy & Halgin, 1995). A more recent study by Nikčevic, Kramolisova-Advani and Spada (2007) found that UK psychology students, who desired to work in the clinical domain, reported a higher prevalence of perceived

childhood neglect and abuse, and parentification, (i.e., assuming inappropriate parental roles and responsibilities), as compared with both business students as well as psychology students with no such clinical aspirations. Rønnestad and Skovholt (2003) found, as part of their international study, that more experienced therapists were more likely to report adverse experiences in childhood, such as psychological abandonment, growing up in a family with a rule of no emotions, receiving conditional love from parents, and rigid child rearing practices.

DiCaccavo (2002) examined early family experiences of UK trainee counselling psychologists and noted that they, when compared to art students, were more likely to report occupation of caring roles within their family of origin, more parental control, less parental care, and more self-efficacy towards helping. While this may have allowed counselling psychology trainees to develop the necessary skills required to work with the psychological demands of others, DiCaccavo also suggested that individuals, who from an early age experienced neglect and lack of parental care are likely to have learned that their emotional needs are less important than that of others. This study echoes earlier findings of Racusin, Ambramowitz and Winter (1981), who concluded that heightened sensitivity to others' emotional needs may have inadvertently contributed to a sense of being different in therapists-to-be, while a lack of nurturance may have lead to feelings of ambivalence around expression and acceptance of intimacy. In a recent qualitative study on professional and personal histories of UK psychotherapists, Barnett (2007) similarly noted that intimacy represented an important subject for all the interviewees, which appeared to result from unmet dependency needs and a perceived lack in their childhood of anyone, in whom they could confide. A common early experience was, therefore, that they felt isolated and different, as 'the odd one out', with a particular sensitivity to the moods and needs of others.

These findings parallel much of the recent research that incorporates qualitative approaches to develop a more in-depth understanding of career motivations of those seeking to help others. For example, a more recent study, adopting an experience-centred approach to narrative analysis, found that South African trainee psychologists, in writing their stories of becoming psychologists, positioned themselves, sometimes from a young age, as listeners and confidants of others (Knoetze & Stroud, 2012). Chang (2011) noted, using a hermeneutic approach, that counsellors, training in Canada, emphasised life experiences that sensitised them to the affect of others and connected experiences of marginalisation with their decision to enter professional training. Such findings were further confirmed by Farber, Manevich, Metzger, and Saypol

(2005), who in reviewing the available research and personal narratives of psychotherapists in the US, suggested that experiences of personal suffering, internal conflict, marginalisation and serving as a confidant in childhood seem to facilitate the development of interest in working with others.

1.4 Towards a psychoanalytic understanding

One possible reason as to why mental health professionals and those aspiring to a career in mental health may be more inclined to recall adverse childhood experiences may be because they are more acutely aware of the psychological ramifications inherent in such experiences (DiCaccavo, 2002; Nikčevic, Kramolisova-Advani, & Spada, 2007). Much of the existing literature and research concerning therapists' early childhood experiences draws upon psychoanalytic thought and its key concepts of 'narcissistic injury' and 'the wounded healer' as a framework for understanding the possible effects of early adverse experiences, particularly in primary relationships, on the development of the self in therapists-to-be. It may be argued that these 'hand-me-downs' or concepts that permeate the therapeutic milieu inevitably come to shape how therapists make sense of and explain their life experiences (Freeman, 1993). I, therefore, intend to discuss each of the both concepts below, starting with 'narcissistic injury', based on the ideas of Miller (1987), Winnicott (1965) and Kohut (1977), and followed by 'the wounded healer' as referred to in Jung's (1954) writings.

1.4.1 The drama of being a child and narcissistic injury

In *The Drama of Being a Child*, Miller (1987) argues that individuals entering the psychoanalytic profession were, as children, compelled to gratify the unconscious needs of their mother, or of both parents, in order to survive. In this dynamic, the child is perceived by the parents as a self-object, that is, an extension of themselves, and is loved and cared for on the condition that he or she presents a 'false self' that meets their expectations. Under these circumstances, the child is unable to separate from the parents and his or her 'true self' remains hidden and isolated within the self. According to Miller (1987), this can become an obstacle to 'the unfolding of an authentic emotional life' (p.38) – as the child is unable to identify and express his or her own needs and feelings. Instead, what seems to happen is that those, who have been 'narcissistically used' in such a manner, develop a 'powerful antennae' for others' emotional needs that predisposes them to being drawn to people with strong narcissistic needs so that they can repeat their childhood drama.

Miller's writings draw on the work of other psychoanalysts, particularly Winnicott and Kohut. For example, the concept of false self and true self was originally developed by Winnicott (1965) to describe the process of infant development, which centres around the idea of good-enough mothering - in other words, the capacity of the mother to stay in tune with her infant's spontaneous gestures and needs. Winnicott argued that when the mother's adaption to the infant was not good-enough, the infant was forced into a false existence. Winnicott's and Miller's 'false self' also corresponds to Kohut's (1977) 'empty self', which is characterised by feelings of depression, isolation and a lack of initiative. Kohut elaborated on Freud's (1912) notion of primary narcissism, proposing that narcissism forms part of a normal developmental process that relies on the presence of empathic and responsive self-objects (i.e., functions performed by caregiving others, who are experienced as part of the self). A mismatch between the individual's narcissistic needs and the caregiver's ability to adequately respond can lead to a serious narcissistic injury that could, in turn, threaten the cohesion of the self (Curk, 2007; Kohut, 1977).

The empirical findings of Halewood and Tribe (2003) lend some support to this view by pointing to the possible existence of narcissistic injury among UK trainee counselling psychologists. In their study, counselling psychology trainees, all of whom had completed 40 hours of personal therapy, when compared to postgraduate mature students, reported a higher incidence of narcissistic injury, including restriction of emotional affect, lack of understanding of the self and presence of a false self, the need for mirroring and understanding, problems with setting boundaries, grandiosity, depression, perfectionism and less positive perceptions of the parent-child relationship. Although the findings were limited to a small sample size, the study warrants further consideration concerning the potential impact of therapists' narcissism on their work with clients.

1.4.2 The manifestations of narcissistic vulnerabilities in therapists

The therapeutic relationship can in many ways mirror a parent-child relationship. Because of its non-reciprocal nature and the inherent power differential, one person will always remain more in control, while the other - a bit more vulnerable and dependent (Barnett, 2007; Waldroop & Hurst, 1982). For the 'narcissistically used' therapist the roles may be reversed, but the need to repeat the past can lead to the emergence of a dynamic similar to that experienced first-hand as a child (Miller, 1987). The main difference is that it is now the client, who risks being used as a

self-object and coerced into gratifying the needs of the other (Celenza, 1991; DiCaccavo, 2002; Tjeltveit & Gottlieb, 2010; Wheeler, 2002).

It seems that the role of the therapist enables the narcissistically vulnerable individual to pursue quite specific personal needs and motives (DiCaccavo, 2002; Leahy, 2001). Luchner, Mirsalimi, Moser and Jones (2008) suggest that individuals, who in the past gained attention and praise for attending to others' problems, may be drawn to this profession because it allows them to experience self-worth and a sense of identity through selfless giving (Luchner, Mirsalimi, Moser, & Jones, 2008). Therapists hold an exceptional position of authority and power, not only due to the asymmetrical structure of therapy, but also because of their experience, knowledge and privileged status in Western society (Tjeltveit & Gottlieb, 2010). The feeling of being important may, therefore, be sought by some individuals as a way to protect them from their own sense of vulnerability or to compensate for feelings of shame, humiliation and insecurity in childhood (Barnett, 2007). In such cases, one's sense of self-worth and self-esteem will depend primarily on the emotional reactions of others, particularly those of clients (Glickauf-Hughes & Mehlman, 1995; Leahy, 2001; Raskin, Novacek, & Hogan, 1991). The pressure to be seen in a favourable light can, therefore, lead to a difficulty in managing boundaries (Luchner, Mirsalimi, Moser, & Jones, 2008), while the tendency to deny one's own feelings, especially those concerning taboo areas, such as sexual or romantic attraction and interest, can lead to unconscious acting out of feelings and boundary transgressions (Celenza, 1991).

Individuals, especially those who felt restricted, dominated and controlled by their parents, may be drawn to the role of the therapist as it allows them to exercise power and control others, and, in this way, compensate for their own feelings of powerlessness (Sussman, 2007). The therapist rarely reveals oneself to others, yet asks clients for openness (Zelen, 1985). Such a position allows the therapist to achieve interpersonal intimacy, while also maintaining a sense of safety and control (Barnett, 2007; Racusin, Abramovitz, & Winter, 1981). This type of controlled intimacy may be especially suitable for individuals, who both crave intimacy and fear that intimacy will lead to overinvolvement and loss of the self (Hammer, 1972; Farber, Manevich, Metzger, & Saypol, 2005). Interestingly, an early study by Waldroop and Hurst (1982) found that both psychologists and trainee psychologists, have lower needs for inclusion and to be influenced by others than the general population. It is possible that therapists, having learned to be highly attuned to the needs of others, remain unaware of their own dependency needs.

Consequently, if these needs are not being addressed in their personal lives, they may attempt, albeit unconsciously, to pursue these vicariously through their clients (Glickauf-Hughes & Mehlman, 1995). In projecting their neediness into their clients, therapists may encourage client dependence or prevent the emergence of such feelings by choosing short-term therapeutic work only (Barnett, 2007). In line with this argument, it may be claimed that the desire to help others is partly rooted in a denied wish to help oneself. Thus, the difference between the helper and the helped may be less than it appears at first as both have narcissistic needs and wounds that they seek to explore and heal through the process of therapy (Mander, 2004).

1.4.3 The culture of narcissism and the therapeutic movement

Alongside the psychoanalytic perspective, narcissism can be understood as a social and cultural phenomenon. In *The Culture of Narcissism*, Lasch (1979) introduces the term 'cultural narcissism' as part of his social critique of the contemporary Western society. The main argument, herein, is that a competitive, individualistic and capitalistic society will foster an inner-directed, narcissistic preoccupation with the self. As such, contemporary narcissism has become an essential requirement for social existence and survival in a consumer culture that is dominated by prefabricated appearances and condemned to inauthenticity. In such a cultural climate, Lasch argues, the self regresses to a state of inner emptiness and perpetual discontent.

A similar view was expressed by Frosh (1991), who in *Identity Crisis* contends that the process of establishing a self becomes an impossible struggle in a society plagued by uncertainty and ambiguity. Faced with these challenges of contemporary Western life, the self is lacking in security and risks 'withering away or exploding into nothingness' (Frosh, 1991, p.187). Cushman (1990), in extending these arguments, proposed that a self that is essentially empty is in need of being continually filled up with consumer products and experiences. Consistent with Cushman's empty self, Reeves, Baker and Truluck (2012), for example, noted that students, who scored higher on materialism and compulsive buying, also showed a lack of a clear sense of self. However, because of the many possibilities presented to us, the traditional Western view of 'the ideal person as a coherent unity' (p.335) no longer seems tenable and may actually be preventing us from exploring our multiple potentials for being; thereby, leading to constricted and unsatisfactory relationships (Gergen, 2008).

Consequently, it is under these conditions that therapists have become our 'principal allies in the struggle for composure' as they promise 'meaning' and 'love' (Lasch, 1979, p.13). The

therapeutic profession has not only appealed to our desire for transformation, but has marketed itself as most responsible for curing such societal ills (Cushman, 1990). Therapists have become 'givers' of selfhood and rescuers, who promote a more integrated existence (Frosh, 1991).

With the ever-growing public demand for therapeutic help, it is no wonder that more and more individuals are seeking a career in mental health (Barnett, 2007). As the therapeutic profession continues to grow, the influx of less expensive and shorter training courses, which offer an easy entry into the profession, means that just about anyone can call themselves a therapist (Mulhern, 2001). However, in a culture where interpersonal relations are repeatedly threatened, narcissism risks becoming a perpetual, self-reproducing condition, affecting therapists as well as clients (Frosh, 1991). So why would the therapist be any different from his or her clients? It is in this context that the idea of therapists as 'wounded healers' takes on meaning and becomes interesting.

1.4.4 The wounded healer

The notion of the wounded healer refers to the idea that the experience of woundedness and survival can eventually lead to deep and intimate knowledge of the nature of suffering and its relief necessary to heal others (Kirmayer, 2003). Jung (1954) first introduced the term 'wounded physician' in *The Practice of Psychotherapy,* insisting that 'it is his own hurt that gives the measure of his power to heal' (p.116). Historically, the term itself owes its origins to the ancient Greek myth of Chiron and Asklepios. According to the myth, Chiron, the centaur, came in touch with his own healing powers through an incurable wound and, although doomed to eternal suffering, continued to heal and teach medicine to others. One of his protégées, Asklepios, eventually became the god of healing - a mythological deity akin to Christ, possessing incredible healing abilities that enabled him to raise the dead to life (Kirmayer, 2003; Meier, 2009).

Building on Jung's work, it is suggested that the 'wounded healer' archetype is activated the moment the physician begins to understand his own sickness and experience it as an existential possibility. This not only means that there is a patient in every doctor, but that the reverse is also true - 'the patient has a physician within himself' (Guggenbühl-Craig, 1971, p.91). Therefore, for the patient to take part in the healing process, the physician needs to experience his own wounds again and again (Groesbeck, 1975). The wound in itself does not equal the

potential to heal, but it is through one's awareness of it that the healing potential emerges (Zerubavel & Wright, 2012).

In line with the notion of the wounded healer, the emerging body of literature highlights the possibility that early experiences of personal distress may present a 'risky growth opportunity' and facilitate the development of qualities desirable in therapists (Cohen, 2009; Farber, Manevich, Metzger, & Saypol, 2005). In fact, several authors suggest that traumatic events in childhood may help one to assume an empathic stance towards the client (Celenza, 2010; Fussell & Bonney, 1990; Martin, 2011; Zerubavel & Wright, 2012). Other writers propose that insight into adversity can enhance the capacity for perspective taking, mental flexibility and psychological awareness (Cohen, 2009; Farber, Manevich, Metzger, & Saypol, 2005). While dysfunctional family dynamics can, in later life, cause relationship difficulties, it can also hone an interest in people and engender a curiosity as to why others behave as they do. It can be argued that such curiosity is central to an accurate conceptualisation of clients' difficulties. The experience of ambiguity in the family of origin can also heighten one's tolerance for confusing and ambiguous events, allowing therapists to work effectively with clients, who present complex issues (Fussell & Bonney, 1990). Such early experiences may also have sensitised therapists to interpersonal stress, enabling them to pick up on a variety of emotional states in others (Racusin, Abramowitz, & Winter, 1981). Cain (2000) found that therapists, who had personal histories of psychiatric hospitalisation, approached clients with encouragement and less stigmatising attitudes, and worked to empower clients by educating them about the mental health system so that they could advocate for themselves.

In a more general sense, stressful life events and crises can have a formative impact on the development of a more integrated and authentic sense of self (Robinson & Smith, 2010), and be experienced as deeply transformative (Sheikh, 2008; Zerubavel & Wright, 2012). It is through the experience of coping with traumatic events that one develops a sense of self-efficacy and mastery (Meekums, 2008; Sheikh, 2008). The desire to help in itself can also be understood as a sign of resilience as it requires the ability to sustain effort in the face of adversity (Tjetveit & Gottlieb, 2010). As Wall and Loewenthal (1998) suggest, it may, therefore, be that our sense of ourselves develops not from fulfilment but from feeling unfulfilled and lacking in some ways.

It is perhaps unsurprising that many practitioners conceptualise inner experiences of pain and distress as an essential part of working therapeutically with clients (Martin, 2011). Rønnestad and Skovholt (2003) noted that therapists regard adverse life experiences as personally

meaningful occurrences that helped them to develop acceptance of human variability and, therefore, had a positive influence on the way they conducted therapy with clients. Some see the therapeutic endeavour as a reciprocal, cyclical process of healing and growth, in which the therapist's own woundedness and the desire to heal not only opens the flow of healing to others, but allows the therapist to participate in the healing process and, thereby, grow as well (Richard, 2012; Stone, 2008).

At the same time, authors warn about the potential dangers of overidentification and empathic enmeshment, which is when the therapist experiences the client as a mirror image of oneself. There needs to be a sense of separateness and some degree of self-other differentiation in order for the therapist to retain the ability to think objectively and recognise 'the other' in the client to empathically enter his or her inner world (Barnett, 2007; Cain, 2000; Celenza, 2010; Fussell & Bonney, 1990; Wheeler, 2002). What is critical here is that therapists are able to reflect on their own countertransference and what feelings and thoughts are being aroused by the client, while keeping their own biases and unresolved conflicts in mind (Lemma, 2003).

The cost of empathy and caring is another important aspect of the wounded healer paradigm that is rarely discussed. Figley (2002), for example, suggests that our ability to emphasise with the plight of others and bear witness to their suffering can make us vulnerable to developing compassion fatigue. This is defined by Figley as a state of arousal and preoccupation associated with working with clients' traumatic material that may lead to avoidance on the part of the therapist of potential reminders of the trauma. Pearlman and Mac Ian (1995) also take the view that the very process of empathically engaging with others' traumas puts therapists at risk of vicarious traumatisation (first introduced by McCann & Pearlman, 1990). Examining the effects of working with traumatised clients, they found that therapists with personal trauma histories were more likely to report experiencing distress and disruptions, while therapists, whose scores fell in the highly distressed range, tended to be less experienced and express a need for supervision. Therapists without a trauma history, but who identified themselves as more experienced and had worked longer with trauma survivors, tended to experience self-intimacy disruptions, such as feeling disconnected from one's own internal experience and being unaware of own countertransference. Taking these findings together, it is easy to see how important self-care is when working with the distress of others.

Yet paradoxically, therapists may be reluctant to seek support or address their own needs for self-care because they are seen as experts at helping and should, therefore, be competent and

self-sufficient in this respect (Figley, 2002). Zerubavel and Wright (2012) argue that psychologists' may view their own and colleagues' vulnerabilities and wounds with a certain wariness due to gatekeeping and ethical responsibilities. In the face of potential stigma, judgement and shame, there may be a reluctance to speak openly, leading to the silencing of those who are wounded and struggling. Such an atmosphere, as emphasised by Zerubavel and Wright, does not contribute to promoting resilience and therefore carries the risk of unaddressed impairment and burnout as well as interfering with clinical practice. Rance, Moller and Douglas (2010), for example, found that counsellors with eating disorder histories - although eager to demonstrate that they were not putting clients at risk - seemed to instead forget to think about the potential impact of working with clients with similar histories on their own recovery process. Another worrying implication is that 'therapists who deny their own conflicts and vulnerabilities are at risk of projecting onto patients the persona of "the wounded one" and seeing themselves as "the one who is healed" (Gelso & Hayes, 2007, p.107). The pitfalls of such dichotomous thinking is that it precludes any possibility of understanding one's own experiences of woundedness and healing necessary for helping others come to terms with their own wounds (Zerubavel & Wright, 2012).

1.4.5 How wounded are therapists?

Some argue that the view of therapists as wounded healers has been somewhat exaggerated. Given that parental conflict and painful experiences are an inevitable part of living, it seems reasonable to assume that we all have some degree of woundedness (Zamostny, Slyter, & Rios, 1993; Zerubavel & Wright, 2012). Murphy and Halgin (1995) note that, while clinical psychologists are more likely than social psychologists to report a higher incidence of psychological distress in themselves and their family of origin, only a minority consider their troubled pasts as central to their career choice. Nikčevic, Kramolisova-Advani and Spada (2007) similarly failed to find evidence in support of the notion that individuals intending to pursue a career in mental health suffer from emotional distress. In their large-scale study, Elliot and Guy (1993) noted that psychotherapists experience less depression, anxiety, sleep disturbances, and difficulties in interpersonal relationships than do other professionals. Because psychotherapists are also likely to have had therapy in the past, this may have enabled them to gain some insight in their difficulties and achieve resolution of their childhood trauma. It may, therefore, be argued that individuals, who are successful in reaching their career objective, may have been more able to come to terms with their traumatic past (Racusin, Abramowitz, &

Winter, 1981). For example, psychotherapists in Barnett's (2007) study felt that they had reached a place where they could think more objectively as well as subjectively about their woundedness. Despite the mixed findings regarding the role of woundedness in therapists' career choice and development, the popular view that the decision to enter training is frequently one in which there is a wish to achieve self-transformation persists to this day (Rizq, 2009).

1.5 Professional training

In the UK, the main professional bodies, including the British Association for Counselling and Psychotherapy (BACP), the British Psychological Society (BPS), and the United Kingdom Council for Psychotherapy (UKCP), require its member to have undergone a certain level of professional training in order to become accredited and practice as therapists. Universities and organisations offering professional training in counselling psychology as well as clinical psychology must adhere, in accordance with the Health and Care Professions Council (HCPC), to a set of ethical guidelines, values, and principles and ensure that specific training standards and requirements are upheld. While the demands, contents and structure of each training programme may differ as BPS, BACP and UKCP all offer very different qualifications, there is also considerable overlap in terms of the theories and methods that are applied to practice (McLeod, 2007; Short & Thomas, 2015).

On the whole, it is generally agreed that endeavouring to become a therapist is an essentially demanding and potentially transformative process (McQuaid, 2014). The training process requires trainees not only to acquire new skills but also to deconstruct their sense of self in order to make room for a new therapist-self to develop (Folkes-Skinner, Elliot, & Wheeler, 2010). It requires trainees to engage with raw and unfamiliar experiences, which can feel intolerable (Eagle, Haynes, & Long, 2007). Therefore, prospective trainees need to have established a certain level of emotional maturity, possess an ability to tolerate ambiguity and the inevitable frustrations that come with training, and demonstrate some openness to learning (Consoli & Jester, 2005; King, 2011; Mander, 2004). The training institution holds responsibility towards prospective clients and is required to consider important issues around safety and boundaries when selecting potential candidates for training (Mander, 2004). Therefore, not everyone who applies is accepted onto the programme or qualifies as there needs to be, what Johns (2012) calls, a degree of 'readiness'.

Such stringent criteria might explain why trainees tend to be similar to individuals already

engaged in the profession (Waldroop & Hurst, 1982). It may also be argued that trainees who are successful, have already constructed an identity aligned with the demands and values of the profession. For example, Knoetze and Stroud (2012) found that autobiographies submitted by those, who were successful in their application to train as psychologists, had a distinct audience effect. Specifically, these applicants tended to emphasise how they developed qualities desirable in a psychologist and the ways in which their knowledge of psychology helped them to overcome and solve many of life's challenges. In this way, they gave out the impression of having already established a sense of professional identity, which can be defined as one involving 'acquisition of discipline-specific knowledge, skills, and attitudes; internalization of the values and philosophy of the discipline; adoption of the discipline's code of ethics and standards of practice; acceptance of a professional interpersonal style; and having pride in the profession' (Haverkamp, Robertson, Cairns, & Bedi, 2011, p.257).

Despite such challenges and demands, an all too common view of the profession is that it gives one the freedom to be 'one's self' (Farber, Manevich, Metzger, & Saypol, 2005). Professional training can be a deeply personal endeavour, which, as mentioned earlier, is believed by many to carry the potential for transformation and personal cure (Rizq, 2009). Therefore, as stated by Rønnestad and Skovholt (1995), the field has accepted that personal and professional aspects of therapist functioning and development are thoroughly intertwined and inseparable, and, therefore, need to be equally addressed in an integrated manner as part of training. It is for this reason that professional training in either counselling, psychotherapy or clinical and counselling psychology requires trainees to undertake regular supervision so that blind spots, vulnerabilities and sensitive trigger spots can be thought about in relation to therapeutic work with clients (Short & Thomas, 2015). Many training organisations also have a mandatory personal therapy requirement as a means for encouraging self-reflection and personal and professional development in trainees (Grimmer, 2005; Rizq, 2010b).

1.5.1 The effects of professional training

The effects of professional training in counselling-related fields are particularly difficult to investigate mainly because the content and structure of each training programme varies (Rønnestad & Ladany, 2006). Studies that focus on identifying possible outcomes of undertaking professional training, as based on trainees' self-reports, suggest that counsellor training enhances self-awareness, self-acceptance, listening and interpersonal skills, and,

therefore, leads to improved relationships, emotional openness, an ability to tolerate ambiguity and manage anxieties, as well as a recognition of personal issues, such as needing to be less judgemental and more tolerant of others (Christopher & Maris, 2010; King, 2007; Mackenzie & Hamilton, 2007). The relational and affective aspects of therapeutic work helps trainees to develop empathy for others, and reflect on how they communicate in their relationships in both professional and personal domains (King, 2007; Truell, 2001). Intense interpersonal experiences with clients often take precedence over theories and research. It is through direct work with clients that therapists are continuously finding out about themselves as well as gaining insight into the human condition and its variability in coping and resolving difficulties (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Turner, Gibson, Bennetts, & Hunt, 2008).

Central processes surrounding counsellor development can be understood in terms of developmental phases through which trainees pass as they progress in their training (Rønnestad & Skovholt, 2003). It has been noted that, during the initial phases of training, trainees tend to experience themselves as rigid and self-critical and rely on conceptual learning and external evaluation and validation. Through engaging in self-reflective activities, trainees eventually abandon their position of certainty and move towards flexibility and fluidity as they discover more and more about themselves. Over time, they rely more on experiential learning and move from external evaluation to self-validation, self-evaluation and self-motivation. They start internalising responsibility for professional development and develop a personally meaningful definition of counselling (Auxier, Hughes & Kline, 2003; Du Preez & Roos, 2008; Gibson, Dollarhide, & Moss, 2010). As trainees deal with increasingly difficult and uncertain situations, they gain the ability of 'seeing the bigger picture' (Chang, 2011) and allow themselves to be more honest and 'naked' (Du Preez & Roos, 2008). Such nakedness or openness is an integral characteristic of professional development (Rønnestad & Skovholt, 2003).

It also seems that feelings of incompetence are central to novice therapists' development in that they inspire trainees to address areas of weakness, which facilitates professional growth (Theriault, Gazzola, & Richardson, 2009). This anxiety also renders trainees susceptible to internalising institutionally sanctioned practices and perspectives, which ensures that they adhere to ethical standards of the profession (Davies, 2008). The changes observed in trainees are, therefore, also reflective of institutional values and culture, which surrounds them (Consoli & Jenser, 2005).

With the passing of time, practitioners become more confident and assured in their professional role and can more clearly see their limitations. The 'blows to the ego' that practitioners encounter through their work, if processed, not only contribute to an increased sense of confidence but also paradoxically lead to a more humble attitude and a view of oneself as less powerful. Instead, the practitioner comes to realise that it is the client, who is powerful, which helps to reduce performance anxiety and allows the therapist to be more effective (Rønnestad & Skovholt, 2003).

1.5.2 Professional others

Counsellors and therapists at all levels of education and experience regard interpersonal encounters with professional others - such as trainers, supervisors, tutors, lecturers and personal therapists - as extremely influential sources of information and imperative to learning and development (Hill, Sullivan, Knox, & Schlosser, 2007; Rønnestad & Skovholt, 2001; 2003; Skovholt & Rønnestad, 1992; Stoltenberg, 2005; Wheeler & Richards, 2007). By serving as gatekeepers to the profession, professional elders have the authority to decide who passes through the gate and who is refused entry (Rønnestad & Skovholt, 2003). The power differential inherent in this arrangement may, therefore, explain the intense affective engagement with which trainees tend to approach these relationships and why professional elders are often subject to strong projections (Gil-Rodriguez & Butcher; 2012, Rizq, 2009; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992).

Trainees not only seek guidance and specific instructions on how to do therapy (Rønnestad & Skovholt, 2003), but may also turn to their seniors with high, unrealistic and often unconscious expectations (Rizq, 2009). Continuous assessments, coupled with trainees' 'what if' fantasies and narcissistic fears that they will be deemed unsuitable, can cause a great deal of anticipatory anxiety and apprehension and make trainees especially susceptible to trainers' and supervisors' remarks (Davies, 2008; Eagle, Haynes, & Long, 2007). This tendency is particularly evident in beginning trainees, who are likely to project their competence onto others, and view their own feelings of self-doubt as proof of actual incompetence (Theriault, Gazzola, & Richardson, 2009). It is, however, when trainees begin to examine rather than merely accept each comment and theory as universal truth, and attack it with questions and criticism, that a strong negative reaction in the tutor or supervisor may be provoked (Rizq, 2009). As the perceived omnipotence of theories and the professional elders ceases, there is a shift to a more internal,

personal understanding (Lowndes & Hanley, 2010). These developmental transitions are similar to those observed in children in relation to their parents and are reflective of the fact that we, as children, sometimes alternate between idealising and devaluing our parents until we can accept them as ordinary human beings - a degree of disillusionment is, therefore, inevitable (Rønnestad & Skovholt, 2003).

Since the process of becoming a therapist tends to involve frightening, confusing and unfamiliar discoveries, it is especially important that the training institution helps to facilitate a good-enough holding environment for trainees (Bruss & Kopala, 1993). Eagle, Haynes, and Long (2007) argue that the training context brings to the fore primitive anxieties of narcissistic injury, persecution and annihilation, which, unless trainees are helped to tolerate and think about, can disrupt learning. For instance, many of the trainees, in Theriault, Gazzola and Richardson's (2009) study, criticised the training environment for not providing a reflective space to discuss their sense of incompetence, despite it proving to be a process barrier and interfering with their ability be authentic and present with clients. Rizq (2009) suggests that tutors, not dissimilarly to therapists, need to be able to manage strong projections to help trainees to use what they offer. In a not dissimilar vein, Bruss and Kopala (1993) argue that it is the training institution's responsibility to 'nurture' trainees and facilitate growth, in a role similar to that of parents, so as to prepare them for the professional world. Drawing on Winnicott's (1965) developmental perspective, they warn that failing to adapt to the needs of trainees may hinder the development of a secure sense of professional self.

