



**A Grounded Theory Study on the Development  
of a Professional Identity in Trainee Counselling  
Psychologists**

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With reference to two theoretical models, compare and contrast process and content interventions in working with a couple or a group. Use clinical examples to illustrate the theory

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# Preface

In line with London Metropolitan University guidelines, the work that forms this doctoral portfolio was not designed around a theme. Instead, it consists of a doctoral thesis and three pieces of coursework from my final year as a trainee Counselling Psychologist. On first viewing, a thesis exploring how trainee Counselling Psychologists develop a professional identity may seem relevant to a critical reflective essay on the researcher's journey of becoming a Counselling Psychologist. It does not, however, obviously link with an essay comparing and contrasting two theoretical models of couple therapy, nor, indeed, with a process report on a client seen in an integrative therapeutic approach. However, as the thesis has been written, the researcher has become aware that this work is intricately connected through a multi-faceted exploration of professional development. Each piece of work in this portfolio has contributed to the researcher's professional development as a trainee Counselling Psychologist. The researcher's professional development can again be seen as an intrinsic factor in the development of his professional identity as a Counselling Psychologist, an area that the included thesis explores in greater detail. The integration of the researcher's professional identity as a Counselling Psychologist is evident in each of the three pieces of coursework. Whilst both the essays and process report require knowledge of and proficiency in therapeutic techniques, they also exemplify how the researcher, over the duration of his training, has come to integrate the philosophy and values of Counselling Psychology and how this has accommodated him in adapting to his new professional role as a Counselling Psychologist. Thus, when considering the portfolio, it appears that although a theme was not intended, a theme of further understanding our existence as human beings exists.



# Acknowledgements

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## **Section A: Research**

An exploration into the development of a professional identity in trainee Counselling Psychologists using grounded theory

# Abstract

This study set out to explore the development of a professional identity in trainee Counselling Psychologists in the United Kingdom. Professional identity development involves the acquisition of attitudes, values, knowledge and skills pertaining to the profession (Page, 2005), as well as the acquirement of new role behaviours and new views of the self (McElhinney, 2008). Bucher and Stelling (1977) argued that the basic foundation of a professional identity is constructed during the professional training period when the individual undergoes an initial socialisation to the profession. Yet, research exploring professional identity development in trainee Counselling Psychologists in the UK is limited.

Adopting a constructivist grounded theory approach (Charmaz, 2006), this research expected to identify and understand which factors aid and inhibit professional identity development in trainee Counselling Psychologists. Semi-structured interviews were used to explore how nine trainee Counselling Psychologists from a selection of universities and training stages experienced the development of their professional identity. Four interconnected concepts were identified as influential in professional identity development: process, competing/selling, character and subjugating.

The results indicated that professional identity development involves attaining a sense of authority, competence, responsibility and autonomy in the professional role through engagement with self, others and the wider contexts of the training. Role ambiguity and role conflict were found to impede the trainee's identification with the professional role. It appears that the process of developing a professional identity includes a willingness to negotiate tensions between the subjective and the objective, engage with a multitude of demands, and that the development of a professional identity occurs throughout the training. The findings were discussed, with particular consideration to how trainee Counselling Psychologists can be facilitated in their development of a professional identity.

# 1 Introduction

This thesis explored the development of a professional identity in trainee Counselling Psychologists. Examining the experiences of trainees at different stages of their training using a constructivist grounded theory approach, the thesis intended to identify and understand the factors that both aid and impede the development of a professional identity. Although the research set out to explore trainee experiences, these have been considered with reference to the wider philosophical, theoretical, historical, social and political context.

Berger and Luckmann (1991) proposed that reality is a social construct that is created by man, for man. This is further supported by Searle (1995), who argued that man mediates the construction of social reality, and thus also the development of the concept professional identity. Section 1.1 presented the philosophical context of professional identity development by exploring the current position and development of reality, and how the professional identity concept is created and developed within reality.

When entering their professional training, trainee Counselling Psychologists simultaneously enter a profession. Larson (1978) suggested that a profession is established upon specific requirements such as codes of conduct, specialist training and agreed levels of compensation. Section 1.2 formed the first part of the theoretical context of the research by exploring what defines and constitutes a profession.

Current findings suggest that professional identities are developed over time and in parallel with the evolutionary changes that occur within the profession (Cheshire, 2000a; 2000b). However, it has been proposed that the foundation of a professional identity is developed during the initial socialisation to the profession, which typically takes place during the professional training (Bucher & Stelling, 1977). Section 1.3, representing the second part of the theoretical context of the research, examined the current studies on professional socialisation during training.

Bucher and Strauss (1961) argued that professions continually adapt to fit with social movement, and therefore propose that professions can be interpreted as systems that include diversity and movement. Consequently, professions are not homogenous; instead, they exist through a selection of objectives, methodologies, work activities and techniques within the profession. Change within a profession is often a result of the conflict between these different segments and the institutional context in which the profession is situated. Section 1.4 reviewed the historical context of Counselling Psychology and explored how social movements have influenced the development of the field.

To ensure that Counselling Psychology trainees remain marketable once they qualify, it is imperative that the level of the professional training in Counselling Psychology is equal to the training of related professions. Section 1.5 provided an overview of the current training context, and explored recent changes to the professional training.

The identity of a profession changes over time as a result of the profession's own objectives and the political context in which the profession is situated. The dynamic structure of a profession's identity has been explored in section 1.6, in which the role of the political context on Counselling Psychology has been discussed.

The current literature on professional identity development in Counselling Psychology trainees is scarce. This research was developed as a result of exploring the literature associated with both Counselling Psychology and related fields. Section 1.7.1 explored the current literature on professional identity development in Counselling Psychology and outlined the research context. Section 1.7.2 explored the literature on professional identity development in related fields such as Clinical Psychology, counselling and psychotherapy, in addition to having added to the research context. Finally, section 1.7.3 outlined the rationale and aims of the research project.

In line with the philosophy of both qualitative research methodologies and Counselling Psychology as a field, this research has included a reflective section. To orient the reader to the researcher's expectations, beliefs and assumptions, section 1.8 included reflections on the researcher's expectations for the research, as well as the

researcher's own experience of developing a professional identity as a Counselling Psychology trainee.

### **1.1. The Construction of Reality: Setting the Philosophical Context**

When researching professional identity, one must first understand the construction of reality and where the concept of professional identity fits into the greater philosophical context. Berger and Luckmann (1991) argued that reality, as man understands it, is a social construct created and developed by man, for man. They proposed that reality is subjectively accepted and understood through the world of everyday life and that this understanding both originates and is maintained in the individual's thoughts and actions. This is further supported by Hogg and Terry (2003), who argued that reality is prearranged in patterns that exist independently of subjective apprehension to them and that these are imposed upon our understanding of reality through discourse. Reality is thus constituted by objects that have already been designated and placed in order prior to any current individual's appearance on the scene (Berger & Luckmann, 1991). This understanding of reality is further supported by Westerhoff (2011), who argued that reality can be defined as all that is and has been, regardless of whether or not it is observable or comprehensible.

Furthermore, language is fundamental to understanding reality (Westerhoff, 2011). Through the language of everyday life, we are equipped with an understanding of the necessary objectifications, how things fit together and how we can make sense of it all. We live in places that are geographically designated; we utilise tools that are labelled with technical vocabulary that is understood within our society; and we live within a network of relationships that are both ordered and recognised through our vocabulary. Language provides the coordinates of our life in society and supplies meaningful objects to that life (Westerhoff, 2011). It is also through language that reality presents itself as an intersubjective world, a world that is shared with others. In contrast to natural science, Carroll (1992) argued that many of the concepts in social science originate or enter into everyday language. Therefore, when stipulating a definition of a concept, such as professional identity, we must first pay attention to the historical meaning of the concept in ordinary language (Gleason, 1983). Lawler (2008) proposed that the concept of a professional identity is relatively new. Furthermore, he suggested that our present understanding of this concept may not be

transculturally or transhistorically applicable because it is a concept that people have not always wanted or required. This is due to the use of different language when trying to determine, represent or protect their identities in the past (Lawler, 2008). According to Blackburn (2013), this suggests that there exists a social process beyond the individual's control, namely language, which shapes a concept that the individual interprets as fundamentally personal. The term 'professional identity' does not only invoke a social category defined by specific content and membership rules, but also the unarticulated ways that personal identity constitutes professional identity.

Alongside language, Berger and Luckmann (1991) proposed that when attempting to understand reality, we must pay attention to how all human activity is subject to habituation. They describe habituation as a social action that is repeated so frequently that it eventually represents a pattern. Whenever there is a shared representational process of habitual actions by individuals, institutionalisation occurs (Shannon & Kowert, 2012). Shannon and Kowert (2012) argued that the objective reality of institutions remain even when the individual fails to comprehend their code of operation or their own purpose within the institution. Objective reality is here defined as a reality that is unfiltered and outside of the individual mind, and which exists regardless of individual thoughts and beliefs (Shannon & Kowert, 2012). An individual cannot therefore understand an institution by introspection because institutions exist as their external reality. To understand institutions, we must therefore go out and learn about them, just as we learn about nature by exploring it. Both the institutional world as a whole and every single institution separately can be understood as objectified human activities (Blackburn, 2013). This means that the relationship between man, as the creator, and the social world, his creation, is and continues to be a dialectical one (Blackburn, 2013). Man, in his collectiveness, and the social world interact in a two-way process. Man interacts with the social world, and the social world acts back upon man. This results in an ongoing dialectical process that includes the objectification of man and man's understanding of this process as externalised. This process is accompanied with internalisation, where the objective social world through socialisation is retrojected into consciousness.

After exploring the construction of social reality, Searle (1995) argued that the knowledge gained by man during socialisation mediates their understanding of the

social world within individual consciousness. The knowledge gained during socialisation can therefore be considered to be at the centre of the fundamental dialectic of society (Berger & Luckmann, 1991). Knowledge controls what we accept and reject, and through externalisation, how we understand the objective world. By ordering objects to be understood as reality through language and the cognitive apparatus founded on language, knowledge objectifies the world (Kukla, 2000). In the course of socialisation, this knowledge is once more internalised as objectively valid truth. Knowledge about society therefore both facilitates an understanding of the objectified social reality and simultaneously continues the production of reality.

Mead and Morris (1934) argued that a part of the self is objectified based on socially available characteristics, and that this part represents the false social self, a self that is subjectively experienced as separate from and even opposing to the self in its totality. Initially, the individual identifies with socially objectified characteristics of conduct, but following reflections on this conduct, the individual eventually re-establishes distance from these characteristics. Over time, the individual will retain in consciousness the distance between him and his actions, resulting in this being projected onto future repetitions of his actions, and allowing for the development of interchangeable roles (Jacobs, 2006). According to Shannon and Kowert (2012), the construction of role typologies can be considered an essential link to the institutionalisation of conduct because roles embody individual experiences of institutions. They suggested that roles are objectified linguistically and considered an essential ingredient in understanding the objective world and its society. By accepting and adapting to roles, the individual partakes in the social world. This world then becomes subjectively real by internalising these roles and the subjective identity is either maintained or further developed.

Mitchell (1986) described a subjective identity as a precarious entity due to it being dependent upon the individual's contact with others who could disappear or change. He argued that any form of identity must be considered within the context of the individual's subjective understanding of reality. This is supported by Berger and Luckmann (1991). They proposed that individuals establish a subjective hierarchy that ranges from the most fugitive self-apprehensions of identity to an identity that has verifiable existence. The development of such a hierarchy provides the individual



with a level of assurance that their identity, personal or professional, is considered legitimate in the eyes of others who live within society (Berger & Luckmann, 1991). The difficulty of explaining what a professional identity is, as we understand it in today's society, is due to the problem of determining what aspects of an individual or profession it refers to and why these are important.

## **1.2. Understanding a Profession: Setting the Theoretical Context**

Bullock and Trombley (1999) defined a profession by proposing that a profession occurs when an occupation or trade changes through *"the development of formal qualifications based upon education, apprenticeship, and examinations, the emergence of regulatory bodies with powers to admit and discipline members, and some degree of monopoly rights"* (p. 689). Rather than focusing on defining the profession as an objective entity, Brown (1992) chose to focus on defining the members of a profession. He argued that members of a profession can be defined as: *"workers whose qualities of detachment, autonomy, and group allegiance are more extensive than those found among other groups [...] their attributes include a high degree of systematic knowledge; strong community orientation and loyalty; self-regulation; and a system of rewards defined and administered by the community of workers"* (p. 19). Jackson (2010) argued that shared within the above definitions are the major milestones that mark an occupation or trade as being identified as a profession. These include an occupation becoming a full-time occupation, the establishment of a training school, university school, local association, and national association, as well as the introduction of codes of professional ethics and the establishment of national licensing laws.

Although professions like psychology originally used to self-regulate their profession through bodies such as the British Psychology Society, this role has now been delegated to statutory bodies such as the Health and Care Professionals Council due to the growing role of the government. The introduction or enhancement of statutory regulations within professions has caused noticeable tension within many professions (Jackson, 2010). Some have welcomed statutory regulations and have argued that such regulations protect clients and enhance the reputation and quality of the profession (Abbott, 1988; Jackson, 2010; MacDonald, 1995). Others have argued that statutory regulations increase the cost of the service by restricting access to the

profession (Laurie & Bondi, 2005). Some have also complained that such regulations limit the members' freedom to practice or innovate in line with their professional judgment rather than externally defined guidelines (Laurie & Bondi, 2005; MacDonald, 1995). In addition to controlling access to a profession, professional bodies may also impose adherence to ethical codes and require assessments of competence (Larson, 1978). Current regulations prevent individuals by law from practising within a selection of professions before they are fully qualified (Jackson, 2010). Professions also often require that their members remain up to date with current academic and professional skills through continued professional education and training (Scambler, 2008; Woolfe, Strawbridge, Douglas, & Dryden, 2010).

Bayles (1981), and later Hoogland and Jochemsen (2000), argued that most professions control the majority of their affairs and that professions can therefore be considered autonomous. Alongside their autonomy, Lian and Laing (2004) suggested that society places a high level of appreciation, regard and social status on professions. They claim that our view of professions and our willingness to reward them a high social status is due to the function of the profession's work, and its importance to our society as whole. Through professional expertise, members of a profession provide specialised, technical and highly skilled work (Lian & Laing, 2004). However, Larkin (1983) accused some professions of taking advantage of their power and high social status by acting in a monopolist way. This has been supported by Freud and McGuire (1995) and Jackson (2010), who argued that through an attempt at governing its members and protecting its area of expertise, professions have at times been observed as controlling and subordinating smaller associated trades, as well as discouraging competition. Jackson (2010) claimed that professions hold an important role in the development of their members' professional identities. This is because professions possess the power to control, educate and protect their members, and thus the power to lessen bureaucratic inertia and role ambiguity.

### **1.3. Professional Identity Development: Setting the Theoretical Context**

Following a review of educational psychologists' professional identity, Innaccone (2006) argued that a professional identity can be defined as "*a concept of the self as a professional that has integrated the beliefs, values, attributes, motives and experiences of a profession*" (p. 303). This definition has been further supported in

the field of Clinical Psychology (Bibace, 2006; Carli, 2006).Cheshire (2000a; 2000b) argued that the development of a professional identity occurs over time and can be seen as a fluid process that evolves in parallel with the evolution of the profession itself. However, Bucher and Stelling (1977), in their collection of sociological literature compiled on professional socialisation, argued that the basic foundation of a professional identity is constructed during the professional training period when the individual undergoes an initial socialisation to the profession. Bucher and Stelling (1977) also suggested that the professional identity developed during the training period acts as a foundation for the future development of the individual's professional identity as his career continues. Page (2005) described professional socialisation as a process in which individuals undergo the acquisition of attitudes, values, knowledge and skills pertaining to a specific professional subculture.

Drawing on a selection of empirical research conducted in the field of psychology, medicine and nursing, Hardy and Conway (1978) argued that professional identity development can be seen through a symbolic-interactionist perspective. They argued that a professional identity is an active construction and that the role of interaction with others and the meaning assigned to this interaction holds a central role in the development of a professional. They suggested that the context of where interactions occur and what meaning they are allocated completes the symbolic-interactionist perspective. Eraut (2000) argued that the development of a professional identity can be interpreted better through the process of *being* rather than *doing*. He proposed that non-formal learning distinguishes between reaction on-the-spot learning, implicit learning and deliberative learning, with the latter being regularly overemphasised. He also suggested that rather than leading to local conformity, situated learning leads to greater individual variation as a result of the individual's engagement with a series of different contexts. Bucher and Stelling (1977), in their model of professional identity development, argued that a sense of mastery and success in the professional role plays an important part in the development of a professional identity. This is reflected by Healey and Hays (2011), who suggested that in order to fully understand how a professional identity is developed, one needs to understand what leads to external and internal perceptions of success. In a grounded theory study on the development of professional identities in Japanese nurses, Gregg and Magilvy (2001) argued that professional identity development started with the nurses drawing on their work

experiences. These experiences were then developed into a number of dimensions, including: recognising the value of nursing, establishing their own philosophy of nursing, gaining influences from education, a commitment to nursing, and the final step that completed the development of a professional identity: integrating nurse into self (Gregg & Magilvy, 2001). It is expected that similar dimensions will appear in the current research.

Professional identity development has been portrayed as a complex process where both external and internal variables interact to provide new views of the self as a professional. Drawing on Bucher and Stelling's (1977) idea about the professional training holding a fundamental role in trainees' professional identity development, understanding how trainees interact and utilise different experiences will help provide training institutions with a clearer guide to how they can help facilitate this process more effectively in the future. However, to understand a trainee's experiences during training, these experiences must be seen in the broader context of the field of Counselling Psychology as a whole.

#### **1.4. Counselling Psychology: Setting the Historical Context**

Counselling Psychology's origin in the UK is relatively recent. Nelson-Jones (1999) argued that the conception of Counselling Psychology in the UK occurred in September 1979, following a decision by the Professional Affairs Board of the British Psychology Society (BPS) to appoint a working group to explore the relationship between psychology and counselling. The BPS then established a Counselling Psychology section in 1982, and after initially being rejected on the grounds that Counselling Psychology was not sufficiently defined (Lane & Corrie, 2006a), a Counselling Psychology Special Group within the BPS was developed in 1989. The establishment of a Counselling Psychology Diploma programme quickly followed. Counselling Psychology was eventually granted full divisional status in 1994, and with this came the eligibility of chartered status. Thus, in the space of fifteen years, Counselling Psychology in the UK went from a collection of individuals with a specialised interest and experience in psychology and counselling, to an established applied psychology in line with related professions such as Clinical, Educational and Occupational Psychology. This stands in contrast to Counselling Psychology's position in the United States of America, where Counselling Psychology has been

recognised for much longer (Munley et al., 2004; Whiteley, 1984). A further development of Counselling Psychology in other countries has also been noticed in more recent years (Orlans & Van Scoyoc, 2009), indicating that Counselling Psychology is on the rise across the world. Although some differences do occur between countries in their understanding of Counselling Psychology as a field, what binds them together is the underlying value system and philosophy promoted (Orlans & Van Scoyoc, 2009).

Central to the development of the Counselling Psychology field in the UK is the emphasis on being with rather than doing to, reflecting the importance of the relationship in therapy irrespective of theoretical approach or work setting (Woolfe, 2001). However, the difficulty of identifying and defining a coherent identity in Counselling Psychology can be seen as a persistent theme in the early Counselling Psychology literature (Van Deurzen-Smith, 1993; Williams & Irving, 1996). Spinelli (2001) proposed that this can, perhaps, be explained as a result of the profession's attempt at integrating psychology and counselling, two fields with somewhat opposing philosophies. Psychology adopts a logico-empiricist paradigm, with a view of the individual as mechanistic and an emphasis not only on understanding but also on the notion of control and prediction. Counselling, on the other hand, focuses on the process of enabling and empowering through a phenomenologically derived perspective, wherein intentionality and meaning can be seen as fundamental concepts (Spinelli, 2001). Yet, Strawbridge (2003) and Woolfe (2006) argued that the field of Counselling Psychology has evolved, with its current members uniting behind a common set of values that are rooted in core humanistic values such as empathy, sincerity and respect.

Having examined the profession of Counselling Psychology, Orlans and Van Scoyoc (2009) presented a set of core values that might help define the field. These can be seen in comparison to Clinical Psychology. Firstly, they argued that rather than prioritising objective measures or the therapist's observations, Counselling Psychology prioritises subjective and intersubjective client experiences. Secondly, rather than focusing on treating pathology, Counselling Psychology aims to promote growth and facilitation of personal potential. Thirdly, rather than seeing clients with mental illnesses as unable to utilise personal empowerment, Counselling Psychology

aims to promote personal empowerment in clients. Next, rather than seeing the therapist as the expert, Counselling Psychology takes the stance of the client being the expert and promotes a democratic and collaborative therapeutic alliance. Moreover, instead of seeing the client through a framework of universal laws, Counselling Psychology endorses the view of the client as a unique individual. Finally, rather than taking an intrapsychic focus towards the client, Counselling Psychology understands the client as part of a greater social picture where negative events are experienced. Although the above values present a succinct and suitable description of the values represented in Counselling Psychology, Orlandi and Van Scoyoc (2009) pointed out that these values do not necessarily account for the number of potential conflicts and philosophical dilemmas that Counselling Psychologists constantly negotiate, nor do they convey the extensive variety of activities and attitudes that can be observed in different contexts. Furthermore, Orlandi and Van Scoyoc (2009) argued that utilising and integrating these values and philosophical ideas with professional practice can often be both intellectually demanding and represent a challenge where Counselling Psychologists are required to take a courageous stance against the views of others. The values that distinguish Counselling Psychology from related professions such as Clinical Psychology are similar to those held within the field of Critical Psychology, a field that has been described as an extension of Clinical Psychology (Fox et al., 2009). The above values and the philosophy of Counselling Psychology can be further observed in Appendix I, which includes an extract from the Professional Practice Guidelines for Counselling Psychology (Division of Counselling Psychologies Professional Practice Guidelines, 2011).