Eckler-Hart (1987), in extending Winnicott's (1965) concept of true and false selves, proposes that beginning trainees may become overly concerned with developing a false self to fit with the requirements of the training institution, which may prevent them from being spontaneous and alive in their work. It is only through a good-enough holding environment that trainees can dare to forge a professional identity that is governed by their true sense of self. In this sense, the trainee is not only striving for growth and transformation but to also have one's real self recognised by the professional world (Rizq, 2009). However, as pointed out earlier by Rizq (2009), the process of shedding one's false self to establish a more authentic professional identity can lead to an emotional struggle between the trainee and the training facilitators. Since this struggle is an important developmental process in itself (Rønnestad & Skovholt, 2003), it is especially important that trainers, tutors and supervisors, are able to withstand the disappointment and denigration and offer a good-enough container for these feelings in order to

help trainees turn raw experiences into something more manageable and potentially transformative (Eagle, Haynes, & Long, 2007; Gil-Rodriguez & Butcher, 2012).

The ultimate test as to whether the trainee is ready to venture out into the professional world is how he or she processes difficulties and challenges. Facing and working through challenges and humiliations helps the trainee to move from a narcissistic position of idealism to a more realistic and less grandiose view of oneself. For this shift to occur, there first needs to be an environment that promotes an 'opening up' stance and demonstrates support for one's search and development (Rønnestad & Skovholt, 2003)

1.5.3 Personal therapy

Most therapeutic training organisations in the UK have a requirement for trainees to undertake personal therapy as part of their personal and professional development (Grimmer, 2005; Rizq, 2010b). For example, a large majority of the member organisations of the United Kingdom Council for Psychotherapy (UKCP) have a personal therapy requirement, while the British Association for Counselling and Psychotherapy (BACP) had, until as recently as 2002, a mandatory personal therapy requirement of a minimum of 40 hours for therapists, who seek individual counsellor accreditation. In the British Psychological Society, the Division of Counselling Psychology, requires trainees to 'to complete a minimum of 40 hours of personal therapy' in order to be eligible for a Chartered Psychologist (CPsychol) status (BPS, 2012, p.17).

Personal therapy has long been considered the traditional approach to self-exploration (Dryden & Thorne, 1991). Developing an 'accurate and sensitive self-awareness' (p.3) is a vital prerequisite to helping others as it enables the therapist to stay emotionally attuned to changes in internal feeling state of the client and respond in a sensitive and flexible manner (McLeod, 2004). It is through emotional awareness that the therapist can use his or her personal reactions as a guide to the client's mental state and what the client may find difficult to articulate (Lemma, 2003). The professional value of personal therapy was originally recognised by Freud (1912), the founder of psychoanalysis, who insisted that, before embarking on clinical work, the therapist 'should have undergone a psycho-analytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him' (p.116). Undergoing personal therapy is, thus, thought of as a necessity for safe and ethical clinical practice (Rizq, 2010b). The predominant view is that 'an unaware counsellor

leading an unexamined life is likely to be a liability rather than an asset' (Thorne & Dryden, 1991, p.4). Given the high prevalence of early childhood trauma amongst mental health professionals, it is important that trainees are given a reflective space where they can explore their early experiences so that any unresolved issues can be identified and worked through (Nikčevic, Kramolisova-Advani, & Spada, 2007). Another argument for the inclusion of personal therapy as a mandatory requirement is that it allows trainees to become aware of their own needs for care, instead of confusing them with the needs of others (DiCaccavo, 2002).

Reflecting on our personal histories, including the events that led up to the decision to enter the field, is also crucial to our understanding of ourselves as therapists (Eagle, 1998). The process of getting to know oneself inevitably requires vulnerability and a willingness to regress to earlier times when one may have felt dependent, demanding and needy. It is through struggle and pain, moving backwards and forwards that one discovers (Alred, 2011). Since the experience of woundedness also takes centre-stage in the therapeutic endeavour, 'the therapist must incessantly struggle to bring his woundedness into play in the therapy, yet not make the healing of his own self the focus. In fact, it is this struggling that develops the self in the therapist' (Hycner, 1993, p.15).

According to Norcross (2005, p.840), studies show that 'personal therapy is an emotionally vital, interpersonally dense, and professionally formative experience'. It is claimed to be an 'empirically supported path toward psychologist development' (Norcross, 2005, p.848) and considered to play a central role in professional identity development (McLeod & McLeod, 2014). A general finding across research is that personal therapy is often seen as a learning experience and a means for personal and professional development, in which the personal therapist is regarded as a professional role model for how to be with clients and akin to a parental figure (Grimmer & Tribe, 2001; Macran, Stiles, & Smith, 1999; Murphy, 2005; Rizq & Target, 2008; 2009; Rønnestad & Skovholt, 2012; Wiseman & Shefler, 2001). Personal therapy seems to offer an opportunity to experience, first-hand, what it feels like to be a client and appreciate the powerful impact of the therapeutic process from a client's perspective (McLeod, 2003; Rake & Paley, 1999). Through the experience of being seen 'in the eyes of the therapist' one can begin to see, accept and reflect on different aspects of oneself (Rizq & Target, 2009, p.72). As part of this process, the relationship with the personal therapist is frequently experienced as having the potential of serving as a corrective parental experience (Rizq & Target, 2008), in which the therapist is able to relate more authentically and gradually

progress from a deep sense of impostorship towards a sense of individuation and selfhood (Macran, Stiles, & Smith, 1999; Murphy, 2005; Rake & Paley, 1999; Wiseman & Shefler, 2001). The evidence at hand indicates that this not only promotes self-reflexivity and authenticity but also engenders an inner confidence and emotional robustness that enables therapeutic use of the self in practice (Grimmer & Tribe, 2001; Macran, Stiles, & Smith, 1999).

The requirement to have personal therapy as part of training also raises a number of ethical and practical issues. The idea of forcing personal therapy on to trainees appears inconsistent with the existential-humanistic philosophy that lies at the heart of counselling and counselling psychology (Malikiosi-Loizos, 2013). It is questionable whether it can be insisted that trainees undertake personal therapy without a valid reason (Atkins, 2006) and there is a risk that trainees engage in 'pretend therapy in which the self is minimally engaged' (Rizq & Target, 2008, p.41). Negative experiences of personal therapy are not all uncommon, and although valuable in terms of helping trainees to distinguish good from bad practice (Grimmer & Tribe, 2001), such experiences may inevitably lead to greater defensiveness and consolidation of a false self, especially in trainees with narcissistic injuries (Halewood & Tribe, 2003). For example, in Rizq and Target's (2010) study, it was noted that counselling psychology trainees experience the mandatory personal therapy requirement differently depending on their attachment style. For trainees with an insecure attachment style, the power disparity within the therapeutic relationship and the imposition of therapy seemed to lead to a sense of powerlessness, frustration and feeling intruded upon, which gave rise to a covert power struggle. In this way, personal therapy can become an emotional burden that adds to the stress of practising therapy rather than a source of support (Grimmer, 2005).

It is also recognised that personal development can take various forms and does not need to be restricted to personal therapy (Rizq, 2010b). Since it is also a costly venture that leads to additional financial pressure (Kumari & Baker, 2008), more studies are needed to determine whether personal therapy is indeed the most effective way to develop qualities desired in therapists (Macaskill, 1999).

1.6 What is counselling psychology and its distinctive identity as a discipline?

> 'Counselling psychology is a distinct profession within the field of psychology whose specialist focus is the application of psychological and psychotherapeutic theory and research to clinical practice. Counselling

psychology holds a humanistic value base that goes beyond the traditional understanding of human nature and development as passive and linear and views human beings and their experience as inherently dynamic, embodied, and relational in nature. Its aim is to reduce psychological distress and to promote the wellbeing of individuals by focusing on their subjective experience as it unfolds in their interaction with the physical, social, cultural, and spiritual dimensions in living. Counselling psychology takes as its starting point the co-construction of knowledge and as such places relational practice at its centre. The therapeutic relationship is therefore considered to be the main vehicle through which psychological difficulties are understood and alleviated' (BPS, 2014, p.15).

Counselling Psychology in the UK has 'positioned itself between the science of psychology and the therapeutic practices of counselling and psychotherapy' and has 'constructed an identity that espouses the complementary aspects of scientist practitioner and reflective practitioner' (Woolfe, Strawbridge, Douglas, & Dryden, 2010, p.2). The origins of counselling psychology, or psychology as a discipline in general, are grounded in the science of consciousness that focuses on the phenomenology of the 'self' and its interrelational existence (Strawbridge & Woolfe, 2010). In Britain, where counselling and psychotherapy evolved separately to the profession of psychology, counselling psychology was introduced in 1982 to bridge this gap by bringing the separate fields under one roof (Woolfe, 1997). Counselling psychology has its roots in humanistic and existential ideas that privilege the subjective experience of individuals and contrast the prevailing biomedical understanding of mental health (Strawbridge & Woolfe, 2010). It is defined by its integrative and relational stance (Larsson & Loewenthal, 2011; Manafi, 2010; O'Brien, 2010), which is in keeping with the growing recognition that the self of the therapist (Reupert, 2006), and the therapeutic relationship developed with clients is central to the outcome of therapy (Clarkson, 1998; Lambert & Barley, 2001).

It has since evolved to encompass a range of different traditions and approaches in psychology; including the cognitive-behavioural, the psychoanalytic and psychodynamic, and the constructionist, narrative and systemic perspectives (Strawbridge & Woolfe, 2010). The pluralistic ethos that lies at the heart of counselling psychology is consistent with the postmodern view that there is no single, overarching truth (McAteer, 2010), which is closely linked with Lyotard's (1984) assumption that grand master-narratives can limit our understanding and prevent us from being attuned to difference and diversity (Strawbridge &

Woolfe, 2010), and sociohistorical contexts that we and our clients inhabit (Olsen, 2010). Counselling psychology is, therefore, in a strong position to move beyond traditional methods that risk undermining an individual's voice and power (Bowen & John, 2001).

The discipline of counselling psychology continues to grow and change in response to social, economic and political pressures. While counselling psychology has come to be regarded as an alternative to the prevailing mainstream approaches, it is becoming increasingly influenced by the philosophy of evidence-based practice in accordance with bio-medical perspectives as it is establishing itself more strongly within the National Health Service (NHS). Counselling psychologists are now more likely to work in 'clinical' contexts, and alongside clinical psychologists. The division of counselling psychology has, therefore, begun to align itself more closely with the clinical division (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). This has led to a renewed interest in the scientist-practitioner model and a shift towards the use of research to guide practice (Corrie & Callanan, 2000; Lane & Corrie, 2006).

The ever-increasing demand for counselling psychology means that the profession is confronted with questions related to effectiveness, accountability and responsibility from the outside (Corrie, 2010; Strawbridge & Woolfe, 2010). The scientist-practitioner model, with its emphasis on evidence-based practice, whilst offering an effective and persuasive framework for guiding clinical work, has also critical implications for the identity, training, and practice of counselling psychology (Corrie, 2010). For example, explicitly drawing on up-to-date evidence to justify practice may not seem wholly compatible with the notion of 'being in relation', upon which the ethos of counselling psychology rests (Strawbridge & Woolfe, 2010). Blair (2010) argues that adopting a scientific attitude to clinical practice means grappling with the medical model and its discourse of mental illness and pathology, which comes in conflict with counselling psychology's humanistic assumptions contained within the reflective practitioner model. By allowing ourselves to be guided by scientifically driven theoretical models, clinical measures and standardised treatment packages, we also risk imposing certain agendas and assumptions upon our clients (Bury & Strauss, 2006). Another potential pitfall in using evidence-based interventions, Blair notes, is that findings from randomised controlled trials may not be generalisable to real-life therapeutic relationships that may require a more individualised approach. It may not be possible to accurately measure factors such as shared meaning and subjective and plural understanding of the self or replicate practice that 'is always

unique to a particular encounter between two particular people at a particular time' (Blair, 2010, p.26).

There is also a concern that the voice of counselling psychology within the wider discipline of psychology is being drowned out by a much louder voice of clinical psychology and that, as a result, it may be difficult to feel understood and accepted as a counselling psychologist (Monk, 2003). Indeed, as pointed out by Lane and Corrie (2006), 'our commitment to reflective practice, personal development and supervision proved to be our biggest obstacle to success – other divisions could not accept its role in scientifically-based professional practice' (p.12). Despite the pressure to defer to more dominant discourses (Monk, 2003), counselling psychology has chosen to develop its own take on the scientist-practitioner model by emphasising integration (Bury & Strauss, 2006) and plurality of knowledge (Ashley, 2010). The discipline aims to foster a stance of openness to a wide variety of philosophical and theoretical perspectives by emphasising the possibility for coexistence of multiple approaches and ways of understanding emotional distress (BPS, 2014).

Many of the fundamental values of the division of counselling psychology that were initially resisted have now made their way into mainstream psychological practice (Lane & Corrie, 2006; Woolfe, Strawbridge, Douglas, & Dryden, 2010). The legacy of counselling psychology lies in its insistence on reflective practice and supervision as an ongoing process in both professional training and practice - a view that has also been embraced by the clinical division (Lane & Corrie, 2006). The reflective practitioner paradigm - based on Schon's (1983) principles and grounded in Kolb's (1984) cycle of experiential learning - has been regarded as the cornerstone of counselling psychology (Lane & Corrie, 2006; Woolfe & Tholstrup, 2010). It emphasises that 'the role of reflection and the use of the self of the therapist' underpins the practice of counselling psychology (Rizq, 2010b, p.570). There is a commitment to personal development work through various experiential activities as well as the use of personal therapy. Counselling psychology is currently the only division within the British Psychological Society (BPS) that has a mandatory therapy requirement of 40 hours (BPS, 2015; Rizq, 2010b). In addition to personal therapy, trainees are often encouraged to keep a log of their personal and professional development and take part in personal development groups, workshops and exercises (Galbraith, 2016). The aim of the personal development component is to enable trainees to 'gain insight into the experience of being a client' and develop self-awareness and a 'critical self-reflection of the use of self' as well as a 'greater understanding of personal issues'

(BPS, 2012, p.17). Trainees need to develop a degree of self-awareness in order to be able to recognise personal limitations and monitor own fitness to practice as well as implement strategies to develop resilience and demonstrate commitment to ethical practice and appropriate boundary keeping (BPS, 2015). Since psychologists assume positions of power and authority by virtue of their claim to expertise and evidence-based practice, the process of becoming a reflective practitioner also requires examining the limits of one's professional knowledge with respect to the context in which it exists. This involves exploring the meanings that others attach to one's own actions through conversation and making one's own understandings accessible, which necessitates going beyond the comfort of unquestioned acceptance of what one knows and the invulnerability afforded by expert, evidence-based knowledge to reflect anew from another perspective (Schon, 1983). The process of developing self-awareness is, therefore, rooted in having to negotiate the tension between the scientist-practitioner and reflective-practitioner models, upon which counselling psychology rests.

Personal development is not a separate entity, but goes hand in hand with professional development as a linked concept - referred to as 'personal and professional development' (BPS, 2012; Hughes, 2009). Supervision is seen as central to continuing professional development (Lane & Corrie, 2006) and is, therefore, a mandatory requirement for 'all counselling psychologists regardless of their level of qualification or seniority' (BPS, 2007a, p.5). Maintaining supervision with experienced members of the field is essential to ethical professional practice as it ensures that the professional is abiding by the Society's ethical framework and professional codes of conduct and practice guidelines as well as those of the Health and Care Professions Council (HCPC). It not only upholds the integrity of the profession in the public eye, but also promotes a commitment to ongoing personal and professional development and appropriate self-care. It is for this reason that counselling psychology trainees are required to complete a minimum of 450 supervised client hours during their training (BPS, 2007a; 2012).

1.6.1 Interdisciplinary tensions between counselling psychology and its sister discipline clinical psychology

Despite the success of counselling psychology in establishing itself as a legitimate discipline in the UK (Vasquez & Bingham, 2012), inter-group tensions resulting from competition for scarce resources and professional envy pose a constant threat to the future of counselling psychology

within the NHS (James & Bellamy, 2010). When concerns were raised in 2002 about whether there was a so-called 'clinical apartheid' that meant that counselling psychologists were offered NHS posts at a lower grade than their clinical counterparts, it was agreed that training courses in counselling psychology need to be in line with NHS needs and comparable to clinical psychology training if we are to demand parity of pay (Behati, 2002; Bellamy, 2003; 2004). This prompted a major revision of the syllabus for training in counselling psychology (Wilkinson, 2003), and a transition to offering a Doctoral award as the exit point for all accredited training programmes (Bellamy, 2006). The new curriculum had a stronger emphasis on psychopathology, psychopharmacology and the use of psychological testing (Orlans & van Scoyoc, 2009). Inclusion of these new areas meant that there was now a greater overlap of skills and competencies between clinical and counselling psychologists. Steps were also taken to ensure that, when NHS psychology posts were advertised, phrases such as 'Clinical or Counselling psychologist' were used so that potential candidates were not excluded because of their adjectival title (BPS, 2007b).

Consequently, counselling psychology risked becoming a self-funded alternative to the restricted path of clinical psychology training as opposed to being known for its different philosophy (Giddings, 2006). The increasing competition also put pressure on counselling psychologists to prove that 'we are clever, confident and well-informed psychologists' that can do everything required of a counselling psychologist and 'sound and behave like clinical psychologists so that nobody can tell the difference' (Hammersley, 2009, p.8). Thus, the challenge here was how to retain what is 'good' in the profession while trying to work alongside other professionals, who are trained in diagnostic labelling, and in a cash-limited public health system that favours evidence-based, standardised treatment (James & Bellamy, 2010).

1.6.2 Future challenges for the identity of counselling psychology in the UK

Counselling psychology's quest for a coherent and distinct identity remains an ongoing struggle that is inherently uncertain and competitive (Kasket & Gil-Rodriguez, 2011; Moore & Rae, 2009; Pelling, 2004). The redefinition of the curriculum and the move to Health and Care Professions Council (HCPC) accreditation with its increased academic demands has made it increasingly difficult to ensure that training provides trainees with a much-needed holding environment (Gil-Rodriguez & Butcher, 2012). Moreover, Gazzola, De Stefano, Audet and

Theriault (2011) argue that professional identification with diversity and multiplicity can be a source of internal struggle and confusion for trainees and, therefore, hinder their professional identity development. This reluctance to follow a single-model approach can also make it increasingly difficult for trainees to gain therapeutic confidence (Rizq, 2006). Developing an integrative stance is especially challenging given that many placements insist on adherence to particular therapeutic theories and interventions (Ward, Hogan, & Menns, 2011). Even if trainees gain in breadth, they will undoubtedly lose in depth (Hammersley, 2009). So unless trainees have a clear understanding of their professional role, it is difficult to ensure that their clinical practice is done 'adequately, efficiently, expertly, safely or ethically' (Cross & Watts, 2002, p.298).

It may, on the other hand, be difficult, if not impossible, to attain a clear definition of what counselling psychology's identity is, especially considering the broad range of contexts, within which counselling psychologists work and the wide scope of therapeutic approaches that they have at their disposal. The vague and indefinite may even be a desirable characteristic as it gives one the freedom to be just what one wants to be and develop a unique professional identity. Instead, what may need to be encouraged is that counselling psychology trainees form their own personal definition of counselling psychology and how it applies to them as practitioners and researchers (Kasket & Gil-Rodriguez, 2011).

It is, however, open to question how 'unique' such personal definitions may be given that counselling psychology is known for its 'anarchic' nature (Orlans & van Scoyoc, 2009). For example, Moore and Rae (2009) carried out a discourse analysis of interviews conducted with counselling psychologists in Britain and found that they used a 'maverick' repertoire to construct an outsider identity for counselling psychology. Although considered progressive and freeing, an outsider identity is constantly under threat of being either cut adrift or incorporated into the mainstream and lose its distinctiveness. This outsiderness also takes on 'an adolescent feel' in the sense that different philosophies, identities and approaches are tried out without a sense of commitment (Moore & Rae, 2009, p.388). This in itself might not necessarily be a bad thing. As Strawbridge (1992) points out, if counselling psychology is to be thought of as a 'rebellious adolescent' then rather than wait for it to 'grow up' and become an adult, we need to remind ourselves that our strength lies in the fact that we offer an alternative to dominant models, and perhaps we should even encourage a 'continuous unruliness' (p.5).

If, however, counselling psychology is to 'grow up', then there needs to be an agreement about

its adult future. Instead of merely arguing against something, it is necessary that we identify what kind of counselling psychology we want to promote (Goldstein, 2010). Pugh and Coyle (2000) point out the dangers of building on what other professions have already advanced, arguing that instead of trying to construct itself as 'equivalent' in order to gain acceptability and legitimacy, counselling psychology in the UK needs to establish 'a separate therapeutic space' (p.97). This could mean following in the footsteps of our American colleagues, and embracing a social justice agenda with a focus on issues of equality and equity (Cutts, 2013). It may be further argued that, in a multicultural society like Britain, an explicit commitment to diversity could come to 'matter in a real world way' unlike a rigid engagement with phenomenology (Moller, 2011, p.8). However, others argue that this can be achieved through a stronger emphasis on pluralistic perspectives (Wilk, 2014) or existential theory and practice (Milton, 2014), which espouses an attitude of un-knowing that involves taking a step back from what gives us a sense of security, authority, expertise and power (Spinelli, 2014). It, thus, seems impossible to come to an agreement when there is such a diversity of views. What does, however, become clear here is that it is a heated discussion such as this that drives our profession forward, and that it is important that we continue to contribute to this debate.

1.7 Summary

Research thus far indicates that early experiences of distress and pain in the family of origin may motivate certain individuals to enter a therapeutic profession (Elliott & Guy, 1993; Fussell & Bonnet, 1990; Murphy & Halgin, 1995; Nikčevic, Kramolisova-Advani, & Spada, 2007). While there has been a shift from quantitative to qualitative methodological approaches in the arena of psychological research, the findings consistently show that there is an observed tendency for therapists to locate experiences of distress, marginalisation and role reversal in their pasts (Barnett, 2007; Chang, 2011; DiCaccavo, 2002; Farber, Manevich, Metzger, & Saypol, 2005; Knoetze & Stroud, 2012; Rønnestad & Skovholt, 2003). Much of the existing literature and research concerning therapists' early childhood experiences draws upon psychoanalytic thought as a framework for understanding the possible effects of early adverse experiences, particularly in primary relationships, on the development of the self in therapists-to-be. In psychoanalytic theory, a popular view is that therapists are 'narcissistically injured' as a result of having been used as self-objects by their parents, which may precipitate the emergence of a 'false self' (Kohut, 1977; Miller, 1987; Winnicott, 1965) and the desire to repeat the same experience with others through the role of a therapist (Celenza, 1991;

DiCaccavo, 2002; Leahy, 2001; Tjeltveit & Gottlieb, 2010; Wheeler, 2002). The idea of the therapist as a 'wounded healer' encourages a more positive outlook on wounds, pain and suffering; namely, that the experience of woundedness may be necessary to heal others (Groesbeck, 1975; Guggenbühl-Craig, 1971; Jung, 1954; Kirmayer, 2003) and, therefore, represents a 'risky growth opportunity', which may facilitate the development of qualities desirable in therapists (Cohen, 2009; Fussell & Bonney, 1990; Zerubavel & Wright, 2012).

However, it may be also argued that, in our cultural climate, narcissism has become an essential requirement for social existence (Lasch, 1979), and that parental conflict and painful experiences become an inevitable part of living (Zamostny, Slyter, & Rios, 1993). Instead, therapists are more likely to recall adverse childhood experiences because they are more acutely aware of the psychological ramifications inherent in such experiences (DiCaccavo, 2002; Nikčevic, Kramolisova-Advani, & Spada, 2007). As they are more likely to be exposed to theoretical concepts, such as 'narcissistic injury' and 'the wounded healer', they are also more likely to draw on these concepts to understand their life experiences and construct their professional selves (Freeman, 1993; Haverkamp, Robertson, Cairns, & Bedi, 2011; Knoetze & Stroud, 2012). Since the content and demands of training programmes in counselling, psychotherapy and counselling and clinical psychology are likely to vary (McLeod, 2007; Short & Thomas, 2015), the theoretical concepts that trainees make use of to make sense of and explain their life experiences are going to be reflective of the philosophy of the particular discipline that they will eventually join (Freeman, 1993; Knoetze & Stroud, 2012). At the same time, there is also quite an overlap in what trainees come to experience. For example, trainees are required to have regular supervision to support their clinical practice (Short & Thomas, 2015) and many training organisations also have a mandatory training requirement (Grimmer, 2005; Rizq, 2010b). It is, therefore, unsurprising that trainees tend to regard interpersonal encounters with professional others as imperative to learning and development (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992), and turn to them with high and often unrealistic unconscious expectations (Rizq, 2009). Since trainees are often concerned with developing a 'false self' to fit with the requirements of the training institution, it is important that a 'good-enough holding' environment is facilitated to help relieve anxieties of narcissitic injury and promote the development of a secure self (Bruss & Kopala, 1993; Eagle, Haynes, & Long, 2007; Eckler-Hart, 1987; Rizq, 2009).

Counselling psychology, as a relatively new discipline, has successfully carved a niche for

itself as an alternative to the prevailing mainstream approaches (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). Despite the success of counselling psychology in establishing itself as a legitimate discipline (Vasquez & Bingham, 2012), inter-group tensions pose a constant threat to the future of counselling psychology within the NHS (James & Bellamy, 2010). It is, therefore, argued that counselling psychology's quest for a coherent and distinct identity remains an ongoing struggle that is inherently uncertain and competitive (Kasket & Gil-Rodriguez, 2011; Moore & Rae, 2009; Pelling, 2004), which may, as a result, hinder the development of trainees' professional identity (Gazzola, De Stefano, Audet, & Theriault, 2011). Moore and Rae (2009) revealed that counseling psychologists in Britain rely on a 'maverick repertoire' to construct an outsider identity for counselling psychology, which although considered progressive and freeing, is also under threat of being either cut adrift or incorporated into the mainstream. A related concern is that the division of counselling psychology has begun to align itself more closely with the clinical division in response to social, economic and political pressures (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). There has been a redefinition of the curriculum and a move to Health and Care Professions Council (HCPC) accreditation, which has implications for the professional preparation and development of counselling psychology trainees (Gil-Rodriguez & Butcher, 2012).

1.8 Rationale for research

While it may be assumed that the self of therapists is intimately bound up with early wounds, little is known about how counselling psychologists make sense of their early childhood experiences and whether early wounds are central to their identities. Since counselling psychology espouses a pluralistic ethos (McAteer, 2010), it is likely that trainees use a variety of concepts to make sense of their life experiences and their emerging professional selves. It would be interesting to explore whether counselling psychology's reluctance to follow a single-model approach allows counselling psychology trainees to develop a unique professional identity, as suggested by Kasket and Gil-Rodriguez (2011), or whether it becomes a source of an internal struggle and confusion that threatens the formation of a meaningful professional self (Gazzola, De Stefano, Audet, & Theriault, 2011).

It appears that counselling psychologists may be drawn to a maverick or outsider identity as a result of the profession's positioning against the mainstream (Moore & Rae, 2009); however,

less is known about how trainee counselling psychologists construct their identities through the training process and whether a similar identification takes place. It has also been reported that it is increasingly difficult to facilitate a 'holding environment' due to the ever-changing nature of counselling psychology (Gil-Rodriguez & Butcher, 2012); therefore, it remains to be explored how this may come to shape counselling psychology trainees' emerging identities.

Moreover, if counselling psychology trainees carry a narcissistically injured or wounded sense of self, as frequently noted in the literature on therapists, how do they make sense of it in the context of professional training in counselling psychology? Answering these questions may provide some insights into the personal and professional development needs of counselling psychology trainees and how training programmes can facilitate trainees' professional development and identity formation. The aim of the present research is, therefore, to gain an understanding into how counselling psychology trainees construct and make sense of their emerging professional identities and what experiences, past and present, they draw upon in the context of their training to shape those identities.

1.8.1 Research questions

- How do trainee counselling psychologists construct and make sense of their emerging professional selves?
- What experiences do trainee counselling psychologists draw upon in the context of their training to shape their emerging professional identities?
- What past experiences do trainee counselling psychologists consider influential in shaping their professional identities?

CHAPTER 2: METHODOLOGY

This chapter provides a rationale for adopting a narrative inquiry approach to explore professional narratives of recently qualified and trainee counselling psychologists. It will begin with a brief overview of the philosophical paradigms that underpin research in counselling psychology, followed by an exploration of my speaking position as a researcher and my assumptions, values and beliefs as these may have impacted on the research process. I will then outline the epistemological framework that laid the foundation for the research and discuss the use of qualitative approaches and narrative inquiry in psychological research, as well as provide a rationale for the chosen methodology, including data collection and procedures, ethical considerations, data analysis and how I planned to enhance the quality and trustworthiness of the present study.

2.1 An overview of research paradigms in counselling psychology

A paradigm may be described as a basic belief system that helps us answer any ontological, epistemological and methodological questions that we may have (Guba & Lincoln, 1994). While ontology seeks to address 'what is there to know?', epistemology asks 'how can we know?' (Willig, 2008, p.12). Answering these questions can help to ensure that research findings are coherently presented and assist in the evaluation of the appropriateness of the methods chosen (Coyle, 2007). These questions, however, need to be considered within the context of the recent paradigm shift in counselling psychology as this is likely to have had a bearing on how I approached the research.