Counselling Psychology remains a relatively new field in the UK. However, the values promoted within the field and the philosophical stance is rooted in a foundation of therapeutic practice that has existed for decades. Yet, little is known about how trainees integrate the values and philosophy of Counselling Psychology with their professional identity. To fully understand this process, trainee experiences must be viewed within the broader context of their training.

### **1.5. Professional Training: Setting the Training Context.**

In addition to differences in the underlying values of Counselling Psychology and related fields, Woolfe et al. (2010) argued that significant differences also occur

between the professional training of Counselling Psychologists and other related professionals. These differences include areas such as cost – Counselling Psychologists are primarily self-funded – and personal therapy – Counselling Psychologists are expected to pay for, and undergo, personal therapy throughout the duration of their training (Jennings, 1996; Woolfe et al., 2010). Additional differences include clinical experience, where Counselling Psychologists frequently find their own placements, mostly unpaid, and often in voluntary settings (Division of Counselling Psychology, 2001; O’Brien, 1997; Wilkinson et al., 1997). Academic standards also vary between Counselling Psychology and some related fields (O’Brien, 1997; Woolfe et al., 2010). Current trainees in Counselling Psychology are trained in two or more therapeutic approaches at doctoral level over a minimum of three years, and are expected to reflect and draw on the scientific evidence base found in psychology (Woolfe et al., 2010). As Lambert, Bergin and Garfield (2004) pointed out, Counselling Psychologists are today in a position where they are regularly encouraged to move towards eclecticism and integration, rather than the pursuit of a single major therapeutic modality. Additionally, trainee Counselling Psychologists that are enrolled onto university doctorate programmes are required to complete a doctoral level thesis (Woolfe et al., 2010). Trainee Counselling Psychologists who decide to take the independent training route are not required to complete a doctoral level thesis; they are, however, required to complete a selection of written assignments over a duration of years, including a Master-level thesis (Woolfe et al., 2010).

The primary difference between Clinical and Counselling Psychology lies in its underlying value system (Cheshire, 2000b; Cheshire & Pilgrim, 2004; Orlans & Van Scoyoc, 2009; Woolfe et al., 2010). However, differences also occur in the professional training. Clinical Psychologists receive training on a broad selection of psychological and neuropsychological difficulties and primarily draw on the scientist-practitioner model (Cheshire & Pilgrim, 2004). Trainee Clinical Psychologists are funded by and work in the NHS during their training and are not required to undergo personal therapy (Cheshire & Pilgrim, 2004). This again stands in contrast to the counselling and psychotherapy field. Remley and Herlihy (2007) described the philosophy of counselling and psychotherapy as a wellness-based approach that promotes holistic wellbeing through the integration of mind, body and spirit.

Reflecting on the values and philosophy presented above for Counselling Psychology, we can see that these match closely with that of those promoted in counselling and psychotherapy. The main difference between Counselling Psychology and counselling and psychotherapy can, however, be observed in the academic training. According to the British Association for Counselling and Psychotherapy (2011), counsellors and psychotherapists usually specialise in providing one particular model of therapy and are not currently required to undergo training at a doctoral level to meet the requirements of becoming a counsellor or psychotherapist. Orlans and Van Scoyoc (2009) maintained that a second factor that distinguishes Counselling Psychology from the field of counselling and psychotherapy is the emphasis on research activity in Counselling Psychology.

Healey and Hays (2011) argued that in order for individuals to develop a professional identity, it is important for the profession to establish a clear foundation and professional philosophy that distinguishes the profession from other related fields. In Counselling Psychology, this foundation can be seen in documents such as the Division of Counselling Psychology's Professional Practice Guidelines (2011). It can also be seen in the development of the Division of Counselling Psychology within the BPS and the development of streamlined educational programmes at universities that provide Professional Doctorate in Counselling Psychology courses. Yet, Lane and Corrie (2006a) explained that Counselling Psychologists face a challenge in staying true to their professional discipline as scientists whilst remaining creative with clients in a way that is found helpful (Lane & Corrie, 2006a). Kennedy and Llewelyn (2001) pointed out that because the goals of science and practice are fundamentally different, it is often found difficult to apply the concept of scientist-practitioner. Indeed, whilst science is objective and seeks description, practice primarily focuses on promoting change (Kennedy & Llewelyn, 2001). Lane and Corrie (2006b) further highlighted the challenges that have come with the integration of a scientist-practitioner approach to the field of Counselling Psychology. They noted how the recent emphasis on therapy being driven by scientific evidence can be viewed as a challenge to Counselling Psychologists who are taught to value subjectivity, and that this might lead Counselling Psychologists to feel uncertainty about their role and question their professional identity (Lane & Corrie, 2006b). Bucher and Stelling (1977) argued that trainees are particularly vulnerable to feelings of uncertainty and this might directly



influence how a trainee's professional identity develops. Nevertheless, the current literature does not explain how trainee uncertainty influences the development of a professional identity.

A further point of contention within the field of Counselling Psychology is that of evidence-based practice (Cooper, 2009). Counselling Psychologists continue to aspire to recognition and employment in medical settings such as the NHS, and trainees often have placements located within these settings as part of their training (Woolfe et al., 2010). Nonetheless, the professional alliance with medicine and the accompanying emphasis on evidence-based practice can lead to an adoption of biomedical language and practices where the professional assumes a role of expert diagnostician based on classificatory systems (Woolfe et al., 2010). This approach stands in contrast to the core values of Counselling Psychology described above (Orlans & Van Scoyoc, 2009). Consequently, Counselling Psychologists who are located in this setting are faced with the challenge of integrating the core values of their field with the requirements imposed by external forces. The challenge of matching evidence-based practice with practice-based evidence has been further recognised within the field, and highlights that the teaching of clinical and research aspects of the professional training can be improved (Barkham & Mellor-Clark, 2003; McLeod, 2001). For instance, Gelso (2006) proposed that the majority of the applicants on the professional training primarily dedicate their attention to the practice-based elements of the training. This is reflected by Belar (2000), who proposed that a greater integration is needed between the teaching of practice skills and research. Perhaps, the difficulty here is one of how 'evidence' is defined across professions and contexts. For instance, Chwalisz (2003) argued that although some Counselling Psychologists feel that the scientist-practitioner model has failed to reflect what was initially envisioned, and the focus on evidence-based practice is purely a result of psychology's positivist foundation, Counselling Psychology as a profession has remained committed to the scientist-practitioner model and evidence-based practice. Highlighting the benefits of evidence-based practice, Chwalisz (2003) argued that Counselling Psychologists should continue to embrace an identity as evidence-based practitioners. She proposed that Counselling Psychologists should acknowledge that a scientific, philosophical, political and social shift is necessary to expand what constitutes scientific evidence. This has been supported by Mrdjenovich

and Moore (2004), who argued that Counselling Psychologists can stay true to the values and philosophy of Counselling Psychology whilst working within the parameters of health-care settings where evidence-based practice is seen as the norm.

Ethical practice is a further point of interest within the field of Counselling Psychology and can be observed through regulative documents such as the BPS Code of Ethics and Conduct (2009). Yet, despite the development of guidelines, ethical practice can, at times, continue to present a challenge for trainees. As Orlans (2007) made clear, this is because the nature of the profession can sometimes remain abstract and it can be difficult to identify a clear-cut rule about each given situation. Orlans (2007) thus proposed that ethical challenges need to be further explored within the field, with the acceptance that there might not always be a correct way to proceed in a given situation. The challenge of ethical practice is not unique to Counselling Psychology and it can be observed in related professions such as Clinical Psychology and psychotherapy (Gonsiorek et al., 2009; Koocher, 2007 ). Koocher (2007) argued that if we as a profession are to learn from our past mistakes, then we will need to continually ask ourselves where our responsibilities lie, both as individuals and as a united profession.

In summary, Counselling Psychology's vitality is, in effect, drawn from its capacity to accept and utilise a range of sources that are all dedicated to the understanding of what it means to be human (du Plock, 2006). The professional training in Counselling Psychology is essentially part of this process. The above literature suggested that a profession's identity is dynamic and continually changing, and that many of the changes that occur within professions are not only determined by the profession's own objectives, but also in relation to the political context in which they are situated. Consequently, the political context that Counselling Psychology is situated within will be further explored below.

### **1.6. Influences on the Profession: Setting the Political Context**

When reviewing the development of Counselling Psychology, it becomes clear that many of the changes that have occurred within the field have transpired as a result of the political climate at that time (Whiteley, 1984). Strawbridge and Woolfe (2003) elaborated that many of these changes have occurred following a desire within the

field to distinguish Counselling Psychology from other professions and, by doing so, protecting the identity of the profession and its unique role within the wider system.

Trainees on accredited professional training programmes in the UK are, for instance, expected to provide services in different settings, and practice within different modalities, contexts and timeframes during their training (BPS, 2008). However, some differences in philosophical positions and practiced therapeutic modalities do occur between the different BPS-accredited training programmes in the UK (Orlans & Van Scoyoc, 2009). Consequently, the range of possibilities within the training path provides both opportunities and limitations. Opportunities include the possibility for trainees, from an early stage of their career, to plan their own specialist pathway, should they wish to. Yet, the flexibility of the training can also be considered a limitation, where employers and clients are potentially presented with an identity that is not clearly specified or defined. Nevertheless, all qualified Chartered Counselling Psychologists are required to demonstrate the same BPS competencies on completion of their professional training, thus indicating the development of a coherent skill set that can be utilised within a number of different contexts. Orlans and Van Scoyoc (2009) argued that Counselling Psychologists currently hold roles within a number of different settings, including the National Health Service (Sugg, 2007), forensic settings (Orlans & Van Scoyoc, 2009), legal settings (Orlans & Van Scoyoc, 2009), organisational settings (Orlans, 2003), independent practice setting (Frankland, 2007; Staples, 2007) and academic settings (Alilovic, 2007). With each of these settings come different challenges and opportunities. For instance, Sugg (2007) talked about the challenges of working within a medical setting in the NHS, whilst still remaining true to her own identity and humanistic stance as a Counselling Psychologist. Similar difficulties have also been experienced by psychologists who work in the forensic and legal setting, where the emphasis is on protection of the public and maintaining 'law and order', rather than growth and wellbeing, aspects that are promoted within Counselling Psychology (Orlans & Van Scoyoc, 2009). Here, it is worth noting that the acknowledged need to bring one to the other means that the profession is well-placed to think about and perhaps intervene with this. In the organisational setting, Kinder (2007) highlighted the challenges that often come with a western world value system that prioritises financial efficiencies rather than humanistic concerns. In the independent practice setting, Staples (2007) argued that with private practice comes

freedom, independence and the opportunity of creativity, as well as the challenge of potential financial insecurity and a responsibility for assessing and dealing with risk. Finally, in the academic setting, Alilovic (2007) highlighted the challenge of combining her role as a teacher, researcher and practitioner, and emphasised how the Counselling Psychology perspective provides a holistic approach that allows her to integrate her different roles.

With different settings come different political dictates, guidelines, values and philosophies that Counselling Psychologists are expected to adhere to by fellow professionals and regulatory agencies. Consequently, Counselling Psychologists are left with a challenge of staying true to their professional identity whilst adhering to their responsibilities (Strawbridge, 2003). Orlans and Van Scoyoc (2009) suggested that the process of exploring different professional settings and adjusting to political demands is a fundamental aspect of the professional training in Counselling Psychology. This has been further supported in related fields such as Clinical Psychology (Beinart et al., 2009). Yet, little is known about how trainee Counselling Psychologists integrate the different aspects of their training. The following section will explore this further by outlining the literature on professional identity development in Counselling Psychology and related fields.

## **1.7. Current Literature: Setting the Research Context**

The above sections suggested that the professional training in Counselling Psychology in the UK is influenced by a number of aspects, including the social and political contexts within which the training is situated. The following section aims to explore the current literature on professional identity development first in Counselling Psychology and then in related fields such as Clinical Psychology, counselling and psychotherapy.

### **1.7.1. Previous Research on Professional Identity Development in Trainee Counselling Psychologists**

An extensive literature search was conducted through the British Library, Science Direct, ETHOS, PsycInfo, and ISI Web of Knowledge databases, as well as specific Counselling Psychology journals such as the *Counselling Psychology Review* and others. Based on the definition of a professional identity provided by Innaccone

(2006) earlier, research into the development of a professional identity in trainee Counselling Psychologists is limited. The current literature around trainees focuses on perceptions of integrating different theoretical models (Ward, Hogan, & Menns, 2011), defining the identity of Counselling Psychology (Martinelli, 2010; McCrea et al., 2004), understanding the role of personal therapy and self-reflection (Bennetts, 2003; Murphy, 2005), exploring trainees' perspectives on Counselling Psychology (Cross & Watts, 2002) and exploring the challenges that trainees face during training (Rizq, 2006). Only one study was found to directly explore how trainee Counselling Psychologists develop a professional identity (Gazzola et al., 2011). Using a consensual qualitative research (CQR) approach (Hill, Thompson, & Nutt-Williams, 1997), Gazzola et al. (2011) explored how first-year trainee Counselling Psychologists in Canada experienced the development of their professional identity. They found that the development of a professional identity could be fostered through seven conditions that included: the experience of providing services to clients; the positive influences of institutionalised training; giving and receiving supervision; the importance of role models and mentors; a resonance between the personal and the professional; an introduction into the professional community; and an emerging sense of expertness. Gazzola et al. (2011) also found that first-year Canadian trainee Counselling Psychologists perceived four conditions to hinder their development of a professional identity. These conditions included: exposure to negative views of the profession; a sense of disillusionment with the profession; feeling disappointed with institutionalised training; and dealing with internal conflicts. Gazzola et al.'s (2011) study provided a helpful indication of what some trainees find influential in the development of their professional identity. The authors have, however, highlighted some limitations. Firstly, the focus of the study was on exploring first-year trainees' experiences of developing a professional identity; yet, as Gazzola et al. (2011) pointed out, it is possible that these experiences might change over the duration of the training and further research is needed covering the experiences of trainees in all years of their training. This is further supported by Eraut (2000), who argued that a professional identity is developed over time. Secondly, as highlighted above, differences between training programmes in Counselling Psychology are common (Lalande, 2004; Orlans & Van Scoyoc, 2009). Yet, all the participants in Gazzola et al.'s (2011) study were recruited from the same university and questions can therefore be asked about the transferability of the findings (Gazzola et al., 2011). Finally,

differences do occur between the training of Counselling Psychologists in Canada and the UK (Lalande, 2004; Orlans & Van Scoyoc, 2009). These include differences in the emphasis on the scientific versus the reflective practitioner approach (Young & Nicol, 2007), differences in the philosophical stance (Lalande, 2004) and differences in the role and responsibility of the trainee during their professional training (Orlans & Van Scoyoc, 2009; Young & Nicol, 2007). For instance, doctoral trainees in Canada are expected to supervise the work of Master-level students in Counselling Psychology during their training. Pelling (2004) argued that further differences occur between Counselling Psychology programmes in the UK and Canada, including the entry-level credentials and level of education required to gain recognition as a Counselling Psychologist, the amount of attention dedicated to psychometrics, and the differing social and historical influences. Gazzola et al. (2011) highlighted that further research is needed in order to understand how trainee Counselling Psychologists develop a professional identity during their training. At present, no current literature has been found that specifically addresses the question of how trainee Counselling Psychologists in the UK develop a professional identity. However, it is interesting to note that the development of a professional identity has been given considerable attention in related fields such as Clinical Psychology, psychotherapy and counselling. Although these fields can be considered to be similar to Counselling Psychology, as suggested above, the training requirements and philosophical orientations deviate from those of Counselling Psychology (British Association for Counselling and Psychotherapy, 2011; Cheshire, 2000b; Cheshire & Pilgrim, 2004; Division of Counselling Psychology, 2001; Jennings, 1996; O'Brien, 1997; Orlans & Van Scoyoc, 2009; Wilkinson et al., 1997; Woolfe et al., 2010), and we can therefore not assume equivalence. The following section aims to explore the literature on professional identity development in trainees from the fields of Clinical Psychology, counselling and psychotherapy.

### **1.7.2. Previous Research on Professional Identity Development in Related Fields: Clinical Psychology, Counselling & Psychotherapy**

In Clinical Psychology, Cheshire (2000a), in an unpublished PhD thesis, provided a longitudinal and cross-sectional study of the professional socialisation of Clinical Psychology trainees over the duration of their training. He argued that trainees experience a continued change in professional identity development throughout their

training and that trainees go through different stages in each of their three years of training. Furthermore, Cheshire (2000a) identified a number of challenges to the development of a professional identity in trainee Clinical Psychologists, including the different roles of student and employee, the academic and clinical demands from the university, the lack of influence on bureaucratic and organisational decisions, and the conflict between personal philosophy and theoretical orientation. In a grounded theory analysis of how Clinical Psychology training impacted on the development of a professional identity, McElhinney (2008) suggested that Clinical Psychology trainees undergo a challenging and ever-changing development during their professional training, and that this process consequently influences the development of a professional identity. McElhinney (2008) argued that role ambiguity, role conflict, the expectations of others and the comparison of self with others are all areas that can impede the development of a professional identity.

These findings have been further reflected in the literature on UK counsellors. Following a qualitative investigation into trainee counsellors' experiences at the start of training, Folkes-Skinner, Elliott and Wheeler (2010) proposed that trainee counsellors are particularly vulnerable to changes in identity and confidence during training, and suggested that the training period might be a particularly good period to provide further support around the development of a clear professional identity. However, the study provided neither an understanding of how trainees experience the development of a professional identity over the course of the training, nor of how training institutions can help facilitate this process. Exploring trainee family therapists, Nel (2006) found that as trainees were exposed to different stages of professional development, their professional identities changed accordingly. Consequently, Nel (2006) argued that each stage of the training plays an important role in how trainees develop a professional identity. Although professional development plays a part in the development of a professional identity, it is important to distinguish between the two, and professional development has therefore been defined as "*the process of obtaining the skills, qualifications, and experiences that allow you to make progress in your career*" (McMillian, 2011). The above findings (Eraut, 2000; Folkes-Skinner, Elliott & Wheeler, 2010; Hardy & Conway, 1978; Nel, 2006) suggested that a professional identity is developed over time through interactions with others, the meaning assigned to these interactions and the context of

where and how these interactions occur. Through the use of semi-structured interviews and grounded theory analysis, Rønnestad and Skovholt (2003) found that trainee counsellors progress through two phases during their training. Phase one is characterised by feeling excited about training, accompanied with feeling inadequate, powerless and unqualified. Phase two is characterised by a greater emphasis on providing a 'perfect' therapy in line with that presented in academic journals and textbooks. During this phase, trainees are more concerned with the specific details of how to provide a therapeutic approach 'correctly'. This was accompanied by a greater self-confidence in their ability as therapists and a stronger professional identity that was rooted in, defined and influenced by their own interactions, experiences and understandings of these experiences during training.

### **1.7.3. Research Aim, Rationale for the Study and Originality**

#### **Aims of the investigation.**

This research study aimed to explore how UK Counselling Psychology trainees experience the development of a professional identity during training. A constructivist grounded theory approach was used to identify specific experiences of Counselling Psychology training that trainees have found influential in the development of their professional identity. The context of the study has been drawn from the field of educational psychology and teaching and the idea that the foundation of a professional identity is constructed during the professional training period when the trainee undergoes an initial socialisation to the profession (Billett & Henderson, 2011; Bucher & Stelling, 1977; Page, 2005). The role of professional socialisation in identity development has been further supported in other fields, such as vocational education (Zydziunaite, 2005), nursing (Gregg & Magilvy, 2001), medicine (Swanwick, 2005; 2010) and Clinical Psychology (Cheshire, 2000a; McElhinney, 2008). The findings in this study will provide academic institutions and clinicians with an initial understanding of what experiences trainees find influential when developing a professional identity. This information will add to existing knowledge in this area and potentially provide a guide for clinicians and professional training programmes of how trainees can be facilitated in the development of a professional identity. Such information will be valuable when reviewing the current professional training structure, as it can provide a greater understanding of whether the core values of Counselling Psychology are integrated into the trainee's professional identity and



what significance this has on clinical practice and academic work. Such an understanding will help inform how the identity of Counselling Psychology can be further promoted and identified in the trainee's academic and clinical work. It is intended that this research will also help inform the current literature on professional identity development as a whole and, as such, draw parallels between the development of a professional identity in Counselling Psychology and other fields.

**Rationale for the project.** The rationale for this research project is to be found in the researcher's personal experience of the challenges that come with being a trainee and the current gap in the Counselling Psychology literature around developing a professional identity as a trainee. When embarking on a professional training course in Counselling Psychology, trainees are not only expected to develop new skills and consider challenging concepts, but are also required to be reflective on their current view of self and adapt their self-image to meet the requirements of their professional training (Grimmer & Tribe, 2001). Training to become a Counselling Psychologist can therefore sometimes be interpreted as a challenging personal journey where the trainee is required to deconstruct their sense of self to make way for a newly adjusted self that integrates the framework and experiences of the professional training. However, there is a notable gap in the current literature on professional identity development as no other study has explored how UK Counselling Psychology trainees experience the development of their professional identity, or what components of their professional training influence the development of a professional identity. Yet, research from related fields such as Clinical Psychology and the Canadian Counselling Psychology field suggested that during their training, trainees face a number of role conflicts and ambiguities that influence the development of a professional identity (Cheshire, 2000a; Gazzola et al., 2011). Furthermore, following their review of the existing literature on professional identity development in higher education students, Trede, Macklin and Bridges (2012) argued that additional research is warranted to better understand the tensions between personal and professional values, structural and power influences, and the influence of workplace learning on professional identities.

**Originality element of the project.** This research can be seen as an original piece of research as no other published qualitative research has been conducted on

UK Counselling Psychology trainees' experience of professional identity development. The researcher has also searched for unpublished work in this area through university and national library databases, but has found no research in this area. It is important to understand this process in order to determine how methods of training are currently working and how they can be improved. A qualitative research approach that takes place within the context of Counselling Psychology development further facilitates a strong closeness of fit between research and practice. Furthermore, through the identification of factors that have impeded or facilitated identity development, this research might also inspire a broader debate around how the development of a professional identity occurs, and how this development can be researched. This could help provide useful information for future trainees who are interested in the development of professional identities or who are considering alternative training approaches. For instance, Donaldson and McNicholas (2004) argued that being able to help trainees approach a profession and course that fits them will lead to greater professional efficiency and improved life quality. This will result in fewer therapists experiencing burnout, stronger therapeutic relationships with clients, as well as therapists who are better equipped to provide optimal client care (Andreula, 2011; Shapiro, Brown & Biegel, 2007; Skovholt & Trotter-Mathison, 2011).

### **1.8. A Reflective Practitioner: Setting the Personal Context**

In line with Charmaz's (2006) guidelines on reflexivity in the research process, I aim to highlight here what I brought to the research, what I saw and how I saw it. My initial interest in this area arose out of reflections of my own experience of training as a Counselling Psychologist. As a trainee Counselling Psychologist, I have at times felt lost and confused about who I currently am as a professional, who I am expected to be, who I would like to be and how I have arrived at my current professional identity. As part of my practice as a reflective-practitioner, I have kept a reflective diary, and from these reflections I will draw on my own sense of developing a professional identity and how this has influenced the research process. Consistent with Nagy Hesse-Biber's (2007) past findings, questions that were central in this process included: 'How does who I am impact on the research process?' and 'What shapes the questions I choose to study and my approach to studying them?' Below, I will aim to summarise the main points that I have documented prior to commencing data

collection in order to orient the reader to my expectations, beliefs and personal assumptions. Chapter 2.4. will provide reflections on the research process, whilst chapter 4.2. will provide reflections on how the results compare to my own predictions, as well as how they have influenced my view on professional identity development in Counselling Psychology trainees.

Embarking on the professional training in Counselling Psychology, I did not initially have a clear view of myself as a professional. This being my first career, I entered the training without a past professional identity and I commenced the training relying on my personal identity. At the foundation of my personal identity was a positivistic view primarily borne out of my undergraduate and postgraduate education. My undergraduate education was mostly focused on behaviourism and operationalism, with positivism being further promoted during my postgraduate degree through a heavy focus on randomised clinical trials and quantitative research methods. As a result, I entered my professional training seeking absolute truths, as well as believing that society operates according to general laws and that the source of all authoritative knowledge comes exclusively from scientific knowledge.

On reflection, I now see that when I started the doctorate, I had little understanding of what distinguished Counselling Psychology from related fields. Yet, as the training progressed, I became more familiar with the underlying values and philosophy of Counselling Psychology. I also developed a greater understanding of the similarities and differences between professional training in Counselling Psychology and related fields.

I believe that my professional identity has gradually moulded to its current existence through different experiences. Firstly, I was expected to familiarise myself with the philosophy and values of Counselling Psychology and demonstrate the use of these in my academic work. Secondly, by attending university lectures and workshops, I was exposed to how other professionals had integrated the values and philosophy of Counselling Psychology with their professional identity, which again gave me confidence that it was possible. It also stimulated a review of my initial positivistic stance and encouraged a move towards values and a philosophy more in line with that of Counselling Psychology. Thirdly, personal therapy offered the opportunity to

become a reflective practitioner by providing a space where I could explore, discuss and address my doubts over my ability as a trainee, and provided me with a space where I could reflect on both my strengths and limitations as a professional. I believe that personal therapy was instrumental in my development as a reflective practitioner as well as improving my confidence in my ability to practice. Further, placements allowed me to see a host of clinical presentations and to practise a broad variety of theoretical orientations. Through practice, I have gradually developed a personal theoretical orientation that is linked with my professional identity. My current theoretical orientation is founded on core relational principles such as empathy, unconditional positive regard and genuineness, and it can be considered an integrative orientation as I draw on a multitude of ideas and concepts across theoretical models and utilise what seems to resonate with the client. My theoretical orientation is borne out of my worldview that we are all influenced by our cultural and historical context, and that, in turn, through both conscious and unconscious processes, this shapes our behaviour, our understanding of truth and reality, and our worldview. This worldview further supports the constructivist research paradigm that there are multiple realities and that each reality is a social construction of the mind. Managing my own caseload, working with other professionals and dealing with complex cases provided a gradual sense of independence and responsibility, as well as improved confidence. I believe that my professional identity is partly developed as a result of a metamorphosing of factors that I identified as positive and negative in fellow professionals. These include areas such as how to talk with and about clients in professional settings, how to work within a multidisciplinary team, how to address crisis situations, and how to adhere to occupational and professional standards whilst staying true to one's own professional philosophy and values. Consequently, my own values and philosophy of practice, as well as those of others, seem influential in the development of my professional identity. Furthermore, with clinical work came supervision, and through support and autonomy, supervision provided a vehicle for me to grow as a professional. It allowed me to get to a position where I would feel comfortable for change to occur within the client's timeframe. It also gave me the confidence to develop my voice as a professional and to question and explore other professionals' thoughts and practices. Finally, engaging in the process of research I have become more aware of the scientist-practitioner role and the challenges that come with this. My research has encouraged me to think and read broadly around the area of professional identity

development. It has also led to a greater understanding of the development of my own professional identity, how this has merged with aspects of my personal identity and how changes to both my personal and professional identity have occurred over time during the course of the training. I therefore entered this research process with the view that a professional identity is gradually developed over time through a host of experiences and I anticipated that the results might support this view.

In conclusion, experiences related to academic requirements, teaching, personal therapy, placements, supervision and research have all been influential in the development of my professional identity. Given my own experiences as a trainee Counselling Psychologist, I entered the research process with the expectation that the above experiences might also be influential in the development of a professional identity for other trainees. This thinking has influenced my initial reading around the area, as well as helped structure some of the questions in the interview schedule. However, I also entered the research process with an understanding that the development of a professional identity is a subjective experience and that other trainees might have significantly different experiences than me. In light of this, the foundation of the interview schedule has been drawn from the existing literature in this area to reduce researcher bias. I have also chosen to research this area through a constructivist grounded theory approach due to the emphasis on subjectivity in this approach and because such an approach will facilitate each individual participant to tell his or her own story. The choice of this research method is further supported by the current literature in this area (Gazzola et al., 2011). Such an approach is also in line with my own theoretical orientation and worldview. Yet, I acknowledge my tendency to at times revert to my earlier positivistic mind set and my need for clarity and order. If not attended to, then I believe that this mind set will at times direct and perhaps narrow my approach to data collection. With the view to make any researcher bias more explicit, I have therefore regularly engaged in reflective memo writing and supervision. My reflections have highlighted a selection of questions for consideration when exploring this topic further with other trainees. These include:

- What experiences contribute to the development of a professional identity in Counselling Psychology trainees in the UK?

- How will UK trainee Counselling Psychologists identify their professional identity?
- Will a trainee's understanding of their professional identity vary depending on the stage of their training?
- How does the development of a professional identity in UK trainee Counselling Psychologists compare to trainees in other countries?
- How does the development of a professional identity in UK trainee Counselling Psychologists compare to trainees in related professions?
- How do UK trainee Counselling Psychologists integrate the cornerstones of Counselling Psychology with their professional identity?

The above chapter has provided the context for the research by presenting the philosophical and theoretical background to the development of a professional identity. Additionally, this chapter has included an overview of the historical, political and training contexts of Counselling Psychology in the UK, as well as an overview of the rationale for the research. It has also included the researcher's personal reflections on professional identity development. Finally, the researcher's expectations for the research have been included so that they can be differentiated from the experiences presented by the research participants.

## 2 Methodology

### 2.1. Research Design: Setting the Methodological Context

The following chapter will provide a rationale for the chosen qualitative approach and outline the methodology used to conduct this study. Part one will provide an overview of qualitative methodologies, as well as an in-depth understanding of constructivist grounded theory and its role in the data collection and analysis of this study. Part two will provide the procedure for conducting the study, and will include areas such as recruitment, data collection, management and data analysis. Part three will attend to ethical issues and part four will provide reflections from the field.

#### 2.1.1. Overview: Qualitative Research Methodologies

A qualitative methodology will enable an appropriate initial exploration and understanding of the complexities of individual experiences. Denzin and Lincoln (2005) argued that qualitative research is conducted in natural settings, with the aim of attempting to make sense of, or interpret, the meaning that individuals bring to the researched phenomena. The aim of this research is to understand trainees' experiences of developing a professional identity, and through this, recognise what impedes and nurtures the development of a professional identity.

Although the term 'qualitative research' covers a vast selection of different methodological approaches and epistemological stances, some common characteristics do exist (Lyons & Coyle, 2007). Firstly, in essence, qualitative research approaches draw on a philosophy that is curious about *how* we can know and *what* we can know (Patton, 1990). Patton (1990) explained that this stands in strong contrast to quantitative research methodologies, which, with its emphasis on hypothesis testing, predictions of outcome and variable manipulation, creates an artificial research context removed from social reality. In comparison, qualitative methodologies seek to understand phenomena as they occur naturally and can therefore be seen as naturalistic. Due to the nature and complexity of the chosen research topic, this research approach will therefore further enhance the ecological validity of any findings. Secondly, through emphasis on subjectivity and consideration of diversity, qualitative methodologies provide a solid platform to

explore and understand the complexities of individual experiences. Flick (2002) argued that contrasting experiences are often purposefully identified and explored with a view to providing a deeper understanding of the chosen research phenomena. With the aim of gaining insight into the participants' subjective experiences and how they make sense of these, researchers who conduct qualitative research are often encouraged and expected to engage with their participants on an individual level (Silverman, 2010). In contrast, quantitative research methodologies decontextualise diverse and complex individual experiences and combine these together to produce generalisations. Furthermore, with the aim of preserving objectivity and reducing bias, quantitative research methodologies emphasise the importance of remaining detached from the research participant (Patton, 1990). However, Stiles (1993) claimed that such a detachment from the research participant is neither useful nor necessary. Instead, he proposed that it is through encountering the participant, observing their subjective understanding and reflecting on this, that changes to theory are facilitated.

The ability of qualitative research to actively interact with research participants, settings and data in a circular process can therefore be considered to be one of the strengths of this methodology, rather than a weakness (Silverman, 2010). By reflecting on the process of data collection, analysis and the findings throughout the research process, qualitative researchers are forced to acknowledge their own role in the research. This includes reflecting on how this role has influenced the production of theories within the research and how these theories have influenced their view of the researched phenomena. In contrast to quantitative research methodologies, the researcher's reflections are included into the understanding of new theories, and can therefore be seen as a valuable source of data in their own right (Flick, 2002; Janesick, 1998; Willig & Stainton-Rogers, 2010). The researcher's role within the research has been further explored in section 1.8., 2.4. and 4.2. Finally, qualitative research methodologies are of an iterative nature and therefore provide great flexibility to researchers who want to work with the presented data. Data collection and analysis are interwoven, and as the data change and evolve, researchers are provided with the flexibility to adjust their methods and follow the initial findings, with the view to developing a greater in-depth understanding of the phenomena (Patton, 1990; Willig & Stainton-Rogers, 2010).



### **2.1.2. The Selected Methodology: Constructivist Grounded Theory**

Qualitative research can be structured by four major interpretative paradigms: constructivist-interpretative; positivist and postpositivist; critical; and feminist post-structural (Denzin & Lincoln, 2005). A qualitative research design using constructivist grounded theory was chosen for this study based on the subjective nature of the research and the chosen research question. Charmaz (2009) described constructivist grounded theory (CGT) as a qualitative research method that is rooted in relativist epistemology and pragmatism. Rather than data and theories being discovered, Charmaz (2009) highlighted that CGT assumes data and theories are constructed by the researcher as a consequence of the researcher's interactions with the field and its participants. CGT data are co-constructed by participants and researcher, and are influenced by the researcher's values, perspectives, positions, interactions, privileges and geographical location. CGT takes a middle-ground position between realist and postmodernist positions, with the latter defined as a position that emphasises how everything from abstract theories and beliefs to everyday material details of a particular culture determine one another. At the same time, CGT also assumes that there are multiple realities and that multiple perspectives of these realities exist.

The study's research paradigm incorporated the researcher's ontological, epistemological and methodological perspective by exploring his own worldview, how this view related to the theories and analysis applied, and which assumptions guided his choice of research methodologies (Love, 2002). Denzin and Lincoln (2005) proposed that a constructivist research paradigm assumes relativist ontology and a subjective epistemology. Consistent with constructivist grounded theory, this study assumed that there are many realities, that the researcher is part of the reality that is researched and data collected and that reality is co-created by the participant and the researcher. This view stands in contrast to the view of classical or traditional grounded theory, which proposed that the researcher discovers the participant's reality, and that theory from data emerges separate from the researcher (Glaser & Strauss, 1967). Charmaz (2006) argued that what the researcher brings to data influences what we see and that constructivist grounded theories are constructed through the researcher's interaction with perspectives, people and research practices. Once descriptive and conceptual categories were derived from data, this approach

enabled the researcher to include personal interpretations of data in the analytic process. Constructivist grounded theory encourages an empathetic understanding of the participants' actions, meanings and worlds by fostering reflexivity and openness; however, it still retains the rigour of traditional grounded theory (Charmaz, 2006). By reflecting on the researcher's personal biases and preconceptions of the emerging theory throughout the research process, this approach provided an opportunity to account for researcher bias, as well as allowing the reader the possibility of evaluating the impact of the researcher's role on data collection and interpretation. Consequently, rather than objectively reporting on the 'reality' brought out by the theoretical analysis, this approach provides an interpretative rendering of such a reality. Such a design also helped the researcher remain open to the ethos of Counselling Psychology by accounting for subjectivity and avoiding a predetermined view of the participants' experiences (King & Kitchener, 2002). It also helped facilitate and promote reflexivity, where the researcher could demonstrate a critical self-reflective awareness of his role in the analysis and the study as a whole (King & Kitchener, 2002).

## **2.2. Procedure**

### **2.2.1. Participants**

Participants were recruited from five universities across London that all provide professional training in Counselling Psychology. The course leader at each university was contacted, informed about the research and asked to circulate the study information sheet (Appendix B) to all trainees on the course. The information sheet included background information about the study, inclusion and exclusion criteria, and details of what participation in the study would involve. The inclusion criterion was set to include all Counselling Psychology trainees on a professional doctorate course in Counselling Psychology in the United Kingdom. Anyone who did not fit the above criteria was excluded from participating in the study. Trainees who showed an interest in participating were asked to email the researcher so that a meeting could be arranged. Sample recruitment was based on theoretical relevance (Yardley, 2000). As a way of accounting for the development of their professional identity over the duration of the course, trainees from all years of training were invited to participate in the research. In line with the guidelines on constructivist grounded theory (Charmaz, 2006), participants were recruited until theoretical saturation was reached. Theoretical saturation was identified through reaching a point where gathering data about

theoretical categories no longer revealed any new properties, nor produced any additional theoretical insights about the emerging grounded theory (Guest, Bunce & Johnson, 2006).

In total, nine trainees participated in the research: of these trainees, two were first-year trainees on a three-year course; one was a second-year trainee on a three-year course; one was a third-year trainee on a four-year course; three were third-year trainees on a three-year course; one was a fourth-year trainee on a four-year course; and one was a fifth-year trainee on a five-year course. Of the trainees that participated, one trainee identified Cognitive-Behavioural therapy as their primary theoretical approach, one identified Solution-Focused therapy, and seven identified an Integrative model as their primary theoretical approach. No trainees identified Psychodynamic therapy or Humanistic therapy as his or her primary theoretical approach. Out of the nine participants that took part, six were female and three were male. The participants' ages ranged from 24 to 45. Six of the participants described their ethnicity as white British, one as white Greek, and two described their ethnicity as Asian British. One of the participants reported their religion as Greek Orthodox, one as Hindu, one as Roman Catholic, one as Muslim, three as atheists, and two of the participants did not specify their religion. The participants' years of practical experience ranged from one to seven years, and all but two participants reported that they had completed a Master's degree. The order in which the participants took part in the study can be observed below (Table 1).

**Table 1. Participant demographics in order of interview stage**

<b>Stage</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Religion</b>	<b>Year of training</b>	<b>Years of practical experience</b>	<b>Highest qualification</b>	<b>Theoretical orientation</b>
<b>Stage 1</b>	30	Female	White Greek	Greek Orthodox	4/4	5	MSc	Integrative
	24	Female	Asian British	Hindu	3/3	3	MSc	Integrative
	29	Female	White British	Roman Catholic	3/3	3	MSc	Integrative
<b>Stage 2</b>	28	Female	White British	Not specified	3/3	3	BS	CBT
	45	Male	White British	Not specified	5/5	7	MA	Integrative
	36	Female	White British	Atheist	1/3	1	BSc	Solution Focused
	42	Male	White British	Atheist	1/3	1	MSc	Integrative
<b>Stage 3</b>	30	Male	White British	Atheist	2/3	2	MSc	Integrative
	27	Female	Asian British	Muslim	3/4	4	MS	Integrative

### **2.2.2. Data Collection**

Appointments with participants were scheduled to last approximately two hours. This was to allow sufficient time to inform the participant about the research, obtain consent, conduct the interview and debrief the participant. All participants were provided with an opportunity to ask questions regarding participation in the research and required to complete a consent sheet prior to engaging in the research (Appendix A). Once consent was obtained and the participants were ready, each participant engaged in a recorded, face-to-face, qualitative semi-structured interview (Appendix E, F, G) with the researcher in line with the constructivist grounded theory approach (Charmaz, 2006). Individual interviews were conducted to gain a more in-depth understanding of the process of how trainees develop a professional identity and to identify factors that participants found influential in this process. The actual recorded interview lasted between one and two hours per person and was based on a series of predetermined prompts in the interview schedule. The interview schedule was derived from the current findings in the literature in this area (Billett & Henderson, 2011; Bucher & Stelling, 1977; Cheshire, 2000a; Gazzola et al., 2011; Gregg & Magilvy, 2001; McElhinney, 2008; Page, 2005; Swanwick, 2005; 2010; Zydziunaite, 2005) and the questions borne out of my own reflections in section 1.8. However, with the aim of reaching theoretical saturation whilst still accounting for each participant's subjective experience, different prompts or alternative questions were sometimes used to gain a greater understanding of each participant's experience. The interview schedule explored which experiences the participants viewed as influential in the development of their professional identity, and how these experiences were interpreted (Bucher & Stelling, 1977; Hardy & Conway, 1978; Healey & Hays, 2011). With a view to reaching theoretical saturation, three participants were initially interviewed in stage one of the research. Their interviews were then transcribed and coded in line with constructivist guidelines (Charmaz, 2006).

The initial interview was conducted as a pilot study to test the adequacy of the research instrument and to establish whether the sampling frame and techniques proposed were effective in gathering data. Based on the first interview, it was determined that the proposed frame and techniques were adequate and no alterations were made at this point. The findings in the three initial interviews provided the basis for further participant selection by providing the researcher with a preliminary set of

ideas of how trainees develop a professional identity and which areas needed further investigation. In stage two, amendments were made to the interview schedule, with a view to discovering new ideas to those presented in stage one, as well as to explore the initial findings in stage one further. New questions that were added to the interview schedule included questions regarding how friends, family, professional practice, placements and the university influenced the development of a trainee's professional identity. Questions were also included exploring how trainees anticipated that their professional identity would change once they graduated. Four new participants were then interviewed and their results analysed in line with the guidelines provided by Charmaz (2006). New amendments were made to the interview schedule in the third and final stage. These included questions regarding how trainee experiences of professional bodies, employability, gender issues and the political context influenced the trainee's development of a professional identity. Two more participants were then interviewed to explore the validity of the earlier findings and account for the amendments made to the interview schedule. The interviews were analysed as described above (Charmaz, 2006). On completion of stage three, it was determined that theoretical saturation was achieved in line with the guidelines provided by Charmaz (2006). This included reaching a conceptualisation of comparison of data, where no new properties within the pattern emerged, but instead presented different properties of the pattern (Thornberg & Charmaz, 2012).

In addition to completing the interview, participants were required to complete a general demographics form (Appendix D). The general demographics form provided an overview of the research participants' demographics, such as age, sex, ethnicity, religion, theoretical orientation, year of training and level of experience, and helped aid the theoretical sampling by identifying areas of diversity that needed further exploration. It was considered unlikely that participants would find the interview distressing, but a protocol (Appendix H) was developed to manage such eventualities. The criteria to implement the distress protocol were considered throughout each interview by the researcher, but the protocol was not used. On completion of the interview, the participants were de-briefed (Appendix C) and provided with ample opportunity to ask questions and discuss feelings that emerged during the interview. The participants were also signposted to organisations that provide support should

they feel the need for further support. No participants expressed the need for further support following participation in the research.

### **2.2.3. Data Management**

In order to facilitate the researcher's immersion in the data, all interviews were digitally recorded and transcribed by the researcher using Express Scribe (Express Scribe, 2012). All digital interviews and transcripts of interviews were securely stored on a password-protected personal server in line with the Data Protection Act (2012) and the British Psychology Society's Code of Human Research Ethics (BPS, 2012). All personal features were identified on both the digital recordings and transcribed interviews, and in order for clients to remain anonymous throughout the research process, identifying features, such as names, were removed from the transcript. The computer package NVivo 9 (QSR, 2012) was utilised throughout the research process to help manage and organise the collected research data and the analysis.