Research within the field of psychology, and counselling psychology specifically, has been traditionally associated with positivist notions of knowledge and quantitative research traditions (Morrow, 2005; Ponterotto, 2005). Commonly referred to as the 'scientific method', it was founded on the idea that objectivity and neutrality was possible through the use of standardised measurements and taking on a hypothetico-deductive stance. As this implied an impartial and unbiased viewpoint, the researcher needed to remain detached from his or her research (Coyle, 2007). In the 1960s and 1970s, feminist scholars questioned the positioning of the researcher as 'outside of the subject matter' in that it obscured the significance of the researcher's standpoint and its inevitable role in the research process (Willig, 2008, p.6). This gave rise to an epistemological debate about the kind of knowledge that could be aimed for in psychological research, leading to a gradual paradigm shift and an increased use of qualitative research

methods. While there was, initially, an upsurge of interest in phenomenologically based approaches, in which, of importance, was individual meaning and personal accounts of experience, psychologists also sought to understand social and economic factors that shaped experience (Coyle, 2007). The growing recognition that an individual does not exist in a vacuum, but is, more or less, a by-product of a particular culture, was an important ingredient in the emergence of the postmodern movement, which placed an emphasis on social, communal and linguistic constructions of reality (Gergen, 2001a). The social constructionist strand of postmodernism made it possible to not only explore 'the ways that the taken-for-granted 'realities' of our cultures limit us in our ways of knowing the world', but integrate our 'value orientation and political philosophy into various forms of action' (Gergen, 2001b, p.42). As this also posed the danger of undisciplined subjectivism (Gergen 1985; Hoshmand & Polkinghorne, 1999), an alternative critical realist approach was introduced, emphasising that a human reality does exist independently of its social context (Bury & Strauss, 2006).

As a result of these scientific developments, qualitative research in counselling psychology continues to prosper within either ideological-critical or the more popular postpositivist or interpretivist-constructivist paradigms. Whereas criticalists tend to adopt a value-laden perspective on social change issues, postpositivists strive towards a neutral, value-free stance. Somewhere in the middle are the interpretivist-constructivists, who accept that subjectivity has a pivotal part in research. It is perhaps for this reason that the interpretivist-constructivist paradigm is considered most appropriate for counselling psychology research, and is, therefore, what also drives the current investigation (Morrow, 2005; 2007; Ponterotto, 2005).

2.2   The position of the researcher

By questioning the traditional claims of objectivity and neutrality, the postmodern constructionist critique invites us to consider our own private and personal standpoint (Gergen, 2009). Stating my 'speaking position' or, in other words, the interpretative lens, through which I approach and engage with the research serves to elucidate what particular assumptions, values and motives have come to shape it (Coyle, 2007). As a trainee counselling psychologist, I embrace the idea of pluralism, diversity and multiplicity of perspectives, and consider meaning-making an inter-subjective endeavour, something which my clinical practice has abundantly demonstrated to me. Coming from a multicultural background myself, and being an avid traveller, I am mindful of cultural diversity and difference, and its potential impact on how we

perceive and think about ourselves and our surroundings. I also recognise that the way that I think of myself and others is deeply embedded in Western culture, which privileges certain forms of understanding and sense-making over others (Crossley, 2000a). While there is a tendency, for me, to view each of us as individuals with goals and values of our own and each capable of change and growth, which may be characteristic of Western thought, I have noticed a shift towards a more relational, intersubjective understanding as a result of my professional training. I hope that it will become clear in the ensuing sections the many ways in which my speaking position guided and informed my choice of research methodology and analytic approach to data.

2.3 Epistemological framework

Identifying the epistemological foundation that underlies this research endeavour enables us to ascertain 'what kind of things it is possible for us to find out' (Willig, 2009, p.2). The postmodern and social constructionist movement has drawn attention to the fragmented, contradictory and unpredictable nature of our experience (Frosh, 2002), which as noted earlier by Crossley (2000a), may not entirely 'accord with the reality of how people contend with their experiences and sense of themselves' (p.41). According to McAdams (1993) and Raggatt (2006), such approaches seem to overlook the integrative function of storytelling, making the studying of the self an insoluble difficulty. The narrative psychological approach seeks to resolve this dilemma by committing itself to both a realist epistemology - which allows us to study personal, subjective and experiential aspects of individual experience - and a social constructionist epistemology - which seeks to explore the ways in which our selves are shaped by dominant cultural forms of sense-making (Crossley, 2000a; 2000b; Riessman, 2008).

What realist ideas also offer is the opportunity to think about how socially constructed concepts can give rise to independent, objectified and prescriptive realities, such as in the case of stereotyping, stigmatising and racism, which are bound to bear upon how we experience the world and what stories we tell (Augoustinos & Walker, 1995). By drawing on a realist epistemology, narrative psychology emphasises that our stories are not just works of fiction, but contain factual descriptions of events, circumstances and situations that took place in the past. It reminds us of the temporality of our experiences and sense of self, and how we tend to fall back on what we already know about ourselves and our lives when trying to make sense of a particular experience so as to maintain a sense of coherence, meaningfulness and identity

(Crossley, 2000b).

This commitment to realist principles does not, however, suggest that human experience and sense of self can be couched within one grand narrative (McAdams, 2001), which could potentially undermine the power of individual voices (Bowen & John, 2001), and become oppressive to individuals, whose narratives fall outside the dominant cultural storylines or plots (Adler & McAdams, 2007). But rather, it is precisely these diverse individual voices, with all their idiosyncrasies and differences, and structures of meaning, that the narrative psychological approach strives to uncover. For this to happen, there also needs to be an awareness of the wider cultural milieu, within which these voices emerged and the discursive, social and cultural processes that played a part in their emergence, which explains why social constructionist perspectives have their place in narrative psychology (Crossley, 2000a; 2000b). The social constructionist position, thus, forces us to consider the idea that our understanding is context-dependent and subject to reinterpretation, and may, therefore, change depending on the situation and the individuals with whom we are interacting, which is important to bear in mind when thinking about others' stories (Willig, 2013).

In the light of these reflections, it becomes clear that it is through an interplay of these opposing, but at the same time, complementary ideas that narrative psychology makes the study of the self a feasible and insightful endeavour. In refusing to take a clear-cut stance towards the subject matter, it asks of us an attitude of openness and curiosity, which is in agreement with what Kasket (2012) regards an important quality to strive for in counselling psychology research. Having said that, it is nevertheless important to note that, given that the present research is mainly concerned with narrative accounts of significant experiences rather than discursive structures of stories and their effects, it should, therefore, be considered a more explicitly realist endeavour (Smith, Flowers, & Larkin, 2009).

2.4 Qualitative research

Much of the existing research concerning therapists' early childhood and training experiences has been quantitative, which, while alerting us to the fact that certain experiences feature prominently in personal stories of therapists, has not furthered our understanding beyond this point. Choosing the qualitative route seemed to me an obvious choice as it offered 'rich descriptions and possible explanations of people's meaning-making' and 'how they make sense of the world and how they experience particular events' (Coyle, 2007, p.11). It takes into

account the possibility of different realities and interpretations, making it possible to explore variations of human experience to deepen our understanding (Creswell, 1998; Polkinghorne, 2005).

There are, of course, many different ways of conducting qualitative research. I will, therefore, state my reasons for rejecting other possible approaches before I elaborate on the uses of narrative inquiry and why it was employed. Since discursive analysis is primarily concerned with how talk is used and the structure of narratives, and less so with non-linguistic, affective and temporal elements of experience, it was considered incompatible with the research questions posed. Grounded theory was not considered appropriate due to its limited applicability to research questions concerning the nature and meaning of experiences. Although Interpretative Phenomenological Analysis (IPA) was initially considered, because of its realist implications and the promise to enable 'an insider perspective' on how experiences are made sense of, it was, nevertheless, deemed unsuitable due to its lack of concern with the origin of such experiences and the surrounding conditions, which may have helped to shape them (Willig, 2013).

2.5 Narrative analysis

Narrative analysis subsumes a variety of case-centred methods that have in common a concern with the story itself and the ways in which people bring sense and meaning to experience through stories (Murray, 2003; Riessman, 1993; 2008; Willig, 2008). Given the diverse 'theoretical assumptions about subjectivity, language, the social and narrative itself' within the field of narrative inquiry, it is important to emphasise that the focus is on experience-centred, individually-oriented narrative approaches that are primarily concerned with how stories are implicated in the process of identity construction (Squire, Andrews, & Tamboukou, 2013, p.5). Stories of those, whose lives are studied under these agendas, are assumed to 'have some significance and 'reality' … beyond the boundaries of the specific interview context', and reflect, in some sense, parts 'of their 'ongoing story' which represents a manifestation of their psychological and social worlds' (Crossley, 2000a, p.88).

While it is necessary to consider the wider socio-cultural context, within which the personal dimension of human experience is embedded, when doing narrative research (Hollway & Jefferson, 2000; Riessman, 2008), political and sociological presuppositions must be tempered with caution so that we are not objectifying what has been said and the experiences that have

been shared (Crossley, 2000a). In other words, as Phillips (1994) notes, in order for what is being told to be heard, there also needs to be 'a leap of faith that suspends disbelief' (p.10) on the part of the listener. This implies treating what is said with attention, which may come at the expense of focusing on what may be hidden by such talk. Therefore, by taking McAdams' (1993) theoretical and methodological approach to personal narratives, as adapted by Crossley (2000a), which focuses on narrative tone, imagery and themes, it is possible to approach participants' narrative accounts from an empathic interpretative stance that prioritises the meanings that participants have constructed themselves (Willig, 2012). Attending to what is said also enables to discern what experiences, situations, scenes and scripts have fuelled participants' narratives and identities (Barresi, 2006). Following in the footsteps of Blagov and Singer, (2004), Crossley (2000a; 2000b), McAdams (1993; 2013), Pals (2006a) and Thorne (2000) makes it, therefore, possible to explore how emotionally salient experiences and events have come together to form life stories and inform narrative identities.

Other aspects of narrative data are, of course, also taken into consideration as it is impossible to engage reflectively with any material without looking beyond what appears on the surface (Riessman, 2008), but at the same time, these are not made the focus of the analysis so as to not jeopardise conceptual and methodological clarity and confuse the reader (Willig, 2013). The analytic thinking process behind the decisions will be described more fully in the analysis section of this chapter.

2.6 Data collection

The research was advertised via the 'Counselling Psychologist UK' DCoP Facebook page as 'a study on how trainee Counselling Psychologists perceive their past to impact on their personal/professional development and clinical practice'. Those who expressed an interest were emailed further information regarding the purpose of the study and the possible risks of participating to ensure that they were fully informed before agreeing to participate (Appendix 1).

The primary method of gathering narrative data was through the use of semi-structured face-to-face interviews. I was initially inspired by Holloway and Jefferson's (2000) free association narrative interview method and the idea of inviting participants to talk about anything they felt was relevant without relying on a predefined interview schedule. While this seemed to be a useful strategy for evoking narratives as it gave participants control over what and how much

they disclosed (Goodbody & Burns, 2011), there were concerns about the quality of the data obtained with such an interview approach and whether it would lead to meaningful insights (Morse, 2000). A set of open-ended questions was therefore prepared, along with a list of topics, which was given to each participant prior to the interview, to ensure that they stayed 'on topic' (Appendix 2). It was interesting to note that many of the participants referred to this list only at the end of the interview as a means of reviewing what has been covered. I came to understand this as reflecting how important it was for participants that they shared their 'own' stories. I therefore made sure that I kept an open mind and engaged with what was happening in the moment to ensure that their narratives could emerge freely and beyond restrictions imposed by the interview schedule (Holloway & Jefferson, 2000; Murray, 2015). This data collection process continued until a degree of saturation was reached and themes and motifs that arose from the participants' narratives began to repeat themselves (Josselson & Lieblich, 2003; Morse, 2000).

2.7 Participants

Initially ten potential participants were identified, of whom eight were eventually interviewed. None of the participants were personally known to me prior to taking part in this study. All of the participants were either currently enrolled and coming to the end of their professional training or have recently completed a professional doctorate programme in counselling psychology at one of the accredited training institutions in the UK or a BPS qualification in counselling psychology (QCoP) via the independent route. The rationale for recruiting trainees, who were at the end of their training, and recently qualified counselling psychologists, was to ensure that participants had at their disposal a broad array of experiences with regard to their training, and that these were relatively fresh in their minds. While it is possible that participants took on similar institutional identities (Pottern & Hepburn, 2005), it was clear that they differed significantly in their preference for theoretical frameworks and approaches to clinical practice, suggesting that this group of participants was not homogeneous but highly diverse. It should also be noted that all participants self-selected to take part in this study (the limitations of which will be discussed in Chapter 4). The female/male ratio in this study may be reflective of the fact that psychotherapy and psychology-related professions are becoming increasingly female-dominated (Farber, Manevich, Metzger, & Saypol, 2005; Rothbard & Dumas, 2006).

Participant demographics are demonstrated in the table below. Actual ages and ethnical

background of participants and other potentially identifying information were not included in order to protect participants' identity and ensure anonymity. The pseudonyms used in this study were chosen for participants to match their ethnic background.

Table 1: Participant demographics

Participants	Gender	Age group	Year of training	Mode of training	Main therapeutic orientations studied	Preferred therapeutic orientations
Wendy	Female	40-50	Year 4	Full time	Existential, Psychoanalytic & CBT	Existential-Phenomenological
Lynn	Female	40-50	Recently qualified	Part time	CBT, Psychodynamic, Person-centred & Systemic	Integrate all approaches
Sabina	Female	20-30	Beginning of 3rd Year	Full time	Humanistic, Psychodynamic & CBT	Humanistic-Existential
Brenda	Female	50-60	End of training	QCop	CBT	CBT
Ann	Female	30-40	End of 3rd Year	Full time	CBT & Psychodynamic	Third-wave CBT
Lene	Female	40-50	Completed final 3rd year & due to submit corrections	Full time	Person-centred, Psychodynamic & CBT	CBT/ Psychodynamic
Claire	Female	30-40	Completed final 3rd year & passed viva	Full time	Person-centred, Psychodynamic & CBT	Psychodynamic & Systemic
Jon	Male	30-40	End of 3rd Year	Full time	Relational, Person-centred, Psychodynamic & CBT	Psychodynamic model

2.8 Procedure

The interviews took place at a mutually agreed upon time and place that ensured both safety and confidentiality. At the beginning of each interview, some time was spent discussing ethical aspects as well as the nature and the purpose of the research. After informed consent was

obtained (Appendix 3), participants were asked to provide demographic information, such as age, year and mode of study, what theoretical orientations they have learned and which ones they preferred (Appendix 4). Participants were also provided with a list of key points that were going to be covered in the interview (Appendix 2). Each interview was audio-recorded using a digital recorder and lasted from 45 to 85 minutes. An interview schedule was used in a flexible manner to allow participants to talk about experiences that they themselves deemed relevant (Appendix 5). Before the recorder was turned off, participants were asked if there was anything that they wished to add. At the end of the interview, additional time was spent for debriefing purposes and making sure that participants had my contact details in case they needed to contact me.

2.9 Ethical considerations

Ethical approval for the research was granted by the University of East London School of Psychology Ethics Committee (Appendix 6).

In order to meet the requirements of ethical research, prior to the interviews, participants were made aware of the potential issues that could affect their willingness to participate. I reminded them of their right to withdraw at any point during the interview and up to one month after the interview. A time-limited right to withdraw, as suggested by Smith, Flowers and Larkin (2009), seemed to me a more 'honest' approach given that it may be impossible to withdraw once the data has been published. I made it clear to the participants that they could request to have certain parts of the interview removed and offered a copy of the recording for this purpose. This invited participants to think about issues pertaining to their participation and opened up a dialogue about how their data will be managed, including issues of confidentiality. Despite suggesting a time-limit, I am, however, aware that should any of the participants choose for whatever reason to withdraw at a later date, I have, as a researcher, an ethical responsibility to comply with their request (Josselson, 2007).

Before initiating the interview and starting the tape recorder, I made sure that I had informed consent (Appendix 3). Due to the potentially sensitive nature of the topics discussed, participants understood that the interview would be paused if it became apparent that they were uncomfortable or distressed to check if it was okay to proceed. Upon completing the interview, debriefing was offered to participants with the aim of discussing their experience of the interview and to give the opportunity to ask questions and raise concerns. They were

encouraged to contact me should any questions or queries arise in the future.

2.10   Ethics in narrative research

One important ethical issue that needs to be considered relates specifically to narrative research and involves the question of narrative ownership and authority. Although some narrative approaches aim to 'give voice' to its participants by involving them in the analysis of data, achieving a truthful representation may never be possible. As it is the researcher who has the interpretative authority and the last say in what is published, the participants' own perspective is likely to be compromised, which can leave participants feeling disempowered (Josselson, 2007; Smythe & Murray, 2000; Willig, 2012). For this reason, rather than aiming to have my interpretations validated by participants, I wanted to take responsibility for its truths by making sure that my interpretations were distinguishable from the actual words of the participants and that my own subjectivity and biases were laid bare (Riessman, 1993). When interpreting participants' stories, I also spent some time considering the potential ethical implications of my interpretations and how I could limit the risk of any negative consequences occurring from participants' self-disclosure, with the aim of preventing the potential abuse of power afforded by my position as the researcher (Willig, 2012).

This brings us to another potential ethical dilemma in narrative research - the issue of confidentiality and anonymity. Self-revelations that touch on highly emotionally-charged experiences not only leave participants feeling vulnerable but can also damage their reputation and relationships unless confidentiality can be assured (Smythe & Murray, 2000). Since participants may be identifiable through patterns of speech and the kind of stories that are told, I decided against the use of extensive quotations and excerpts, but instead drew attention to key words and phrases to communicate participants' experience. Thus, instead of attempting to create the illusion of a true representation, what was aimed for was a picture that was at best partial, but which provided room for much thought (Riessman, 1993).

2.11   Data analysis

Since there are no agreed-upon guidelines as to how the analysis of narrative data should be carried out, researchers are invited to develop their own approach and may integrate multiple methods to achieve the aims of the research (Squire, Andrews, & Tamboukou, 2013). The analytical thinking process that guided my analysis of participants' interview transcripts can be

broken down into four broad stages: (1) transcription and familiarisation; (2) identification of personal narratives and core themes/storylines; (3) interpretation; and (4) write up of the analysis and discussion. A worked example of how the analysis was carried out can be found in Appendix 7.

The analysis of data began with the transcription of the interviews. All interviews were transcribed verbatim, including pauses, break-offs and false starts. Repeatedly listening to the recordings, I noted down any ideas, thoughts and feelings that emerged. These initial impressions provided a useful starting point for identifying the narrative tone of participants' stories (Crossley, 2000a). Other elements of personal narratives that were scanned for were key themes and imagery, as emphasised by Crossley (2000a) in her version of McAdams' (1993) theoretical and methodological approach to personal narratives. Focusing on key themes and storylines that permeated participants' narrative accounts, I also searched for emotionally salient experiences (Thorne, 2000) and self-defining memories (Blagov and Singer, 2004).

To aid this process, as adapted from Pals' (2006a) analytic procedure, the following questions were held in mind while analysing the interview transcripts: (1) What connections were being made between key themes, experiences and ideas? (2) What impact did these connections have on the process of self-making? (3) Did they have a growth-promoting or growth-limiting effect? (4) What kind of transformation did the self undergo? The main life chapters or key themes were arranged in a chronological order so that inferences could be made about participants' 'future scripts' and motivational themes that pushed their narratives forward as well as current stresses and problems they sought to resolve (Crossley, 2000a, p.91).

Descriptions of others were seen as an important source of information as it communicated something about participants' beliefs and values, and how they viewed and what they valued about themselves (Pasupathi, 2006). Since 'narration of the life story involves an interpretative process of self-making through which individuals highlight significant experiences from the past and infuse them with self-defining meaning in the present' (Pals, 2006a, p.176), the values and beliefs that were emphasised not only represented what belonged to the personal sphere but were also considered to be reflective of the ethos of the profession of counselling psychology. The interpretative stage, therefore, involved a consideration of contextual, historical, cultural and social realities, in which participants constructed meanings and identities and which they perpetuated or challenged through their stories (Crossley, 2000a; Pals, 2006a).

In reflecting on my own role in the construction of the narratives and performative aspects of the interview, several questions were raised based on suggestions by Riessman (2008): (1) What are the functions of the narrative? (2) For whom was this story constructed? Who is the audience? (3) What effect did my presence have upon the story produced? (4) How did participants position themselves in relation to what was happening, other people and their audience?

During the writing up stage, in accordance with Saukko's (2000) 'quilting' framework, as based on Deleuze and Guattari's (1987) ideas, key themes and storylines from participants' individual accounts were grouped together with the aim of illustrating key points of overlap and conflict. This was a lengthy process because of the sheer amount of data generated from the interviews that required multiple re-readings and extensive note-taking. To keep track of recurring themes and narratives, key themes and supporting quotations from participants' transcripts as well as my own ideas were written down on post it notes which were then arranged thematically and placed in a chronological order on a wall. These initial groupings gave rise to eight preliminary themes concerning: (1) early experiences of difference; (2) ongoing struggle against powerful others and past difficulties; (3) personal growth and working through; (4) working therapeutically with clients and the process of mutual growth and change; (5) formative influence of professional others; (6) coming to terms with one's own vulnerability (7) acquiring and negotiating power in professional relationships with clients as well as other professionals; and (8) viewing one's professional identity as worthwhile. On further re-readings, it became apparent that participants described personal growth and professional development as a relational process, taking place in relation to either clients or other professionals. Another observation was that participants' stories of power were often told in the context of their emerging professional identities and placed in contrast with the earlier sense of struggle and experiences of difference. I also noticed that stories of coming to terms with one's vulnerability were told by participants in relation to how they developed resilience and more empowered professional identities. These reflections led to further refinements and collapsing of these themes and narratives into final three stories: struggle and marginalisation; growth and discovery; and power and resilience, which are presented in Chapter 3.

2.12 Evaluation of the quality of the research

There is little agreement with regard to how to best evaluate qualitative research due to the

wide variety of approaches available (Coyle, 2007; Smith, 2003). Traditional criteria, such as validity, reliability and objectivity, that have been used to evaluate quantitative research are considered incompatible with interpretative, narrative-based approaches (Wiklund-Gustin, 2010). Because the subjectivity of the researcher is assumed to have a unique bearing on the research process in terms of both the construction of meaning and interpretation of the data (Morrow, 2005; 2007), the trustworthiness of interpretations is of particular concern in narrative research (Riessman, 1993). As the qualitative counterpart to validity, trustworthiness can be established by demonstrating that certain criteria, such as coherence, persuasion and presentation, are met (Morrow, 2005; Riessman, 2008). Coherence refers to whether the meanings contained within individual narratives as well as across narratives fit together in an intelligible and consistent way, while persuasion and presentation determine the extent to which narrative data and analytic interpretations are presented in a manner that persuades by seeming 'plausible, reasonable, and convincing' (Riessman, 2008, p.114).

Yardley's (2000) guiding framework for assessing the quality of qualitative research offer further evaluative criteria in addition to those identified by Riessman – namely, sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Yardley's first criterion, sensitivity to context, requires that the researcher takes into account previous research findings and relevant theory, and pays attention to participants' differing perspectives as well as the impact of the researcher's actions and characteristics. Commitment and rigour refers to the degree of engagement, competence and skill of the researcher and the resulting completeness of the research project, while transparency and coherence asks whether the reality offered by interpretations is convincing and meaningful to the readers. The final criterion, impact and importance, focuses on the application of research and whether it is of value to communities and individuals for whom findings have implications. Drawing on Yardley's proposed evaluative criteria, which seemed to offer a broader and more encompassing framework, it was hoped that a comprehensive evaluation of the quality of the current research could be achieved.

In order to meet Yardley's 'sensitivity to context' criterion, I made sure I was familiar with the relevant research and theoretical literature and what gaps existed in the research conducted to date. This helped me to formulate my research questions and identify the background and context within which the research was embedded. I was aware that because the initial literature search pulled me in the direction of narcissism and the wounded healer theoretical framework,

it was important that I kept alternative interpretations and ways of understanding these earlier findings in mind. My own assumptions based on personal experience of what it meant to be a trainee counselling psychologist were also bracketed to ensure I did not impose my own meanings onto participants' stories. In deciding on the most appropriate research method to use, I was drawn towards narrative analysis as a mode of inquiry because it allowed multiple 'truths' to emerge and attended to contextual factors to frame, support and enhance participants' stories. This in turn ensured that the participant's voices were equally heard and valued and no one voice was privileged over another. I also deliberately aimed for a diverse sample of participants in terms of age group, gender, ethnical background, level and type of training to help bring to the fore a wide array of different stories and experiences. A reflexive log was also kept, in which ongoing reflections served as the basis for evaluating the steps taken in the research process, which in conjunction with regular supervision, ensured that alternative perspectives were kept in mind and helped me maintain an attitude of openness (Crossley, 2000a; Riessman, 2008). This log was also used to reflect on how my involvement and the choices that I have made in the course of the research may have impacted on its outcome, which I will elaborate in more detail later as part of the discussion.

The criterion of 'commitment and rigour' was met through my prolonged and deep engagement with the topic. The approach chosen for analysis drew on many sources and required ongoing and sustained immersion in the participants' accounts. Before commencing data collection and analysis, I developed a thorough understanding of different research methodologies appropriate to the research questions identified during the literature review as requiring further attention. I also demonstrated commitment by having interviews in locations familiar to participants. My rationale was that this would enable participants to feel more comfortable in my presence and make it easier for them to open up and reflect more deeply on their personal experiences.

In line with the 'transparency and coherence' criterion, I offered a detailed description of each stage of the research process and my rationale for decisions I made and ensured that there was a good fit between the research questions and the analytic approach chosen as well as the data collected. Providing a worked example of the analysis and illustrating what interpretative processes were at work helped to further enhance the transparency of what was presented (Appendix 7). I thought carefully about how to interpret participants' accounts in ways that allowed the data to emerge as theoretically meaningful, rich and useful. I was also mindful that my interpretations needed to be grounded in and supported by the participants' own accounts.

This was possible through the use of participants' own phrases and words that conveyed the essence of their experience.

Yardley's final 'impact and importance' criterion is demonstrated in several ways. The research not only addresses an under-researched area, but also serves as a platform through which trainees' own perspective and experiences could be heard. It is hoped that participants taking part in this research have found this experience useful, empowering and meaningful. The importance of the research also lies in its application to education settings involved in the provision of professional training in counselling psychology. The insights gained into the professional and personal development needs of trainee counselling psychologists could impact the institutional makeup of counselling psychology training programmes and the ways in which trainees and the more established members of the profession make sense of their professional context and their journey towards becoming a counselling psychologist. The research findings will be further disseminated through presentations and workshops aimed at helping trainees reflect on their personal and professional development.

CHAPTER 3:   ANALYSIS

This chapter provides an overview of the analysis of participants' narrative accounts of their own professional training experiences and sense of self. The stories that arose from these narratives revolved around three main themes: struggle and marginalisation; growth and discovery; and power and resilience. The analysis revealed many similarities across stories; the aim was, therefore, to illustrate key points where participants' stories overlapped thematically and mutually reinforced each other, while also highlighting moments of divergence to convey the uniqueness of participants' individual experience. The stories were recounted using the participants' actual words and phrases, which were presented in italics for easy reference. Quoted speech was 'cleaned up' for the sake of readability, but I have included page and line numbers for reference. To maintain confidentiality, I have assigned pseudonyms to all participants, which were purposely chosen to reflect their gender and approximate ethnic background.

Below is the summary of the key stories that were identified during the analysis. These are based on my interpretations of participants' interviews and how I experienced their stories.

Table 2: Summary of stories, narratives and self-portrayals

Story	Purpose	Core narrative	Tense	Tone	Preferred self-portrayal
Struggle and Marginalisation	To express themselves and counteract more powerful voices	*'It never fit with the way she saw things'*	Past - Present	Dissatisfied Frustrated Unfulfilled	Different Rebellious Alternative Minority
Growth and Discovery	To inspire growth, and make sense of and validate professional development	*'It's all about looking at yourself as a person'*	Present	Inspiring Hopeful	Transforming Self-revealing Self-realising
Power and Resilience	To articulate aspects of their emerging professional selves	*'How can I not be the person in power'*	Present - Future	Empowered Triumphant Celebrating	Resourceful Respectable Powerful

3.1 Struggle and Marginalisation: The influence of the past

> '*I think the struggle really was being with one parent. My mother is extremely dominating and she's from another country and she was the eldest child and I think she was very self-centred ... just using a medical diagnostic term, narcissistic in that I felt I didn't really exist a lot of times, not because she didn't give me attention and love, I think she gave me a lot of attention and a lot of love but everything is about her and because it was the two of us I had to hear it all, you know, I was her confidant, her friend, her diary, her journal ... When I was with her I felt really depressed and unhappy because the way she saw the world wasn't the way I did and I couldn't talk to her about anything ... It just never fit with the way she saw things so I would have to suppress it or she would explode*' (Wendy, 8:251-266)

3.1.1 Introduction

One story, commonly told by the participants, was of an ongoing struggle for voice and identity that was characterised by a questioning of norms, values and traditions imposed by more 'powerful' others. Introducing a struggle seemed to have an important function in participants' narratives in that it allowed them to define their deeply felt sense of difference and give voice and shape to what have hitherto been denied expression. To tell this story was, thus, a potentially liberating and empowering experience that allowed many of them to assert and re-establish themselves as individuals in their own right. Although many of the struggle stories were told in the context of stressful life events and early family dynamics, the meaning that was imparted also served as a basis for understanding why pursuing a professional career in counselling psychology was a good fit. Joining the professional world of counselling psychology seemed to serve as a platform from where participants could express themselves and counteract the more powerful voices that opposed and silenced them. However, it seemed that the definition of counselling psychology as outside the mainstream, although liberating, on one hand, also risked potentially becoming limiting and constraining, a position that many of the participants were attempting to break free from. The following narratives are my attempt to convey the core of this story, which for many participants began in early childhood.

3.1.2 Personal narratives of struggle and marginalisation

Several of the participants drew attention to negative childhood events, while a couple of them were openly critical of their parents, especially mothers, and their attempts to control and

influence the course of their development. As a result of such family dynamics, a power struggle emerged, in which the themes of difference, separateness, alienation, isolation and powerlessness seemed to take centre stage. For example, as illustrated in the introductory excerpt, Wendy emphasised feeling compelled to cater to the needs of her mother at the expense of her developing a sense of her own voice and identity. The acts of submission and suppression of her own voice, while offering a way to deal with difficulties in the relationship with her mother, meant that she could not exist in her own right since any attempts at differentiation and separation were experienced as threatening and, therefore, impeded her development. Her early experience of not being able to *'talk to'* her mother *'about anything'* as it could lead to her mother *'exploding'* seemed to manifest itself as an anxiety that she wanted to rid through her training in counselling psychology:

> *'I thought, you know what, I don't want this discomfort anymore, I wanna be able to sit with a client and work, I don't wanna be sitting in there thinking, oh, I'm uncomfortable, you know, am I doing my best, you know, a lot of it was about my performance, thinking I'm being watched and am I doing well, so I thought okay, I'll do my doctorate and go and see a really good psychologist while I'm doing that, cos you have to be in therapy and that's basically what I did, I sort of attacked it'* (Wendy, 4:100-105)

Her *'attacking'* could also be aimed at the more dominant voice of her mother that silenced her and prevented her from asserting her own voice. She commented how this experience helped her to recognise the importance of having *'a voice'* that is *'not covered by a model'* as well as *'giving a voice'* to something or someone, which was something that she deemed was possible as part of counselling psychology training.

This echoed the descriptions shared by several of the other participants. For example, Lene recalled that as a child she was *'very focused'* on what her mother *'needed'* from her, while Claire, like Wendy, referred to her mother as *'narcissistic'*, describing her mother's interpersonal style as *'shaming'* and *'attacking'*. Through the process of distancing herself emotionally from her family, Lene explained how she was able to *'learn to be herself more'* without *'feeling burdened'* by *'her parent's pathology'*. Claire similarly talked about how she was being *'quite rebellious'* in having *'gone counter to the family values'*, commenting that she does not *'agree'* that having a *'nice car'* is worthwhile and that it is *'more about the internal world'* and *'relationships'*.

Jon thought that he may have *'swung this way as to kind of counteract'* early parental failures. Depicting his mother as *'smothering'* and his father as *'unemotional'*, he wondered whether:

> *'That's had a real impact on me wanting to be able to reach or know people who don't necessarily disclose or give things away and then, to be known or to be understood or even attempt to be understood'* (Jon, 9:277-279)

Immersing himself *'in this world of experience and feelings'* made it possible for him to *'know'* and *'understand'* parts of himself that were ignored or dismissed by his parents. Jon noted how there was *'always this idea of difference'*, not because he was *'gay'* but because he *'was enjoying a different sphere'* from a young age, which left him feeling *'like an alien'* or *'stranger'* in his family and, therefore, *'not very known'*:

> *'I was massively into fantasy and fiction when I was little and playing, trying to get my mum to play this board game with me and she just wasn't interested and I'd have to roll the dice whilst she was on the telephone to my aunt so she was just basically there in person but actually not there'* (Jon, 8:255-258)

He doubted his mother ever *'got his world'* and seemed saddened by the fact that she *'couldn't even be bothered to pretend'* to be interested, feeling quite powerless as a result.

For a couple of participants, the experience of difference and powerlessness may have been accentuated by their belonging to a minority group as a result of, for instance, ethnicity or sexual orientation. Difference was a central theme for Sabina as a result of her multi-cultural background as well as being the only daughter:

> *'I think difference has been a big theme in my life, being different and holding difference in some way and being different to people around me and the way we were brought up'* (Sabina, 3:136-138)

It was understood as the driving force behind becoming *'interested in people'*, *'psychology'* and *'why people are the way they are'*. It was through *'psychology'* that she was able to make sense of confusing and stressful events, such as, when her mother *'got sick with depression'* and why her family fell back on *'religious beliefs'* as a way to understand what was happening. While she *'felt it would be more meaningful'* for her *'to try and help people that were in the same position'*, she also commented that *'mental health isn't something that's talked about'* in her ethnic community; therefore, in pursuing counselling psychology she also challenged the

values of her upbringing and cultural background.

Many of the participants highlighted that, in pursuing counselling psychology, as opposed to, for example, clinical psychology, they were also *'going against the medical model'* and, thus, rejecting the more mainstream, generally accepted clinical perspectives. The mainstream appeared, in their eyes, restrictive and was described in a similar way to how some participants portrayed their parents. It, therefore, had to be questioned and rebelled against, of which clinical psychology, with its roots in the medical model, became the embodiment. Positioning themselves against the mainstream may have enabled some of the participants to resist normative pressures and assert their deeply felt sense of difference - a defining characteristic of their identity that was denied expression in the past. In reflecting on *'why he ended up on counselling psychology'*, Jon told me that he *'liked the idea of being a little bit more alternative'* and *'challenging the mainstream'* and *'going against the medical model'* that *'has so much more power'*. This idea appeared to be based on his experience of seeing *'a sex therapist'*, within a medial setting, *'being marginalised'* while thinking that she *'had far more to offer'*. Although he first thought of counselling psychology as *'the lazier brother of clinical psychology'* because it was self-funded, when he *'started reading around it'* he noted that *'it felt like it fitted more'*. Perhaps *'it fitted more'* because it offered validation for his sense of difference, which has, until now, been denied expression.

Comparing counselling psychology against its clinical counterpart provided a way for the participants to differentiate themselves from what they perceived as paternalistic and oppressive. For example, both Lynn and Claire emphasised that it was important for them that they were not following another person's agenda, which they conceived to be the case with the mainstream discipline of clinical psychology as it was funded by the NHS. The clinical psychology route was regarded not only as incompatible with their values and interests, but as a potential obstacle to their professional development. Counselling psychology was, on the other hand, defined as a liberating, progressive alternative, with which, as Lynn stated, *'you are free to develop'*. Without the demands of the NHS, participants were freed from the pressure to conform to a role that they have not chosen for themselves or felt comfortable with. For Claire, being a counselling psychologist, as opposed to a clinical psychologist, meant that she *'didn't need to pretend to be something'* she is *'not'* as counselling psychology *'welcomes diversity'* and *'political freedom'*.

Participants talked about the dangers of being too narrow-minded and rigidly adhering to one

distinct model or theory, while voicing support for integrative and pluralistic approaches adopted in counselling psychology. They described how such approaches opened them up to new understandings and experiences, and broadened their knowledge. Lynn shared how she became *'fascinated by different ways of seeing things',* while Brenda noted that *'we have access to lots and lots of different frameworks'* and *'lots and lots of different areas of psychological study'* that we *'can then apply in a pluralistic manner'*. The use of the pronoun 'we' versus the 'I' implied that this was a collective claim about a shared experience, which emphasised a sense of commonality and togetherness. This being told as 'our story' may have enabled a more empowering narrative to emerge, in which they could proudly identify as being part of the wider professional world of counselling psychologists with a shared mission of offering something different, more valuable to that of the mainstream. By acting as an advocate for the profession, they also promoted themselves, putting forward what they felt was worthy of others' attention. This need to promote and prove themselves in the eyes of their audience by demonstrating the value of counselling psychology may have also indicated insecurity about their own positioning as belonging to a profession not widely revered. It seemed a precariously defensive position to be in, and as noted by Jon, could leave one feeling *'like a bit of a jack of all trades and a real nip master of none':*

> *'It feels like it's kind of like here is a bit of everything and afterwards you can kind of re-develop into the way you want to go, which in some ways is really exciting cos it's a lifelong process of learning which I really quite like … at the same time it's been a real difficulty for me because I like certainty and like this works completely for this and this is the one model'* (Jon, 2:54-59)

Jon identified how he *'struggled to sit with uncertainty'* and that *'having to tolerate that'* has been *'a real kind of personal learning'* for him. He relished the idea of maybe in *'ten or fifteen years'* doing *'something else more mainstream or more mundane',* seeming ambivalent about being defined as *'alternative',* and, thus, portraying it as just a phase, out of which he will eventually grow. Claire similarly stated that she had *'evolved into a much more integrative practitioner'* than she *'ever wanted to be'*, commenting that she *'would like to be firmly based in one camp'* as it allowed to *'claim a sense of superiority over other theoretical camps'*, seeming *'warm and cosy'*. For her, counselling psychology had a *'minority'* status, which she felt instilled a sense of being *'a little less adequate'*. This *'lack of confidence'*, she believed, also came with having to volunteer for work that clinical psychology trainees were paid for. The fact that she had originally applied for clinical psychology, and been rejected may have

further contributed to these feelings of self-doubt, serving as a constant reminder of her outsider status. By presenting herself as *'a political person'*, who did not want the NHS *'to dictate her training'*, she was, therefore, able to distance herself from what had the potential of making her feel inadequate again. This, however, also forced her into a restricted, defensive position, as either *'rebellious'* or *'a minority'*, with which she was becoming increasingly uncomfortable and wanted to move away from.

3.1.3 Summary

Personal experiences of struggle and marginalisation may explain participants' strong identification with counselling psychology - a profession that positions itself as outside of the mainstream. It not only allows participants to distance themselves from what they perceive as oppressive and paternalistic, but enables them to construe difference and marginality as a valuable asset. However, by imposing a binary structure, this outsiderness also places constraints on what they can and cannot be. It, therefore, seems that, in order to break free from the perceived oppression, an alternative story is needed, through which participants can construct a self other than that which is rooted in a competitive struggle for recognition. This was partly achieved through growth stories, which will be dealt with in more depth in the following section.

3.2 Growth and discovery: A relational process of personal and professional development

> *'I think for me, it represents a massive journey academically and of self-discovery and self-exploration...I think this type of training, you are so personally invested in it because it's all about you looking at yourself as a person as well. I don't think a lot of other professions require that from you'* (Sabina, 14:413-419)

3.2.1 Introduction

The story of growth and discovery was introduced as a process of transition and transformation from what has been a struggle in the past, offering possibilities for change and working-through. Participants regarded their training in counselling psychology as central to this endeavour, in that it encouraged self-reflection and deepened self-awareness, inspiring them to explore themselves and move beyond past difficulties that stunted their growth. For several of

the participants, this represented a whole new way of being that felt more in tune with what was going on for them internally, allowing them to feel more authentic and real. Of importance were relationships formed with either clients or professional others, such as supervisors, tutors, and personal therapists, through which it was possible to see more clearly bits of themselves that were suppressed or ignored in the past. While the experience of being with clients served as a means by which participants articulated meaning and understanding of personally significant events, it was through their relationships with professional others that they validated their own personal experiences and sense of self. Particular attention was placed upon how far they had come in their professional journey, which functioned as a source of inspiration to continue on, exploring, discovering and developing. This was especially evident in how counselling psychology was introduced as a journey full of possibilities and discoveries - which is also where I will begin my analysis.

3.2.2 Personal narratives of growth and discovery

It seemed that the decision to embark on a professional journey in counselling psychology was, for many participants, closely tied to their desire to '*open up'* and '*explore'* themselves. Lynn shared that her interest in '*psychology'* followed her own experience of counselling, which she felt '*opened up this whole new part'* of her that she '*did not know existed'*. It '*fit into'* her '*desire to follow that pathway'*, and embark on a doctorate in counselling psychology, through which she was able to learn more about herself and '*be self-aware'*. Likewise, Jon liked the fact that personal therapy was a compulsory component, stating that, although it seemed '*a little bit luxurious and indulgent'*, he needed to '*explore'*. Having felt '*sheltered'* as a child, Jon emphasised how his view of the world was limited to his '*mum's sphere of knowledge',* which also reflected how Lynn talked about her childhood, commenting that she was '*naïve'* and '*childlike'*.

The focus on '*yourself as a person'* was, as demonstrated by Sabina's introductory extract, what made this a personally meaningful and worthwhile professional journey. Sabina commented how this type of '*training sort of unpicks you apart and then you got to figure out how to put yourself together again',* which offered a way for her to get '*in touch with'* herself and become '*more at ease with'* who she is. Since she '*comes as a person'*, who '*has had wounds'* and '*is healing',* it was important that her professional role permitted her to be '*congruent'* and '*genuine'* as opposed to putting pressure on her to act in a certain way, '*like*

the expert or the professional'. While she had *'always worked towards'* trying to be quite *'comfortable'* with being herself, there was no *'end product'* where she was *'fully formed'* and *'totally happy with'* herself. Instead, she emphasised continuing *'moving forwards'*, considering it a *'failed process to go through all that training and still be the same person'*. Wendy similarly stated that learning about the *'existential-phenomenological paradigm'*, as opposed to the *'medical model'*, felt *'at home'* and *'comfortable'*. It *'made sense'* to her because she *'was not trying to act like a counsellor'* but *'was supposed to know a bit more'* about herself, which also stood in contrast to how she felt prior to training, *'structured'* rather than *'human'* due to being *'afraid of being judged'*. This served as a reminder of how far she had come, and confirmed that she had, indeed, grown as a person.

For Lene, the training was construed as a *'door opening'* and an *'invitation'* to *'explore more of'* herself and *'think about personal development'*. She emphasised how it *'stimulated her to think about things differently'* rather than *'formed'* her, noting that *'it is up to you in the end what you do with it'*, which implied a sense of personal freedom and autonomy. Her *'ongoing journey'* was that of *'individuation'* and *'separating'* from her parents, children, and clients so that she could develop a *'whole self'*. This was linked to early experiences of invalidation; her parents *'losing themselves'* in their relationship, *'sharing a self'*, and not allowing her to be anything other than a *'good girl'*- an extension of themselves. Thus, for her, taking control yielded the possibility of remediation, allowing for a different way of relating that enabled her to *'dust of all the dirt'* and *'reconnect'* with her own *'light underneath'* and *'power'*.

The lack of a clear definition of counselling psychology allowed Claire to make her own meaning or revise it to express her individuality:

> *'The one thing that really irritated the living crap out of me when I first started was this what does it mean to be a counselling psychologist, you know. That opaqueness … Then it suddenly daunted on me earlier this year that actually perhaps, well, greatest gifts counselling psychology has is that it's not definable. For each person it's different so maybe it's, you know, every card has a silver lining. What's irritated me about counselling psychology has also been one of it's greatest keys to feeling okay with being me'* (Claire, 9:277-285)

Counselling psychology encouraged Claire to be *'more human'* and *'much more integrated'* as a person and, therefore, *'genuine'* in her clinical work. It allowed an interplay between the personal and professional, making it possible for her to integrate personal values and preferred

ways of being into her professional role. This personal investment indicated a sense of ownership, emphasising that her professional self belonged to her rather than the professional world of counselling psychology.

Participants stories highlighted how change, growth, and discovery of their selves was achieved in relation to 'an other', be it a client, a supervisor or a personal therapist, describing this process as fundamentally relational in nature. The experience of 'being with' clients was seen as both meaningful and powerful. It was clear that many of the participants were aware that pursuing counselling psychology enabled them to work therapeutically with clients, which seemed to be the deciding factor in their choice of profession. Lene shared that she nearly '*got into another field of psychology*' but then quickly decided that she '*really wanted to do therapy*' as it enabled her to '*witness*' and '*be part of the changing process*' and learn about '*resilience*'. Sabina similarly commented that she experienced '*a certain amount of satisfaction*' in witnessing clients '*get better or shift in some ways or face something*' . She revealed a sense of urgency of needing to '*face*' and '*address*' difficulties, which sometimes ended in frustration. Interestingly, both Lene and Sabina positioned themselves as witnesses rather than facilitators that help clients to '*get better*' , which was also emphasised by Wendy, who explicitly stated that she does not think of herself as '*helping people*'.

Instead, the therapeutic endeavour was portrayed as a shared experience, a joint venture of discovery and growth. While working with clients was regarded as instrumental in enabling own growth and discovery, this was described as a two-way process in that participants' own experience of discovering their inner world and growing became a vehicle for promoting growth in clients. For example, Wendy noted that '*social phobia just kept coming up*' and that she '*kept getting clients who were not comfortable in social situations*', which gave her an opportunity to also work on her '*social anxiety*,' enabling her to realise how '*always pathologising*' and thinking of '*anxiety from just a medical point of view*' impeded both hers and her clients' growth. In opening up to other viewpoints, she was able to '*move away from seeing things*' in a '*rigid way*' and '*follow other paths*':

> '*Clients probably and I were very surprised, all of the sudden we were looking at things that I never would have thought we would be looking at, talking about things I didn't think we would be talking about*' (Wendy, 3:331-333)

Other participants described how seeing parts of themselves in their clients and drawing

parallels between own issues and that of their clients made it possible for them to make sense of and articulate their own experiences and gain valuable insights into their own being. Jon noted that *'you get the client that you need'* that helps you to *'really see it'*. He mentioned one client, whom he perceives to be *'struggling with something very similar'* to him, and whom he *'felt quite identified with',* reflecting that it was *'normalising'* to *'see or hear someone else say these words'* and *'have those feelings about your parents'*. This enabled him to *'see an aspect of his life more objectively'* and feel more accepting of his own family, realising that he *'cannot keep on wanting them to change'*. Lynn also commented that *'clients do touch you sometimes in ways that they will never know.'* She articulated that working with a client, who also had a marriage breakdown, offered a different perspective and enabled *'a bit of healing'* for her *'as well in recognising that people do not have to stay in marriages that are not working'*. This picture of growth as a shared, collaborative process, while helping them to see and question *'own stuff',* could also lead to blurring of boundaries. Both Lynn and Jon, therefore, emphasised *'making sure'* that *'you do not bring your own stuff into the room'* and *'lose your experience'* in clients' experience.

Instead, the questioning of *'own stuff'* that was spurred on by being with clients often took place in the presence of professional others, especially supervisors and personal therapists, who represented, for participants, a much-needed source of support and guidance. It seemed that many of the professional others featuring in participants' narratives were ascribed a role akin to that of a parent, seen to carry the potential of having a formative influence on their development, which seemed to evoke strong feelings and high expectations on the part of the participants. These relationships appeared to be central to how safe participants felt their training environment was and how much was revealed and disclosed to others. For example, Claire, Wendy and Lene emphasised the importance of receiving encouragement, containment, and validation in their relationships with supervisors and personal therapists for them to be able to safely explore. Wendy commented that she was *'really lucky with her supervisors'*, noting that she *'immediately felt a difference'* in herself, feeling *'more grounded',* which made it possible for *'that whole discomfort thing to come up straight away'*. Lene described her *'research supervisor'* as *'the embodiment of empathy',* who had *'been an amazing inspiration',* and her *'therapist'* as *'amazing as well in being so contained and allowing my work to happen',* noting that:

> *'The most important thing was always when I felt they believed in me,*

when they encouraged me to be in a way and trusted me enough to be things' (Lene, 15:457-458)

Claire similarly mentioned having been *'fortunate'* in her relationships with supervisors, describing them as *'always very supportive and encouraging',* which enabled her to feel *'quite respected and quite valued'* and that her *'opinion was taken seriously'*. This made it *'relatively easy'* for her to *'bring stuff that's difficult to bring'* and *'helped her confidence to grow'*. She described how she initially approached her personal therapist defensively, imagining a *'they gonna destroy me'* scenario, emphasising that it was *'very difficult'* for her:

'To let him in and to allow him to see when I was vulnerable, allow him to sit with me in my pain and for me not to minimise what he said and dismiss it was really tough' (Claire, 16:483-485)

It was *'tough'* in that it also challenged her family's value system that taught her *'to be strong'* and *'independent'*. Her own experience of how *'scary it can feel to really allow yourself to be seen with all your strengths, your weaknesses, everything'* allowed her to empathise *'with an eleven year old, who didn't talk'* to her *'for three session',* noting that *'it was my reflection, it was really scary coming to therapy ... and, you know, I'm an adult'*. Her therapist emerged as a central figure, akin to a parent, remaining powerfully present as she navigated between the extremes of being defensively *'independent'* and allowing herself to be *'seen'* despite finding it *'scary'*.

It was interesting to note how these relationships, with personal therapists or supervisors, were portrayed as dramatically different from that with their mothers, in relation to whom they described feeling *'shamed', 'attacked', 'depressed',* and *'guilty'*. It may be that incorporating these experiences into their narratives offered a way to silence some of the disparaging voices from their past and affirm their own personal experience. Rather than remaining on the margins and overshadowed by other, more powerful, figures, they located themselves at the centre of others' attention, which allowed them to validate their sense of self as they, themselves, construed it. This was clearly something they hoped and looked for in their relationships with these professional others, as emphasised by Jon:

'I'm looking for an experiential shift in myself to kind of really believe in the bread that I'm selling and interesting, my therapist did say, well, which I suppose it explains also why so many people who'd been in therapy train to be therapists later because they've had an, experiential

shift if they felt it in their bones, something's changed or worked for them and then there're more curious or want to be able to do it for other people whereas I feel that I've not necessarily had that' (Jon, 15:483-488)

He commented experiencing *'therapist envy'* and hoping that *'the right therapist will do it'* for him and *'help'* him *'understand'* himself *'quicker',* pointing to *'the fact that some therapists work for some people wonderfully and some just don't'*. Finding *'that connection'* was not simple as he communicated feeling disappointed, which seemed to mirror his feelings towards his parents, perhaps reflecting his desire to connect with a parental figure, with whom he could feel more fully *'understood'*. This hoping was also prominently featured in Jon's account of his supervisory experiences. He described how, in one supervision group, he tried to be *'a little bit more confident'* rather than his usual *'anxious'* and *'insecure'* self, and that it was *'ruffling'* him because *'it seemed that the supervisor didn't like that'*. This, he noted, *'was the first time a teacher hasn't necessarily loved'* him despite him being *'a student who does their work on time and is kind and has a nice personality',* which *'will normally win them over'*. While this made Jon anxiously wonder whether his perception of himself is *'completely askewed',* it also offered him *'a different experience'* because they *'were able to talk through it'* and make sense of *'what was going on'*, which enabled him to see that *'the way she works'* was different to his, and that this was okay. Although this was not the kind of approval that Jon desired, as he did not *'win'* his supervisor over, what he had discovered was *'useful'* because it was something new.

For some of the other participants, much of what was desired and sought in these relationships came at odds with what was actually offered, the inevitable consequence of which was their withdrawal and self-reliance. Sabina, who emphasised that since *'we pay a lot of money … it should be available to us, the support, guidance, whatever we need',* seemed disappointed because her expectation failed to match her actual experience of the course:

> *'The teaching on my course has been quite scatty. There has been a lot of people coming and going. Umm, not like it's terrible or anything but it's quite unstable. I think it's important to have especially the nature of the work on a counselling course, counselling psychology, it should give you a frame that should mirror some of what you are trying to do with your patient. It should be containing and there should definitely be a framework where you feel held and that's not happened in our course'*
> (Sabina, 12:348-354)

When *'two supervisors'* she had been given *'fell through'*, she realised that *'you really have to fight for stuff that you need at this uni and you need to be able to know how to get it and have the confidence to do that'*. Although she *'resents the fact that we kind of have to take that approach'*, she can also see the positive in that *'it's been very good experience of supervision from the start'* of her training because:

> *'I've always made sure that I've got that and I've had that because that's how I see again growth and development, because they are there to teach me and to guide me, help me become better at what I do'* (Sabina, 13:379-381)

Her positioning as someone who *'fights for stuff'* mimicked that of authority and may have served to displace more powerful voices of these others. While Sabina emphasised the importance of having *'the stability of having a therapist around'* and *'PPD groups ... that were facilitated by'* staff other than *'the core uni staff'*, she also revealed how she was initially *'too reluctant to feel unglued'* and *'unwilling to be vulnerable'* with her therapist because she *'wanted to make sure'* she felt *'strong'* or *'safe enough'* before she got *'really upset',* which seemed impossible in a chaotic climate. Realising that she was *'holding back for a reason'* and that *'learning comes from being in a difficult place',* she forced herself to *'face'* it, which enabled her personal therapy to become *'a really valuable space'* and *'a frame'* for her *'whilst doing this course'* that made her *'feel contained and held'*. Seeing her therapy as *'a difficult place'* may have been important in that it also reinforced a previous notion of herself as someone, who *'fights for stuff',* and affirmed that she was indeed *'strong enough',* emphasising how vulnerability can be harnessed and turned into resilience.

This in many ways captured the experience of Ann, who similarly described how *'the course itself has been a bit of a nightmare'* with *'loads of people who'd been failed'* and *'been accused of being unethical'*. She told me how *'very unsafe'* she felt because *'you could be next'* and *'you didn't really have an idea of what was happening to other people',* which engendered an us versus them dynamic. At the same time, she noted how *'looking back'* she could *'see that decisions that were made ... were actually quite rational'* and that *'you do need to earn your doctorate'*. Justifying these decisions also offered a way to distance herself from what had caused her to feel unsafe. Because she had not *'been failed'*, she had *'earned'* her doctorate unlike these others. Lene was likewise reluctant to *'complain on tape about'* some of her *'lecturers',* briefly mentioning how *'some of the group work'* made her *'much more defensive'*

rather than allowed her '*to explore'*, without going into too much detail that could expose too much and render her vulnerable. The experience of being scrutinised, as opposed to listened to and affirmed, made Lene and Ann feel uncomfortable and cautious about revealing too much of themselves. Under such conditions of mistrust, it seemed increasingly difficult to continue to grow as individuals and develop as professionals.

3.2.3 Summary

The aim of these stories, told by participants, was to inspire growth and discovery and to acknowledge how far they had come in their professional journey, in spite of the obvious challenges and past struggles. Of importance to participants was that they were being provided with a safe, nurturing space that enabled them to explore and develop as well as feeling supported in their search for a new identity, with which they felt more comfortable. It was through storying their growth and discovery that they were able to transcend their outsider status by repositioning themselves as respected, valued, resilient and empowered professionals, which opened up possibilities for new stories about power and resilience to be told. These will be examined in the following section.

3.3 Power and resilience: The emergence of an empowered professional self

> '*I think there is a lot about power as well that I felt, that I'm now, because I hated my mother's power over me, I feel I don't wanna be the person in power in the therapy room, how I'm negotiating that because in the end I am the therapist … I feel a part of my reflection … [is] how can I not be the person in power, how can I make my clients feel empowered by being vulnerable in a way*' (Lene, 13:378-383)

3.3.1 Introduction

Through the telling of the story of power and resilience, participants explored and articulated aspects of their emerging professional selves, which they constructed in terms of being more resourceful and resilient, less vulnerable and struggling. It was a self that was growing in power, status and importance, from which emerged strong feelings of self-worth. Achieving a doctorate, with its accompanying title, was an indication of status and power, which was seen as an additional source of validation and recognition, and with which, came a strong sense of public responsibility. Participants began to conceive of themselves as powerful agents, who could make a difference in the lives of others, or as revolutionaries, with a special mission, to

change the world for the better. Acutely aware of the potential for misuse of power and doing harm, they emphasised the importance of diminishing and equalising any imbalance in power to encourage clients' vulnerability. The power that they have set as an example was 'different' in the sense that it was benign, protecting, nurturant and took a stand against oppression, injustice and suffering. Instead of attempting to assert their power through engaging in a struggle, they strived to make a difference by sharing their power and empowering others through collaborative relationships - as will be illustrated in many of the narratives below.

3.3.2 Personal narratives of power and resilience

It was clear that, for several of the participants, helping and making a difference in the lives of others was the essence of their professional role. It was perceived as a worthwhile and meaningful activity in that it provided them with a sense of purpose and direction, and allowed them to develop a sense of self that was agentic and powerful; the value, of which, culminated in being able to have an impact and influence their surroundings for the better. For Sabina, the concern with being able to do something for others grew out of her experience of her mother's depression, over which she had little control. Therefore, *'seeing that you can make a difference sometimes'* was *'enough'* for her:

> *'If I could help somebody, who was in a similar experience to not feel alone on their journey somehow or with their pain and help them to facilitate that journey somehow then that would be a worthwhile sort of profession to be in'* (Sabina, 3:91-93)

Lynn similarly stated that she had *'a desire to help people'* and that it was important for her to feel that she was *'making a difference',* while Ann highlighted the importance of *'making the world a better place',* commenting that *'you give what you can and you contribute what you can and there is more to life than just you and your needs as an individual'.* This connected their work to a shared sense of a higher mission, which emphasised that it is a moral and social obligation to help others and reduce suffering.

For Jon, the need to feel *'useful at the end of the day'* and give *'that person a bit of reprieve'* was bound up with wanting to be *'of benefit to someone'.* He commented that he does not *'care if the client likes'* him*,* while at the same time, questioning himself, *'maybe it's bad'* that he is *'keeping'* his long-term clients even if they do *'want to come back'.* This *'constant questioning'* of his motives was seen as a valuable quality that was central to his professional identity and

ongoing development. He proudly pointed out to me that '*it really depends on your integrity as a person or making sure you do ask the difficult questions to yourself*', emphasising that this is what makes the difference in '*the calibre of the students*' that embark on training. Brenda similarly commented that '*just because somebody is a counselling psychologist, it doesn't make them a person with integrity and ethics*', emphasising how fundamental these attributes are to the work of counselling psychologists. In raising doubts about others' integrity, and emphasising their own sense of professionalism, they not only portrayed themselves as exemplary members of the profession, but simultaneously distanced themselves from anything that may be regarded as suggesting otherwise.

This kind of self-promoting talk was evident in several of the other participants' accounts. For example, Claire defined herself as '*very different to all of*' her '*cohort*', some of whom, she noted, lacked '*confidence*'. Ann construed her intelligence as a useful resource in terms of helping others, while Jon emphasised that being '*just a bit smarter*' and the '*only academic one in the family*', he was able to experience '*a different world*', which had taken him '*further and further away in many respects*'. Thus, being different, although contributing to a sense of struggle and marginalisation, also promoted a sense of being special and unique. Many of the participants made it clear that they did enjoy a separate and unique status within their families. Both Sabina and Lynn were brought up as the only daughters in a large family, while Wendy was raised as an only child and Brenda grew up with step- and half-siblings. By positioning themselves as distinct from their peers and siblings, they ensured that they stood out in their own right, not as marginal figures but as privileged and respectable. The focus, it seemed, was on building their own individual reputation as a means of acquiring and retaining power and status.