### **2.2.4. Data Analysis**

Data collection and analysis were carried out concurrently with initial data analysis guiding further data collection (Charmaz, 2003). Theoretical sampling, defined by Charmaz (2006) as a strategy of collecting pertinent selective data to refine and add to major concepts, was conducted by the researcher. This included accounting for the emerging themes and adjusting data collection procedures accordingly to achieve adequate saturation. All interview transcripts were initially openly coded line by line in accordance with the guidelines provided by Charmaz (2006). Open coding refers to the process of generating initial concepts from data. During the open coding, the emphasis was on observing actions in each data segment reviewed, rather than allocating pre-existing categories to data. This was followed by focused coding, where the codes identified during the open coding were used to synthesise and explain larger segments of data. Analytical categories, identified here as concepts that go together to make coherent theories about the researched phenomena, were then developed from each transcript based on the findings. Additionally, individual action codes were developed for findings in the transcripts to help the researcher identify further central categories. Action codes were developed through axial coding, which refers to the development and linking of concepts into conceptual categories. A re-analysis was then conducted of all transcripts and accompanying categories, and sub-

categories were developed. This process was repeated until a clear set of categories and sub-categories emerged from the data. In summary, each research stage was subject to three analytic stages that comprised initial coding, focused coding and constant comparative analysis (Holton, 2007). Associated with the above process was memo writing, where the researcher wrote a number of memos detailing interpretations on the analysis and results discovered throughout the process. This process facilitated the researcher in reflecting on what was presented in the data. Charmaz (2006) argued that memo writing provides a pivotal step in grounded theory between data collection and the writing of drafts, as it allows the researcher to stop and analyse their ideas about codes and the emerging categories. Negative case analysis was conducted throughout the data collection and analysis process by searching for and discussing elements of data that contradicted or appeared not to support the emerging conceptual system. Eventually, a model of the overall findings was developed and explored in relation to past literature.

### **2.3. Ethics, Reliability and Validity**

Ethical approval for the study was sought through London Metropolitan University and was granted on 08/01/2012 by the chair of the Psychology Research Ethics Review Panel (Appendix J). Ethical issues were considered throughout the research project: Issues around research design and conceptualisation were considered early on in the research process; issues around data collection and analysis during the course of the research; and issues around reporting methods were considered towards the end (Edwards & Mauthner, 2002). Attention was given to fully protect the participants' rights and interests throughout the research process without taking an overly protective stance that could restrict trainee participation in the study. An equilibrium was sought where trainees were provided with an opportunity to share their experiences and knowledge, whilst they were still protected from possible harm and exploitation in line with the British Psychology Society's Code of Human Research Ethics (BPS, 2012). Implications of this on the method of data collection and interpretations of data were considered. Access to participants was regulated by the participating universities, where the course leader at each university could choose to not advertise the research to their trainee cohort if they felt that this research would compromise their trainees in some way. To the researcher's knowledge this did not happen.



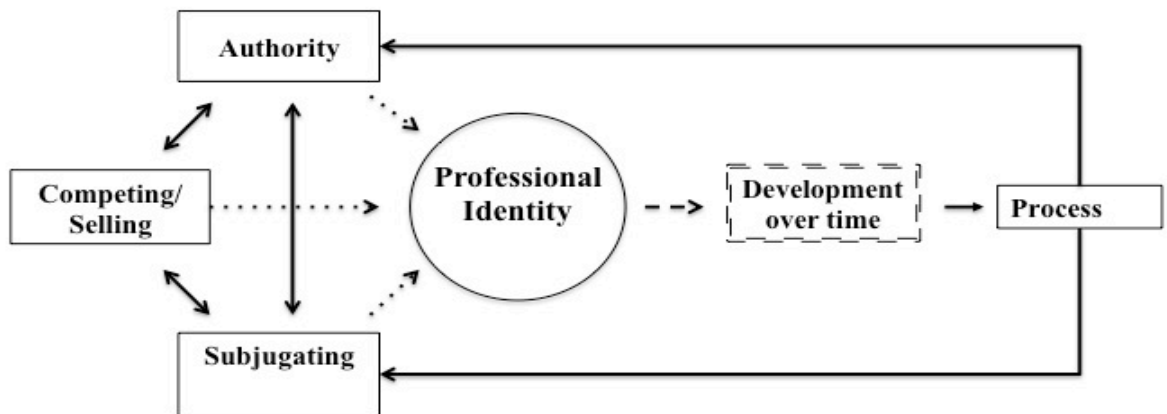
## **2.4. Personal Reflections on Professional Identity Development**

When reflecting on data collection and the analysis process, two points stand out. Firstly, when conducting the interviews and the following analysis of data recorded, the researcher became increasingly aware of his own role within the research. As the principal researcher, the researcher held full control of who was invited to participate in the research and how the study was advertised. As a way of reducing researcher bias whilst still staying true to the principles of theoretical sampling, the study was advertised to a selection of different universities across London. Participants were purposefully recruited with a broad demographic variation, including differences in age, gender, stage of training, religion, ethnicity and years of past experience. The researcher believes that the selected research participants provide an accurate representation of the demographics currently seen within institutions that provide Professional Doctorate training in Counselling Psychology. Secondly, the researcher found that regular reflection and the use of memos throughout the research process helped in the generation and outlining of the theoretical and conceptual framework. The reflective process assisted the researcher in identifying connections and similarities within data, the development of codes and categories, and in the resultant theoretical framework. The memos provided a place for exploration and discovery of the researcher's thoughts around what had been observed, heard and sensed during the interview, as well as what had been subsequently coded during the analysis. The following section will outline the results.

### 3 Results

Derived from the researcher’s interpretation of the results, section 3.1 will outline the model of professional identity development in Counselling Psychology trainees without direct quotes from the results. Section 3.2 will outline the four main concepts identified by trainee Counselling Psychologists as influential in the development of their professional identity. These include: *Process*; *competing/selling*; *authority*; and *subjugating*. Each of the main concepts included subcategories that have been detailed below (table 2, table 3, table, 4, table 5, table 6). To orient the reader to how the categories and subcategories are grounded in the data, the findings will be illustrated with transcripts from the interviews. Section 3.3 will provide a summary of the results.

**Figure 1. A model of professional identity development in Counselling Psychology trainees**



### **3.1. Professional Identity Development: A Model of the Trainee's Experiences**

This study proposes a model of development (Figure 1) where trainee Counselling Psychologists are facilitated by themselves and others in integrating their professional and personal sense of self into a professional identity. A trainee's professional identity is constantly changing, and this model incorporates both new role behaviours and new views of the self that influences the trainee's professional identity. The model proposes that a trainee's professional identity is developed over two stages during their training. However, the process of developing a professional identity is fluid and ever-changing, and during their professional training, the trainee will therefore regularly visit and revisit each stage.

At the core of this model of professional identity development is the trainee's understanding of the concept of professional identity. The term 'professional identity' provides a double understanding. The results suggest that the term 'professional identity' can be seen to represent how the participants' personal characteristics merge with their individual concept of self as a professional. However, this understanding stands in tension with some participants' view that the term 'professional identity' represents a social category and a collective of individuals marked by a label and distinguished by rules and attributes. The variation in defining this concept is perhaps not so surprising. Although the origins of our present understanding of 'professional identity' can be found in the academic, the concept is now regularly used in general discourse. Nevertheless, despite some initial variation in defining the concept, it appears that all the participants' experience of developing a professional identity include the idea that an individual's personal attributes are bound up with social categories to form the concept 'professional identity'. This model is therefore based on an understanding that the concept of professional identity does exist within the mind of the participants and that it is both personally and socially constructed over time. Time acts as a container for the trainee's development of a professional identity. A trainee's professional identity constantly changes throughout their training, and the idea that a trainee develops over time is therefore seen as a prerequisite for the two stages in this model.

Stage one in the development of a professional identity incorporates the participants' four concepts of process, competing/selling, authority and subjugating. When

developing a professional identity, the participants undergo a process that includes negotiating what to take in and what to reject from others and self. Their personal values, orientation, philosophy and views on practice are met with both similar and conflicting views from related health professionals and the profession itself. This process of negotiation is linked with the trainee's sense of marketability, authority and their sense of subjugation. The participants' sense of marketability is dependent on their opportunities to develop their competences, their role and position within services, their role and responsibility in comparison to other professionals and the profession as a whole. By negotiating their position and role as marketable in relation to others and the wider system, the participants gradually develop a professional identity. Alongside this is the trainee's sense of authority, which is fundamental in the trainee's development of a professional identity. Throughout their training, the trainees are in a position of authority, as well as being authorised by others. Trainees gain a sense of authority through trusting their accumulated experiences, taking on and managing responsibility, as well as negotiating their level of internal and external control and authority, their status as both expert and unknowing trainee and their understanding of how the professional self fits with their personal self. In opposition to the authority concept there is the subjugating concept. Here, the participants voice their experiences of feeling subjugated. This includes the challenge of negotiating between subjectivity and the greater expectations and requirements tied to the professional role and the profession as a whole. When developing a professional identity, trainees face a process of negotiation between keeping their subjective history, philosophy, values and personality, and the rules and structure of the profession. The participants talk about the external requirements and the pressure to fit in, and report a desire to be in charge of what to reject and accept from the profession. Whilst accepting some authority, regulations and structure, the participants also require a position where they could pull things apart and be without constraint. The integration and negotiation between the four concepts above were found to be proximal factors in the development of a trainee's professional identity, and appear to influence a trainee's development of a professional identity simultaneously. In order for trainees to develop a professional identity, they need to experience a sense of inclusion, as well as authority, autonomy, responsibility and the development of competence in their professional role as Counselling Psychologist. Trainees gained this competence through opportunities where they could assume their

professional role and develop. However, how the participants negotiate between the four concepts and for how long depends on each individual's negotiation with and sense of authority, marketability and their sense of subjugation.

Stage two consolidates the participants' negotiation and integration of the above four concepts to create the participants' professional identity. Here, the participants come to a temporary view of themselves as professionals after negotiating the tensions within and between the process, competing/selling, authority and subjugating concepts. At this stage, the trainee has gained confidence in their ability to act as a professional by engaging in the opportunities presented, thus allowing the trainee to capitalise on their experiences and gradually develop a professional identity.

However, for a trainee to identify with their professional role, it is also important that the trainee's perceptions of competence are validated through formal acknowledgement and integration with the professional community. Section 3.2 illustrates how becoming part of the professional community comes as a result of the participants' development over time. As seen in Figure 1, time therefore appears to be a distal factor in the development of a trainee Counselling Psychologist's professional identity, and comes second in this developmental model. Section 3.2 demonstrates that as time passes and experiences, knowledge and professional contexts change, so does the trainee's professional identity. The trainee's ability to internalise their professional identity is dependent on whether or not there is a sense of equilibrium between the trainee's perceived view of themselves as a professional and the formal status of the role promoted within the professional community. If a trainee experiences a lack of opportunities to assume their professional role or encounter unfavourable comparisons of their professional role to that of other professionals during their training, then this could result in a disequilibrium and breakdown in the trainee's development of a professional identity. The above model supports the symbolic-interactionist perspective of identity development presented in section 1. The development of a trainee's professional identity is dependent on the trainee's inner sense of equilibrium, their interaction with others and the wider system, as well as the meaning they assign to these interactions.

**Table 2. Summary of conditions perceived to foster the development of a trainee’s professional identity**

<b><u>Main concepts</u></b>	<b><u>Subcategory</u></b>
<b>Process</b>	<i>Taking in from others</i>
	<i>Faith and values</i>
	<i>Orientation, philosophy, practice</i>
	<i>Whole versus bits</i>
<b>Competing/Selling</b>	<i>Counselling Psychology versus Clinical Psychology</i>
	<i>Paid professional versus volunteer</i>
	<i>The BPS charter</i>
	<i>Marketing</i>
<b>Authority</b>	<i>Trusting experiences</i>
	<i>Responsibility</i>
	<i>Control and authority</i>
	<i>The professional</i>
	<i>Expert versus not knowing</i>
<b>Subjugating</b>	<i>Me versus them</i>
	<i>Rejecting versus fitting in</i>
	<i>Pulling apart versus non constraint</i>

### 3.2. Results

**Table 3. Summary indicating which participant interviews contributed to the Process concept, as well as subcategories and negative cases.**

<b><u>Main concept:</u></b>	<b><u>Subcategory:</u></b>	<b><u>Included participants:</u></b>	<b><u>Negative cases:</u></b>
Process	<i>Taking in from others</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Faith and values</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Orientation, philosophy, practice</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Whole versus bits</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None

### 3.2.1. Process

The first concept identified as instrumental in the development of a trainee's professional identity is process. This concept is grounded in the idea that any systematic modification to a trainee's professional identity over time represents an underlying significant process that leads to an altered structure. This category included four separate but interlinked subcategories, including: *taking in from others*; *whole versus bits*; *orientation, philosophy, practice*; and *faith and values*. All the participants indicated that they held an understanding of the concept of 'professional identity' at the outset of the research interview. Yet, dependent on the specific context, language and personal understanding, the concept 'professional identity' can invoke multiple definitions. Nevertheless, the participants' experiences of developing a professional identity suggested that a professional identity is an active construct that evolves over the duration of the training. The process of developing a professional identity was described as fluid and dependent on the trainee's interactions with self and others and the meaning assigned to these interactions. Under the subheading *taking in from others*, the participants speak about the challenge of determining what to 'keep of themselves' versus the challenge of what to 'take in from others' when developing their professional identity:

*I think the professional identity is very fluid and um it just takes time to become established. Um, and it's individual you know, you can't get it from a book or a manual it's comes from you... erm, I think you pick things up from clients, you pick things up from reading and writing essays, you pick things up from supervisors, you pick things up from your colleagues and obviously you pick things up from your teachers. Erm, but I think it takes a long time to go through that process of taking what works for you and leaving behind what doesn't. Sort of developing your own kind of cognitive map I suppose of what works for you and what doesn't, you know. (Participant 7)*

The above challenge highlights the binary of self and other with the participants recognising who they are, as a professional, by recognising who and what they are not. All the participants emphasise the role of others in their development of a professional identity. Trainees primarily meet professionals such as fellow health

professionals, supervisors, personal therapists and tutors within the academic setting of the university or through a professional setting, such as a placement or workshop, or a personal development session, such as supervision or personal therapy. Professionals act as role models for trainees when developing a professional identity. By drawing on their experiences, knowledge, values and observing their interactions, trainees are able to identify positive and negative aspects of professional conduct. By selectively choosing aspects of professional conduct that they liked in other professionals, the participants gradually develop a blueprint of acceptable professional conduct for future reference:

*I see tutors and other professionals as like role models, because you've got such a range of people and...you're just kind of looking around oh, I wouldn't have done that, oh actually I like that way you've done that, yeah I might pick up that bit and so you're seeing how other, erm therapists work and supervise, their values, their um philosophy...and it is just about looking at the way that other people do things and yeah I'll do it that way, or I'll do it that way. (Participant 6)*

The process of negotiating what to take in from others is further highlighted under the subheading *faith and values*, where the participants' reliance on the faith and values of others when generating their own is highlighted. The participants search for and identify the values of the people around them, and through this process gradually negotiate and integrate others' values and sense of faith with their own. Through a process of identification, negotiation and integration, the participants develop over time a set of values that would act as part of the foundation of their professional identity. However, this process was not without its challenges. The participants speak about how their own values and faith in their training sometimes conflicts with that of their tutors or supervisors, thus causing the trainees to question their professional identity:

*I've seen from other professionals how I don't want to be in terms of maybe the way that they seem to value their work or value others or value the system in which they're in...tutors who make reference to the course in a derogatory manner and I think, 'Well, ultimately if you're a tutor on this course and you're a professional, what faith*



*do we have if you don't have hope for the course?' I find that quite offensive.*

*(Participant 3)*

The participants suggest that their personal and professional selves are interrelated and that their professional identity coexists with their personal identity. Under the subheading *orientation, philosophy, practice*, all the participants speak about the challenge of negotiating between the ethos of Counselling Psychology and their philosophy, personal values and beliefs, and how these are integrated within their professional identity. Examples of this integration can be seen in the participants' choice of theoretical orientation, their conduct in both professional and personal settings, their philosophy of practice and their initial choice of becoming Counselling Psychologists:

*So when I talk about professional identity yeah I'm someone who prefers therapy but I'm also someone who might do peer supervisions or who might want to teach...and then I'm trying to think of where that ties in with who am I as a person and how much of that comes into your professional identity...it is sort of a strong part of it and I think what orientation you're most inclined to is a big part of your personality and what you believe in and the philosophy, and what you think counselling psychology is.*

*(Participant 2)*

The subheading *whole versus bits* illustrates how understanding and developing a professional identity includes distinguishing personal characteristics, such as values, beliefs, attributes and motives, that merge with the individuals concept of the self as a professional. However, the integration between whole versus bits of self versus other was not always easy or to the participants' liking, resulting in them questioning and speaking about a desire to control and distinguish between their concept of the *whole and coherent me* and the *split and fragmented me*:

*I think actually, developing as a Counselling Psychologist I have been developing as me and I've been developing as a Counselling Psychologist. I really do see the two as my growth. So sometimes it's quite hard to separate the two... but I'm not always a counselling psychologist and I think sometimes it's about taking that hat off, especially with a friend or family who think you're in role or at work or that you are,*

*'Oh, God! You're in a mood, you're a psychologist. You should be a little bit more empathic.'* It's like, *'No, I'm just me. I'm allowed to be those parts of me.'*  
 (Participant 3)

Throughout their training, the participants undergo a process of change, with this process directly influencing the development of their professional identity. Trainees are faced with a continuous practice of give and take, both between self versus others, and between whole versus bits. Through an individually determined process of trial and error, the trainees adopt behaviour, orientation, philosophy, practice and values from those around them, and attempt to integrate these with their own views and personality. Over time, parts of others are integrated with the trainee's self, whilst other parts are rejected. Through this process, the trainees gradually develop a sense of themselves as a professional. Interlinked with the above process, is the trainee's capacity to promote their ability as a professional.

**Table 4. Summary indicating which participant interviews contributed to the Competing/Selling concept, as well as subcategories and negative cases.**

<b>Main concept:</b>	<b>Subcategory:</b>	<b>Included participants:</b>	<b>Negative cases:</b>
Competing/Selling	<i>Counselling Psychology versus Clinical Psychology</i>	1, 2, 3, 4, 5, 7, 8, 9	6 (Absence of data regarding this subcategory in this participants interview)
	<i>Paid professional versus volunteer</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>The BPS charter</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Marketing</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None

### **3.2.2. Competing/Selling**

The second major concept identified as influential in the development of a trainee Counselling Psychologist's professional identity is the participants' ability to compete and sell their services. An important way for the trainees to understand what to take

and reject from others is how their choices influenced their marketability in relation to other related health professionals. This concept includes four distinct but intertwined subcategories, including: *Counselling Psychology* versus *Clinical Psychology*; *paid professional* versus *volunteer*; *the BPS charter*; and *marketing*. Under the subheading *Counselling Psychology versus Clinical Psychology*, the participants regularly compare their own and others' roles as a way of defining their own professional identity. The participants talk about their experiences of being exposed to positive and negative views towards their role as Counselling Psychologists and how this influences their perception of themselves as professionals. They express a view that a mental health hierarchy exists and that there is a perception that Counselling Psychology was less than equal to Clinical Psychology, but above psychotherapy and counselling. Participant 5 describes how he as a Counselling Psychologist perceives himself to be in an inferior position when competing against the superior Clinical Psychologist, and how negotiating this position influences his professional identity:

*I think counselling psychologist is a really bad job title because it brings us back to counselling which I see at the lower end of the spectrum in terms of training, erm, and, and opportunity and skill set. And so I think one of the worst things around being a counselling psychologist is the word 'counselling' ...I've discussed this with several people, both trainees and other professionals and a lot of people tend to leave the word 'counselling' out....I just think it's not great from a marketing perspective, especially given this kind of potential split between the clinical psychologist being up here and the counselling psychologist being lower down...So sometimes we just refer to ourselves as psychological therapists but that always seems a bit of a mouthful and makes me question my identity. (Participant 5)*

However, the participants are also eager to promote the strengths of Counselling Psychology. Participant 3 argues that Counselling Psychologists should be proud of their professional role, and highlights how some of the perceived strengths of Counselling Psychology have been influential in the development of her professional identity. This acceptance of Counselling Psychology as a field can be observed alongside participant 3's desire to be more rather than less, by being outside of the confines of the NHS and Clinical Psychology:

*I guess there's a danger of focusing on what we're not, like...I think it's trying to focus on what we do offer and I think, in a way, that's a hell of a lot because we have a really strong therapeutic training, stronger than the clinical psychologists and we should be proud of that because we offer something different.... and counselling psychology can really be taken outside of the NHS environment as well. I think you see a lot of counselling psychologists doing other things like from expert witness stuff and working with schools or charities, doing private practice, and that was one of the reasons I chose to do this training because I don't want to be stuck just working in the NHS. I want to have a portfolio of work so I do see that as part of my professional identity and hope that will develop. (Participant 3)*

Trainees compare themselves with others as a means of assessing their own ability and how this is valued and recognised. The trainees' perceptions of competence and professional status were affected through these comparisons; their sense of status and professional competence is enhanced if the trainees view themselves favourably in comparison to their external frame of reference, and can be damaged if the comparison is less favourable. Alongside competing with other professionals, under the subheading *paid professional* versus *volunteer*, the participants speak about how their professional identity is influenced based on their sense of being part of a team. The participants assume different professional roles depending on their access to opportunities to develop their competences. One area that was particularly influential in the development of a professional identity was the participants' position within the service in terms of responsibility and funding (paid versus unpaid position). It seems that holding a paid position and working within a team of other high-status paid professionals reinforces the participants' view of themselves as professionals:

*Because it's in the NHS I think that that plays a big role as well, um because you kind of feel as if you're a part of, part of, um, a team and you know, you are in contact with other professionals who deal with, um, mental health problems and you liaise with psychiatrists, with the community mental health team, with the mental health assessment team, and I have to do that, it's exactly the same that all of my colleagues do, um, with supervision, but still I have to do exactly the same because my job is paid, so I think maybe the payment, the responsibility and being part of a team has also led to me feeling like a professional. (Participant 1)*

The subheading *the BPS charter* illustrates how the participants also experience internal and external conflict by not yet being chartered by the British Psychology Society, but are still expected to ‘wear Dad’s armour, even though it doesn’t fit’. The visibility, strength and credibility of the BPS offers the participants a valuable form of recognition, yet the lack of chartership often leads the participants to question their position as professionals and their professional identity:

*Wherever I’ve seen clients, you’re positioned to them by the service you work for. So for example in the PCT where I’ve had a placement...you’re always positioned as a counsellor, whether you’re a trainee psychotherapist, trainee psychologist, everyone is simply a counsellor. I think once I graduate I think I’ll then be able to assume an identity more of a psychologist... I think what is important is to be a chartered psychologist. I think that would change things... I think it gives me more strength and visibility and credibility in the marketplace...and presumably as time goes by I’ll start to identify more as being a psychologist (Participant 5)*

Under the final subheading *marketing*, the participants speak about how they sometimes struggled to distinguish their role from other professionals due to the overlap between Counselling Psychology and related fields, particularly Clinical Psychology, with this resulting in a regular questioning of their professional identity. This also leads to difficulties when friends, family members or members of the public ask them to specify what distinguished their professional role. It seems that when roles are not clearly defined or adequately differentiated from others, ambiguity arises. There is a unanimous call for Counselling Psychology to continue its development as a field and reconsider its marketing strategy within the wider political system. In the subheading *Counselling Psychology versus Clinical Psychology* above, one participant highlights how his internal perception of his position as a Counselling Psychologist makes him question his marketability, and thus his identity. Alongside this internal challenge, one participant pays particular attention to the external challenge that the general public would not know the difference between a Counselling Psychologist and a Clinical Psychologist and suggested that this too presented a serious marketing challenge:

*I think the division is always trying to make steps to address its political position. I think they've been very proactive in um, you know not having the NHS advertise jobs just for clinical psychologists but for competences that could apply to counselling as well as clinical psychologists...so I think there's sort of an effort and um, at being recognised but it feels to me like a lot more could be done to kind of define themselves for themselves and for you know future potential trainees and to the NHS and to the world at large. Because I just don't think if you asked a hundred people in the street if they've ever heard of a counselling psychologist and if they knew what it was I don't think there'd be many takers. (Participant 7)*

The participants' opportunities to compete, market and sell themselves as professionals alongside other professionals directly influences their confidence in their own ability as professionals and, consequently, the development of their professional identity. By comparing their role with others, and reviewing where they fit in the wider system, the participants gradually develop a sense of themselves as professionals.

Alongside the participants' marketability, the participants also speak about how their sense of authority reinforces their professional identity.

**Table 5. Summary indicating which participant interviews contributed to the Authority concept, as well as subcategories and negative cases.**

<b><u>Main concept:</u></b>	<b><u>Subcategory:</u></b>	<b><u>Included participants:</u></b>	<b><u>Negative cases:</u></b>
Authority	<i>Trusting experiences</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Responsibility</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Control and authority</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>The professional</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Expert versus not knowing</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None

### **3.2.3. Authority**

Alongside the above concepts, a third distinct concept, identified as authority, was found to be influential in the participants' development of a professional identity. This

concept highlights the participants' sense of professional authority and their experiences of being in the one-up position, a position where they are authorised by others as well as being the ones with authority. This concept is grounded in the participants' idea that authority can be both delegated and created either expressly or by implication. This category includes five subcategories: *trusting experiences*; *responsibility*; *control and authority*; *the professional*; and *expert versus not knowing*.

Under the subheading *trusting experiences*, all the participants highlight how their professional practice has influenced the development of their professional identity. They mention how their experience of working with clients directly contributes to their development of a professional identity. A substantial proportion of the professional training is spent on clinical placements. Placements allow trainees to gain experience and develop core competencies, as well as experience the professional roles that Counselling Psychologists are expected to facilitate and perform. The participants speak about the challenge of daring to trust their accumulated experiences and how a personal development over time allows them to trust these experiences. Trusting their experiences allows trainees to gain confidence in their own ability to practise safely and gradually alters their view of themselves as Counselling Psychologists:

*I think for me it's a sense that you develop. I can see you go through phases, well I think I've gone through certain phases and it took some time for me to feel that actually I can be quite confident in working with someone and in working with clients and I can trust my own um, the knowledge that I have acquired through training but also more through my working experience, um I can trust in my clinical experience and I've gained a sense of confidence in my work and a sense of um, a professional identity through my clinical practice. (Participant 1)*

The *responsibility* subheading illustrates how the participants report that with greater confidence and clinical experience comes authority, autonomy and increased responsibility. Responsibility validates the trainee's view of themselves as professionals, and helps consolidate their personal and professional selves through an improved sense of self-worth. A trainee's sense of responsibility to speak determines their thinking and behaviour around other health care professionals. Participant 2

outlines how the development of a sense of increased responsibility contributes to her view of herself as a professional and how this has led to her finding her voice as a Counselling Psychologist:

*When you talk about professional identity a lot of it is about being authoritative, about how much responsibility do you hold and I think that initially as a trainee I didn't believe that I held any. Um it's like in team meetings or stuff, you know, are you going to say something, or do you not say anything um and I think as a professional, as you go through the training and gain more responsibility, your identity becomes stronger and you become more aware of who you are, um you thinking about your values as Counselling Psychologist, and a bit more, you have a bit more faith in yourself and then that leads you to be a bit more open you know, you speak out a bit more, or you might you know share some of your ideas and thoughts and be okay with that. Um, so yeah so responsibility provides confidence and makes you maybe just feel stronger, as a real professional, yeah. (Participant 2)*

The subheading *control and authority* suggests that when developing a professional identity, trainees also draw on their experience of liaising with other professionals, which provides trainees with a sense of autonomy, control and authority. The participants spoke about their experience of the tension between being controlled and authorised by others and self-authority, and how this tension influences their view of themselves as professionals. They highlight that moving from the position of being authorised by others to a position of self-authority, autonomy and control was challenging and happens over time through contact with other professionals. With control and autonomy the trainee gradually becomes increasingly confident in their own ability to act as a professional, thus developing a sense of self-authority. A further liaison with fellow professionals and a reinforcement of their own and others' view of them as a professional will only happen if a trainee develops a sense of self-authority:

*I think my identity has developed through maybe liaising with other professionals, kind of both counselling psychologists as well as clinical and psychiatrists, you know, attending kind of set meetings where other counselling psychologists are present and through that way you kind of feel a bit more like you belong to that group really or*



*even kind of signing letters or reports to other professionals, you sign yourself off as a counselling psychologist and you are responsible, you know, and I think that has made me feel more confident in who I am as a psychologist. (Participant 9)*

Where trainees work, their role and their level of control, authority, autonomy and responsibility were all influential in the development of their professional identity. However, professional bodies, through their guidelines, conferences and training events, also influence trainees. Engagement with professional bodies encourages the trainees to think about and question their authority and their professional identity. In addition to negotiating the tension between being authorised by others versus being self-authorised, the participants also need to negotiate the tension between the authority of the BPS, and being part of that, and their own control, authority and values. One participant elaborates on how his process of reflection and engagement with the BPS has led to him questioning his professional identity:

*I'm starting to get more of a professional identity, now that I'm finishing off my research I've had time to read the BPS practice guidelines and recently I've been attending a few BPS type events, workshops, and the conference which I really enjoyed, which has made me feel more linked to the British Psychological Society and as a Counselling Psychologist. I've thought a lot about how the guidelines, and um, the values of Counselling Psychology fit with my values, and how I want to, um practice I guess. It's made me question my identity. (Participant 5)*

Alongside developing an internal and external sense of control and authority that reinforced their view of themselves as professionals amongst other fellow health care professionals, the participants also speak about their authority in relation to other professions. They highlight what they are authorised to do to others, by others such as the BPS and HCPC and how being a distinct profession that required chartership and HCPC registration allows them opportunities that others would not get:

*I think it is a very loose way of um, grouping a bunch of people who have a similar work interest and being able to share, I suppose, share knowledge, research information or support each other... it is legitimising or making stronger the case that we actually are a, we are a distinct profession...the most important thing is having the*

*chartered in front of your name and the HPC registration because that allows us access to jobs and work environments that other people won't necessarily be allowed in to. (Participant 8)*

The subheading *the professional* demonstrates how conducting a Doctoral piece of research provides the participants with a further definition of their role, a formal status as doctors. With this professional title came a set of predetermined responsibilities and expectations that helped participants define their professional identity. They recognise that the title represents a shared understanding of their role within the wider professional context, and that it implies a level of authority, competence and ability to perform a professional task. As well as aiding the trainee in defining their own role, a title serves others in defining the role of the trainee. Through a title, others make assumptions about the trainee's responsibilities, knowledge, skills base, role and formal status. Through research, trainees are provided with a clearly defined, widely recognised role which allows them to differentiate themselves from others and develop as unique professionals. Similarly to where the participants engage in a process of taking in from others, this dual role as therapist and researcher allows the participants the opportunity of getting their esteem by *being* many things:

*I feel very kind of proud about the idea that I'm a scientist-practitioner, a researcher as well as a therapist, um, a counsellor, and we could be getting, getting a doctorate and um, I think that has an impact on my professional identity in the way that I hold this training in esteem if you like. I've worked really hard, um, really hard to get here and that title provides, a um, like recognition. (Participant 4)*

Adopting more than one role and *being* many things allows the participants to consider where the professional self lives, and to account for past and present parts of themselves that they do not consider being part of the professional self. When developing a professional identity, trainees are required to negotiate between their current self and historical influences. For instance, experiences prior to starting the professional training were found to be influential in the development of a trainee's professional identity. Past work experience, as well as the experience and values of

others, such as family members, were found to influence how trainees viewed professional conduct and how they conducted themselves in a professional setting:

*I think a lot of it came prior to doing my training as well. I was working in a professional, I wasn't a professional, but I was working in an environment where we were liaising with others and was I working in this environment for several years before I started the doctorate, so knowing how to conduct myself with others was something that was installed from there. I think from maybe my family values as well; both my parents are professionals, my dad's a teacher, my mum's a nurse, so they worked in an environment where I've seen professionals, I guess, in action. (Participant 3)*

The final subheading, *expert versus not knowing* shows that the participants are challenged further when developing a professional identity through their own and the public's view of them as both expert and not expert. On the one hand, the participants possess and are expected to provide a level of expertise, yet, on the other hand, as unchartered trainees, they are at the start of their professional career and therefore on a journey of discovery and not knowing:

*To me it's something that, a, you establish for yourself through your placements, your experiences, your research, erm, your area of expertise really. A professional identity is something that will develop, to me it's about discovery, of not knowing, it's something that develops and it's something that you pick up bits and pieces from other professionals and your training along the way and modify them to fit with you... Erm, I would say it's probably something that's pretty ongoing as well... it's still a work in progress, my identity is different now to when I started the training, erm, and I expect it will continue to change. (Participant 6)*

Faced with these challenges, time was found to be a containing construct in the development of a professional identity because it allows for change and adaptation during the professional training. Time allows the participants to critically examine their professional role and the expectations related to this role within the wider professional context. It also facilitates the participants in making sense of the tensions they experienced, and assists them in finding equilibriums that allowed them temporary or permanent satisfaction. Over time, the participants are provided with

opportunities to develop, master and reflect on their professional practice and the development of their professional identity. The participants express that changes over time in subjective characteristics such as thinking, knowledge, experience, confidence, responsibility, control, authority, autonomy, as well as broader changes to the political context that the training was situated within, all facilitate the development of a professional identity. Linked with the participants' sense of authority is their sense of subjugation.

**Table 6. Summary indicating which participant interviews contributed to the Subjugating concept, as well as subcategories and negative cases.**

<b><u>Main concept:</u></b>	<b><u>Subcategory:</u></b>	<b><u>Included participants:</u></b>	<b><u>Negative cases:</u></b>
Subjugating	<i>Me versus them</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Rejecting versus fitting in</i>	1, 2, 3, 4, 5, 6, 7, 8, 9	None
	<i>Pulling apart versus non-constraint</i>	1, 2, 3, 4, 5, 6, 8, 9	7 (Absence of data regarding this subcategory in this participants interview)

### **3.2.4. Subjugating**

The fourth main concept that presented itself when exploring the participants' development of a professional identity is subjugating. This concept presents the challenges experienced by the participants of negotiating between being brought under control and developing freely as subjective individuals. All the participants speak about their subjective self during the research interview and this concept emphasises the importance of the subjective self in the development of a professional identity, as well as explores the position of the subjective self in relation to the system around the participants. In opposition to the authority concept above, this concept highlights the participants' experience of being in the one-down position, a position where they have to manage other authorities that they might not have themselves. Four connected subcategories lie within this concept, including: *me versus them*; *rejecting versus fitting in*; *pulling apart versus non-constraint*; and *recognition*.

Under the subheading *me* versus *them* the participants speak about their experience of negotiating between what they as subjective individuals bring to their professional identity versus the structure and the rules of the profession. When embarking on their journey as professionals, the participants bring with them their subjective history, philosophy, values and personality. As trainees, they are often faced with rules and structure in the form of specific theoretical orientations, service requirements or national practicing guidelines. The *me* versus *them* subheading illustrates the tension between the participants' sense of feeling both subjugated by the profession and, simultaneously, how the profession can be liberating and allow the participants to rebel against the constraints of the wider profession. Participant 7 articulates how his professional identity is linked with his theoretical orientation, and elaborates on the challenges of staying true to his professional identity as a Counselling Psychologist whilst still adhering to professional demands:

*Um, I had a very positivist background and this formed my professional identity... erm and I think there's a sort of an element of that in a lot of the work that the NHS does with sort of IAPT and CBT and evidence based practice and all those things, um and when I wanted to get into this line of work, I really wanted to kind of get away from that and I just loved the kind of more fluid philosophy of counselling psychology and um had this idea of it being relational and intersubjective, you know. It's a subjective um, undertaking it's not an objective um thing. You're bringing yourself, you're not bringing yourself in a white coat with a clipboard, you know, and I have at times found it to be a challenge to stay true to the, um, Counselling Psychology part of my identity, you know. But I've tried really hard to practice with a humanistic underpinning. (Participant 7)*

Some participants speak openly about the impact of environmental influences in the development of their professional identity, for instance, through taking in from others, having a bit of each person, and being a bit of as many things as possible. However, others voice a more reserved position, perhaps a position of rebellion against external authorities by suggesting that their professional identity had come from them rather than others, or from certain parts of the training, such as the clinical versus the academic:

*I think the university didn't play that much of a role I have to say because when I say my supervisor I mean my clinical supervisor...I think in terms of my identity as a professional, my professional identity, for me personally I don't think that I gained that much from actually being at university to be honest...I think my placements, the various kinds of placements that I had and then my experience in the job I think that helped the most when developing my professional identity (Participant 1)*

In search of equilibrium between their internal history, philosophy, values and personality, and the external structure and rules of the profession, the participants often seek out gratification and validation for the job that they do. Trainees seek gratification both internally, through self-comfort, and externally, through colleagues, fellow trainee peers, supervisors, personal therapists and sometimes friends and family. Participant 1 highlights her need for others to acknowledge and validate *her* rewards, *her* meaning and *her* ability to stand on her own two feet, rather than these abilities being generated or supplied externally:

*I can offer maybe something although I don't think I felt that in the beginning that um, what I'm doing is important and I can see results, not always but often, um so I think it's kind of helped me to, to again feel more confident that what I'm doing is, has value and that what I'm doing is um, is rewarding and meaningful to um, to me as well feeling that, and I can stand on my own two feet, and I think that supervision and personal therapy and um my other trainees have all made me feel that what I'm doing is good, you know, its validated my work and I em needed that sometimes, and maybe sometimes I looked for it when I was talking with other trainees or in supervision.*  
*(Participant 1)*

Criteria that trainees found to be influential in the development of their professional identity include gaining greater self-awareness and self-esteem, feeling supported, experiencing personal growth and an openness to and acceptance of feelings, increased sense of control, reduced stress, and a clarification of personal and professional values. Changes to these criteria occur through self-talk, reflection, personal therapy, supervision and continued professional development. Linked with the above subcategory, we find the subcategory *rejecting* versus *fitting in*. This subheading is not to be confused with the similar but different subheading *taking in*

*from others* in the process concept. Whilst the emphasis is on the participants' individual ability and willingness to engage in a process of taking in and rejecting parts of others in the earlier subheading, the *rejecting* versus *fitting in* subheading illustrates the participants' position of sometimes not being able to control what to reject or what to accept to fit in. The participants speak about an objective and external pressure to fit in and how they sometimes feel controlled by others through university regulations, government guidelines and service requirements. In tension with this was the participants' need and desire to individually control what to reject and accept to fit in. Participant 8 highlights how his attempt to fit in by complying with what is externally expected of him stands in opposition with him having no payment, power or sense of competence:

*I think as a trainee, 'cause all of the work that I'm doing is placement or voluntary work and two of my placements are with charities and although some clients do pay to see me, because I'm not involved with the money, it feels very much um, like I'm not actually doing a proper job and, and it does feel like at the end of the course will this suddenly... will I suddenly feel very professional and feel competent in yes I know what I'm really doing. Because I constantly go through these ebbs and flows of um, do I know what I'm doing, am I complying with what's expected of me from the service, do I even agree with the service values? And to me that's very linked to actually my professional identity because where I work seems to influences who I'll become. (Participant 8)*

The participants also report a process of mediation between what to reject or accept to fit in within the wider system. The participants speak about how the current political changes to funding and structuring of the profession influence their choices of what to reject or accept to fit in, and how these choices lead to a sense of fitting in or alternatively encourage a political rebellion. The participants highlight how the government's emphasis on short-term intervention-based therapy conflicts with their own views of professional practice, and how this helps them reflect, challenge and reconsider their professional identity:

*What we were being told, what you know, what the government and society was telling us was kind of like, yeah, IAPT, CBT that's the way to go. Then in the second*

*year it was a bit more like rebellion potentially around it and in third year it felt much more like okay that's IAPT doing IAPT but you know we can all do other things and really it isn't the be all and end all and...I actually think that political message has been quite significant in terms of kind of my professional identity ...because there's the change with BPS and HPC, um, and that's obviously happened in the midst of our training. We're at a kind of odd, maybe this happens for everyone in around some topic but I think for us it's like we're very much in the midst of political changes and the recession and I think kind of my identity is influenced by em the wider, the bigger political changes of the profession. (Participant 4)*

Connected with the above subcategories we find the subcategory *pulling apart* versus *non-constraint*. Alongside the need of structure, regulation and authority, the participants voice a desire to pull things apart and be without constraints. Eight out of the nine participants propose that the university-based training offers the trainees a setting where they could pull things apart and develop their professional identity over time. This development includes engaging with the identity of Counselling Psychology through academic requirements, debates and teaching; learning and practising professional skills through academic and behavioural exercises; and developing a professional philosophy through guided reflection, coursework and reading:

*Meeting and talking with tutors and people on the course have influenced my professional identity. Just being in course discussion as well, like on professional development days or in our tutor groups, or just having an environment in which we can reflect on what we have learnt through lectures and coursework, and how that fits with our identity. I think sometimes at placements it's all about outcomes, symptom reduction, that person is this, that person is that, rather than really understanding and pulling things apart. So I really enjoy going to uni as it provides a place where I can continue my development as a professional without the constraints that, um, sometimes are in place at my placement. (Participant 3)*

However, the process of being taken apart, questioned and developed is not without its challenges and often leaves the trainees feeling a need for comfort and support. The participants discuss how fellow professionals, supervisors, tutors and personal



therapists assist in the development of their professional identity by providing mentoring, containment, personal growth, and support:

*I felt very vulnerable and very shaky and it kind of all felt a little bit, it felt like a completely new experience and I really felt that I needed comforting and I had to rely on kind of a lot of support around me from therapy, from tutors, and supervision to be able to do what I was doing and to see clients and to work with clients and that support was important to my identity because if it hadn't been there then I don't think I would have got to a, a point where I see myself professionally, um as a professional. (Participant 1)*

Although all the participants find professionals influential in the development of their professional identity, some individual differences do exist within the participant sample. For instance, one participant makes a point of distinguishing between different professionals based on how they facilitate him in questioning his identity in relation to the structure, rules and regulations of services:

*I think my personal therapist and university tutors have played a big role in the development of my professional identity by regularly making me question who I am, as a professional, my professional identity, and where I'm going, you know, and that's been really good, but my clinical supervisors, I don't think they've necessarily done anything in terms of developing my identity, they have been more concerned with me ticking all the right boxes, following the rules and regulations and not getting the service into trouble you know. There has not been room for individual development in the same way. (Participant 5)*

The participants' need for both structure and freedom to develop is further reflected in their negotiations between certainty and uncertainty. In direct tension with pulling everything apart, the participants also express a need to 'bring it all together' in an attempt to discover certainty, and perhaps understand their own development. However, due to the dynamic nature of the profession, they are regularly faced with the challenge of tolerating ambiguity, difference and conflict:

*I suppose my professional identity has changed, um, developed as a result of me gradually integrating the values of Counselling Psychology, you know being non judgemental of the people I'm with... understanding them on their own terms and their subjective experience. Erm...not trying to get to an answer or a diagnosis or what's wrong with someone...being empathic, being present, erm...more like a healer model than an expert model...being authentic...I think the overriding value that brings all of those together for me is around the therapeutic relationship...the kind of co-created, inter-subjective relationship between me and the client in the here and now. (Participant 5)*

Bringing it all together and integrating the values of Counselling Psychology with their professional identity offers the participants a sense of belonging and helps the trainees to distinguish themselves from other related professionals. Having a set of values unique to the profession offers a sense of exclusivity and provides the trainees with a foundation for their professional practice. However, the participants also speak about the challenges that they sometimes face as a result of there being 'no one truth'. The lack of certainty and a need to tolerate ambiguity and conflict can, for instance, be observed in the participants' negotiation of the existing tension between phenomenological models of practice and traditional scientific psychology:

*I think the counselling psychology philosophy is one of pluralistic meanings...and being aware that no one truth is for all.... I really have been inspired by um, post structuralism and social constructionism... but then also at the same time like I say I came from a very modernist, positivist background, so post-modernism was a big dramatic shift for me... to my mind it's really actually at the heart of my identity about being a Counselling Psychologist...being a reflective and scientist practitioner and taking a critical view to all of the knowledge's that we are subject to. (Participant 8)*

### **3.3. Summary of the Results**

Section 3.2 illustrates that when training to become Counselling Psychologists, every trainee is introduced to an objective social world and an objective social structure that consists of others who are imposed on them, and who are responsible for their socialisation. Based on their own position in the social structure, and their subjective,

biographically rooted idiosyncrasies, the significant others mediate the social world, and thus the profession, to the trainee, and by doing so, they are simultaneously modifying it. As the profession is screened to the trainee through a process of double selectivity, the trainee absorbs a perspective of the profession that is grounded in the idiosyncratic coloration of others. It is through this process of identification with others that the trainee obtains a subjectively plausible and coherent professional identity. The trainee's professional self becomes a reflected entity, which reflects the attitudes initially voiced by the significant others towards the trainee, thus allowing the trainee to develop into what others see him and address him as. This is not a mechanistic and one-sided process, but instead involves a dialectic between self-identification and the identification of others, and between the subjectively appropriated and the objectively assigned identity. In the process of taking on the world of others, trainees also take on the roles and attitudes of others. This suggests that all trainee identifications occur within horizons that involve a particular social world. It appears that a trainee's subjective appropriation of the social world and their subjective appropriation of their professional identity both involve an identical process of internalisation mediated by the same others. Figure 1 highlights the importance of time in the development of a professional identity. Over time, the process of socialisation generates in a trainee's consciousness a progressive abstraction from the attitude and roles of particular others to attitudes and roles of the generalised other. It is through this move from identification with particular others to a generalised identification that the trainee's self-identification attains continuity and stability. At this point, the trainee has now developed a professional identity both vis-à-vis significant others and a coherent professional identity in general that incorporates all the internalised attitudes and roles, and which is subjectively apprehended regardless of the trainees contact with others. The formation of the generalised other within the trainee's consciousness implies the development of both a subjective continuous and coherent professional identity, as well as the internalisation of society and the objective reality that lies therein.