Earning a doctoral degree served to confirm their standing as a force to be reckoned with in that it accorded them status and respectability in the eyes of the public. Jon reflected that '*having a Dr in front of my name*' would give him '*a little bit of an edge*' and help him '*get private clients*' because '*there are less people out there with a doctorate*'. For him, the '*professional registration*' made him '*employable in the NHS's eyes*', which also assured him of his place in the professional community of psychologists. Lynn similarly commented how she '*wanted to be the best counsellor*' and that '*counselling psychology offered that*' by making it '*more marketable for getting a job later*'. For some of the participants, gaining a doctorate symbolised an achievement, a personal triumph, which they regarded as an acknowledgement of how far

they have come in their professional development. Sabina shared that she *'always wanted to do a doctorate'* as she *'wanted to have the kind of label of the chartered psychologist to show that'* she *'done this amount of study'* and *'earned the title',* which echoed Wendy's notion that *'it was always an aim to get the doctorate' - 'to get to the end'.*

The power and the privilege inherent in their position as belonging to the counselling psychology profession was further emphasised through their portrayal of clients as vulnerable and powerless, and, therefore, in need of their protection. Lynn commented how *'it can be unnerving to a point'* and *'quite scary in some respect'* because:

> *'You've got that person completely vulnerable … sharing some really difficult thing with you and then putting all their hope and faith in you as being this person that's gonna help them fix themselves'* (Lynn, 12:351-354)

She noted that it is a *'privilege working with people and them opening up'* because *'you get clients, who'd say I've never told anyone that, I can't believe I've just told you'.* Jon similarly emphasised that *'sometimes you are the only one that they ever told everything to and it is such a privileged position'.* He recalled that he *'always had this image of'* himself *'in a typical analyst chair behind a big mahogany desk, books all behind me and a client on the couch'.* It was an image that, for him, carried *'some kind of idea of power',* which was linked to *'knowing the truth, of knowing what is this person's motivations'* and their *'deepest, darkest secrets'* and *'finding out what really makes them work, what makes them tick'.* While this image of the therapist as omnipotently powerful may be, as emphasised by Jon, merely a by-product of the mainstream media culture, the influence it exerts with regard to how the profession is viewed is undoubtedly profound.

Ann noted that *'almost by definition counselling psychologists are going to be powerful people in society'* because *'you've got this authority invested in you as a doctor':*

> *'We are given the authority to say, who is well and who is unwell. That's hugely powerful. Your thinking is right, your thinking is wrong, you know, and now I would hope that none of us would ever say anything like your thinking is right and your thinking is wrong but that is wrapped up in what we do. We are part of a system that says sane, not sane, well, not well. Power is shot through that'* (Ann, 14:407-411)

Ann emphasised how it is *'a massive part of your responsibility as a professional'* to *'stand up'*

against the *'oppression'* and *'structural inequality that are massively contributing to people being unwell'*. This is why, she further added, *'you need to be reflecting on the power that you have over this person and the power that they have over you to make sure that that's not being abused and that's being used in a safe way'*. This claim of responsibility also enabled Ann assert herself as a benign authority, with benevolent intentions, and distance herself from an oppressive power structure. She noted that *'we talk about the rest but we never say or people seldom say anything publicly',* emphasising the need for a communal voice and collective action in order to overcome this *'oppression'*. Given Ann's own experience of feeling *'not safe'* on her training course, which represented the professional world that she was eventually joining, it may be that she also identified herself as being *'oppressed'* in some way. The threat of being *'accused of being unethical',* while contributing to her silence, anything *'seldom'* said *'publicly',* therefore served as further evidence that power needs to be *'used in a safe way'*.

Lene similarly emphasised the importance of *'negotiating'* the power differential to enable *'clients feel empowered by being vulnerable in the room'*. Her reluctance *'to be the person in power in therapy room'* reflected the fact that she *'hated'* her *'mother's power'* over her as a child, which left her feeling invalidated and undermined. Rather than positioning herself as a figure of authority, an all-powerful therapist, she conveyed that it is the clients, who *'are the superhumans',* because *'they are doing the bloody hard work'* and being *'courageous'*. For her, empowering implied that making sure that we *'acknowledge'* and *'validate our clients'* to *'let them shine'* and *'be a star'* without *'having to feed into our kind of I've really kind of cured this person'*. This was not to deny that *'there is a huge pay off'* for her in *'being someone, who contains',* which gave her a sense of inner worth:

> *'If you can help others at least that can give you a sense of well of worthiness really in a way, isn't it? That can give me a sense of identity'*
> (Lene, 9:280-282)

This was justified because *'there needs to be a pay off for us'* as well, and thinking that *'we are altruistic'* and *'just doing this for them … isn't gonna help us either'*. Claire similarly reflected that *'we would assume I like helping people but I think it's more complex than that',* noting that *'through doing the course and having hours of personal therapy',* she realised that her *'family background'* led to her being *'drawn to a profession'* that does not require her to *'make contact with'* her own *'emotional distress'*. This is a role that she *'naturally takes',* making her *'feel very wanted, very needed'*. These tensions between *'helping others'* and letting others see her

own *'emotional distress'* seemed difficult to reconcile within an identity that revolved around meeting others' needs. This explained why it may have been *'tough'* for Claire to let her therapist in and allow him to see her as *'vulnerable'*. Since she was taught to *'show the world that everything is fine'* and that she *'can cope with massive amounts of stress',* she felt *'ashamed and guilty'* when she struggled to keep up with this façade. Although Claire realised that her *'ability to be resilient and remain containing was perhaps more vulnerable'* because her *'own developmental environment wasn't ideal',* she could not deny the fact that being *'a masochist'* had its advantages. To her, it was what enabled her to *'to achieve, getting on to the doctorate course and surviving and making achievements elsewhere'*.

It seemed that seizing opportunities and facing challenges head-on offered, for some of the participants, a way to transform their vulnerability into resilience and turn a story of struggle into one of strength, courage and survival. For instance, Sabina reflected on choosing *'couple counselling'* for her *'very first placement'* because she *'thought that was the scariest thing'* she *'could imagine doing'*:

> *'I thought throw yourself into the deep end and then just do it and whatever else comes will be easier so that's usually kind of how I face things in life and it was good, it was very, it was a really good learning experience, very valuable'* (Sabina, 3:165-168)

Her personal therapy also proved to be a challenge, *'a difficult place',* which she confronted by *'facing some of that pain'* and just *'doing it'*. These displays of bravery and endurance symbolised her triumph over past hardships and struggles, further consolidating her preferred self as an empowered individual. While resilience and prowess was celebrated, less attention was drawn by participants to their own suffering and vulnerability. There appeared to be, as pointed out by Lene, *'hesitation to talk about mistakes'* and *'acknowledging our limitations'*:

> *'I'm not quite sure what it is really in our profession but there is this idea that we don't mess up or we definitely talk about how we messed up whereas our clients come to us to repair what's messed up so that's, if we encourage their vulnerability, how come we don't encourage our own vulnerability in that way'* (Lene, 3:208-212)

She commented that, although being a therapist is *'supposed to make you more human, not less human, not superhuman',* there was *'this idea, within the profession of most therapists, that we are above and beyond this in a way'*. This gave the impression that woundedness was frowned

up and needed to be hidden. Having completed a thesis on the topic of vulnerability, Lene's understanding was that:

> *'If you're the therapist, it doesn't matter how messed up your life is, probably the clients life is much more messed up or at least you can always hide behind this role of being the therapist'* (Lene, 9:266-269)

This can feel *'quite containing'* because *'if I can contain your chaos then at least I know there's some healthy part in me as well'*. Lene also recognises that talking about the profession as a whole and rendering this a collective responsibility could also be a *'defence to cover up for'* her own *'vulnerabilities'* as was mentioned to her at her viva.

This hesitation to allow themselves to be seen as vulnerable, with wounds and limitations, indicated that being perceived in this way by others carried certain risks. Given some of the participants' concern with misuse of power and being judged as unethical, it may be that exposing anything other than resilience and fitness to practice risked leaving them feeling increasingly unsafe because it could potentially jeopardise their place within the profession. For example, Brenda told me how having *'disclosed'* a physical condition early on in her training, she felt that *'a body bag was chosen'* for her *'for other reasons but then this information was used to tell'* her why she *'deserved one'* - or in other words, why she was not suitable for this type of training. As she was becoming increasingly worried that interactions between training staff and trainees were *'deliberately designed to extract those vulnerabilities'* to see whether *'something wrong with you',* she switched to the independent route, which enabled her to regain some sense of control over her own development and reinforce a sense of herself as resilient and capable. This gave her the opportunity to prove herself as suitable for the role that she had intended for herself:

> *'If I won an Oscar, my speech would go on for hours thanking people but, you know, as with our clients at the end of the day they have to do it for themselves... The bottom line is that I've had to do this myself and I've had to sit with this myself and experience it myself and find ways out myself and I have and I'm so proud of myself'* (Brenda, 26:803-811)

At the same time, Brenda acknowledged that this would not have been possible without her *'team'* of people who kept her *'standing'* and *'helped'* her *'to come to that conclusion ... that no, I don't need to fix everything and everybody'*. Having a *'team',* thus, provided her with a safe space that she needed in order to reflect on her *'horrific experience'* and move forward.

There may also have been a bit of relief in feeling understood and accepted by these other professionals as it assured her of her place in the professional world of counselling psychology. The interview aided this process in that she was able to present herself as someone with *'volume of life experience',* who *'had a long time to reflect on a lot of this'* and *'come out the other side',* and emphasise *'for the benefit of the tape'* and the wider audience that she was *'fit to practice'.* She added that she *'learned an awful lot about how to not be a counselling psychologist'* and that the main lesson was that *'you don't use your power over others'.* Instead, what Brenda emphasised was the need for an atmosphere of collaboration and openness, which reflected what she had herself previously experienced as of value and benefit to her. By defining her position as different to that of these unethical others she demonstrated that she was a person of integrity, who not only could tell right from wrong, but could also learn from a painful past experience in a way that heightened rather than diminished her regard for others.

As most of the participants were at the end of their training, and some of them qualified, asserting a professional self that was ethical, robust, powerful, and agentic may have been important as it demonstrated their readiness for entry into the profession. Some of the participants may have felt the need to present themselves in a manner that was consistent with counselling psychology's vision in order to show their commitment to the profession. At the same time, it was clear that most of the participants cherished being part a professional community, which was, in their view, full of possibility and choice, and provided them with a rich opportunity to make a real difference in both their own lives and the lives of others. For many of the participants, the ethos of counselling psychology reflected their own values and beliefs, and rather than proving to be a constraint, seemed to serve as a source of inspiration for their own development.

3.3.3 Summary

Of importance to participants was the need to develop a powerful and resilient professional self that could be of benefit to others, which embodied a different, more benign form of power, through which they could make a difference by honouring others as equals. Such a self allowed them to present themselves as truly valuable and respectable members of the professional community of counselling psychologists and celebrate their own personal and professional accomplishments. While an emphasis was placed on building resilience, less was, however, said about their limitations and vulnerabilities. Instead, it was clients, who were being

portrayed as vulnerable and powerless.

CHAPTER 4: DISCUSSION

The aim of this chapter is to discuss and interpret the main findings of this research in the context of what is already known and identified in the literature review, and consider the educational and clinical implications that arise from such findings. Before moving on to a discussion of the reported findings, a brief overview of the research aims and questions will be outlined, followed by a summary of the research findings, which will also be presented in bullet form. This chapter concludes with a consideration of the limitations of the methodology and recommendations for future research, and a reflexive account of the research process and my role as the researcher.

4.1 Summary of literature review and aims of research

It was argued that counselling psychology's quest for a coherent and distinct identity remains an ongoing struggle that is inherently uncertain and competitive (Kasket & Gil-Rodriguez, 2011; Moore & Rae, 2009; Pelling, 2004) and may, as a result, hinder the development of trainees' professional identity (Gazzola, De Stefano, Audet, & Theriault, 2011). For example, Moore and Rae (2009) revealed that a 'maverick' repertoire is used by counselling psychologists in Britain to construct an outsider identity for counselling psychology. Although considered progressive and freeing, a maverick/outsider position is constantly under threat of being either cut adrift or incorporated into the mainstream and lose its distinct identity.

A related concern is that the division of counselling psychology has begun to align itself more closely with the clinical division in response to social, economic and political pressures (Strawbridge & Woolfe, 2010; Woolfe, Strawbridge, Douglas, & Dryden, 2010). There has been a redefinition of the curriculum and a move to Health and Care Professions Council (HCPC) accreditation, which with its increased academic demands has made it increasingly difficult to ensure that training provides trainees with a much-needed holding environment (Gil-Rodriguez & Butcher, 2012). This is likely to have implications for the professional preparation and identity development in counselling psychology trainees.

While, as noted by Moore and Rae (2009), counselling psychologists may be drawn to a maverick identity as a result of the profession's positioning against the mainstream, little is known about how counselling psychology trainees construct their identities through the training process and whether a similar identification takes place. If it is difficult to facilitate a 'holding

environment' due to the ever-changing nature of counselling psychology, how may this come to shape counselling psychology trainees' emerging identities? And, if counselling psychology trainees carry a narcissistically injured or wounded sense of self, as frequently noted in the literature on therapists, how do they make sense of it in the context of professional training in counselling psychology? Answering these questions may provide some insights into the personal and professional development needs of counselling psychology trainees and how training programmes can facilitate trainees' professional development and identity formation.

The aim of the present research is, therefore, to gain an understanding into how counselling psychology trainees construct and make sense of their emerging professional identities and what experiences, past and present, they draw upon in the context of their training to shape those identities.

4.1.1 Research questions

- How do trainee counselling psychologists construct and make sense of their emerging professional selves?
- What experiences do trainee counselling psychologists draw upon in the context of their training to shape their emerging professional identities?
- What past experiences do trainee counselling psychologists consider influential in shaping their professional identities?

4.2 Summary of research findings

The stories that emerged from participants' narratives revolved around the themes of struggle and marginalisation; growth and discovery; and power and resilience. Participants anchored their narratives of struggle and marginalisation in reference to stressful life experiences and early family dynamics that contributed to an ongoing struggle for voice and identity. It seemed that joining the professional world of counselling psychology, which was perceived as outside of the mainstream, allowed participants to distance themselves from what was experienced as oppressive, and construe their sense of difference in more positive terms. As a result, a strong identification with counselling psychology and its outsider status was evoked, which, for some of the participants, became a hindrance, and they strived to move away from such self-construals to develop a sense of self with which they felt more comfortable. This was possible through stories of growth and discovery that seemed to serve as a source of inspiration for

participants to continue exploring and developing.

The relationships that participants formed with either clients or other professionals as part of their professional training were seen as central to the development of self-awareness and being able to see and reveal different aspects of themselves. Of importance was the provision of a safety net and being permitted to voice their own feelings, including disappointments, fears and frustrations, which was another common theme.

Professional training in counselling psychology constituted a journey towards a more authentic way of being, ultimately paving the way for a more empowered sense of self to emerge, which was articulated by participants through stories of power and resilience. As part of these stories, participants envisioned their emerging professional selves as growing in power and importance, and shedding their earlier sense of vulnerability and struggle, whereby evolving into more resourceful and resilient selves, capable of making a difference. Seeming unable to reconcile their sense of struggle with their constructions of themselves as professionals, it was their clients, whom participants portrayed as vulnerable.

4.2.1 Main research findings

- The experience of marginalisation and struggle engender a strong identification with the profession of counselling psychology
- The relationships with professional others serve as an important source of support and guidance during the process of professional identity formation and personal and professional development
- Self-disclosure and self-revelation appeared partly to be a function of how safe and secure participants felt in their relationships with professional others
- Disappointments and frustrations may be a common feature of counselling psychology training
- The development of a sense of personal power and resilience constitute core parts of the emerging professional self as a counselling psychologist
- Expressions of vulnerability may be incompatible with the professional role of a counselling psychologist

4.3   Discussion of main research findings

The strong identification with counselling psychology that was evident in participants' accounts appeared to be rooted in the very experience of marginalisation and struggle, which, for several of the participants, stemmed from difficult past experiences with family members. In line with classical psychoanalytic theories emphasising the influence of early family dynamics on therapists' choice of career (Miller, 1987), a feeling of being silenced by more powerful voices and deprived of a sense of self, with which they felt comfortable, predominated the early years for the majority of the participants. It was interesting to note that many participants emphasised counselling psychology's positioning as outside the mainstream in explaining why they thought entering the profession was a good fit for them. It seemed that joining the professional world of counselling psychology offered the unique opportunity to express a sense of difference that was otherwise unspoken.

While this may help explain why counselling psychologists may seek to construct an outsider identity for their profession (Moore & Ray, 2009), what was also revealed was that this outsiderness may be also experienced as a barrier rather than a virtue. As indicated by Jon and Claire, working in clinical settings - traditionally associated with clinical psychologists (Woolfe, Strawbridge, Douglas, & Dryden, 2010) - while not being paid, can lead to feelings of inadequacy and self-doubt, which can in turn provoke defensiveness. It is possible that the trend in counselling psychology of aligning itself more and more with clinical psychology, which possesses a much louder voice, exacerbates this tendency, making it increasingly difficult to feel accepted as a counselling psychologist (Monk, 2003). It may be further argued that the competitive inter-disciplinary struggle between clinical and counselling psychology that exerts pressure on counselling psychologists to 'sound and behave like clinical psychologists so that nobody can tell the difference', as Hammersley (2009, p.8) has put it, risks repeating a painful earlier experience of feeling marginalised and silenced by a more powerful other. Therefore, further blurring of the disciplinary lines may make it increasingly difficult for those embarking on training in counselling psychology to make their voice heard and deprive them of the opportunity to give voice to what is different about them.

So what does this mean for the profession of counselling psychology and its members, especially trainee and newly qualified counselling psychologists? First, it becomes evident that an essential prerequisite for the profession's future is that it develops in a way that is in keeping

with its core principles and ethos, such as the value of moving beyond traditional methods that risk undermining an individual's voice and power, that are of importance to its members (Bowen & John, 2001). Most of the participants had acquired an experiential, personal understanding of marginalisation and outsiderness that comes with being different, which they felt challenged them to question power dynamics that shape dominant cultural norms and discourses. Reducing the power differential to prevent the misuse of power, therefore, became a valued way of working with clients, consistent with the ethos of counselling psychology (McAteer, 2010). It can, therefore, be argued, in line with the wounded healer literature, that a personal understanding of how having one's voice deliberately silenced and rendered powerless can impede one's development may not only predispose certain individuals to pursue a career in counselling psychology, but sensitise them to power imbalances in relationships and encourage them to become professionals with ethics and integrity (Cohen, 2009; Farber, Manevich, Metzger, & Saypol, 2005; Zerubavel & Wright, 2012). In light of this, it is, therefore, essential that the counselling psychology syllabus encourages trainees to critically reflect on the ways in which personal experiences of power can shape clinical practice and their understanding of clients if we are to harness such desirable qualities.

And, second, it may be suggested that rather than striving to give trainees well-defined professional role identities, as argued by Cross & Watts (2002), a vague definition of counselling psychology may be a more desirable characteristic as it allows trainees to form their own meaning (Kasket & Gil-Rodriquez, 2011). Thus, it was evident that majority of participants strived to construct a personal understanding of what it meant to be a counselling psychologist. Rather than developing a 'false self' to fit with the requirements of the training institution (Rizq, 2009), of importance, to many of the other participants, was being permitted to develop a sense of self, which was shaped by personal values and preferred ways of being. This implied moving beyond binary definitions of their professional identities that limited them to either being either an outsider vs. insider. Because of its self-funding status, independent of the NHS, counselling psychology was defined as a liberating, progressive alternative to the mainstream discipline of clinical psychology, which, as emphasised by the Lynn and Claire, freed them from the pressure to conform to others' agendas. The recurring message, from all of the participants, was that they valued the sense of self-direction and autonomy that counselling psychology offered. This suggests that an overly rigid focus on any one particular philosophy or belief system, be it a social justice agenda (Cutts, 2013) or existential theory (Milton, 2013), carries the risk of being perceived as essentially oppressive and restrictive as it relies upon the

presumption that there is a certain way of being a counselling psychologist that may come at odds with trainees' professional aspirations and how they view their evolving professional identity.

Instead, trainees need to be encouraged to find a voice that goes beyond the dominant discourse of the profession and permits a more deliberate moulding of the personal and the professional. While this is possible through engaging with a variety of different, pluralistic perspectives, as highlighted by several of the participants, methods of teachings and the learning climate in training institutions may play an even more influential role. Of importance to participants was that they were being provided with a safe, nurturing space that enabled them to explore and develop, and express their individuality. In this way, professional training in counselling psychology came to represent a journey inwards, towards a more authentic way of being, while professional others, that is, training facilitators, tutors, supervisors and personal therapists, were often looked upon as parental figures, whose primary task was to offer support and guide them. While it was perhaps not surprising that, for several of the participants, personal therapy and supervision served as primary sources of much-needed support, it was interesting to find that interactions with training facilitators and tutors tended to be described in more negative terms. Unfulfilled expectations and disappointments seemed to be a common theme, while a couple of participants revealed that they did not feel safe enough in these relationships to allow themselves to explore freely.

A possible explanation is that staff working closely with the training institution may be more likely to find themselves being recipients of strong projections due to their dual role of serving as nurturers and gatekeepers (Davies, 2008; Eagle, Haynes, & Long, 2007; Rizq, 2009; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). Again, what might be feared is the emergence of yet another struggle against a more powerful other, which could in turn lead to the unintended consequence of intensifying the pressure already felt in the context of training. For example, Rizq and Target (2010) noted that counselling psychology trainees with an insecure attachment style may be inclined to experience the power disparity in personal therapy as giving rise to a covert power struggle, resulting in a sense of powerlessness and feeling intruded upon. It may be further argued that such experiences may inevitably lead to greater defensiveness and consolidation of a false self, especially in trainees with narcissistic injuries (Halewood & Tribe, 2003).

Doubts are, therefore, raised as to whether trainees are indeed provided with a good-enough

holding environment (Bruss & Kopala, 1993). Given the competitive climate, in which counselling psychology trainees are likely to find themselves, it is vital that a reflective space is created for trainees to process experiences so that these can be transformed into a source of growth (Eagle, Haynes, & Long, 2007). In other words, trainers and tutors need to be able to withstand the denigration in order to provide a good enough container so that these projections can be worked through rather than merely gotten rid of (Gil-Rodriguez & Butcher, 2012). For, if feelings of inadequacy and self-doubt are to prevail, a potential consequence is that trainees end up feeling defensive and self-protective, which could in turn hinder their professional development (Rønnestad & Skovholt, 2003).

Another problem that may arise, if trainees are not given the opportunity to process and reflect on their own anxieties that crop up in the context of their training, is that they may attempt, narcissistically, to gain insight into their own difficulties through clients at the expense of attending to their clients' emotional needs (Barnett, 2007; Celenza, 1991; DiCaccavo, 2002; Leahy, 2001; Tjeltveit & Gottlieb, 2010; Wheeler, 2002). In a similar vein to the growth process described by Richard (2012) and Stone (2008), several of the participants emphasised how working therapeutically with clients enabled them to not only witness others' growth and transformation, but to also participate in it, making it a joint venture that allowed them to gain valuable insights into their own being. Although the danger of boundary blurring and the need for adequate supervision was clearly seen, the extent to which participants were willing to disclose or reveal certain material about themselves to other professionals appeared partly to be a function of how safe and secure they felt in these relationships. It is, therefore, questionable how honestly they felt they could use supervision and whether they were able to avoid becoming enmeshed and overidentified with clients (Celenza, 2010; Wheeler, 2002) and prevent compassion fatigue and burnout (Figley, 2002). Bearing in mind the findings of Pearlman and Mac Ian (1995), which indicate that therapists with trauma histories, who also work with trauma survivors, are likely to feel disconnected from their own internal experience and unaware of countertransference, the need for self-reflection and adequate supervision becomes all too apparent. This may explain why many participants portrayed their clients as vulnerable and powerless and, therefore, in need of their protection.

At the same time, given that majority of participants were coming to the end of their training, and some of them have recently qualified, it may be that this sense of disillusionment that pervaded participants' narratives is in itself an important developmental crossroad (Rønnestad

& Skovholt, 2003). According to Rizq (2009), as trainees begin to shed their 'false self' to establish a more authentic professional identity, an emotional struggle with the training facilitators could become an inevitable consequence. Working through struggles and difficulties that arise in relation to these other professionals could, therefore, be seen as a necessary part of the process of becoming a therapist or psychologist (Rønnestad & Skovholt, 2003).

While the presence of supportive figures that instil a sense of security was viewed as a necessary precondition for cultivating an attitude of openness and authenticity, equally important to participants was achieving a sense of agency and ownership over their development, which served as an important basis for developing a sense of power and resilience. Developing an empowered, resilient and respectable self became the focus of their professional development - which participants described in terms of a gradual shift from taking up a marginalised outsider status to discovering a new sense of self as a professional capable of making a difference. Despite ongoing struggles as a result of unmet expectations in relation to other professionals as well as past difficulties, several of the participants demonstrated their resilience by emphasising how they pushed themselves to face their fears and move beyond what was their comfort zone. For example, Claire, Jon and Sabina highlighted that they had gone against what was valued in their family, and forced themselves to use therapy and supervision in a way that promoted self-reflection and personal and professional development. Meeting challenges head-on seemed to be key to transforming vulnerability into resilience. Sabina, for example, presented herself as someone who 'fights for stuff", while Brenda, in line with the classic wounded healer narrative, highlighted how past hardships enhanced her empathy for the plight of others. For Claire, it was a self-denying, masochistic attitude that enabled her to continue achieving and surviving despite many hurdles and motivated her to open up in personal therapy. It seems that once participants felt more empowered, they felt somewhat more secure and in control in their relationships with supervisors and personal therapists.

However, with such a strong emphasis on achieving power and resilience, there seemed to be less room for participants to acknowledge their limitations and express their vulnerability. Instead, it was clients that were being portrayed as fragile, powerless and vulnerable. Interestingly, a couple of participants, namely Sabina and Claire, did reveal that they were initially reluctant to use personal therapy as a result of finding it difficult to let themselves be

vulnerable. This, thus, suggests that, for some participants, there may be a tendency to push aside or suspend feelings and ways of being that come in conflict with their preferred sense of professional self so as to maintain a view of themselves as empowered and resilient. It may be that exposing anything other than resilience and that they are, indeed, fit to practice poses too much of a risk as it could leave them feeling powerless and intruded upon, as Rizq and Target (2010) noted with insecurely attached counselling psychology trainees. Thus, the fear of being dragged into yet another struggle may actually prevent some trainees from approaching their professional elders (i.e. training facilitators, supervisors, tutors, personal therapists) in a way that facilitates their own professional development. Although it is clear that a supportive atmosphere is needed for trainees' to open up, there is also some responsibility on the part of the trainee to seek out opportunities for growth and development.

What was even more interesting, however, was that, while the importance of negotiating and equalising the power differential in the therapeutic relationship was emphasised, participants chose to draw on the traditional powerful therapist vs. vulnerable/dependent client dichotomy to articulate an empowered professional identity (Barnett, 2007; Sussman, 2007; Waldroop & Hurst, 1982). By framing their self-understandings within the parameters of the dominant professional ideology and discourse, participants' narratives served to not only reinforce the existing power structures, but perpetuate the view of the therapist as an all-powerful authority figure (Tjeltveit & Gottlieb, 2010). Yet paradoxically, such view seemed at odds with what they aspired towards - a more authentic way of being - and may have actually prevented participants from connecting with their own so-called narcissistic injuries (Halewood & Tribe, 2003) and understand their own experiences of woundedness (Zerubavel & Wright, 2012). Another potential implication, as pointed out by Gelso and Hayes (2007), is that they instead project their own woundedness onto clients and see themselves as the healed one. Seeing themselves as experts and self-sufficient, they are less likely to recognise their own needs for self-care and seek support (Figley, 2002). This may in turn lead to unaddressed burnout and professional impairment. Moreover, since achieving a more realistic and less narcissistic and grandiose view of oneself is key to building confidence as a professional (Rønnestad & Skovholt, 2003), harbouring an 'us as powerful and them as vulnerable' mentality seems counterintuitive.

This poses the question as to whether the counselling psychology profession may be inadvertently contributing to the cultivation and proliferation of stereotypical therapist

identities. It is likely that trainees receive implicit messages about what is desirable and valued, which can make it difficult for them to explore aspects of themselves that are not recognised as such. For example, Lene noticed that there seemed to be some hesitation within the profession to talk about our own mistakes, suggesting that the blame may, therefore, lie within the professional community itself. Trainees may also feel unable to disclose feelings and attend to their emotional needs due to the potential stigma associated with being identified as vulnerable and potentially putting clients at risk (Rance, Moller, & Douglas, 2010; Zerubavel & Wright, 2012). This makes it increasingly difficult for trainees' diverse voices to be acknowledged and heard, and could leave them feeling further marginalised; thereby, intensifying the felt competition.

In the view of this, there seems to be a need for a 'safer', more resilient climate, in which training institutions engage in open dialogue with its trainees to facilitate a shared understanding and reflection around issues that are likely to affect trainees in the course of their training. For such a dialogue to occur, on the one hand, training facilitators and tutors need to clarify what they perceive their role to be in relation to trainees; and, on the other, there also needs to be a certain willingness on trainees' part to consider and engage with what is offered. It is, therefore, important that trainees are provided with opportunities to think about the kind of relationships that they are seeking to build with other professionals and whether there are unrealised expectations, disappointments or fears, resulting in a lack of engagement and openness on their part. Moreover, considering that disappointments and frustrations may be a common feature of counselling psychology training, trainees need to be allowed a safe space to voice and acknowledge their more vulnerable feelings so that these can be made sense of and contained instead of cut off.