## 4 Discussion

The following section will consider the results in relation to the socio-political context of the Counselling Psychology training and the existing literature on professional identity development. Section 4.1 will review the results in relation to the current literature. Section 4.2 will outline my personal reflections on the research process and the influence of this research on my understanding of how trainee Counselling Psychologists develop a professional identity. Section 4.3 will explore the implications of the research findings. Section 4.4 will review the methodological limitations of this research and consider ideas for further research. Finally, section 4.5 will provide some concluding remarks.

### **4.1. Professional Identity Development Seen Within the Theoretical and Socio-Political Context: A Review of the Results and the Initial Research Question**

The following section will review how Counselling Psychology trainees in the current study view the development of their professional identity in relation to the current literature. Both individual and systemic perspectives of how Counselling Psychology trainees develop a professional identity will be accounted for and reviewed in relation to the initial aim of the study.

The relationship between the individual and the wider system was found to be a central component in how trainees develop a professional identity. In their development of a professional identity, trainees integrate their individual perceptions of themselves as professionals with their perceptions of the professional role within the wider system. Central to this integration was the trainee's understanding of reality (Berger & Luckmann, 1991) and their initial socialisation to the profession through their training. The results support Hogg and Terry's (2003) idea that reality consists of prearranged patterns that exist independently of subjective apprehension to them and that these impose upon our understanding of reality. This supports Bucher and Stelling's (1977) argument that a professional identity is initially constructed during the professional training period when the individual is exposed to an initial socialisation of the profession. The model presented in chapter 3 proposed that a

trainee's professional identity is developed through their interaction with the different components of the professional training. It suggested that the trainee's development of a professional identity is dependent on their sense of competence, responsibility, authority and autonomy within their professional role, and that these areas are influenced through the trainee's interaction with self and others, and their negotiation of the tensions between and within the developmental process, their perception of marketability, personal characteristics and their sense of subjugation. This includes a dialect between self-identification and the identification of others, as well as between the internalised subjective and the assigned objective identity. This supports the current literature on identity development in related areas where a sense of competence, responsibility, authority and autonomy was found to be an essential condition of professional identity development (Bucher & Stelling, 1977; Cheshire, 2000a; 2000b; Gregg & Magilvy, 2001; McElhinney, 2008; Melia, 1987).

The trainee's professional practice provided the trainee with an opportunity to develop, negotiate and test out new views of the self. This includes a process of negotiating the tension between the trainee's authority, both in terms of what the trainee can do to others, their authority to speak and the tension between self-authority versus being authorised by others, as well as negotiating the tension between being considered an expert and being an unchartered trainee. Successful negotiation of these tensions increases professional role identification through an increased sense of authority and competence in the professional role. The importance of developing new views of the self in the development of a professional identity is supported elsewhere (Glaser & Strauss, 1967; Gregg & Magilvy, 2001). This also supports Eraut's (2000) idea that the development of a professional identity can be interpreted through the process of being rather than doing. Towards the later stages of their training, trainees describe themselves as *being* professionals, indicating that as the professional training continues over time, the trainees gradually internalise the professional role. This internalisation is manifested in the trainee's attitude towards the certainty and limits of their own knowledge, and their expectations of the transition to become chartered Counselling Psychologists. The trainee's sense of knowledge is constantly fluctuating throughout the professional training, and often results in the trainee experiencing a sense of ambiguity and uncertainty. Past research suggested that it is the trainee's capacity to tolerate this ambiguity and uncertainty

that determines the trainee's professional socialisation (Knight & Mattick, 2006; Lingard et al., 2003). The change in the trainee's professional identity over time further supports Cheshire's (2000a; 2000b) argument that a professional identity is an active construct and that its development can be seen as a fluid process that evolves in parallel with the profession itself.

Trainees are found to be highly impressionable throughout their training and are regularly influenced by those around them. This highlights the important role that the university holds in the development of the trainee's professional identity. Trainees express that the development of their professional identity was dependent on their experiences of engaging with the academic curriculum and engaging in the role of researcher. By engaging in this process, the trainees are provided with opportunities of *being* and *doing* many things, with this allowing them to negotiate the tension between individual characteristics and the subjugation of the profession. The university's positive role in the development of a professional identity has been further highlighted in literature from both Clinical Psychology (Cheshire, 2000b; McElhinney, 2008) and Counselling Psychology (Gazzola et al., 2011). However, the results indicate that the university's role in the development of a professional identity is not always positive. Central to Counselling Psychology is its emphasis on inclusiveness, and it is not uncommon for Counselling Psychology programmes in the UK to employ members of staff who are not Counselling Psychologists. Here, diversity within the university can be considered a double-edged sword. On the one hand, diversity means that students are exposed to multiple perspectives that can help enrich their knowledge and understanding of the profession. On the other hand, diversity might result in the students being exposed to critical views of Counselling Psychology that may result in further tension between Counselling Psychology and related professional fields. This could potentially influence the trainee's sense of marketability and encourage the trainee to question their choice of profession (Gazzola et al., 2011). As the tension between Counselling Psychology and related fields seems likely to continue, perhaps the focus here should be on facilitating trainees in developing a capacity to hold such tensions, rather than to resolve them. Yet, Gazzola et al. (2011) contend that although multiple perspectives may supplement a trainee's theoretical perspectives, it may also slow down or interfere with a trainee's development of a professional identity. Consequently, training

institutions face a challenge in the development of their students' professional identity. Gazzola et al. (2011) argue that one way universities could face this challenge is through accentuating the unique aspects of Counselling Psychology, whilst avoiding over-focusing on the strained relationship between Counselling Psychology and related fields. The role of the university in the development of a trainee's professional identity indicates that universities face a balancing act between accepting the worldviews of related professionals and emphasising a distinct identity of Counselling Psychology. When seeking to understand the development of a trainee's professional identity, it is therefore important to recognise that professional training programmes are themselves embedded within a cultural milieu, which means that a trainee's professional identity cannot be separated from its context. This supports Blackburn's (2013) argument that institutions, such as a university, can be understood as objectified human activities.

Beyond the university, the wider context of the training was found to influence the development of a trainee's professional identity. The location where the trainee's professional practice is conducted and the trainee's involvement with the wider socio-political settings determines the trainee's view of self as a professional. The trainees speak about the challenge of negotiating what to take in from others and what to reject when developing an orientation, philosophy and practice. They also highlight how they regularly needed to negotiate the tension between Counselling Psychology and Clinical Psychology, and how this tension at times influences their marketability and thus their view of themselves as a professional. This should be seen in relation to the findings presented by Healey and Hays (2011), who argue that in order for trainees to develop a professional identity, the profession needs to establish and promote a clear foundation and professional philosophy that distinguishes the profession from other related fields.

A trainee's professional identity is also dependent on the trainee's sense of inclusion in the professional community, as seen in the trainee's negotiation of the tension between what to reject and what to accept from others and the profession as a whole when trying to fit in. Their opportunities to make valued contributions, based on both subjective characteristics and objective knowledge, can be viewed as experiences that contribute to the trainee's development of a professional identity. This supports

Kukla's (2000) statement that knowledge objectifies the world through language. A lack of opportunities that allow for both rejection and acceptance may result in the trainee feeling subjugated, with this further challenging the trainee's view of self as an independent professional. This has been supported by Swanwick (2005), who found that the development of a professional identity in junior doctors was dependent on their sense of inclusion and their internalisation of the professional role. It seems that the trainee's development of a professional identity is dependent on their ability to develop equilibrium between their sense of competence and the formal expectations and demands of their professional role. Gregg and Magilvy (2001) support this idea in their work on professional identity development in nurses. They maintain that the internalisation of the professional role occurs when there is equilibrium between the trainee's self-expectations, self-concepts and the definitions of professional identity conveyed by the wider social environment. However, the results also suggest that if disequilibrium between one's own perceptions of competence and the formal status of the professional role gets stuck and cannot be developed, the trainee will experience role incompetence.

Bruss and Kopala (1993) argue that a sense of role incompetence can prevent the development of a professional identity by hindering the individual's sense of transition between non-professional and professional. Role incompetence is also influential in the trainee's professional socialisation as it often results in a lack of authority and a sense of role ambiguity and role conflict (Becker et al., 1961; Kramer, 1974; Olesen & Whittaker, 1968). In a meta-analysis study exploring the prominent consequences of role conflict and role ambiguity in a selection of organisations, Ortquist and Wincent (2006) discovered that role ambiguity often resulted in poor organisational commitment, reduced job satisfaction and a propensity to quit. Role ambiguity was also associated with a sense of depersonalisation, reduced personal accomplishments, emotional exhaustion and reduced job performance. Some of the trainees describe experiencing high levels of tension as a result of their experiences of role conflict and role ambiguity, which, for some, resulted in loss of self-esteem, lack of self-confidence, reduced motivation and a sense of demoralisation. Here, supervision and personal therapy are found to be instrumental in aiding the trainee to address and negotiate these tensions. Engaging with self and others over time, the trainees shift between equilibrium and disequilibrium in their view of their perceived



competence and the formal status of their professional role. This suggests that if the disequilibrium between the trainee's perceived competence and the formal status of their professional role could be reduced, or the trainee's capacity to hold such tensions could be improved, then a trainee can be assisted further in the development of their professional identity. The construction of role typologies and their influence on the trainee's development of a professional identity supports Shannon and Kowert's (2012) argument that roles are objectified linguistically and essential to the trainee in their attempt at understanding the objective world and its society. The above findings also correlate well with McElhinney's (2008) findings from her research on professional identity development in Clinical Psychology trainees. She proposes that trainee psychologists will benefit from increased role clarification and role differentiation from other professionals, and argues that this will make it easier for trainees to integrate the values and philosophy of their profession with their professional identity. This view is not unique to the field of psychology, as role clarification and role differentiation are organisational and cultural issues that permeate most professions (Browne-Ferrigno, 2003; Jasper, 2006). Perhaps McElhinney's (2008) view reflects the wider issues regarding the inter-professional relationships identified by the trainees, and the efforts of Counselling Psychology to differentiate itself from allied professionals and the hierarchies often found within the practice of the medical model (Cheshire & Pilgrim, 2004; Orlans & Van Scoyoc, 2009).

The issue identified by the participants of role clarification and role differentiation should be viewed in light of the current ongoing debate between the different fields of psychology in the UK. This debate highlights whether or not UK psychologists and their respective divisions should unite under the title of applied psychologist (Goldstein, 2009; Kinderman, 2009), or continue to promote the difference between each division of psychology (Strawbridge, 2003). To enhance trainee role clarification, one must therefore first consider each division's investment to change and the consequences of such change (Edge & West, 2011; Turpin, 2009). The trainees also speak about the role of their theoretical orientation on the development of their professional identity and the challenges of staying true to both the scientist-practitioner and reflective-practitioner approach. The challenge of conducting therapy that is grounded in scientific evidence whilst still accounting for subjectivity is further

highlighted by Lane and Corrie (2006b). They argue that this challenge often results in Counselling Psychologists questioning their professional identity due to increased role ambiguity, and a difficulty negotiating between what to accept and what to reject, which might in turn prevent the trainee from becoming part of the professional community. Yet, the results indicate that the trainee's development of a professional identity is dependent on the trainee becoming part of their professional community. These results have been further supported by Gazzola et al. (2011), who found that Canadian trainee Counselling Psychologists also deemed the induction into a professional community fundamental in the development of their professional identity. Perhaps, these findings suggest, greater attention should be dedicated to facilitating trainees in their integration of theory and practice as this is central to the trainees becoming part of their professional community, and developing a professional identity. Further attention should also be dedicated to helping trainees understand the split between the different professions and the arguments for and against cohering. This could help trainees with their choice of avoiding or engaging with the professional community. It will also help reduce the trainee's sense of the profession as a subjugating factor in their development, promote subjective characteristics and enhance the trainee's sense of marketability and connection with the profession.

#### **4.2. The Research Process and Findings: Personal Reflections**

To distinguish my own experiences from those presented in this study, I refer back to my reflections in section 1.8 and consider how my perspectives have changed following the research process. This process will further facilitate the reader in connecting my personal experiences to the cultural setting of the research (Ellis & Bochner, 2003). Some of the experiences that have been instrumental in the development of my professional identity were also acknowledged by the participants. Like the participants in the research, my professional identity was developed over time during my training. During the training, I have developed a strong sense of a professional identity as a Counselling Psychologist. The development of my professional identity was facilitated by self and others and allowed for negotiation and integration between my professional self and personal self, as well as the part of others selves. Through my professional practice, I experienced a sense of competence, autonomy and responsibility, which allowed me to view myself as a professional and,

as time went on, to compare my role as a professional to those around me. This was further reinforced through my engagement with others, including my personal therapist and my placement supervisor, who were both Counselling Psychologists and who provided me with my first experiences of Counselling Psychology in practice. The academic staff at my university also influenced the development of my professional identity through talking openly about the role of a Counselling Psychologist. During my first year as a trainee, I also became familiar with the HCPC and the Division of Counselling Psychology within the BPS. The context of my training became increasingly important in the development of my professional identity in my second year. I went from working in an IAPT service where I provided short-term interventions within a medical model, to a specialist service for eating disorders where I provided long-term interventions within a wellbeing model. This change in context directly influenced my theoretical orientation and my professional identity by forcing me to engage in a process of pulling apart what I already knew, as well as regularly reconsider what to take in from others and what to take in from me. My role as a second-year trainee and the context of my placement led other professionals to have higher expectations of my ability as a professional. This resulted in increased clinical and service responsibility, and a growing sense of competence and autonomy. During my second year, I also become more involved with the Division of Counselling Psychology, through the attendance of workshops and training events. Engaging with other members of the Division of Counselling Psychology offered me a sense that I was gradually becoming part of the professional community. The development of my professional identity in my third year as a trainee continued through engaging with this research. Conducting this research has required that I consider both my own and others' perspectives of the identity development process. Based on my earlier positivistic training, this has, at times, been a challenge. On occasion, my search for absolute truths and a desire for the results to be neatly presented caused tension with my subjective understanding of the training process and the values and philosophy of Counselling Psychology. My wish that the results would fit neatly together has sometimes stood in the way of subjective differences and seeing the real tensions within and between the concepts derived from the results. Through supervision, guidance, and self-reflection, I have been made aware of this challenge, and I have consequently returned to the research and attempted to provide a more complete account of the participant experience. Through reflection, I have

noticed that my own experiences are similar to many of those presented in the research. In section 4.4, I have therefore actively reviewed my role within the research. Despite the similarities, I fully acknowledge that no two individuals will have the same experiences and I have actively looked for conflicting or different experiences to those of my own in the research participants. My pursuit for conflicting and different experiences can be seen further in the participant demographics, where I have purposefully sought out research participants with different demographics, such as age, gender, ethnicity and experience. Furthermore, I have followed the guidelines set out by Charmaz (2006) to prevent researcher bias and I have regularly reflected on my role in presenting the participants' 'voices'. Important questions for reflection included to what extent were different perspectives acknowledged, and what or who might have been silenced or omitted, unwittingly or with intent (Clark, 2005). In order to stay true to the participants' perspectives, I have endeavoured to present the participants' experiences as closely as possible, whilst still acknowledging my role as a researcher.

In conclusion, the development of my own professional identity has been dependent on experiences of my own and others' behaviour, attitudes and values, my negation of the tensions between my subjective history and personality and the objective requirements of the profession, as well as the different professional contexts that I have faced during my training. My identity has changed throughout the training and I anticipate that it will continue to change once I graduate. I believe that engaging with and reflecting on my experiences has led me to profit from these experiences and that this has been instrumental in the development of my professional identity. It is through capitalising on my experiences that I have gradually developed a sense of myself as a professional. It is this sense that has motivated me in becoming part of the professional community, which, again, has led to the eventual development of my professional identity today.

### **4.3. Looking Ahead: Implications for Counselling Psychology and Recommendations**

**Providing trainees with appropriate opportunities during their training that facilitate authority, responsibility, autonomy, competence and a sense of inclusion.** Trainees develop a sense of authority, responsibility, autonomy,

competence and inclusion through their professional practice and academic training. If trainees are to develop a professional identity as Counselling Psychologists, then it is important that they are provided with appropriate opportunities during their training to develop these areas. Yet, mental health practice is an ever-changing landscape, and balancing the socio-cultural demands on the profession with the needs of the trainees can sometimes present a challenge. The trainees are continuously faced with a process of negotiation between the subjectively appropriated and the objectively assigned identity. As the concept of professional identity is constantly changing in line with our perception of reality, the trainees are faced with a selection of internal and external tensions during their training. This study highlights the importance of the role that both the training institution and the wider organisations involved in the training of trainee Counselling Psychologist have on the development of a trainee's professional identity. In addition to ensuring that the standards provided by the professional regulators are met, training institutions have a crucial role in attending to both the academic and human needs of their students. This includes facilitating them in acquiring knowledge, confidence and authority, as well as assisting them in developing the capacity to hold tensions instead of resolving them. Gazzola et al. (2011) propose that a trainee's professional identity is developed through their interaction with different contexts and training institutions should therefore pay greater attention to how the setting of the trainee's professional practice influences the development of their professional identity. For instance, in order that the trainee integrates the values of Counselling Psychology with their professional practice, and become familiar with holding the tension between the values of Counselling Psychology and related fields, perhaps the training institution should pay greater attention to identifying clinical sites for trainees that embody the values and philosophy of Counselling Psychology. Such sites should, for instance, employ Counselling Psychologists, and offer supervisory training in line with the values and philosophy of Counselling Psychology to all supervisors who supervise Counselling Psychologists. Along with marking the trainees on their clinical competencies at placements, training institutions should also start marking the competency of the supervisor in supervising a Counselling Psychology trainee. Such clinical sites would potentially also provide trainees with a forum where they can compare and contrast their experiences as professionals in training and the challenges that they experience in relation to identity formation. This could allow the trainees further opportunities to

pull their experiences apart without constraint, and help reduce a trainee's experience of subjugation. Such a forum might also ease some of the unavoidable tensions related to role conflict that trainees experience during their training, particularly when comparing their role as Counselling Psychologists to that of a Clinical Psychologist. Hecht (2001) argues that individuals feel increasingly conflicted about their role if the opportunities and flexibility within the work setting are insufficient. Role conflicts can result in negative consequences for both the wider organisation and the individual through areas such as decreased job satisfaction, loss of motivation, loss of self-esteem and deterioration in social relations (Kahn et al., 1964; Ortquist & Wincent, 2006). If trainees experience a conflict between what is expected of them at their placement and what is expected of them at their training institution, then this might lead them to invest less in one or more of the components of their professional training, an action that could impede their professional development. It seems that trainees would benefit from a greater integration between the values and expectations of their training institution and the setting where they engage in their professional practice. To avoid disparity between these two, the placement co-ordinator at the training institution could, for instance, contact the services where the trainees will be located prior to the trainee starting and assess whether the services fits with the requirements of the training institution. The training institution should also put a strategy in place so that advice and guidance can be offered should the service wish to change to accommodate future trainees. However, perhaps the first stage in facilitating such change could be a widening of focus from the idealised and value-centred perspectives so often promoted within institutions, to a perspective that includes the socio-political context of the profession. If this is not possible, then more should be done to accommodate the trainee in holding this tension, for instance, through supervision, workshops or discussion groups.

#### **Greater recognition and dialogue about role conflicts and role ambiguity.**

Jones (1993) maintains that improved communication and specific dialogue around conflicting roles can help reduce role ambiguity. This research suggests that the trainee's development of a professional identity may be enhanced through better communication around their professional role. This includes reframing ambiguities around the trainee's role as a student and as a professional. Such discourse will help both clarify the aspects of these roles that the trainee experiences as difficult and help

shape their future interaction with others. This research highlights the role conflicts that exist for trainees and can therefore be seen as important in raising awareness of these issues amongst trainers, managers and supervisors. Articulation and discussion about the trainee Counselling Psychologist's role is vital in order to address these conflicts. Further consideration of the impact that systemic influences, such as the political, historical and organisational context of the training, have on the trainee's professional identity development is therefore necessary. Such considerations include continued debate about Counselling Psychology's position within the wider health care system, and clarification of a trainee Counselling Psychologist's role within different occupational settings. This requires communication and an open discourse amongst the relevant parties so that a collaborative resolution can be promoted and role conflicts and ambiguities can be reduced. Such change might be brought about through further promotion of and engagement with open forums that facilitate a discussion of training issues from all perspectives. This will allow trainees, service managers, supervisors, tutors, personal therapists and members of professional bodies to come together to discuss the training of Counselling Psychologists. This suggestion has been supported by Ikiugu and Rosso (2003), who explored the development of a professional identity in occupational therapists. They found that their students' ability to develop a clear professional identity was enhanced through the introduction of a generative discourse on the philosophical underpinnings of the profession's theory and practice. This also suggests that trainees might benefit from more formal teaching and discussion about the historical and socio-cultural context of Counselling Psychology. Training institutions could, for instance, allocate time for workshops dedicated to exploring and discussing these contexts, as well as grading the trainee's awareness and understanding of these contexts by making the inclusion of these contexts a formal marking criteria in the trainee's coursework. It is anticipated that such teaching may further enhance a trainee's understanding of the profession and that this will make it easier for the trainee to integrate the values and philosophy of the profession with their professional identity. Yet, it is important to recognise that trainees will encounter some tension around roles during their training regardless of the level of communication, their teaching or the training approaches that are in place. This is due to the dynamic nature of the profession; its emphasis on subjectivity and simultaneous need for objectivity; the necessary dialectic between self-identification and the identification of others; and the position of Counselling Psychology within

our sense of reality. In addition to trying to improve the trainee situation, we should therefore also direct some of our focus towards facilitating trainees in accepting and dealing with uncertainty and tension.

**Formalisation of career paths for trainee Counselling Psychologists.** The trainees express feeling a great level of ambiguity around their role as unpaid professionals. Gaining appropriate financial recognition was highlighted by many of the trainees as instrumental in the development of their professional identity. It emphasises a level of equality between the trainee and their colleagues and provides the trainee with a sense of recognition of their professional role. A defined professional role that was recognised and valued by others reinforces the trainee's choice of career and their internalisation of the professional role. However, a lack of such financial acknowledgment can be recognised as detrimental to the trainee's development of a professional identity. Of particular interest here is the trainee's comparison with the role of trainee Clinical Psychologists, who receive a salary throughout their training. <sup>1</sup>Although some differences do occur between Clinical and Counselling Psychologists, the similarities are many and both sets of trainees are often found working side by side within the NHS. Yet, the difference in pay between Clinical and Counselling Psychology trainees reinforces the perceived hierarchy verbalised by the trainees in chapter 3. In addition to leaving Counselling Psychology trainees financially disadvantaged in relation to their Clinical Psychology peers, the difference in financial recognition also hinders the Counselling Psychology trainees in developing a sense of competence in their professional role. This finding indicates that a trainee's development of a professional identity will benefit from equal financial recognition between Counselling and Clinical Psychology trainees. The promotion of greater equality within the trainee's professional development will also help foster a better integration between theory and practice. Perhaps, for such a change to occur, role and salary progression would need to be formalised, similar to the Clinical Psychology system. However, considering the current changes to mental health funding (Alakeson, 2012), the transformation of the NHS under the current

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<sup>1</sup>In line with the NHS Agenda for change and the NHS terms and conditions service handbook (2012), trainee Clinical Psychologists receive a band 6 salary throughout their training.



government (Alakeson, 2012), the NHS's longstanding relationship with the training of Clinical Psychologists (Cheshire & Pilgrim, 2004), and the fundamental differences in values between Clinical and Counselling Psychology (Cheshire, 2000b; Cheshire & Pilgrim, 2004; Orlans & Van Scoyoc, 2009; Woolfe et al., 2010), such change seems unlikely. Instead, the question about equal financial recognition between Counselling and Clinical Psychology trainees returns us to the earlier questions of differentiation vs. integration between applied psychologists, a question that Clinical Psychology and Counselling Psychology are not in agreement about, either within each profession, or between them (Edge & West, 2011; Goldstein, 2009; Kinderman, 2009; Strawbridge, 2003; Turpin, 2009). It is therefore acknowledged that for change to occur, further discourse is needed between the different psychological divisions within the BPS. To encourage this discourse and shape their professional environments, Fairfax (2014) argues that Counselling Psychologists should get better at taking control and asserting their need. This could, for instance, be done by staking claim to be the profession specialising in treating complex clients and by supporting Counselling Psychology's phenomenological and relation practice in the modern health care system. Agazarian and Gantt (1997) argue that it is a system's ability to discriminate and integrate difference that determines its survival. Therefore, if the financial distinction between Clinical and Counselling Psychology continues, perhaps both sets of trainees will benefit from a better integration between the training programmes so that overall differentiation can be reduced.

#### **4.4. The Findings in Context: Methodological Considerations and the Need for Further Research**

The researcher has chosen to discuss the implications of his role as a trainee in previous sections. This has been done in order to minimise the disadvantages that might come with his position of being the sole researcher involved in this study. Below, he will try to outline the methodological challenges that he has faced whilst conducting this research by exploring the reliability and validity of the study. Ideas for future research will also be presented.

##### **4.4.1. Reliability and Validity**

The reliability and validity of qualitative research can be determined through exploring the trustworthiness and the credibility of the researcher's proposed

definition of the field (Janesick, 1998; Stiles, 1993). Yardley (2000) proposes that the following criteria should be considered when assessing reliability and validity: sensitivity to context; transparency and coherence; commitment and rigor; and impact and importance. The following section will aim to consider the reliability and validity of the research project in line with these.

#### **4.4.1.1. Context: The Importance of Sensitivity**

When discussing the context of the study, Yardley (2000) proposes that the following three points should be considered:

**The role of previous research developed in this area and its influence on the context of existing theory.** The knowledge of the current theoretical concepts and assumptions within this field presented in section 1 provided a valuable framework to enhance the researcher's interpretation of the data. However, this knowledge did not prevent the researcher from seeking out new findings in the current study. The research process consists of grounding the findings in the existing literature, and adding to the current understanding of the area (Yardely, 2000). As a way of accounting for the context of past and current findings, the reader is presented with transcript extracts to help illustrate how the new described theory or concepts are grounded in the literature. Throughout the analysis process, the researcher actively tries to identify and explore conflicting participant experiences as a way of developing the interpretations further. This process includes identifying common experiences amongst the participants and then engaging in an active pursuit of identifying participants with conflicting or alternative experiences, through revising the interview schedule, interviewing a broad research demographic and engaging in reflective memo writing and supervision.

**The study's setting and socio-cultural context.** As identified in section 1.4, the field of Counselling Psychology is a relatively new field in the UK and it has experienced a number of changes in the last thirty years. Contextual socio-cultural factors that have influenced the profession include: the role of acquiring a job in the NHS, private or volunteer sector; the increased demand for access to psychological services and the influence this has on professional sectors and training programmes; and the role of statutory regulation and the increased demand of rigorous assessments

of competence and continued professional development. Section 4.1 explores and considers what impact these contexts might have had on trainee experiences.

**The relationship context between the researcher and the participants who engaged in the study.** The researcher did not personally know any of the participants; however, given his role as a fellow trainee, this is a particularly important point to consider. Potential disadvantages of the researcher's position include:

**Participants may have restricted their responses due to the researcher's role as a fellow trainee and the possibility of meeting again in the future.** Although the researcher felt that all the participants actively and honestly shared a number of their personal views of their experience as a trainee, he was also aware that some participants might have changed some of their responses due to his role. Although this was not verbalised, some of the participants might have worried that the researcher would be able to identify people or services that they spoke about due to his role as a trainee Counselling Psychologist. They may also have altered parts of their experiences to avoid sounding too positive or too critical due to the possibility of meeting again in a professional setting in the future. Equally, they may also have attempted to impress the researcher by being more positive or critical. However, all the participants indicated a degree of comfort whilst taking part in the research by disclosing a number of thoughts, feelings and experience that the researcher had not considered prior to conducting the research. Perhaps, this disclosure can be considered as a sign of the participant's trust in the researcher to maintain confidentiality and simultaneously convey their experiences further.

**The researcher's knowledge as a trainee might have led to assumptions about the research.** Considering the researcher's knowledge of being a trainee as well as his increasing understanding of other trainees' experiences brought out of conducting this research, there was a possibility that the researcher might have assumed an understanding of each participant's thoughts, feelings and experiences that was incorrect. However, the researcher has attempted to pay close attention throughout the analysis process to the views in the data that conflict with his own expectations and experiences. Perhaps, the process of concurrent data collection and analysis has facilitated in limiting researcher bias by highlighting conflicting experiences and providing the option of exploring these further in new interviews.

The researcher's role as a fellow trainee might also have certain advantages:

**Participant access.** The researcher's position as a trainee might have helped in the process of recruiting participants. He had knowledge of which universities provided professional training in Counselling Psychology in London and who to contact at each university. Trainees across the country regularly ask course leaders on professional doctorate training to share information about their research with other trainees and this might have increased the willingness of course leaders to share information about the study with their trainee cohorts.

**Understanding the context of the professional training.** Due to his role as a trainee Counselling Psychologist, the researcher was in a unique position to share an understanding of the interviews that someone outside of this context might not be in a position to do.

**Balanced power.** The researcher believes that due to his role as a fellow trainee, the research participants viewed him as someone who was genuinely attentive to their experiences, rather than being an expert researcher. Throughout the interviews, the participants indicated that they felt comfortable talking with the researcher, and no-one displayed any signs of adverse distress as a result of taking part in the research. Perhaps, the researcher's role as a trainee helped the participants to feel that the power balance was relatively equal and that this facilitated them to talk more openly about their experiences than they might have done with a stranger (Yardley, 2000).

This section has explored the advantages and disadvantages that the researcher's role as a trainee has had on the research project. Throughout the research process, the researcher has attempted to utilise the privileges that have come with his position, whilst simultaneously considering any limitations that might have occurred as a result of this role. The following section will continue to explore the reliability and validity of this study by exploring the researcher's transparency and coherence.

#### **4.4.1.2. Reflexivity: Transparency and Coherence**

**Transparency.** In line with the reflective-practitioner model, the researcher has attempted throughout this study to present a transparent approach where he has acknowledged his own biases and reflected on his role in the development of the research question, the chosen method of data collection and analysis, the development of a model and the possible implications of this model. Reflexivity throughout the project has played a crucial part in identifying, exploring and acknowledging the subjective experiences that the researcher has brought to the research, and how these experiences have come about through interaction with others within an institutional and historical context (Parker, 2005). Memo writing has helped to keep personal thoughts and feelings about the professional training distinct from those presented by the participants, to document thoughts, feelings and decisions regarding the research process, and to keep a record of thoughts about emerging themes and the relations between different themes. In order to orient the reader to the personal context of the research, prior to commencing data collection, the researcher recorded personal reflections of his own experience of developing a professional identity and presented this in section 1.8. To illustrate his stance before each round of data collection, section 2.4. further presents the researcher's reflective predictions of what he expected to hear at each stage. With a view to providing a clear documentation of the researcher's role in the process of sampling, coding and categorisation of the emerging theory, memo writing was also utilised to record thoughts on the research process and how interacting with the collected data has influenced perceptions.

**Coherence.** In line with Yardley's (2000) guidance, coherence has here been interpreted as the fit between the aim of the research and the chosen research method. The rationale for choosing a constructivist grounded theory approach has been presented above and it is believed that this method provides a good fit to the research aim. Coherence of the interpretation was explored in section 4.2, where the researcher reviewed the impact of the provided model on his general understanding of professional identity development as well as his personal experience of this process.

#### **4.4.1.3. The Overall Picture: Commitment and Rigour**

According to Yardley (2000), the commitment and rigour of a study will be reflected in the completeness of the interpretation. Constructivist grounded theory goes beyond

descriptive presentations of individual experiences, with the aim to explore variations in the data and integrate these into the presented theory. With a view to providing a complete and integrated theory, the researcher has explored variations between participant experiences and engaged in an active pursuit of negative cases to test the emerging hypotheses. By interviewing trainees from all years of training, the researcher believes that he has enabled the comparison of participant experiences over time, through the different stages of training and professional development, thus adding to the completeness of the developing model. Through regular discussions with his academic supervisor, the researcher has engaged in an independent audit of the collected data. Supervision has helped explore the existing data, identify individual experiences that needed further exploration and enhanced attention to grounding the presented model in the collected data. Although the researcher recognises that respondent validation might provide greater reliability and face validity for some research studies, he has chosen not to seek respondent validation due to the dynamic nature of the research topic (Bryman, 1988). Fielding and Fielding (1986) explained that respondent validation can only be considered if the research participants have a privileged position as commentators on their own experiences, and that such feedback cannot be considered direct validation following the researcher's inferences. A trainee's professional identity is seen as an active and dynamic construct that continually changes over time in parallel with the socio-political context of the training. It is thought that respondent validation would therefore not have provided greater reliability and validity due to the potential changes in the trainee's experiences, changes to the wider socio-political context of the training and the researcher's inferences. Instead of acting as a process of validation, Fielding and Fielding (1986) contended that respondent validation could therefore only be treated as yet another source of data and insight. This has been further supported by Bloor (1983) and Lyons and Coyle (2007).

#### **4.4.1.4. Relevance: Impact and Importance**

Yardley (2000) has proposed that research should be useful and important. The researcher believes that in order to determine how the methods of the professional training affect the trainee, and how this can potentially be improved, it is both important and useful to explore how trainee Counselling Psychologists understand the process of developing their own professional identity. The relevance and implications

of this research has been covered in greater detail above in section 4.3. The research context and the closeness of fit between research and practice help to emphasise the utility of this project. The specific attention to research participants and the context of the research indicates that the findings could have the ability to influence aspects of professional doctorate training within this context, for instance, by providing a greater understanding of whether the core values of Counselling Psychology are integrated into the trainee's professional identity. The influence on alternative professional and academic discourses about professional identity development might also be considered. This may provide useful information for others, such as professional bodies and clinical and academic institutions that have an interest in understanding and promoting professional identity development. However, grounded theories of human behaviour should be considered relative in context and time as well as preliminary due to the frequently shifting nature of the social world. In line with the constructivist approach, the presented interpretation should therefore be considered as one perspective amongst many others, rather than a single, universal and lasting truth (Charmaz, 2003).

#### **4.4.2. Future Research Directions**

Research areas of future interest to this and related topics include:

**The impact of a Counselling Psychologist's professional identity on the transition to qualified practice.** The current research on professional identity development in trainee Counselling Psychologists suggests that a professional identity changes in parallel with the profession and the individual's personal and professional development. The participants in this research anticipated that their professional identity would continue to change throughout their career, yet there is currently a lack of research exploring how a trainee Counselling Psychologist's professional identity evolves once they become qualified practitioners. It may be that the transition from trainee to chartered psychologist will influence the individual's sense of authority, responsibility, autonomy, competence and sense of inclusion, as well as help reduce role conflict and role ambiguity. It seems plausible to suggest that a better understanding of this process could help training institutions and employers aid newly qualified Counselling Psychologists in their continued development of a professional identity. This research would be a good continuation of the already existing literature

and would provide a further understanding of how a professional identity is integrated and utilised by qualified Counselling Psychologists.

**A comparison of professional identity development in full-time and part-time trainee Counselling Psychologists.** In her study on professional identity development in trainee Clinical Psychologists, McElhinney (2008) reported that part-time trainees often expressed feeling stressed, flat, tired and unmotivated as a result of role ambiguity, role conflict and a lack of responsibility, autonomy and a sense of belonging. McElhinney (2008) argued that this was followed by a reduction of study time and increased isolation from their peers. This research study indicated that the development of a trainee's professional identity can be restricted as a result of the trainee experiencing role ambiguity and role conflict. Yet, there is a current shortage in research comparing the development of a professional identity in part-time and full-time trainee Counselling Psychologists. Considering that time, as well as a diversity of experiences, appears to be significant in the development of a trainee's professional identity, and that part-time trainees engage in their training alongside full-time trainees, it seems valuable to gain a better understanding of how exactly these different experiences and time schedules impact on the development of a professional identity in both sets of trainees. Research in this area would add to the existing literature on professional identity development in trainee Counselling Psychologists and provide further clarification of which aspects of the professional training that trainees utilise in their development of a professional identity, and when.

**A comparison of subsequent trainee cohorts' experiences of developing a professional identity with this cohort.** This research suggests that a professional identity is an active construct that changes over time. It has been proposed that the development of a trainee's professional identity is dependent on the context of the trainee's training, as well as the wider social and political context. Reviewing the historical context of Counselling Psychology in the UK, it is clear that significant changes have occurred within both the Division of Counselling Psychology, and to the training of Counselling Psychologists. It seems plausible to argue that changes to the political, social and training context will continue to occur in the years to come, and it might therefore repay to compare the experiences of professional identity development in subsequent trainee cohorts with this cohort. Such a comparison would



enable tentative conclusions to be drawn about which factors within the existing model of professional identity development are found to be fundamental in the development of a professional identity, and which factors are a product of the interaction between these participants and the contexts that they are situated within.

**An exploration into how supervisors, service managers, personal therapists and tutors anticipate that trainee Counselling Psychologists develop a professional identity.** In their collection of sociological literature conducted on professional socialisation, Bucher and Stelling (1977) argued that trainees are impressionable and that the basic foundation of a professional identity is constructed when the trainee undergoes an initial socialisation to the profession during their professional training.

The above research indicates that the development of a trainee's professional identity is influenced by the trainee's interaction with others. The research also suggested that supervisors, personal therapists, tutors, and fellow professionals were all found to influence the development of a trainee Counselling Psychologist's professional identity. Yet, we do not know how these professionals experience the development of a trainee's professional identity or how they perceive their role in this development. Wulff and Austin (2004) acknowledged this gap in the current literature in their book *Paths to the Professoriate*. They proposed that future research on university graduates would benefit from including a variety of voices and perspectives from both inside and outside of higher education. Action research could therefore be conducted to consider how supervisors, service managers, personal therapists and tutors anticipate the development of a trainee Counselling Psychologist's professional identity. Such a research would add value to the existing understanding of professional identity development in trainees. It would also provide a way of assessing the feasibility of addressing some of the issues identified by the trainees and the proposed solutions presented in this research.

**An exploration into how synergy influences the trainee Counselling Psychologist's development of a professional identity.** The findings of the present research reveals that trainee Counselling Psychologists regularly engage with a multitude of demands that influence their development of a professional identity, and that these demands do not always operate together. However, despite the lack of

synergy between the different demands, the trainees expressed a level of confidence in their ability to address this complexity. It may be that the trainee's capacity to engage with a multitude of demands holds a more central role in the trainee's development of a professional identity, thus warranting the need for further research in this area. This research would supplement the current literature on professional identity development in Counselling Psychology trainees by clarifying how trainees work when things are not synergistic, and how this influences the development of their professional identity. This research could help quantify how trainees arrive at a balance between the different elements of their training, and highlight the role of the trainee's internal characteristics and their stage of training.

#### **4.5. Concluding Remarks**

Reflecting on the narratives of the research participants, it appears that the process of developing a professional identity includes a willingness to engage with a multitude of demands. These include engaging with the interpersonal context through supervision and personal therapy, the trainee's professional practice, the academic demands and the training and socio-political context. However, the accounts of the trainees suggested that these elements do not always operate synergistically to form a secure identity matrix, with the development of a professional identity occurring throughout the training through a selection of positive and negative experiences and a negotiation between tensions. Perhaps, the lack of synergy can be considered part of the development of a trainee's professional identity. On a personal level, the researcher has found this research to be both an enjoyable and enlightening process. He believes that his understanding of the development of his own and others' professional identity has been enhanced as a result of this research. Considering the participants' narratives, the researcher has gained a greater understanding of what other trainees have found important in the development of their professional identity. Through these narratives, he has also gained solace in the fact that he was not the only one who found the development of his professional identity a challenge at times. The researcher believes that this research will continue to influence the development of his professional identity, and hopes that it will supplement his professional practice and his approach when supervising trainees in the future. It was never the intention of this research to provide an all-inclusive and final model of professional identity development in trainee Counselling Psychologists. Instead, this research proposed that

the development of a professional identity in Counselling Psychology trainees should be considered in light of what makes Counselling Psychology unique: its emphasis on integration and its acceptance of difference in equal parts. These are two elements that perhaps can be considered intrinsic to the profession and which accentuate the importance of validating both objectivity and subjectivity when trying to understand the development of a trainee's professional identity.