Promoting a less idealised, omnipotent view of professional elders within training institutions may offer another means of addressing unrealistic expectations and help trainees' to see both themselves and others in a more realistic light, as individuals with both strengths and limitations. As a result of becoming more accepting of mistakes and limitations - both their own and those of other professionals - trainees may, in turn, feel more secure in expressing vulnerabilities and acknowledging flaws. Finally, bearing in mind that counselling psychology trainees are likely to possess an acute sensitivity to power imbalances, it is suggested that if trainees are to reach their full potential and gain confidence in their professional role as counselling psychologists, then there needs to be opportunities for power struggles to be

understood and worked through. This may also imply encouraging trainees to put into question culturally-laden messages around power and vulnerability that may contribute to the silencing of marginalised voices - including their own voice and prevent the expression of their true, authentic selves.

While it may be important for training institutions to support trainees in identifying the needs for learning and development as well as signs of professional impairment, the responsibility for personal and professional development ultimately lies with the trainee, especially in the final stages of training. This requires that trainees take responsibility for acknowledging limitations, mistakes and deficiencies, and seeking out supportive professional elders, in the company of whom they can feel safe enough to reflect on aspects of themselves, with which they struggle. There is a need for trainees to be able to ask themselves whether they are too narcissistically invested in perpetuating a view of themselves that denies their woundedness a voice and leads to rejection of more 'powerful' others. In order to be able to utilise their woundedness for the benefit of their clients, and become the so-called 'wounded healer', trainees need to first allow their wounds and narcissistic injuries to be seen, which requires a degree of self-disclosure in the presence of their tutors, supervisors and personal therapists. This dialogue may also find an appropriate place in the 'personal and professional development' logs or diaries, which are read by tutors and trainers.

Moreover, seeing as empowerment appears to be a core feature of trainee counselling psychologists' professional identity development, it is important that trainees identify what experiences in particular help them to achieve this. The implementation of, for example, peer support groups and mentoring schemes can promote a sense of belonging and counteract the experience of marginalisation, while assigning homework for in-between personal therapy sessions can serve as encouragement to proactively identify and seek out opportunities for growth and face challenges; thereby, increasing one's sense of control and autonomy. Once trainees move beyond feelings of marginalisation to self-empowerment, they are less likely to feel that they are at the mercy of threatening and potentially oppressive others, and may come to see other professionals in a more realistic light and feel more secure in these relationships. Lowering their expectations of what training institutions should provide for them may also help to foster a sense of responsibility and encourage the development of assertiveness amongst trainees. As these expectations may also be narcissistically driven, trainees need to be aware of the potential impact of their feelings of entitlement, blame and resentment on their relationships

with other professionals and how open they are to relating to these others and using what they offer. Trainees also need to watch out for any excessive and unrealistic demands that they place upon themselves as this may prevent them from seeking support and addressing self-care needs, while a reluctance to acknowledge difficulties may in itself signal impairment. Since there is a need to ensure that trainees are working within their capacity and in the best interests of clients, pushing themselves to more openly explore with supervisors, tutors and personal therapist may be, for many, an important stepping stone towards developing a strong professional identity. In other words, it is through letting go of their self-protective armour that trainees can allow themselves to more fully engage in personal and professional development, and discover different aspects of themselves and, hopefully, integrate these into a more authentic, empowered sense of being.

4.4   Limitations of the research

There are several limitations that need to be considered when interpreting the findings of this study and its implications. It is important to note that since the research was conducted with a small sample group of recently qualified and trainee counselling psychologists, it is unlikely that their views and experiences will be representative of the profession as a whole. It is possible that with a different group of participants, different stories would have emerged. Moreover, other researchers may have interpreted the findings differently and ended up with different conclusions as a result.

Considering that participants volunteered to take part, it may be that they already had a particular experience or story in mind that they wanted to share with me. Since the research was advertised as 'a study on how trainee Counselling Psychologists perceive their past to impact on their personal/professional development and clinical practice', it may be that those who expressed interest to take part were more readily able to identify childhood experiences that directly contributed to their professional development and practice. By implication, they might have been more willing to delve into and explore these experiences. It is worth noting that several of the participants pointed out that they have done research similar to mine and, therefore, shared this interest. Because of my background as a trainee counselling psychologist, I was both a researcher and a practitioner, and may have been looked upon as someone who could help them to discover new meanings and make sense of difficult and confusing past experiences. They may have hoped that taking part in the interview would enable them to come

to a deeper understanding of these experiences. Alternatively, as suggested by Barnett (2007), they may have been more willing to discuss their childhood experiences because they have reached a place where they could think about these more objectively. Fussell and Bonney (1990) similarly argue that this tendency of being willing to share negative childhood experiences may suggest that these individuals are more insightful and less defensive about its potential impact. Therefore, some individuals may have been unwilling to share stories and details of their past because of unresolved personal issues. It is also possible that those, who thought that their childhood was irrelevant to their professional development and practice, may have not felt curious and motivated enough to participate.

It is also important to point out that because participants were at the end of their training, which is assumed to be a busy and stressful time for most trainees, taking part in an interview required considerable commitment and motivation. This may again confirm the observation that those who took part may have had a particular interest in the research topic. This could, however, also suggest that those who participated had less time constraints and were more able to offer their time and commitment. I noticed that those who did eventually take part in the research seemed to have more flexible schedules and more willing to accommodate me in terms of the time and place of the interview, whereas one potential participant, who kept on cancelling our pre-arranged meetings, eventually decided to not take part due to 'work commitments'.

The findings may not only be limited to those who shared a particular interest in the research topic and more able to commit to an interview, but may also not be applicable to trainees, who are at the beginning of or halfway through their training. It is also important to bear in mind that because different institutions have their own curriculums, the findings may not fully reflect the experiences of trainees studying at institutions or choosing a training route different to those included in the sample.

In spite of the abovementioned limitations, it was, nevertheless, interesting to note that participants' accounts confirmed in many ways what has been previously suggested in studies on professional development, indicating that these findings may reflect quite a common and recurrent theme. A further advantage of the research lies in the depth and richness of participants' accounts, which not only allowed multiple interpretations, but also a deeper understanding of the issue at hand. This may have not been possible if individuals, who did not share a keen interest in the research topic and possess a willingness to be open about their experiences, took part in the study.

4.5　Future directions

A number of questions that follow on from the present study will need to be addressed in future research: How do counselling psychology trainees make sense of the disappointments that arise in the context of their training and in relation to other professionals? What may be the potential impact of negative interactions with training facilitators and tutors on trainees' clinical practice and professional development? How do counselling psychology trainees cope with such experiences, and are they aware of any defensive reactions on their part that may inadvertently contribute to these disappointments? How do counselling psychologists navigate and construe power in educational and clinical settings? Answering these questions may help to identify how training institutions can improve the learning experience of trainees, and facilitate their professional development and identity formation. In addition, conducting interviews with trainees at different stages of training may be necessary in order to gain further insights into these processes.

4.6　Personal reflexivity

Offering a reflexive account of how my role as the researcher may have influenced the research process provides an opportunity to really 'own' my speaking position and take responsibility for the authorship of this project (Coyle, 2007; Elliot, Fischer & Rennie, 1999; Riessman, 1993). Implicit, here, is the idea that what had initially sparked my interest and motivated me to pursue this research, which is not always fully known or understood, even at the end of such an arduous endeavour, would have continued, albeit behind the scenes, to exert its influence and push certain agendas.

I will begin by reflecting on my methodological and epistemological struggles, and how these in turn prompted critical reflections around ethics and responsibility. While the initial focus of research was on the impact of trainees' past experiences on their personal and professional development and clinical practice, I widened the scope of my investigation to ensure that I did not make assumptions about participants' experiences and allowed different meanings and understandings to emerge. Because my concern was first and foremost with participants' sense making of their experiences, adopting a realist methodology seemed initially a natural choice. However, since I did not share my interpretations with participants, it was difficult to know how to portray their experiences so that I captured what went on for them at the time. Faced with uncertainty, I wrestled with what would be the 'best' way to approach participants'

accounts. This realist take on narrative analysis triggered a very familiar 'right and wrong' type of thinking for me, which stifled my creativity rather than helped me to move forward. Of course, such dichotomous thinking had to be abandoned as I soon discovered there was no definite, ideal way to approach participants' narratives, but rather a myriad of distinct approaches, which pushed me to think outside the box.

With the freedom to choose how to proceed with the analysis, also came accountability and ethical responsibility. The main challenge for me was how to illustrate key themes and meanings without losing sight of the whole context or ending up with a meta-narrative that privileged certain voices, experiences and perspectives at the expense of others, rendering some of the participants invisible. With this in mind, it was, for example, important to point out that not all of the participants that took part in the study were on a professional doctorate programme, which is considered the standard route to becoming a counselling psychologist. Brenda had switched onto the independent route after growing increasingly dissatisfied with the training institution, at which her studies were originally undertaken. This made it possible for me to note the ways in which Brenda's narrative was different from that of others, and how it elucidated what many of the other participants' merely hinted at, such as the fear of revealing something that may be used against them. Although, in quantitative terms, Brenda's narrative emerged as 'an outlier', without her counterstory, these unvoiced meanings and insights would have remained obscure.

The emergence of such potentially sensitive material also evoked in me concerns about revealing too much of participants' difficult experiences as this not only carried the risk of compromising their anonymity but could leave them feeling exposed and vulnerable. This concern became particularly acute after an interview in which difficult experiences and exchanges were shared with such detail that using certain extracts from this interview could potentially identify the participant. Moreover, since I was able to establish rapport and trust with several of the participants, which was conducive to their opening up and sharing of difficult experiences, I felt that I was ethically responsible to each participant and needed to honour their trust. Thinking as both a researcher and practitioner, I was mindful of how the research interview in many ways mirrored a therapy session, not only because of the power differential inherent in participant-researcher interactions, but also due to the nature of the topic under investigation. This may have left some participants feeling vulnerable and sensitive to my interpretations as revealed in extracts concerning negotiating power imbalances in

relationships with other professionals. Although I initially planned to limit the kind of demographic information I share in order to preserve the anonymity of the participants, I realised that this could potentially undermine the transparency and integrity of the research and does not actually identify participants. Moreover, providing a demographic profile of participants allowed the reader to more clearly see the context in which participants' stories took place. Instead, I ensured that the extracts provided did not contain potentially identifying information, especially in cases where past interactions with other people were described in great detail and conversations repeated word for word. Where chunks of the interview were omitted for this reason, I made sure that this did not lead to censoring of experiences and events central to their narratives of professional development and identity formation.

My anxiety about the potential impact of my interpretations on participants opened up another important ethical dilemma of how to present participants' accounts in a way that portrays their experience in a respectful way as well as preserves the crux of their narrative and the message that they put across. It was important to me that I did not distort what was shared because of my own uneasiness of leaving participants feeling exposed. The times that I did hesitate about what to leave out I made sure that I discussed this in supervision so that I did not inadvertently jeopardise the original narrative. Using participants' actual words and phrases as often as possible further helped to recreate the subjective experience of the participants and suspend my own presumptions of what they were feeling. Each participant was also offered, at the end of their interview, to be provided with a tape of the transcribed interview should they wish to review it. This helped to ensure participants' retained a sense of control over what they choose to convey about their experience. Surprisingly, none of the participants showed an interest in reviewing their transcripts, which again may confirm that they were able to establish some trust in my decisions.

It is possible that some of the participants approached the interview with a certain self-protectiveness and caution, and chose to leave out stories and details that put them in a vulnerable position, especially bearing in mind how much of an emphasis many participants placed on feeling comfortable and safe. Despite the inherent power imbalance between myself and the participants, what was emphasised by many of them was our shared professional status and experience, which encouraged a sense of being 'on the same page' and evoked my sympathy for many of their complaints that were directed against more powerful others. I started realising how important this mutuality was when, time after time, participants sought to

confirm with me my understanding and whether I was, indeed, following them. This could also be seen as an attempt on the participants' part to negotiate and equalise the power imbalance in the research relationship.

At the same time, I found that, thinking back to my own childhood, it was easy for me to follow their stories simply because I could relate to what they said; the acute sense of difference, with which I was becoming more comfortable, and the lack of voice I sometimes experienced as a trainee in relation to other professionals, which also echoed for me a familiar dynamic I grew up with. Turning my attention to the interviews, I realised how this may have come to shape the kind of narratives that emerged. For example, I noticed how much easier it was for me to listen with attention and curiosity when something that I could identify with was being shared, which I also found, perhaps not surprisingly, led to more elaborate stories. Other times, however, when I struggled to connect with aspects of their experience, I was also aware of struggling to not get distracted. This not only emphasised the co-constructed nature of the interview, but how important it was that I was able to establish a connection with the participants.

However, while it may be assumed that being a trainee counselling psychologist afforded me an insider's vantage point, enabling me to more fully understand my participants' worlds and the particular opportunities and anxieties that came with it, it is important to point out that the explanations and interpretations that made the most sense to me may have not necessarily mirrored that of the participants (Lewis, 2008; Oguntokun, 1998). It is possible that my own feelings of disappointment and disillusionment served as a motivating force behind my focus on what training institutions may need to improve in order to meet trainees' needs for professional development. This may in turn have caused me to pay particular attention to narratives that fit in with the way that I saw things and helped me to make sense of my own story of becoming a counselling psychologist (as suggested by Richert, 2003). An important part of my self-reflection, therefore, involved distinguishing what belongs to whom and how my own unfolding story differed from stories told by my participants. This thought process, along with conversations with my supervisor, ensure that I remained open to the meanings contained within participants' stories and stayed as close as possible to their experience instead of imposing my own.

It was also interesting to note that many of participants' stories emerged with little prompting and may have, therefore, become rehearsed in some ways over time due to the nature of their training. The intensity, with which some of these stories were told signalled to me that these

touched on issues that were most pressing to the participants and reflected things that they had on their mind and wanted to talk about. A part of me, therefore, questioned the idea of myself as actively participating in the making of their professional identities, especially if we are to consider the repetitiveness of some of the narratives and the force with which participants sometimes made their point. Moreover, while the focus is usually on how the researcher may have affected the data collected, this was rarely a simple one-way (or even two-way) process. The interviews and my continuous engagement with participants' stories gave rise to many insights that not only drove this project forward but inspired me to reflect more deeply on my own personal experiences and professional journey. These thoughts and ideas have, through my own professional development, matured and taken new forms, which have then allowed me to discover new meanings in what participants' had initially shared with me. The understanding that was arrived at was always partial, constantly revised in the light of new experiences and insights and deepened throughout the research process. What I subsequently realised was that, while it was not possible to capture truthfully what went on for participants at the time of the interview, somewhere among these layers of narratives and interpretations was something meaningful and potentially useful that could, nevertheless, shed some much-needed light on the ongoing debate over the future of counselling psychology and the training that it offers.

4.7 Conclusions

It is hoped that the present study has provided some valuable insights into personal and professional development needs of counselling psychology trainees and how these may be addressed in the light of the current professional climate, in which trainees are likely to find themselves. What this study has served to highlight is the importance of the provision of a good-enough holding environment, and how this could be facilitated by encouraging an open discussion of issues that seem to be of concern to counselling psychology trainees. First and foremost, there seems to be a need for both training facilitators and trainees to be mindful of the potential impact of power dynamics in professional relationships and the ways, in which, these are likely to play out in training and clinical settings. Since it appears that the notion of power may be central to how trainees make sense of and construct their emerging professional identities and how counselling psychology is defined within the wider field of psychological theory and practice, it is crucial that more of an emphasis is given to its meaning and use within various contexts.

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APPENDIX 1: INVITATION LETTER

Principal Investigator:
Olga Palmqvist
Email: u1038507@uel.ac.uk

Purpose of the study:
My name is Olga Palmqvist and I am conducting research on how trainee Counselling Psychologists perceive their past to impact on their personal and professional development and clinical practice as part of their training in Counselling Psychology. I also aim to explore trainees' subjective understanding of the possible influence of their past on their professional identity formation and what, as part of their training, has helped them to become more aware of this. This research is conducted as part of my Professional Doctorate in Counselling Psychology at University of East London, where I am supervised by Dr Ian Tucker and David Kaposi.

Participation:
The inclusion criterion for the study is that you are a Counselling Psychology trainee (in your final year) currently completing a Professional Doctorate Training in the United Kingdom or a newly qualified Counselling Psychologist. If you agree to contribute to this study, you will be asked to participate in a recorded interview estimated to last approximately one hour. In addition to the interview you will be asked to complete a short demographics form and a consent form.

Should you wish to withdraw from the study, or retract your contribution, you are free to do so without further explanation up to 1 month following the completion of your interview.
If you are interested in taking part in this study and would like to contribute, I would be grateful if you could contact me by email (u1038507@uel.ac.uk) so that we can arrange a suitable time and place to conduct the interview. The study will take place within the premises of University of East London or an alternative London based location.

Confidentiality:
Before participating in the study, you will be required to sign a consent form indicating your approval to the recording of the interview and your participation in the research. In line with the British Psychological Society's guidelines on Ethical Principles for Conducting Research with Human Participants, the researcher guarantees anonymity and confidentiality of any collected information. Breaches to confidentiality will only occur if the participant indicates a risk of harm to self or others, or indicates involvement in unlawful behaviour including breaches of national security. All collected data will be securely stored at all time and kept for five years for the purpose of publication. If the findings of the research project are published in a journal, no identifying information will be included and complete anonymity will be upheld.

Risks:
Due to the focus on personal experiences that will be explored in the interview, it is possible that the research interview will evoke distressing thoughts, feelings or images.

Making a complaint:

Please contact my Research Supervisor to address grievances related to any aspects of this

research project:

Dr. Ian Tucker
University of East London
i.tucker@uel.ac.uk
Tel. 020 8223 4349

David Kaposi
University of East London
d.kaposi@uel.ac.uk
Tel. 020 8223 2946

University Address:
Professional Doctorate in Counselling Psychology
University of East London
Stratford Campus
Water Lane
London
E15 4LZ

Topics to be covered today:

- Why counselling psychology?

- Significant childhood experiences?

- Training-specific experiences that helped your understanding?

- Professional and personal development – does your past have an impact?

- Clinical Practice – does your past have an impact?

APPENDIX 3: CONSENT FORM

UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator(s)
Olga Palmqvist
Email address: U1038507@uel.ac.uk

Consent to Participate in a Research Study
The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate a research study. The study is being conducted as part of my Professional Doctorate in Counselling Psychology degree at the University of East London.

Project Title
Trainee counselling psychologists' perceptions of how their past influences their clinical work and personal and professional development

Project Description
You will be asked to take part in an interview that should last for approximately 1-1,5 hours. The session will be audio recorded and transcribed verbatim. You be given a copy of the interview schedule to read through carefully and asked for a written statement of consent. The interview will involve talking about past experiences, which might trigger painful and upsetting memories. The researcher has ethical responsibility to stop the interview should you become visibly uncomfortable and distressed during the interview. Should you experience unwanted distress as a result of participation in this research project you will be provided with information about appropriate forms of support that you can access. This information will include contact details of counselling and therapeutic services. Alternatively, please contact your personal therapist for further support. Once the interview is completed, you will be given opportunity to ask questions and discuss any concerns. You will be provided with contact information of the researcher.

Confidentiality of the Data
Only the researcher will have access to all raw data, including the interview tapes and transcripts, which will be stored securely and destroyed after the interviews have been transcribed and stored electronically. Fictitious names will be assigned to those who take part in the interview to protect the anonymity of the participants. Electronic copies of the anonymised transcripts will be kept for up to five years and may be accessed by the researcher, research supervisor and research examiners. If the findings of the research project are published in a journal, no identifying information will be included and

complete anonymity will be upheld.
Location
University of East London or any other public place convenient to the participant

Disclaimer
You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time during the interview and your data up to one month after the interview. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. Should you wish to withdraw your data after one month; the researcher reserves the right to use your anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher.

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

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisors [Dr Ian Tucker, School of Psychology, University of East London, Water Lane, London E15 4LZ. Telephone: 020 8223 4349. Email: i.tucker@uel.ac.uk; David Kaposi, School of Psychology, University of East London, Water Lane, London E15 4LZ. Telephone: 020 8223 2946. Email: d.kaposi@uel.ac.uk]

or

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

Thank you in anticipation.

Yours sincerely,
Olga Palmqvist

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

"Trainee counselling psychologists' perceptions of how their past influences their clinical work and personal and professional development"

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

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

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

Participant's Name (BLOCK CAPITALS)

………………………………………………………………………………………

Participant's Signature

………………………………………………………………………………………

Researcher's Name (BLOCK CAPITALS)

………………………………………………………………………………………

Researcher's Signature

………………………………………………………………………………………

Date: ……………………..………

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APPENDIX 4: DEMOGRAPHICS SHEET

Please specify the following:

Age:

_____

Gender:

_____

Training Institution:

_____

Year of study:

_____

Mode of study:

_____

Main therapeutic orientations studied?

_____

Which therapeutic orientations you prefer?

_____

_____

APPENDIX 5: INTERVIEW SCHEDULE

Please tell me a bit about yourself?

Please tell me a bit about your childhood?

What experiences have been significant?

Your training?

Why counselling psychology?

Why do you want to do therapy?

Which theoretical orientations have been predominant? Which one do you prefer? How does it add to your understanding of yourself?

So if we start with the beginning of your training? And middle? And what about now when you are close to completing your programme?

Any specific incidents that you can think of?

What role has other professionals that you have come across played during your training?

In terms of teaching, personal therapy, supervision?

How do you perceive your identity as a counselling psychologist?

Do you think your past experiences may have somehow contributed to your choice of career?

What experiences might have played a role?

Have your past experiences impacted on your personal and professional development during your training?

Have these experiences impacted on your clinical practice?

How has your training impacted on your understanding of your past?

Had your training helped you in any way to come to this understanding?

APPENDIX 6: ETHICS APPROVAL

SCHOOL OF PSYCHOLOGY

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

UEL
University of
East London

www.uel.ac.uk

School of Psychology

Professional Doctorate Programmes

To Whom It May Concern:

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

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

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

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

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

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

APPENDIX 7: EXAMPLE OF ANALYSIS

Table 3: Key narratives and preferred self-portrayal for participants (based on my interpretations of participants' interviews)

Participants	Key narrative	Preferred self-portrayal
Wendy	*'Needed to be a bit more comfortable with people'*	Communicator
Lynn	*'Have to sit back and reflect'*	Listener
Sabina	*'You really have to fight for stuff'*	Fighter
Brenda	*'I've come out the other side'*	Survivor
Ann	*'More to life than just you and your needs'*	Altruist
Lene	*'It's about the self-perception of being someone, who contains'*	Mother
Claire	*'There's a different way to be'*	Revolutionary
Jon	*'To be known or to be understood'*	Stranger

Table 4: Example transcript and analysis of Sabina's interview

Original transcript	Thematic aspects: *What are key themes and imagery? Self-defining memories and emotionally salient experiences? What connections are made? Impact on the self? Descriptions of others? Future scripts and motivational themes?*	Performative aspects: *What are the functions of the narrative? Why is this the preferred self-portrayal? For whom is this story constructed? Audience? How is the participant positioning himself/herself? How did I contribute?*
Olga – Please tell me a bit about yourself and your training? **Sabina** – Okay. Well, I'm [Age] years old, [Nationality] and I started off training in [Country]. I did my undergrad in psychology and then, well, I actually started off doing media studies and switched because of sort of like life experience and something. My mum got sick and I think from that experience I sort of felt like it would be more meaningful for me to try and help people that were in the same position as me at that point in time so I decided to do psychology and then did a postgrad and counselling studies in psychotherapy at [University], which took three years and then I moved on here to do the doctorate at [University] and it's taken like a hundred grand towards like 10 years of studying. So long, long time (laughter) and in between I was working as a counsellor and different placements like drug and alcohol placements and with [Organisation], placements in secondary schools so yeah, I think that	Opening story – mother got sick. Emphasises what a huge impact this had on her life – she switches from media studies to psychology. Did she feel responsible? Guilty? Powerless to do anything? Psychology was chosen because it allows her to do something 'more meaningful' - 'help people'. Is this different to the position she found herself in when her mother got sick? Did she try to help her mother? Or feel out of her depth? Interestingly, she mentions she wanted to 'help people', who were in the 'same position' as her rather than her mother - so the decision to pursue psychology had to also do with her own distress? Needed tools to cope with what was happening? To feel less powerless? Make sense? Drug and alcohol and secondary school placements – did she pick these? What was it that motivated her to pick these?	Open-ended, broad question – let Sabina begin in a way that felt comfortable. Mum got sick – why is this the opening story? Is this an attempt to portray herself as caring and selfless? Is this her preferred view of herself? 'Help people' who were in the 'same position' as her rather than her mother – why the focus on the mother and not her own distress? Little mention of her own feelings - does not want to appear self-indulgent? By emphasising that it's taken 10 years of studying, she lets me know what a long journey it's been and how much effort she put in to get this far.

in terms of what made me switch to do psychology, it was definitely personal experience.

Olga – So quite a stressful experience.

Sabina – Yeah, well, it was upsetting like it also helped me understand different conceptualisations of mental health. My background is mixed. My dad is [Nationality] and my mother is [Nationality]. I'm first generation born, brought up in [Country] and I was brought up in a community that was, it's majority is white and so there's a lot of different multicultural influences in my background and understanding like my mum and dad's cultural understanding of mental health, what was happening for my mum at the time when she got sick with depression and stuff, and seeing how the western medicine would look at it and treat her as well, so they would probably have diagnosed her as, you know, depression and wanting her to see a psychiatrist whereas my mum and dad were very much more into spiritual healing and looking at within their culture what would be suitable for them, you know, falling back on religious beliefs and things and it gave me an appreciation of understanding those lots of different ways to look at a person and how they make meaning for themselves so, you know, seeing a psychiatrist wouldn't have been helpful for her, what was helpful was things that made

Emphasises that 'it was definitely personal experience' that attracted her to psychology. Tells me how a sense of difference arose from being of mixed background and being born into a cultural milieu of values and beliefs that stand in contrast to Western cultural traditions and practices. What was it like for her to grow up with this sense of difference? How was difference experienced and understood? Given that the majority was 'white' in her community, did her different ethnic background put her at a disadvantage?

Explains that it was depression that her mother got sick with and how her parents made sense of it - in non-Western terms and based on their cultural backgrounds. What was her understanding of it? Did she look at it through the lens of her parents' experience or reject it in favour of Western understandings?

Trying to communicate empathy and my understanding of what has been conveyed. Corrects me to emphasise that although it was upsetting at the time, it also helped her to realise things. Transforms this negative experience into something positive to demonstrate what she had gained, how far she had come and away from what was felt as upsetting in her life. Is this also an attempt to distance herself from what's been upsetting? Does not want my empathy? Is this response incompatible with her preferred view of herself?

Emphasis on diversity and plurality – in line with the ethos of counselling psychology. Feels familiar – I also tend to describe my background as 'mixed' and 'multicultural'. Is this a form of professional discourse? To gain credibility? Or to make sense of her route into counselling psychology?

sense to her from her own background and that's how she got better. That came, you know, I think that really instilled in me respect for understanding like the diverse world that we live in and taking that into my practice as well, yeah.

Olga – And how come you the decided to pick counselling psychology?

Sabina – Eh, I ended up training at [University]. It was more of a, it left you with a counselling practitioner qualification, you are a qualified counsellor and I think looking around at the amount of training and work that went into what I've done, then my heart sort of just leaned towards psychology some, like somehow. The first degree was psychology, moving on to that I kind of felt like the education level that I had at that point didn't quite reflect the money I've been making like as a counsellor, just didn't seem to add up, didn't feel very equal and also I think psychologists have a better understanding of disorders in mental health, like it's sort of more specific, the ones that you are taught on a psychology-based course than a counselling course. Counselling's a lot more about the process and listening and yes, it's a lot more like supportive, that sort of training. I think having a blend of both in a course is possible but it doesn't seem to happen. It seems to be, don't know, they are

Sabina tries to understand what was happening at the time from her mother's perspective and tells me how this instilled in her respect for the diverse world – suggesting that being and thinking differently is okay, acceptable, respected.

Although she pursued a counselling practitioner qualification, her 'heart' leaned towards psychology. Counselling psychology is not distinguished from psychology but is clumped together, and despite common characteristics, positioned as different to counselling.

Things need to feel 'equal' – Equality important? Linked to being different? Discrimination?

Is she also critiquing the medical model by emphasising that there are 'lots of different ways' of looking at a person, which is in keeping with counselling psychology's commitment to offering something less diagnosis focused?

Instilled respect also for her own sense of diversity/difference? Made it feel more accepted?

As Sabina is yet to mention why she picked counselling psychology, I decide to ask her, making clear this is my agenda.
Using Western medical terms may be an attempt to assert herself as different from her family, who think in more spiritual terms? Little is know about her role within the family.

quite similar courses but it seems to be like the psychology element is more yanked into DSM and disorders, not diagnosing but understanding that this is a certain presentation of a certain disorder or being able to kind of match that somehow in your head whereas the counselling course didn't have that so I think I felt like it was a step-up somehow and that was, that was just where I wanted to be. I wanted to have the kind of label of the chartered psychologist to kind of show that, you know, I've done this amount of study and I've earned the title and I kind of want a job that reflects that and one that pays quite well. That's what I hope anyway, let's see if it leads to that (laughter) and in private practice as well, it's more useful to have that title as well, then you can earn more money.

Olga – So there's something about the title and showing off that title?

Sabina – It sounds, it sounds like that but it's not how it feels, it's more like I've worked, I've worked all that, like all those years towards the postgrad and I was, I kind of felt like I wasn't where I wanted to be, I needed to add on a bit more. I've always wanted to do a doctorate and I was lucky enough to be able to be in a position to financially be able to do it at this point in time but this wasn't about showing off. I think it's for

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Her view of psychologists is that they 'have a better understanding of disorders in mental health' and 'DSM', while counselling is more about 'process' and 'listening'. Uses Western medical terms (e.g. disorders, mental health, diagnosing, DSM) - which contrast how her family would make sense of things.

'Not diagnosing' but 'understanding that this is a certain presentation of a certain disorder' – why is this type of understanding important? Offers certainty? Allows things to be known and understood? Would this have been helpful when her mother got sick with depression? What is the motivation - is it to feel less confused and powerless? Or does having this sort of knowledge afford a sense of authority?

'Earned' it – all the hard work paid off.

Considers the chartered psychologist title a 'step-up' because it pays off in terms of earnings – are there any other perks/earnings apart from a higher salary? Does it fulfil any other purpose/ needs/aspirations.

Sabina 'always wanted to do a doctorate' – what was it about doing a doctorate that appealed to

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A bit surprised that this is how she sees counselling psychology (which is what I assume she means by 'psychology' unless she misheard or misunderstood the question). I would describe it as less diagnosis and more process focused.

Wants a '*label*' to show she done this amount of study. Is it to gain acknowledgement, acceptance from others? Who? Her parents? Her mother? The story about her mother getting sick with depression is at the forefront of my thoughts because this was the opening scene.

I therefore try to explore this further.

Sabina corrects me -'this wasn't about showing off'. She seems to have found the question uncomfortable as she initially stumbles on her words, repeating 'I've worked, I've worked all that'. It seems that having the 'label of the chartered psychologist' serves as more of an acknowledgement for all the hard work that she had put in than a way for her to 'show off'. But then why is 'showing off' something that you have worked hard for a

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just to know that I've done it for myself, that sort of acknowledgement cos I'm not gonna like update my status on facebook or anything (laughter) and be like, yeah, I'm doctor [Surname], it's just more, yeah, I've done it before I'm [Age] and it's quite a big thing in my head, you know, just, then I'll just go on with my life and stop being a student (laughter). Life will be nice hopefully. I think it's, yeah, it's something about achievement, personal achievement, yeah, and also I'm doing something that I believe in and helping people, you know. I can from personal experience, and that's, that's actually shaped my journey and that's why I do what I do. It's not about the thesis or the essays and process reports, it's about what happens in the room there with the patient and seeing you can make a difference sometimes, not every time but sometimes and that's enough, yeah.

Olga – And when you applied for counselling psychology did you know that there's gonna be you, you going to be doing therapy?

Sabina –Personal therapy do you mean?

Olga – Eh, therapy with clients.

Sabina – Oh yeah, yeah, I did know that because in my, the course, postgrad I did before I was also

her? Why did she initially go for a post-grad 'counselling practitioner qualification' if it was a doctorate that she wanted to do?

She emphasises that she had done it for herself and it's quite a big thing for her because she had done it before a certain age. So achievement is important – does she put pressure on herself to excel? To do well?

It is 'not about the thesis or the essays' but 'seeing you can make a difference sometimes' – so making a difference in the lives of others is what she finds meaningful. Is this concern with being able to do something for others rooted in her experience of her mother's depression, over which she had no control?

It is through 'working one-on-one' that she thought that she could help others - quite an intimate endeavour. There is also a power imbalance in the therapeutic relationship – the person in the role of the professional has authority and power.

bad thing? Why is she defending herself against being perceived in this way? Important to be seen as autonomous/ independent?

Joking about updating her status on facebook – inviting me to laugh and agree with her about how ridiculous it is to 'show off'. Feels uncomfortable with exposing/sharing of herself?

'It's about what happens in the room there with the patient' - draws on the traditional patient/ doctor dichotomy, which positions the patient as passive and reliant on the doctor for care and imposes a sense of authority. The doctor is bestowed with certain power and authority due to the massive power differential – is this also what attracted her to doing a doctorate? May also be part of her professional discourse because she has her placements in medical/clinical settings. Further down I notice that she uses 'patients' and 'clients' interchangeably, but there does seem to be a preference for medicalised language (which contrasts how her parents would choose to name things).

working one-on-one with patients, with clients and then I did, I took a year out between the postgrad and the counselling psychology course and I worked as alcohol-drugs counsellor in [Location] and then I moved on and applied here and then moved to [Location] to do my training so that didn't faze me. I think for a lot of people on my course as well it was their first experience of having been working one-to-one with patients whereas I've already had four years of doing that so for me it wasn't a big scary thing and actually that was a good thing that I had that in my, in my sort of skill set already because that's a huge thing as well, to be taking on a doctorate and first time seeing patients, you know, it's a big, big thing and I think it's enough to make people like really anxious and doubt themselves so it's a lot, it can be overwhelming all at once so I'm glad I've already sort of got passed that.

Olga – You realised you wanted to help people through giving therapy.

Sabina – I think I realised I wanted to help people when my mum got sick and seeing like how that impacted on my family and on her and also when me, like I'd really have benefitted from talking to somebody at that point and I think my mum would have benefitted and I think really everybody that was

Moved to a different city to do her training – demonstrates how determined she is to get her doctorate.

'Taking on a doctorate and first time seeing patients' – a 'big thing' that can make people 'anxious and doubt themselves', which can be 'overwhelming'. Puts herself in a different category to other trainees because she 'already had four years of doing that'. Therefore doing this type of training 'didn't faze' her – 'it wasn't a big scary thing'. Says this quite confidently.

Again she links wanting 'to help people' with her mother getting 'sick'. Talks about 'seeing' the impact this had on her family as well as her mother but excludes herself - positions herself as an observer, someone not actively involved.

'Didn't faze me'/'it can be overwhelming all at once so I'm glad I've already sort of got passed that' – presents herself in a certain light, as someone, who isn't easily fazed or scared. Emphasised that she 'already had four years of doing that' – she is experienced, seasoned, knows what to do, confident in her abilities. Distances herself from other trainees, for whom this is first experience of 'working one-to-one' – almost like she is suggesting she 'got passed that' stage when things can get 'overwhelming' and could make her 'really anxious and doubt' herself. Why does Sabina not want to be seen in this way? What may be the consequence of being seen as someone, who 'doubts' herself? Because she is coming towards the end of her training, it may be important for her to present herself as a confident, experienced, independent professional, who is ready to venture out into the big world. As a counselling psychology trainee, I may be contributing to this self-presentation – fears that she will be seen as unfit to practice if talks too much about her own overwhelming feelings? Will she be judged unfavourably?

involved and my family, like my brother and my dad, we all would have found it quite helpful to talk to a professional or a counsellor so I think having gone through that made me think, you know, if I could help somebody, who was in a similar experience to not feel alone on their journey somehow or with their pain and help them to facilitate that journey somehow then that would be a worthwhile sort of profession to be in. Yes, I think that's kind of where all my, you know, my choices came in from that experience, yeah.

Olga – But you didn't have any personal experience of therapy?

Sabina – No, not at that point. Not even going to do the undergrad in psychology I didn't have any personal experience. I only, I only got it in the first year of my counselling, my postgrad, my counselling postgrad. That was 3 years. I think somewhere between first year and second year I had a year of it and it wasn't compulsory but I thought it would be a good idea to go and experience because I was asking, I wanted to be on the other side, understand how the patients felt when I was seeing them and also so you're not going through the process with them, blind spots, you know. I think it's important to understand your own material as well and how it impacts on you and continuing that therapy now throughout this course has been hugely important.

Although she does mention that she and 'everybody who was involved' would 'really have benefitted from talking to somebody' – in what way was she involved? And why would 'talking to somebody' help her? Is it to cope? Or understand/ make sense of what was happening? Both?

Although she does not explain why 'talking to somebody' would help her, she is able to expand on this a bit more when she reflects on what she could do for others, who been through 'a similar experience' and what they may find helpful – to 'not feel alone' or 'with their pain'. I assume that she herself must have felt quite alone with no one to turn to or seek support from.

Perhaps this was a 'worthwhile' profession for her to be in not only because she could help others 'to not feel alone on their journey' but also because it freed her from feeling alone in her own pain? After all, therapy allows a certain degree intimacy to be experienced because the client is opening up.

Having therapy 'has been hugely important' because it served as a holding frame throughout her training – is she suggesting that her training

Considering that she mentioned no prior experience of personal therapy, I wondered where this determination to help others through one-to-one work came from. Without any personal experience of having been helped in a way that enabled her to understand and deal with her own pain, how could she be sure that she could help another person and 'facilitate' their journey? It may be that this part is missing from her story because it is too personal to share or because it does not fit with her preferred view of herself – wants to come across as someone confident, experienced and capable.

When she mentions that she decided to 'go and experience' what it would be like to 'be on the other side' – she emphasises that it wasn't compulsory but that she wanted to 'understand how the patients felt' and also her 'own material' – presents herself as autonomous and eager to learn, take control over her own professional development.

It's definitely like a frame that holds me throughout the training, you know, so it's really valuable.

Olga – And did you have a certain view of therapy? I mean you said that it would have been helpful to talk to someone when you had, when your family was going through a difficult time.

Sabina – Yeah.

Olga – And you seemed to think that therapy was something that was helpful for people.

Sabina – But somehow it felt inaccessible to me as well and I think that was a cultural thing around at the time that, whether my family, like and my background, counselling and therapy and psychology isn't something that, that's around in [Ethnic] communities or mental health isn't something that's talked about and we weren't part of a wider community. We were quite isolated but it's still part of my mum and dad's background so it's still be the way we were brought up and it's, it's not something that's done. People don't go and see therapists and talk to them so it wasn't something that ever came to minds to get us to talk to anyone or to engage with that kind of service and there was never anything offered in school cos at the time I was at school when my mum got sick that, you know,

would otherwise have been too stressful? Difficult to cope?

Therapy felt 'inaccessible' because of her cultural background – explains that 'mental health isn't something that's talked about'. Is mental health not talked about due to fear of stigma? Or does a medical interpretation of mental illness clash with cultural and spiritual beliefs that are important to her family and the ethnic community, to which her family belongs? What made it more 'inaccessible' was the fact that 'nothing was offered', therefore talking to someone 'wasn't something that ever came to mind'. 'We were quite isolated' – the theme of loneliness comes up again.

Sabina mentions that she 'was at school' when her 'mum got sick', whereas at the beginning of the interview she tells me that her mother's difficulties made her switch from media studies to psychology, which I presume she took up at university. When did her mother's depression start? If it was long-term or recurring, what was the impact on her relationship with her mother? Did her perception of her mother change as a result of this? Sense of loss, possibly regret and anger - why did no one intervene? It could have

I try to explore a bit further this idea of therapy as something that can be helpful as she mentioned no prior personal experience of it? I realise that this question takes the attention away from her own personal experience of therapy. Am I allowing Sabina to take control of her own story or am I interfering too much?

'People are probably a lot more aware of it and savvy to it, you know, that seeing someone in distress that would be an option' – is Sabina also talking about her own distress here, and her experience of being ignored, suggesting that although others were aware of how she felt, nothing was done to help her? Or is she referring to her mother? Maybe both. She may be identifying with her mother? Does not expand on this because it is difficult to share? Clashes with her preferred portrayal of herself?

nothing was offered to us and I think now that people are probably a lot more aware of it and savvy to it, you know, that seeing someone in distress that would be an option. GP surgeries I know, they have counsellors and psychologists but back then I had this idea that it would useful and helpful but it seemed like it wasn't an option somehow, you know. It probably was a mixture of, you know, culturally that wasn't the thing that was done and mental health wasn't as openly talked about then I don't think as it, as it is now.

Olga – Where do you think that idea might have come from?

Sabina – About how it's not really talked about?

Olga – About therapy being something helpful?

Sabina – I think feeling alone, feeling like talking to somebody, who really understands or somebody, whose role is to listen. Yeah, and just sort of thinking, who will that be, who could I reach out to, and being quite interested in people and things. I think I've always been aware of psychology so thinking like having one-to-one time with someone would be valuable. That's kind of my idea of what a therapist's role would be in that situation.

been different.

Again the theme of loneliness, isolation emerges. Sabina links her own experience of needing someone, who she could 'reach out to' and being curious and 'interested in people' to thinking that having 'one-to-one time with someone would be valuable'. This is also how she sees the role of the therapist – someone who 'really understands' and listens. Makes sense to want to become one if you yearn for this kind of intimacy – but therapy is also one-sided, which leaves the therapist alone in his or her own distress unless there is someone else he or she could turn to.

Sabina connects her sense of being different with 'always been interested in why people are the way they are' – it therefore seemed 'quite congruent and natural' to being drawn to psychology and therapy as a profession. Is it because it provided Sabina with coping tools or a way to understand what seemed at first confusing?

Still persevering with trying to find out why this idea of therapy as something potentially helpful. Because therapy and mental health care is something that Sabina regards as part of Western culture, which, as she noted earlier, clashes with her parents' culture, it was interesting that she was drawn to it and that she also wanted to become part of it by becoming herself a mental health worker – wanted to give her an opportunity to expand on this a bit more.

Once again, Sabina emphasises her own experience of feeling alone as a precursor to thinking 'one-to-one time with someone would be valuable'. Perhaps this has less to do with being drawn to Western culture vs. her parents' culture, but more with needing to 'reach out' and being with people.

Emphasises that she 'always been aware of psychology' – I try to explore this further.

Olga – So you are saying you've always been drawn to it from a younger age?	Refers to herself and her family as 'a minority' - what was her experience of being a minority?	I try to get in touch with Sabina's experience by reflecting back to my own experience of feeling different to my peers because of my own background and also moving countries. Although I can relate to the curiosity that she describes as a result of becoming aware of being different, I could not help but think back to when I struggled with my own sense of difference and wanted to fit in. Is this also how Sabina sometimes felt? And are some more 'distressing', potentially 'overwhelming' things left unsaid because it does not fit with the way she wants to come across or how she sees herself to be?
Sabina – Yeah, but I've kind of always been interested in why people are the way they are. I think difference has been a big theme in my life, be, being different and holding difference in some way and being different to people around me and the way we were brought up, you know. We were a minority and that made us different and being a mixture of things and being out of context somehow as well and moving to [Location] and having these differences is like, it's interesting how people, how that shapes you and how you carrying it and how people react to it as well so I think somehow I've always been interested in psychology. Yeah, I think it's been like a natural, me being drawn to it, it seems quite congruent and natural I guess, yeah. And I still believe therapy is useful obviously now (laughter). Yeah, yeah.	When Sabina tells me that 'the one we talked about has been a major turning point for me' – I assume that she is talking about her feelings of isolation that arose from not having anyone to talk to following her mother's depression and also being and feeling isolated as a minority? Perhaps feeling different also contributed to this?	
Olga – And can you think of any other experiences that might have contributed to your choice of career?	Her view of therapy reinforced by 'seeing people making changes in life' – therapy actually works and she can help facilitate that process – reassuring?	
Sabina – I think the one we talked about has been a major turning point for me and have it reinforced by just seeing, being on placement and working with people, seeing people making changes in life, seeing how the relationship, you know, rather than the	Being on placements and working one-to-one with people have made Sabina realise that 'having a therapeutic relationship with your patients' seems to 'be the most valuable thing for them' and that 'it does help people and it does make a difference' – emphasises that making a difference is important and that it is possible through this type of one-to-one work.	

approach it tends to just be having a therapeutic relationship with your patients that seems to be the most valuable thing for them and seeing that it does help people and it does make a difference. I think that's always spurred me on if I ever kind of had doubts about why am I doing this or what's going on. Omg, I've got this report due in or what am I gonna do with my thesis? It's always the work, the one-on-one stuff that draws me back. This is why you do this, because it matters and it helps people and that's the whole point.

Olga – And what kind of placements have you had throughout your years?

Sabina – Like I think I started off working with [Organisation] being back in the day in [Country] but that wasn't one-to-one, that was like telephone work and then I moved on to drug and alcohol work, my psychodynamic placement. My very first placement in the [University] course was couples counselling with, it was couples counselling with [Organisation], the company so it's basically manage and have couples counselling and doing the individuals as well so I had to do a separate training course to be able to work with them but it was run by [Organisation] and I chose that because I thought that the scariest thing I could imagine doing was working with couples (laughter) so

Mentions 'report' again – does she find course work stressful? Needs to remind herself why she is doing this – close to giving up/ leaving? Had enough of what?

Chose to do 'couples counselling' because she 'thought that the scariest thing I could imagine doing was working with couples' – pushes herself, enjoys a challenge?

Couples counselling, which is 'the scariest thing' she imagined doing, was also a 'really good learning experience' and 'very valuable' – the negative is transformed into something positive and of value to her, linked to growth and development.

'It helps people and that's the whole point' – presents herself as caring, selfless, invested in others.

'To just be having a therapeutic relationship with your patients' seems to be 'the most valuable thing for them' – suggesting it's more valuable than any particular theoretical approach. Quite a paternalistic view of therapy – because she works in clinical/medical settings? Imagines herself as quite an important figure in her patients' lives? Sense of self-efficacy of being able to help and be part of something that's 'valuable' to another person. Empowering?

I thought throw yourself into the deep end and then just do it and whatever else comes will be easier so that's usually kind of how I face things in life, and it was good, it was very, it was a really good learning experience, very valuable and I had that for quite a while, had yeah, just different, different sort of charities I worked with and then moving on to, when I moved to [Location] I did an adolescent placement at [Name of an organisation] so that's just one that's run by a psychologist in there, who works one-to-one with kids from all different years, internal referrals, and then I went onto work with the [Name] hospital, outpatient eating disorder unit in my [Year of training]. I got that placement in my [Year of training] but I couldn't start it until [Year of training], just because the days didn't work out and I've continued that until [Year of training] cos they've asked me to stay so I'm, it's like a CBT, like the Glenn sort of Waller approach, where you think about like other factors so it's not pure CBT, and emotional aspects etcetera and they've got their own models there as well that we use and then I also work in an IAPT service in [Location], which is part of the [Name] hospital, which is quite CBT, yeah, but there is always like scope for looking at more relational stuff as well, just as long as it's sort of framed in a CBT kind of formulation way. Yes, I've kept those two on for my third year as well so I think I've had a lot of experience in terms of charities and	Other placements – outpatient eating disorder unit, one-to-one work with kids – why interested in working with these client groups? Her placement quite CBT 'but there is always like scope for looking at more relational stuff as well' –because the therapeutic relationship is potentially 'the most valuable thing' to her patients it needs to be taken into account. Other experience – drug and alcohol, and working with adolescents.	'Throw yourself into the deep end and then just do it and whatever else comes will be easier' – explains that this is how she faces things in life. Portrays herself as someone, who is strong, resilient, empowered and capable of dealing with whatever is thrown at her – a survivor, fighter. Why this portrayal of herself?

drug and alcohol and then couples and adolescent then individuals and this was more NHS based, which will help hopefully secure a job at the end of the training so yeah.

Olga – And which client group do you prefer working with?

Sabina – I actually think I quite like working with adolescents. I think there's a part of me that can kind of relate to that and to where they are and the whole forming of their identity and stuff. I just find them really interesting and they are quite direct and quite honest, you know. If they don't wanna be there, they'll let you know. If they don't like you, they'll let you know. I like that kind of how upfront they are but I do like working with adults as well, in one-one-one stuff that I'm doing at the moment, I do quite like the work that I do at the eating disorder unit. I think that's quite, it feels very different from the work that happens at IAPT and I guess it's the nature of the referrals as well. Really if you got any patient in front of you that wants to engage and make a change then I'm happy to work with them. They are the best kind cos they are the ones that you can kind of see them grow and move on. They tend to get somewhere from the first session until the last and that's usually nice to see and it isn't always that way, is it. Sometimes it can be messy and

Quite likes working with adolescents – can relate to 'whole forming of their identity'. They are direct and honest – finds them interesting.

Happy to work with 'any patient in front of you that wants to engage and make a change' – they are 'the best kind' because 'you can kind of see them grow and move on' – is that why she finds working with adolescents interesting, more likely to witness grow and see them move on? What is it about growth and change? Thinking back to what she said earlier about her mother getting sick, and the impact it had on her family, I wonder whether playing a part in others' growth process is reassuring because it allows her to witness that people do get better and also that she can 'facilitate that journey' and actually help another person. Considering that she was still at school when her mother got sick, she might not have known what to do to help her mother and felt quite powerless as a result of this.

Finds adolescents interesting – direct, upfront and honest, aspires to be this way? Wants to be open with people? Is this also about feeling rebellious and going against the mainstream? Wanting to forge her 'own' identity even if it stands in contrast to how others see her and what they want for her – jeopardising these relationships by being upfront about who she is?

sometimes you have ruptures and things don't work out.	'Certain amount of satisfaction as well in a job and why you do it' when she sees growth, progress, someone get better, face their pain'.	Does not want me to think she suggests that 'we do it to feel better about ourselves' – otherwise risks ending up looking narcissistic and self-indulgent, not very selfless and caring?
Olga – So it's something about growth?	Recognises that she may have higher standards for what constitutes 'progress' and 'growth' than her patients. Refers to 'growth' as 'an achievement' – quite achievement/goal-oriented. What about process?	Comments that if growth 'doesn't happen, it can feel quite frustrating', which emphasises how important it is for her that her patients make progress – if they don't, does it then reflect badly on her? Does it bring up a sense of powerlessness, because she feels that she can't help this person grow? Is this feeling quite difficult to contain? Does it remind her of something quite painful – for example, her mother's depression?
Sabina – Yeah, yeah. I mean that, so I think that always feels, not that we do it to feel better about ourselves but there's a certain amount of satisfaction as well in a job and why you do it, when you see someone get better or shift in some ways or face something, face the pain in a different way or relate differently to the world around them, that it feels like they've made progress in some way. I guess progress is measured by the patient and can be however small or just the tiniest change may be progress to them so maybe just even an ED patient coming out and being able to be in therapy and address their ambivalence in some way, like that's massive for them but it may seem small for me in some sense but it's still, that's still an achievement so yeah, something about growth. If that doesn't happen, it can feel quite frustrating.		
Olga – And which theoretical orientation do you prefer?		
Sabina – Umm, I think, I actually think that sort of changed, I started off being quite drawn towards the psychodynamic. In my first course I was trained in the		

dialogue between person-centred and the psychodynamic and then I learned CBT and taking some existential modules and things and ACT therapy on top of that and I quite like elements of ACT but I see it, that as a sort of little bits you can add onto whatever approach you are working on. I think CBT has its place but I'm not naturally drawn to it. I think attachment theory and elements of psychodynamic theory all resonate with me and they make sense. They're always in my head when I'm with patients but not all of it, not all of it fits for me anymore. I think I'm a lot more drawn to being like more phenomenologically curious about people. I think that sort of fits with the one of the existential approaches so I think I'm not sure if I'm integrative or pluralist at the moment but it seems to be, it's changing and it's developing so I haven't quite defined it yet but I feel a lot more drawn to the existentialism now. **Olga** – And why do you think you might be more drawn to the existentialism? **Sabina** – I think it fits with the idea of helping people make sense of themselves and like where they are and the models just making meaning in general but it's not like I'm offering them things like in CBT, it's a lot more formulative and prescriptive, and existentialism seems clearly the opposite of that, and I just think that	Drawn to attachment theory and psychodynamic theory because it resonates with her and makes sense to her – helps her to make sense of her own childhood/primary attachments? Not naturally drawn to CBT but in most of her placements this is the model she uses. More phenomenologically curious about people. Talks about why she is drawn to existentialism in terms of 'helping people make sense of themselves' – 'helping people' seems to be at the forefront of her mind. Is she also drawn to existentialism because like attachment theory and psychodynamic theory it resonates with her and helps her to make sense of things that are of concern to her at the moment?	Haven't defined whether she is 'integrative or pluralist' as this is changing and developing. How she views herself is constantly evolving in the light of new experiences and relationships.

it feels more congruent for me to be that way with somebody and to, just to be a lot more curious about things with them, let them get to where they need to get and just to help and guide them along the way.

Olga – And how does existentialism add to the understanding of yourself?

Sabina – I don't think I'm an expert in existentialism by any means but I think that the idea of like helping someone make meaning for themselves is obviously something I think that, I look out for as a trainee in my process of helping. I'm helping them myself by using therapy to understand my own processes better and how I relate to the world and the others and around me as well better, so I think it, it probably mirrors some of how, of what I'm going through at the moment as well as a trainee. I think this whole process of training sort of unpicks you apart and then you got to figure out how to put yourself back together again and somehow it feels like that has to be different from the standpoint, that has to be, that theme of growth again because otherwise it would be, it would've been I think a failed process to go through all that training and still be the same person you were at the beginning, because it is, it's a very, understanding yourself better, knowing your own blindspots, how you relate to things and people, and the world around you in order to be a good

Is she saying that her approach with clients 'mirrors some of' some of what she is 'going through at the moment as well as a trainee'? Is that the reason why relational stuff is so important? Seems at first hesitant to talk about herself, continues to emphasise that she is 'helping them'. Difficult to get out of the role of being someone who helps others – a therapist?

Talks about her own growth as a trainee - 'whole process of training sort of unpicks you apart and then you got to figure out how to put yourself back together again'. Emphasises how the outcome 'has to be different' because she feels that it is 'a failed process to go through all that training and still be the same person you were at the beginning' – pushes herself to change? Achievement-oriented and has high standards for herself – another recurring theme.

'Just to help and guide them along the way' and 'let them get to where they need to get' – positions herself as a facilitator, a guide or witness, someone, who has a part but not an overly active one, allowing the person, who is being helped to take control over their own therapy and problems. Does not pitch herself as someone with power and authority, which was the impression I got because she tends to draw on medicalised, diagnosis focused discourse.

'Helping them myself by using therapy to understand my own process better' – the emphasis is on 'helping people' but what about helping herself by using therapy? Needs to present herself as selfless – preferred portrayal of herself? Or maybe she prefers the view of herself as resilient – does not need as much help as others because she can cope? Assuming this role may feel empowering.

self-aware practitioner and that continuously, that, that develops throughout your, your life as a counselling psychologist I think and just as a person I think you have to be willing to do that as well, I think to be a good psychologist or a counselling psychologist anyway. Don't know if they all do it (laughter). **Olga** – And that seemed quite important to you? **Sabina** – Yes, it does, it does. It feels like that's, that's a way for me to be authentic to myself. I have to be in touch with myself in order to be real or to be genuine somehow and like that's existentialism fits with that idea of myself as well I think. Just seems to feel real, I guess genuine. **Olga** – So the focus is more, now is more on who you are and express that to others? **Sabina** – Yeah, I think just, yeah, being congruent in all, all like walks of life wherever I am, just knowing who I am and being comfortable with that and that fitting with whatever I'm doing, yeah, as a practitioner, as a student as, you know, a friend, a daughter, all those things. Just being more at ease with who I am and sort of knowing my place in the world I guess, kind of to figure out what I'm doing here, yeah. I don't know if that makes sense.	Important to 'be a good self-aware practitioner' – you 'have to be willing to do that', requires autonomy, self-determination. Emphasises how she has to be 'in touch with' herself to be authentic, real, genuine, and congruent – 'knowing' who she is and 'being comfortable with that' and 'more at ease'. This is something that is possible from the perspective of existentialism. Contrasts what was said earlier about needing to be a different person to the person she was at the beginning of her training – wants to be more accepting of herself rather than push herself to change. Maybe this is what she wants to be changed? And also why she finds working with adolescents interesting – trying to figure out how to be real and genuine with being and say things that may be difficult to say? Who she is needs to fit with her practitioner and trainee roles – the personal and the professional intertwined.	'Don't know if they all do it' – implies that she is not like those others but is continuously working on herself to make sure she is 'a good psychologist', who tries to be self-aware and know her own blindspots. 'I don't know if that makes sense' – wants to check with me whether we are on the same page and I am still following what she is saying. I realise that I am looking away, distracted by thoughts of what I need to cover in this interview, and aware of the time ticking away. I take a minute to reflect on what we have covered so far so that I can then decide what to explore next but also realise that I may have interrupted something important, so I try to bring the focus back to the point just made.

Olga – Umm, it does. And (pause). Sorry about this. **Sabina** – It's okay. **Olga** – I'm taking a lot of time to think about things. And this idea about finding yourself and being congruent and genuine, it has come about now recently or has that been with you when you first started the course? **Sabina** – I think it's always been around and I think that often it can get stronger. It's like I move away from it sometimes or get distracted by all things and it will be around to a lesser extent but it seems like it's really prevalent just now, like it's come back and it's something I'm really working on in therapy and it seems to be quite alive for me at the moment and I wonder as well if that's part of me being more than half way through training, these things come up about more. It seems to be something about like when I talk to some other peers in the course as well. They're definitely, there's things that are similar, that are going on for them at the moment as well. We all seem to be tapping into this like a relational kind of shift I guess so I think it always sort of been with me, maybe because of the way I was brought up and just my, my personal experiences, holding that sense of difference	Notices that things going on for others on the course are similar to what she is dealing with at the moment – 'we all seem to be tapping into this like a relational kind of shift'. She wonders 'if that's part of me being more than half way through training'. Because the therapeutic relationship is at the centre of what therapists do, this type of training encourages reflection on past experiences, attachments, relationships – is the concern with intimacy a result of undergoing this training? Loneliness more likely to be reflected on because there is such an emphasis on early attachments and relationships? Difference reflected upon because counselling psychology training is concerned with multicultural and diversity issues?	Changes she is experiencing seem to be going on for 'some other peers in the course as well' – normalising to know she is not alone? Is this also an attempt to render these experiences legitimate? To confirm her credibility? Before she can feel comfortable with these new discoveries she needs to understand what these mean - possible through talking to others? Peer support – important.

somehow and trying to figure out what that means and where I am with it and, you know, why that is, what does it mean to be different and all those sort of things and getting to that place where you, where I'm just quite comfortable being me, when I know what that means. I feel that that's kind of what I've always been working towards.

Olga – Mmm, and has your training impacted on your understanding of your past?

Sabina – Yeah, yeah. I think it definitely has, I think it's helped me better understand things that were going on and probably the impact, some of it's left and then why I haven't been able to deal with that. I think there was probably a lot of pain around at some point, a lot of resentment and maybe some anger at different things and relationship breakdowns and things like that and the training has helped me understand what that's about and shift, you know, some of those painful feelings or resentment or anger and learn to let certain relationships go and welcome new ones in and make positive changes, yeah.

Olga – So sounds like although you have wanted your patients to grow, there has also been a need for you to grow.

First she comments on her sense of difference and 'trying to figure out what that means' and then she switches to talking about 'getting to that place where' she is 'quite comfortable' being herself – did being different cause her to feel uncomfortable and prevented her from being herself? Are these two linked?

A different story emerges as Sabina mentions 'there was probably a lot of pain around at some point, a lot of resentment and maybe some anger at different things and relationship breakdowns' – she does not expand on this but turns it into a positive outcome, emphasising that she is learning 'to let certain relationships go and welcome new ones in and make positive changes'. Using the past tense 'was' to talk about these 'painful feelings', she highlights that this is something from the past. When she tells me that 'some of it's left', she questions herself 'why I haven't been able to deal with that' in quite a self-critical manner as if she has failed herself somehow in not having made enough progress in terms of this.

I'm wondering why Sabina does not expand a bit more on why there was 'a lot of pain around at some point' but keeps it quite vague, leaving me guessing yet again whether this is something to do with her mother. Perhaps she did not comfortable enough to talk about her pain with me – a stranger? Or she may have been censoring herself because this was recorded – concerns about anonymity and confidentiality?

Sabina – Yeah. Yeah, I think so, definitely like I said if I'd, if I hadn't grown I would have seen it as a, something would have definitely went wrong throughout the process and the training. If I was just still the same and not, not shift or feels like forward, or shifting forwards or moving to a different direction from before and that feels like a positive thing. **Olga** – Do you think that might have attracted you to this line of work? **Sabina** – Yeah, yeah, definitely. **Olga** – In the first place? **Sabina** – Yes, cos I think I considered going into like my brother studied law, think about, well is that something I wanted to do or being a GP, medicine or a dentist, all of these sort of professions that my parents were like, you know, these are good jobs to go into, especially in [Ethnicity] culture, you know, you wanna be a doctor or a lawyer or, and I was kinda nah, I don't think I wanna be any of those things so I'm a doctor of sorts but kinda over minds is kinda where I went with it, you know, and that, you know, that wasn't really supported either. It was kind of like why you made that choice but they'll hopefully understand it but then the theme of difference came in again so it was like, nah,	Talks about her own growth as 'shifting forwards or moving to different direction from before', which 'feels like a positive thing' – otherwise 'something would have definitely went wrong through the process and the training'. The sort of professions that her parents thought were 'good jobs' – a lawyer or a doctor. Because being a doctor 'over minds' did not fit into that category, it 'wasn't really supported either'. Interestingly, this is the first time Sabina talks about not feeling supported by her family. She implies that there are other instances when she felt this way by adding 'either'. Her comment that 'they'll hopefully understand it' (said in the present tense) tells me that this is something that is still not supported by her parents. I wonder whether this is the root of her pain and resentment, she spoke of earlier, but then she speaks quite calmly of this? Why did I not ask?	Sabina seems to be opening up a bit more here, touching on topics that do not always lead to positive outcomes, such as the lack of support from her parents because she chose to become the wrong kind of doctor despite their disapproval. Quite rebellious and independent like an adolescent, who is trying to form her own identity? Trying to be congruent with how she feels on the inside?

I'm doing this for me, it feels important so I'm glad I have, yeah, think it means something to me. You should connect with your job, you should believe in what you do, you should be passionate about it, you know. If I was in business, I mean I look at those jobs and people running about [Location] in their suits and 9 to 5, stuck in a box office and the most important things you have to talk about are like or like you overhear the conversations, they are awful. I would hate to have that life. It's just, oh, it just seems horrible like, I'm not just one of those people or even when you have to be in an event where you have to network, you know, and be around people. It's just, you know, I find it, it's so draining, it takes so much energy out of me to be around people like that and it's fine, we need people like that for the world to function but I understand that that's just not my cup of tea. It's not the world I wanna, I wanna be part of. I work one-on-one with people for a reason (laughter) and I believe in what I do, yeah. **Olga** – And… **Sabina** – I also like to point out that my brother is a banker (laughter). **Olga** – Alright (laughter).	Justifies why she went against her parents' wishes - 'I'm doing this for me, it feels important so I'm glad I have'. 'The theme of difference came in again' – does she consider herself as different to her family? The odd one out? Compares one-to-one work to a job in business – 'I would hate to have that life'. Lets me know that this is also the life her brother had chosen. Sibling rivalry? Competitive family environment? Is that why she pushes herself to excel because she feels outshined by her brother? 'It's so draining, it takes so much energy out of me to be around people like that and it's fine, you need people like that for the world to function but I understand that that's just not my cup of tea' – says this in an angry, slightly judgemental tone.	Positions herself as different to these other business people, who 'have to network' and 'be around people'. Was it about networking that she finds awful? The theme of intimacy springs to mind again. Networking is different to working one-to-one with patients – the focus is on how both parties can benefit from an exchange or a relationship, not just one person. Does not necessarily require opening up and there is less of an emphasis on growth, which is what Sabina seems to find most meaningful in her work with patients. Networking does not allow her to experience the kind of intimacy that she finds enjoyable, worthwhile?

Sabina – So we went in different directions, yeah (laughter).	'I think going through this process and understanding like relationships about, more like with friendships or with partners or, I think a lot to do with friendships' – not talked about partners or friendships apart from relationships with peers, parents and brother. Are these other relationships the reason why there was 'a lot of pain around at some point'? Considering that she moved in order to be able to do her doctorate, did this contribute to old relationships 'breaking down' – a lot of sacrificing to do this training, but then it offers her a way to 'discover' herself and be 'congruent in all walks of life' so there is a pay off too.	Preventing her from expanding on this story by shifting the focus yet again – realise that we have yet to talk about the potential impact of her past on her work with clients and her own development as a therapist. Does not talk about the impact on clinical practice but focuses on her own professional development. Seems to be a continuation of the story she was telling me before my interruption rather than an answer to my question. Tells me how she is learning to manage 'seeing different sides of people' and also 'loss' – expressing what is of concern to her at this present moment. Seems to be quite a pressing issue because she keeps going back to this.
Olga – That's interesting. And (pause), yeah, we've spoken about that (pause). Mmm, have any of your experiences that we've spoken about or any other experiences impacted on your clinical practice with clients?		
Sabina – Umm.		
Olga – And your professional development as a therapist?		
Sabina – Umm, I think, I think going through this process and understanding like relationships about, more like with friendships or with partners or, I think a lot to do with friendships, more so, certain new relationships building and developing and old ones breaking down, friendships that are changing and seeing different sides of people and sort of being able to manage that, managing loss and things like that as well I think. My, I've learned a lot about how I handle break ups and losses and letting go of things like, you know, not just in terms of, it's not really to do with boyfriends, it's more to do with relationships with certain family members having broken down and people I've known for years, a lot of that sort of	When asked about clinical practice and professional development - tells me that she learned about how she handles 'break ups and losses' and 'letting go of things'. She emphasises that 'it's not really to do with boyfriends' but more to do with 'relationships with certain family members having broken down and people I've known for years' and that this has 'changed since coming onto the doctorate course.' I am assuming she is talking about her family members, and brother, and lack of their support, but does not expand on this. Does not seem to dwell on these losses but highlights how she	Tells me all of this in a determined, confident voice – as if to show she is in control and capable of managing and dealing with these losses, and also the disappointment of 'seeing different sides to people'.

changed since coming onto the doctorate course. I think that actually helped shape me as well as a practitioner and understand how, how important that can be in other people's lives, how I've handled it and how I can see other people handling losses and changes and things like that and that feels important and relevant as well, yeah. **Olga** – So things you've been through, you can apply that? **Sabina** – Yeah. **Olga** – And relate it to your clients? **Sabina** – Yeah, absolutely, whereas like it's, it's not like my experience is definitely gonna matter to them and be able to transfer or relate to them. It's just more a, I don't have that blindspot because I've been able to look at my process and what's happened to me or understand my parts that play in those breakdowns or losses or, or development of new things and have that with me in the room, you know. Being aware of my stuff will only make me better to be, you know, to not have blindspots as a practitioner as well, to be able to look at some of that stuff, that painful material. I think again it's probably because it leads to some sort of growth for me being aware, being more self-aware of	'learned a lot' from these negative, disappointing experiences – thereby turning the negative into something positive. Is this a coping strategy or a result of gaining deeper understanding through the process of her professional development?	A bit curious whether there was a reason why she chose to talk about her professional development but not clinical practice so I ask her about her clients again so as to encourage her to talk about this a bit more – does she see these domains as largely separate? Repeats what she already said about needing to be aware of 'blindspots' – not interested in developing this story but would rather talk about other more pressing topics? Was the question I asked too leading – made it difficult for her to share in a way that felt comfortable? Corrects me that 'it's not like my experience is definitely gonna matter to them and be able to transfer or relate to them' but that it is making sure that she is aware of her own blindspots that is important in clinical practice.

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these things.

Olga – And what role has other professionals that you have come across during your training played in your personal and professional development?

Sabina – Ehm, like other professionals, like, ehm, my therapist for example?

Olga – Or your supervisor or?

Sabina – Supervisors have been hugely important. Yeah, I mean the teaching on my course has been quite scatty. There has been a lot of people coming and going. Umm, not like it's terrible or anything but it's quite unstable. I think it's important to have, especially the nature of the work on a counselling course, counselling psychology, it should give you a frame that should mirror some of what, of what you are trying to do with your patient. It should be containing and it, there should definitely be a framework where you feel held and that's not happened in our course. We had a new [Member of staff] and when that happened we were the first year to go through this change. There's been a lot of rules changing and then like you've got a handbook and you look at it but they will say one thing and actually the rules are another thing so it's been quite chaotic. It's felt, that's not felt

The link that she makes between her own professional development and clinical practice is based on the idea that being aware of her own stuff will make her a better practitioner because she doesn't have blindspots and she is 'able to look at some of that painful stuff'.

'I mean the teaching on my course has been quite scatty. There has been a lot of people coming and going. Umm, not like it's terrible or anything but it's quite unstable' – does not want it to sound overly negative, although this is how it comes across: new staff members, rules changing and therefore inconsistent. 'It's been quite chaotic' – not felt great.

'It should give you a frame that should mirror some of what, of what you are trying to do with your patient. It should be containing and it, there should definitely be a framework where you feel held' – mismatch between her expectations and what she is actually getting from the course. Seems quite disappointed and dissatisfied with what's been given or the fact that not enough has been done for her to feel 'held', which seems very important to her.

'Being more self-aware' leads to personal growth, which in turn helps her one-to-one work with patients – not only doing it for herself but also for those, who seek her help. More reasons to look at 'that painful material' if she knows that it's something that may benefit her patients.

Bearing in mind that relationships are the focus of much of what we have discussed so far, it made sense to try to find out a bit more about her relationships with other professionals.

If she has not felt 'held' and contained throughout the course – how has she coped? This could explain why she chooses to position herself as someone confident, resilient and independent – if there is no one she can rely on and seek support from, she only got herself.

great, it doesn't feel like you can go to the uni and ask them for something and there's a definite answer. People are often on sabbaticals, I've been given two supervisors that fell through that I had, one of them dropped me and the other guy could never meet me so you know, things like that aren't great because it feels like, you really have to fight for the stuff that you need at this uni and you need to be able to know how to get it and have the confidence to do that. I mean we pay a lot of money so I kind of, I resent the fact that we kind of have to take that approach to, you know. It should be the other way, it should be available to us, the support, guidance, whatever we need so I think the stability of having a therapist around as well. Personal therapy, that's been great and we set up sort of like little one groups, we had like PPD groups as well that were facilitated by, by uni staff but she wasn't part of like the core uni staff that we have contact with, so that was quite good cos it was just a space for us all to talk about like different clients if we wanted, like and processes that we were going through and just professional development. That was a useful group, we don't know if we gonna get it again third year, because no one knows anything and can't tell us (laughter), so hopefully we will find out over the next couple of weeks. And supervisors throughout my training have been hugely important, like in the couples counselling place that I was at, I had a psychosexual supervisor.	Sabina tells me how two supervisors fell through, and she had to 'fight for the stuff' to get what she needed despite paying a lot of money.

Resents taking this approach because it 'should be available' – 'the support, guidance, whatever we need'. Is this the resentment that Sabina was talking of earlier? Or does this in some way mirror her feelings towards her parents and brother, who didn't support her either? Leaves her feeling insecure? Emphasised earlier that because she had experience of working with clients prior to doing her doctorate she does not doubt herself as easily or feels as overwhelmed as someone, who is doing this first time.

Finds stability through personal therapy and PPD groups – but not something that's consistent? Does not know if this will be available throughout third year. | 'Fight for the stuff' – 'you need to be able to know how to get it and have the confidence to do that'. Pitches herself as someone with confidence and a fighter – seems to be her preferred view of herself, but then again it doesn't sound like she is left with much choice. This kind of chaotic environment requires her to be strong and independent, otherwise she won't cope.

'No one knows anything and can't tell us' – says with laughter as if to underline how ironic this is, which also takes attention away from the sad fact that things she expected from these professional others have not been made available to her. Also offers a way to cope with her disappointment, otherwise risks feeling uncontained or 'overwhelmed' like other trainees, who are less experienced than her? Because there must be times when she is feeling not so experienced and also needs support. |

She was my first one and she was, she was amazing, she was just so good, that all her, she was really knowledgeable and she was really honest and she was really bright in picking up what was going on for me and how that was in the room with the patients so like that kind of, having someone who's really experienced and who you can really learn from I think is very important. I think it's been very good experience of supervision from the start of my training so when I'm, when I'm going through my training I've always made sure that I've got that and I've had that because that's how I see again growth and development, because they are there to teach me and to guide me, help me become better at what I do and I see my peers having not always had those experiences and hadn't, some of them had really, really rubbish supervision, some of them have been like barely supervised and they end up really doubting themselves and actually it's not their fault, you know. I say to them this is something that should have been given to you, you need to go and make sure you get that from your next placement like that's so important in shaping you as a practitioner so like I know what my learning needs are and how to get them met and I think they get met through my supervision, yeah, rather than the teaching on the course but that's still important, yeah. **Olga** – And how about your personal therapist?	Supervisors – 'hugely important'. First one 'was amazing' – 'she was really knowledgeable and she was really honest and she was really bright in picking up what was going on for me' – sounds quite empathic. Brings certain expectations to her relationships – compares other supervisors to her first one, who seemed very empathic and in tune with her feelings? 'It's been a very good experience of supervision from the start' because she made sure that she got what she needed from these professionals to grow and develop as a trainee – 'they are there to teach me and to guide me, help me become better at what I do'. Emphasises that she knows what her 'learning needs are and how to get them met' – possible through supervision but less so through the teaching on the course. With the supervisor more one-to-one contact than teachers and course tutors, so the supervisory relationship feels more intimate? Sabina mentioned her dislike of essays and thesis a couple of times – is this the reason why she is dissatisfied with the teaching on the course? Too many assessments that are difficult to pass because of the constantly changing rules?	Emphasises that some of the other trainees 'have been like barely supervised and they end up really doubting themselves and actually it's not their fault' – this is not the first time she talks about others doubting themselves, emphasising how awful it would be to end up in their position. Also reassuring that things are not as bad for her – better off because of her fighting attitude. Justifying that this is the right approach to take with these others – empowering. 'I say to them this is something that should have been given to you, you need to go and make sure you get that from your next placement like that's so important in shaping you as a practitioner' – guides and supports her peers. Says this with authority in her voice, seeming self-assured. Talked about relationships with peers before – must be important to her. Mentioned her personal therapist a couple of times but did not go into too much detail. It seemed to me that her personal therapist had quite a big role to play in her professional development so I decide to bring this up.

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Sabina – To be honest I think in the beginning I was really reticent about doing it. We had a requirement of 15 hours in the first year and then it's 45 in total so it's up to us how we split it between second and third year and I've always waited like until the end of the year to try to squeeze it in. It obviously reflects my sort of ambivalence about it and I thought I could manage how much of myself I would take into therapy. I think I was just too reluctant to feel unglued, the way that therapy can sometimes do to you, kind of pick you apart a bit and then make you feel vulnerable I guess so I was kind of unwilling to, to be vulnerable cos I moved here to do this course myself like I don't know, I didn't know anybody in [Location]. I live alone and only know the other people on the course and that's kind of like, I wanted to make sure that I feel strong enough or safe enough I guess to, before I got really upset in therapy but actually just going there and facing some of that pain and throw myself into it and doing it has been like the best thing that I could have done so I guess it's been really useful and it's definitely something I look forward to going to every week. It feels like a really valuable space and it gives me, like it makes me feel contained and held. It's definitely a frame for me whilst doing this course, you know. I really, and I realised that when suddenly she went away for a month and I didn't have that and I was

Earlier Sabina told me that she had personal therapy whilst doing her post grad counsellor qualification even though it wasn't 'compulsory', here quite a different story emerges. There was a therapy requirement of 45 hours in total, and Sabina mentions how she felt 'really reticent about doing it' because she 'was just too reluctant to feel unglued' so she 'always waited like until the end of the year to try to squeeze it in' – did the fact that it was compulsory matter?

Ambivalent and 'unwilling to be vulnerable'. Needed to be make sure she felt strong or safe enough before she got really upset because she was living alone – no other source of support as a result of relationship breakdowns and going against her parents' wishes? Her ambivalence and 'unwillingness to be vulnerable' also contribute to her not feeling 'held' or 'contained' on her training course? Difficult to open up if feels there is no one to go to for support, but then it is also difficult to find support if does not take this risk. Once she started 'just going there and facing some of that pain and throw myself into it' – able to use it as a 'really valuable space' that allows her to 'feel contained and held'.

'Unwilling to be vulnerable' – clashes with her preferred view of herself as strong and resilient? Portrays herself as experienced and confident - a fighter, who can guide others and facilitate their journey but does not want to get unglued herself. Explains why she may be drawn to the role of a therapist – does not need to share anything of herself to her clients, as it is the clients, who ask for help and guidance.

'Just going there and facing some of that pain and throw myself into it' – this is how she usually approaches things as she explained with couples counselling. Reconfirms her view of herself as resilient – empowering.

Uses 'you' instead of 'I' when says 'when you suddenly feel the loss' – makes this a generalised statement rather than one that belongs to her. Perhaps inviting me to join in with her in this experience? Not a very well-rehearsed narrative because it's a new experience for her so not yet sure how to own it or whether she can? It's about needing someone and also knowing that this person is going to return rather than just

like, you know, I really, really needed that when you suddenly feel the loss of it so it's definitely valuable, yeah. And I realised that, you know, I'm holding back that's for a reason, the learning comes from being in a difficult place and pushing yourself and challenging yourself a bit so I use therapy like as honestly as I can, yeah.

Olga – And, I was just wondering what does now you've been through quite a bit of training and you have your past counselling training as well, what does counselling psychology represent to you?

Sabina – Ehm, I think for me it represents like a massive journey academically and of self-discovery and self-exploration. It's been worthfile, worthwhile, painful, meaningful, definitely feels like it's now just coming up to, like the end is in sight, you know, like light at the end of the tunnel. It's, it feels hugely important but it's quite hard to kind of put it into words to say like why I suppose and I think this type of training, you are so personally invested in it because it a, it's all about you looking at yourself as a person as well. I don't think a lot of other professions require that from you, you know, like it's, it's a training process that at times can be really, really difficult. There's highs and lows with it, there's a lot of burn out, there's a lot of stuff that comes and goes really,

When her therapist suddenly went away for a month – felt 'the loss' and realised that 'it's definitely valuable'. Prior to this she said she always waited with therapy until end of the year to squeeze it in – prevented her from feeling a sense of loss of something that she may actually need it to 'hold' and 'contain' her. Quite a new experience for her?

With 'the end is in sight' feels like there is 'light at the end of the tunnel' – a sense of relief, getting there.

Training – 'for me it represents like a massive journey academically and of self-discovery and self-exploration'. Personally invested – 'it's all about you looking at yourself as a person as well'. Emphasises that not 'a lot of other professions require that from you'. Professional journey – worthwhile, meaningful, painful, can be really difficult at times.

'Lows with it, a lot of burn out' – explains why it is important to have support and guidance when doing this type of training.

drop her like all these other supervisors and training staff, who gone on sabbaticals. Must be a bit difficult to start relying on someone when used to being independent and self-reliant? 'Learning comes from being in a difficult place and pushing yourself and challenging yourself a bit' – by describing it as a difficult place and a challenge, she can once again portray herself as a fighter, who can overcome any challenge, difficulty, disadvantage - feel self-efficacious and resilient.

'You need to believe in what you doing, you know' – uses 'you' instead of 'I'. Invites me to join in, agree with her or is she telling me or maybe even guiding me?

relationships and you need to believe in what you doing, you know. If you wanna put yourself through all of that (laughter) and also financially, you know, when it's all, it's all been self-funded, you know, it is something that you, it's not just your time that's, you know, a lot of your resources as well that go into doing it here. There's a lot of money involved.

Olga – Yeah, it's quite interesting that you and your brother have gone in such different directions and you are spending quite a bit of money towards this course that helps you to discover yourself and do what you like, do you think there is a reason for that?

Sabina – We are very different people. We had some, obviously some of the same experiences like growing up but I don't really know how to talk about him (laughter) in a way that makes him sound, you know, I don't know, I think he is quite selfish, I think he is very unwilling to look at himself and I think he's probably thinking quite the opposite of me in that sense, you know, so I think he is happy to go down that route and make loads of money and have material things define him and reflect something of how he sees himself, you know, whereas I'm quite the opposite. It's kind of like, you know, being happy in my own skin is what matters more to me than what car I drive, you know. We are just different people with different

'We are very different' – when talking about her brother. 'He is happy to go down that route and make loads of money and have material things define him and reflect something of how he sees himself, you know, whereas I'm quite the opposite' – her brother seems to be making money as a banker, while Sabina is spending money on something she finds meaningful – is this also contributing to sibling rivalry? Lack of support from her family?

'We all kind of went in quite different directions and that sense of being different was even there in the family in that sense' – reveals she is the only girl with three brothers. Emphasises that they are in 'sensible money-making jobs' – whereas she is funding a degree. Feels a bit like black sheep because she has yet to make money? Resents that money so important for other family members? No understanding, respect for her difference and that she may have a different view on these things?

Self-funded – not only financially but also emotionally 'a lot of resources' go into doing it. Had to find a way to support herself and contain her own stuff because there was not much support forthcoming from her family, and there did not seem to be many others, whom she could turn to for support – only mentioned one 'amazing' supervisor. Therapy has become a valuable space more recently, but it seems that before she wasn't able to let herself use it and was mostly relying on herself for support?

Her brother 'quite selfish' and 'unwilling to look at himself' - 'I'm quite the opposite'. Reconfirms her portrayal of herself as selfless.

ideals. Yeah, we all kind of went in quite different directions and that sense of being different was even there in the family in that sense, cos the rest of them have quite sensible money-making jobs and my three brothers, so I was the only girl, who's probably a lot more sort of introspective and stuff so yeah, it's a natural thing to be drawn to this kind of work as well for me in that sense, heavily invested in it and have belief in it as well. I'd rather be doing something that I believe in and makes me happy and helps other people in some way as well than stuck in [Location] in an office, making money and go to Pret and that's the highlight of my day (laughter). Yeah.

Olga – I like Pret (laughter).

Sabina – I'm sorry (laughter).

Olga – (laughter). Umm, and so how do you view your identity I guess training as a counselling, to become a counselling psychologist?

Sabina – Gosh, don't really know how to answer that. It seems like quite a massive question, doesn't it? I think, I think what I would like people and my patients to say about me is that I'm genuine in some way like I, I don't try and be anything or try to go and act like the expert or the professional. I'm always, I'm just being

As an only girl, she was 'probably a lot more sort of introspective' – therefore 'it's a natural thing to be drawn to this kind of work as well for me in that sense'. Justifies why she had chosen this route as opposed to found herself a 'sensible money-making' job as her brothers or become a doctor or a lawyer as her parents would have wanted. Says this in quite a serious, critical tone.

The personal and the professional is the same – doesn't try to 'act like the expert or the professional' but 'always' just being herself.

My comment that 'I like pret' was a response to her slightly sarcastic remark that going to pret (a sandwich shop) would be the highlight of her day if she was to work in an office. As this was accompanied by quite a lot of laughter, I wondered about the motivation and the meaning behind my comment. Was I uncomfortable with the serious, slightly critical tone, in which she spoke and wanted to keep things on a more light-hearted level? Or was this an attempt to join in with what she was saying because I could not relate to it and found myself disengaging? Moved onto the next question - may have been an attempt to deflect attention from this topic.

Identity as a counselling psychologist – talk about it in terms of what she wants other people to say about her. Wants to come across as someone genuine – others opinions about who she is a professional matter because it's a client oriented profession?

me with them and I come with my skill set, I come with my experience, I come as a person that's been through highs and lows, who has had wounds, who has healed and is healing and that's, that's gonna constantly be in flux. So this idea of identity I think is never like, I don't know if it's ever fixed, like I have an idea of who I am and I have still of an idea of wherever I would like to be that. I like to be a bit more comfortable and get through certain things that I'm working on in therapy but I can't ever see us ever being like right this is us, the end product. We are fully formed and we're totally, totally happy with ourselves and there's no room for growth and development. We will be always like looking for CPDs or professional, the idea being that we are, we constantly learn, that's a continuous process and I think that about identity as well. Yeah, I think that's something that always, it's always developing in some sense. It's feeling that it gets moving somehow so that's the essential idea and then there're different things that happen to sort of feed onto that but I feel like it's moves forward rather backwards. I think it felt stuck for a while and then I can feel it moving forward again so I'm in a better place for that and obviously when you are not doing this kind of training anymore that, I think that will obviously, it may change what happens to us in some sense as well because having been a student for the past ten years to not be a student all of the sudden and	Comes as a person, who been 'through highs and lows' and has 'wounds', who 'has healed and is healing'.

Doesn't have a 'fixed' idea of who she is – constantly changing. Wants 'to be a bit more comfortable' with herself and 'get through certain things' she is working on in therapy, but cant see there being an 'end product' – 'we are fully formed and we totally, totally happy with ourselves and there's no room for growth and development'. Personal and professional development is a 'continuous process' because she is constantly learning and always developing. Felt 'stuck for a while' but now 'can feel it moving forward again' so she is 'in a better place for that' – moving past struggles and onto better things. Reminds me of what she said earlier – that she can see 'the light at the end of the tunnel' because she is coming to the end of her training. Future script – 'it may change what happens to us in some sense as well because having been a student for the past ten years to not be a student all of the sudden'. Starting to think about the challenges ahead. | 'I come as a person that's been through highs and lows, who has had wounds, who has healed' – past tense. 'Is healing' and 'I'm in a better place' – said in the present tense so as to remind herself that past struggles are overcome, old wounds are healing. Doesn't need to fight anymore – triumphant, empowered! A good ending to her story – working towards narrative closure? Ready to finish her interview? |

to not be so introspective and looking at all these things and these processes that will have, probably have an impact as well, which will be interesting to kind of notice that as when it happens.

Olga – And so we've covered quite a bit and I was wondering if you have anything that you'd like to add to what we've spoken about?

Sabina – Eh, I'm not sure. I was thinking something around the idea of looking at other people in the course as well and people that have trained and there's a lot of stuff around relationship breakdowns as well, people with their partners. I noticed that during my counselling training as well at [University]. I think at the time like I split up with my partner of at the time like four years but it felt like, I felt like it was a common thing that was happening with a lot of different people, like relationships, maybe becoming more self-aware or seeing that you have different needs or outgrowing somebody and on this course now it seems, you know, it's, it's happening to other people around me and I heard that this course was named the divorce course (laughter), which made me chuckle and I was like actually I know someone, who's going through, going through that just now, which is, there must be something in it about growth and development and all leading to certain people sort of diverging or I

Concluding remark - She reveals that she had 'split up' with her 'partner of' 4 years, noting that 'felt like it was a common thing that was happening with a lot of different people, like relationships, maybe becoming more self-aware or seeing that you have different needs or outgrowing somebody' – normalising. This entirely new piece of information changes how we may interpret some of what has been shared earlier. A lot of times when things were kept vague, I tended to assume that most of it revolved around her family – the mother's depression, with which she began her narrative, and the fact that she did not feel supported by them with regard to her career choice. Bearing in mind what she said about her professional development and managing losses - 'it's not really to do with boyfriends' but more to do with 'relationships with certain family members having broken down and people I've known for years' – I'm not sure how this new info fit in in terms of her feelings of loss, resentment and anger, of which she spoke earlier.

As Sabina starts wondering about what will happen to her and her peers once they complete their training, I take it as a sign that she is trying to bring this narrative to an end. My intention therefore was to give Sabina an opportunity to end her story and the interview in a way that felt comfortable. By telling me that there has been 'a lot of stuff around relationship breakdowns as well' and that 'this course was named the divorce course', she also lets me know that this is the most important theme of her story.

don't know, I think as well as gaining something from this it also becomes a lot of losses I think and something about how we manage that and incorporate that into our sense of self that can help us become better practitioners as well so I don't really know if that added to it in any way but I just had that around in my head following on from what we talked about. **Olga** – Okay, and anything else that you would like to? **Sabina** – No, it's been a pleasure. It's been nice talking about the experience of being a trainee. **Olga** – Alright, yes, thank you. **Sabina** – Thank you.	Growth and development is also about people 'diverging' and 'gaining something from this' – becomes 'a lot of losses' – something needs to be left behind and overcome in order to make space for something new and move on. Future script – how to manage these losses that are an inevitable part of development and 'incorporate that into our sense of self that can help us become better practitioners'. Personal growth results in professional development – done for patients as well as herself? Benefits everyone around her.	'Incorporate that into our sense of self that can help us become better practitioners' – a joint venture, of which I am also part of. Invites me to relate to this experience – lend support to her point of view. Using 'we' rather than 'I' – gains credibility, empowering?

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