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# Appendices



**Appendix A: Consent form**

An exploration into the development of a professional identity in trainee Counselling Psychologists using grounded theory  
Researcher: Torstein Stapley

**Consent form**

Prior to participating in the study all participants are asked to sign a consent form. By signing this consent form you are indicating that you have read the information provided to you about the research project and that you are happy with this information. Signing this form will also indicate that you are aware of your rights as a study participant and that you are willing to participate in this research project. Please complete **ALL** of the below sections and print and sign your name at the end. Should you have any questions, please do not hesitate to ask the researcher.

**To be completed by the participant:**

**Please circle Yes or No**

- Have you read and fully understood the research project information sheet?  
**Yes/No** Initial:.....
  
- Have you been provided with ample opportunity to discuss any questions you might have about the research project?  
**Yes/No** Initial:.....
  
- Did the answers to your questions satisfy you?  
**Yes/No** Initial:.....
  
- Has the researcher provided you with a sufficient amount of information regarding the study for you to decide whether you would like to participate?  
**Yes/No** Initial:.....
  
- Are you aware that all information collected during the research project will be kept confidential? Are you aware that this confidentiality will be broken if you provide information about illegal activities or information that is likely to cause harm to self or others?  
**Yes/No** Initial:.....
  
- Have you understood that you have the right to refuse to answer any questions during the research interview?  
**Yes/No** Initial:.....
  
- Have you understood that you are free to withdraw your data from the research project up to two weeks after completing your interview?  
**Yes/No** Initial:.....

**Appendix A: Consent form (cont.)**

- Do you understand that the research interview can be terminated at any point by both the researcher and the participant should you experience undue distress?  
**Yes/No** Initial:.....
- I hereby agree for the researcher to audiotape the research interview and allow the use of extracts from my interview to be utilised in the writing up and publication of this research project.  
**Yes/No** Initial:.....
- Have you understood that all personal information and identifying features such as your name will remain completely anonymous throughout the research project and that your identity will be kept separate from the research project findings?  
**Yes/No** Initial:.....
- I agree that all information from the research project, including research interview and transcript will be kept for up to five years for the purpose of publication. I understand that such information will be treated as strictly confidential and handled in accordance with the provision of the Data Protection Act 1998.  
**Yes/No** Initial:.....
- I hereby provide my consent to participate in the above research project.  
**Yes/No** Initial:.....
- I hereby provide my consent for the researcher to keep my contact details on file for the duration of the research process.  
**Yes/No** Initial:.....
- I hereby provide my consent for the researcher to use an external professional transcription service to confidentially transcribe my interview.  
**Yes/No** Initial:.....

**Participant contact details:** \_\_\_\_\_

**Email:** \_\_\_\_\_

_____	____/____/____	_____
<b>Name of Participant</b>	<b>Date</b>	<b>Signature</b>
_____	____/____/____	_____
<b>Researcher</b>	<b>Date</b>	<b>Signature</b>

## **Appendix B: Information sheet**

An exploration into the development of a professional identity in trainee Counselling Psychologists using grounded theory

### **Information Sheet**

Dear reader,

My name is Torstein Stapley and I am conducting research on how trainee Counselling Psychologists experience the development of a professional identity during training. This research is conducted as part of my Professional Doctorate in Counselling Psychology at London Metropolitan University, where I am supervised by Dr Russel Ayling.

#### **Purpose of the study:**

I am writing to request your help in the form of participation. The purpose of the study is to gain a greater understanding of how trainee Counselling Psychologists experience the development of their own professional identity. As a trainee you will currently be engaged in your doctorate training. Your recollections of the journey that has led to your current professional identity will therefore be both recent and of great value to the further understanding of the journey experienced by trainee Counselling Psychologists.

#### **Your contribution to the study:**

It is anticipated that the information gathered in this research project could help provide future trainees with a greater understanding of how their professional identity is developed during training. It is also anticipated that this understanding could help bring changes to the way professional doctorate training is conducted, as well as fill a current gap in the literature in this area.

#### **What is expected of you:**

The inclusion criterion for the study is that you are a Counselling Psychology trainee currently completing professional doctorate training in the United Kingdom. Trainees from all years are welcome to participate. If you agree to contribute to this study, you will be asked to participate in a recorded interview estimated to last approximately one hour. The interview will focus on your experience of the development of your professional identity. Questions will be asked about your understanding of your role within the field of Counselling Psychology and how you have arrived at this understanding. In addition to the interview, you will be asked to complete a short demographics form and a consent form. Each appointment is expected to last a total of 1.5 hours to allow for sufficient time to answer questions regarding the research so that informed consent can be recorded, and a debriefing can be conducted at the end of the interview.

#### **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

## **Appendix B: Information sheet (cont.)**

Principles for Conducting Research with Human Participants: the researcher guarantees complete anonymity and confidentiality of any collected information. Breaches to confidentiality will only occur if the research participant indicates involvement in unlawful behaviour including breaches of national security, or if the research participant indicates a risk of harm to self or others. All collected data will be securely stored at all time and kept for five years for the purpose of publication. Should you have any further concerns regarding anonymity or confidentiality, the researcher will be happy to discuss this with you prior to engagement in the study.

### **Participation:**

All participation is entirely voluntary and is in no way connected to, or a requirement of, your training. Should you wish to withdraw from the study, or retract your contribution, you are free to do so without further explanation up to two weeks following the completion of your interview.

### **How to participate:**

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 so that we can arrange a suitable time and place to conduct the interview.

### **Study findings:**

Should you wish to obtain a summary of the research findings, please inform the researcher and provide your contact details. All contact details and identifying material will be securely stored away from the material recorded during the research interview. If the findings of the research project are published in a journal, no identifying information will be included and complete anonymity will be upheld.

### **Costs:**

The study will take place within the premises of London Metropolitan University or an alternative London-based location. If you attend the research interview you will be reimbursed for your purchased travel ticket within London. No additional costs are expected.

### **Risks:**

Due to the focus on personal experiences during training that will be explored in the interview, it is possible that the research interview will evoke distressing thoughts, feelings or images. You are entitled to decline to answer any interview question and you may take short breaks during the interview to process difficult emotions that may occur should you wish to. To ensure the safeguarding of your wellbeing, both you and I, the researcher, will reserve the right to terminate the interview at any point should you become excessively distressed following your participation in 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.

**Appendix B: Information sheet (cont.)**

**Making a complaint**

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

Dr. Russel Ayling

London Metropolitan University

[REDACTED]

Should you wish to take part or have any further questions regarding this research project, please do not hesitate to contact me on the address below.

Principal investigator: Torstein Stapley

Email: [REDACTED]

University Address:

Professional Doctorate in Counselling Psychology

London Metropolitan University

Calcutta House

Old Castle Street

London E1 7NT

Thank you for your time and consideration

Yours faithfully,

Torstein Stapley

Counselling Psychology Trainee

**Appendix C: Participant debrief sheet**

An exploration into the development of a professional identity in trainee Counselling Psychologists using grounded theory

## **Participant Debrief Sheet**

Thank you for taking part in this research project. Should you wish to withdraw your submitted data, please contact the researcher via email with your unique participant number and request within two weeks of completing your research interview.

### **Making a complaint**

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

Dr. Russel Ayling  
London Metropolitan University  
R.Ayling@londonmet.ac.uk  
Tel. 020 7320 1080.

### **Risks**

If this study has harmed you in any way, please consult your personal therapist, London Metropolitan University or find a list of possible options for further advice and support below:

Principal investigator: Torstein Stapley      Email: [torstap@gmail.com](mailto:torstap@gmail.com)

University Address:  
Professional Doctorate in Counselling Psychology  
London Metropolitan University  
Calcutta House  
Old Castle Street  
London E1 7NT

*Thank you,*

Torstein Stapley  
Counselling Psychologist Trainee

## **Appendix C: Participant debrief sheet (cont.)**

### **MENTAL HEALTH SUPPORT**

#### **Mind**

15 – 19 Broadway, London, E15 4BQ.

Tel: 0300 123 3393 / 020 8519 2122

Email: [contact@mind.org.uk](mailto:contact@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

Provides a confidential helpline, face-to-face counselling, advocacy, support and befriending for a broad selection of mental health difficulties.

#### **Samaritans**

Tel: 084 5790 9090

Email: [jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

Website: <http://www.samaritans.org/>

Offers a 24 hour support help-line service.

### **COUNSELLING/PSYCHOTHERAPY**

#### **British Psychological Society**

St Andrews House, 48 Princess Road East, Leicester, LE1 7DR.

Tel: 011 6254 9568

Fax: 011 6227 1314

Website: <http://www.bps.org.uk>

A national licensing body that provides contact details to a host of fully licensed psychologists working within a broad selection of therapeutic approaches.

#### **The British Association of Behavioural And Cognitive Psychotherapies (BABCP)**

Cognitive Behavioural Therapy (CBT)

Globe Centre, PO Box 9, Accrington, BB5 2GD.

Tel: 012 5487 5277

Website: [www.babcp.co.uk](http://www.babcp.co.uk)

A national licensing body that provides contact details to a host of fully licensed Cognitive Behavioural Therapists in the UK.

**Appendix C: Participant debrief sheet (cont.)**

**British Association for Counselling And Psychotherapy (BACP)**

BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB.

Tel: 014 5588 3300

Website: [www.bacp.co.uk](http://www.bacp.co.uk)

A national licensing body that provides contact details to a host of Cognitive Behavioural therapists, counsellors and psychotherapists.

**UK Council for Psychotherapy (UKCP)**

2nd Floor, Edward House, 2 Wakley Street, London, EC1V 7LT

Tel: 020 7014 9955

Fax: 020 7014 9977

E-mail: [info@ukcp.org.uk](mailto:info@ukcp.org.uk)

Website: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

An organisation that provides CBT, family, couples and group therapy and psychotherapy.

Additional information about free local treatment providers and voluntary support organisations will be available by contacting your GP.



**Appendix D: Demographics form**

An exploration into the development of a professional identity in trainee Counselling Psychologists using grounded theory

**Demographics form**

**Participant Reference No:**

Please circle each relevant item or complete the requested information

Age:

-----

Gender:

Male          Female

Ethnicity (please specify):

-----

Religion (please specify):

-----

Theoretical orientation (please specify):

-----

Year of training:

1<sup>st</sup> year          2<sup>nd</sup> year          3<sup>rd</sup> year          4<sup>th</sup> year          5<sup>th</sup> year

Years of practical therapy experience:

0-1          1-2          2-3          3-4          5+

Highest qualification:

BA    BSc    MA    MSc    MPhil    PhD    Prof Doc

## Interview Schedule

Welcome and participant briefing by researcher:

- Distress protocol.
- House rules (Phone off, emergency exits, etc.)
- Review information sheet
- Informed consent

### **Questions:**

1. As a trainee Counselling Psychologist can you describe how you view yourself in a professional capacity?

#### **Prompts/Probes:**

- Tell me about how you came to this view.
- What has contributed to this view?
- What, if anything, do you feel distinguishes you from other related professionals? (Clinical Psychologists, Psychotherapists, Counsellors, etc.)
- What do you think of when you think about the philosophy of Counselling Psychology?

2. What do you understand by the term professional identity?

#### **Prompts/Probes:**

- How would you describe the process of developing your professional identity as Counselling Psychologist trainee?
- What, if anything, have you found important?
- How has this ... (e.g. experience, value, attribute, etc.) made you feel about yourself as a Counselling Psychologist? (physically, mentally, emotionally)
- How has this made you think about yourself as a Counselling Psychologist?
- In your opinion, what impact, if any, has this had on your behaviour?

3. Can you tell me about a time when you have noticed your professional identity in action?

#### **Prompts/Probes:**

- Who was involved?
- What did this feel like?
- What did this experience mean to you?
- How did you identify this experience?

4. How, if it all, has your professional identity changed since you began your training?

#### **Prompts/Probes:**

- What do you attribute this to?
- Who, if anyone, has been influential in this process?

**Appendix E: Interview schedule – Stage 1 (cont.)**

- What has this change meant to you as a professional?
5. What has taking part in this interview meant to you?
  6. Is there anything else that you would like to share that we have yet to cover?

Further prompts:

- How does that point relate to...?
- Can you say a bit more about...?
- What do you mean when you say...?
- How is that different to...?
- When did you realise that...?
- What makes you say that...?
- What was it about... that made you...?
- How did you respond when...?
- Can I take you back to something you said earlier...

End of interview debrief, question time, and signposting to supportive recourses.

## **Interview Schedule**

Welcome and participant briefing by researcher:

- Distress protocol.
- House rules (Phone off, emergency exits etc)
- Review information sheet
- Informed consent

### **Questions:**

1. As a trainee Counselling Psychologist can you describe how you view yourself in a professional capacity?

#### **Prompts/Probes:**

- Tell me about how you came to this view.
- What has contributed to this view?
- What, if anything, do you feel distinguishes you from other related professionals? (Clinical Psychologists, Psychotherapists, Counsellors, etc.)
- What do you think of when you think about the philosophy of Counselling Psychology?
- How would you conceptualise your theoretical orientation?
- How have you arrived at this orientation?
- What role has your supervisor's theoretical orientation played in the development of your own theoretical orientation?
- What role have placements played in the development of your theoretical orientation?

2. What do you understand by the term professional identity?

#### **Prompts/Probes:**

- How would you describe the process of developing your professional identity as a Counselling Psychologist trainee?
- What, if anything, have you found important?
- How has this ... (e.g. experience, value, attribute, etc.) made you feel about yourself as a Counselling Psychologist? (physically, mentally, emotionally)
- How has this made you think about yourself as a Counselling Psychologist?
- In your opinion, what impact, if any, has this had on your behaviour?

3. What role has the university had in the development of your professional identity?

#### **Prompts/Probes:**

- Who has been influential?
- What, if anything, has the university contributed to the development of your professional identity?
- How do you understand this process?

**Appendix F: Interview schedule – Stage 2 (cont.)**

- What do you anticipate will happen to your professional identity once you graduate?
4. How, if at all, have others influenced your professional identity?
- Prompts/Probes:**
- Who has been influential?
  - What role have others played in the development of your professional identity? (e.g. supervisors, personal therapist, peers, clients, friends, family, etc.)
  - How do you understand this process?
5. Can you tell me about a time when you have noticed your professional identity in action?
- Prompts/Probes:**
- Who was involved?
  - What did this feel like?
  - What did this experience mean to you?
  - How did you identify this experience?
6. How, if it all, has your professional identity changed since you began your training?
- Prompts/Probes:**
- What do you attribute this to?
  - Who, if anyone, has been influential in this process?
  - What has this change meant to you as a professional?
7. What, if any, changes have you noticed in the field of Counselling Psychology during your training?
- Prompts/Probes:**
- What impact have these changes had on the development of your professional identity?
  - How have these changes influenced your view of yourself as a professional Counselling Psychologist?
  - What has been the cost of these changes to you?
8. What has taking part in this interview meant to you?
9. Is there anything else that you would like to share that we have yet to cover?

Further prompts:

- How does that point relate to...?
- Can you say a bit more about...?
- What do you mean when you say...?
- How is that different to...?
- When did you realise that...?

**Appendix F: Interview schedule – Stage 2 (cont.)**

- What makes you say that...?
- What was it about... that made you...?
- How did you respond when...?
- Can I take you back to something you said earlier...

End of interview debrief, question time, and signposting to supportive recourses.

## Interview Schedule

Welcome and participant briefing by researcher:

- Distress protocol.
- House rules (Phone off, emergency exits, etc.)
- Review information sheet
- Informed consent

### **Questions:**

7. As a trainee Counselling Psychologist can you describe how you view yourself in a professional capacity?

#### **Prompts/Probes:**

- Tell me about how you came to this view.
- What has contributed to this view?
- What, if anything, do you feel distinguishes you from other related professionals? (Clinical Psychologists, Psychotherapists, Counsellors, etc.)
- What do you think of when you think about the philosophy of Counselling Psychology?
- How would you conceptualise your theoretical orientation?
- How have you arrived at this orientation?
- What role has your supervisor's theoretical orientation played in the development of your own theoretical orientation?
- What role have placements played in the development of your theoretical orientation?

8. What do you understand by the term professional identity?

#### **Prompts/Probes:**

- How would you describe the process of developing your professional identity as Counselling Psychologist trainee?
- What, if anything, have you found important?
- How has this ... (e.g. experience, value, attribute, etc.) made you feel about yourself as a Counselling Psychologist? (physically, mentally, emotionally)
- How has this made you think about yourself as a Counselling Psychologist?
- In your opinion, what impact, if any, has this had on your behaviour?

9. What role has the university had in the development of your professional identity?

#### **Prompts/Probes:**

- Who has been influential?
- What, if anything, has the university contributed to the development of your professional identity?
- How do you understand this process?

**Appendix G: Interview schedule – Stage 3 (cont.)**

- How, if at all, has your trainee cohort influenced the development of your professional identity? (Age/ Gender/ Past experience, etc.)
- What do you anticipate will happen to your professional identity once you graduate?

10. How, if at all, have others influenced your professional identity?

**Prompts/Probes:**

- Who has been influential?
- What role have others played in the development of your professional identity? (e.g. supervisors, personal therapist, peers, clients, tutors, friends, family, etc.)
- How do you understand this process?

11. Can you tell me about a time when you have noticed your professional identity in action?

**Prompts/Probes:**

- Who was involved?
- What did this feel like?
- What did this experience mean to you?
- How did you identify this experience?

12. How, if it all, has your professional identity changed since you began your training?

**Prompts/Probes:**

- What do you attribute this to?
- Who, if anyone, has been influential in this process?
- What has this change meant to you as a professional?

13. What do you understand by the term professional body?

**Prompts/Probes:**

- What role have professional bodies had in the development of your professional identity?
- How, if at all, has a professional body influenced the development of your professional identity?
- Which professional bodies have you found to be influential in the development of your professional identity? (BPS, HPC, UKCP, NICE, etc.)
- How have professional bodies made you view yourself as a Counselling Psychologist?

14. What, if any, changes have you noticed in the field of Counselling Psychology during your training?

**Prompts/Probes:**

- What impact have these changes had on the development of your professional identity?



**Appendix G: Interview schedule – Stage 3 (cont.)**

- How have these changes influenced your view of yourself as a professional Counselling Psychologist?
- What has been the cost of these changes to you?
- How do you see the field of Counselling Psychology within the greater socio-political system?

15. What role, if any, has employability had on your professional identity?

**Prompts/Probes:**

- How, if at all, has employability influenced your professional identity?
- What, if anything, might influence your employability as a Counselling Psychologist?
- What role does a Counselling Psychologist have in society?
- How have you arrived at this view?
- Who has influenced this view?
- Who might influence this role?

16. What role, if any, has gender had on the development of your professional identity?

**Prompts/Probes:**

- How has the gender of others influenced your professional identity? (Tutors, supervisors, personal therapist, fellow trainees)
- How do you understand the gender role in relation to your professional identity?

17. What has taking part in this interview meant to you?

18. Is there anything else that you would like to share that we have yet to cover?

Further prompts:

- How does that point relate to...?
- Can you say a bit more about...?
- What do you mean when you say...?
- How is that different to...?
- When did you realise that...?
- What makes you say that...?
- What was it about... that made you...?
- How did you respond when...?
- Can I take you back to something you said earlier...

End of interview debrief, question time, and signposting to supportive recourses.

## **Distress Protocol**

### **Protocol to follow if participants become distressed during participation:**

This distress protocol has been developed to address the possibility that some research participants may experience distress or agitation during their participation in a research interview conducted to explore their experience of the development of a professional identity. Although the current participants are all trainee Counselling Psychologists who regularly see a psychologist as part of their training requirement, it is possible that some may potentially be experiencing some degrees of psychological distress.

The researcher, who is currently undergoing professional training in Counselling Psychology and who has a history of working in the field of addiction and on an acute psychiatric ward, has extensive experience of monitoring and managing situations where distress might occur. A detailed three-step plan has been developed below to monitor and manage signs of participant distress during the researcher's interview. The researcher does not anticipate that extreme distress will occur, or that the distress protocol below will become necessary. This is because at the initial recruitment stage all participants will be provided with a detailed understanding of the research process and what risks that are involved in participating. They will also be advised that they can take a break from the interview or withdraw from the study at any time should they feel distressed. Prior to commencing the research interview participants will also be asked about prior mental health difficulties and whether they believe these difficulties might influence their participation in the research project.

#### **Mild distress:**

##### **Signs to look out for:**

- 1) Tearfulness
- 2) Voice becomes choked with emotion/ difficulty speaking
- 3) Participant becomes distracted/ restless

##### **Action to take:**

- 1) Ask participant if they are happy to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

#### **Severe distress:**

##### **Signs to look out for:**

- 1) Uncontrolled crying/ wailing, inability to talk coherently
- 2) Panic attack e.g. hyperventilation, shaking, fear of impending heart attack
- 3) Intrusive thoughts or images of the specific training experiences e.g. flashbacks

## **Appendix H: Distress protocol (cont.)**

- 4) Difficulty concentrating on the research interview

### **Action to take:**

- 1) The researcher will intervene to terminate the interview/experiment.
- 2) The debrief will begin immediately
- 3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- 4) The researcher will recognise participants' distress, and reassure that their experiences are normal reactions to abnormal events and that most people recover from psychological difficulties and distress
- 5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss these with their personal therapist or other mental health professionals and remind participants that this is not designed as a therapeutic interaction
- 6) Offer participants the option of calling a friend or family member to receive further support
- 7) Details of counselling/therapeutic services available will be offered to participants

### **Extreme distress:**

#### **Signs to look out for:**

- 1) Severe emotional distress such as uncontrolled crying/ wailing
- 2) Severe agitation and possible verbal or physical aggression
- 3) In very extreme cases, expression of suicidal ideation or plans/ psychotic breakdown

#### **Action to take:**

- 1) Maintain safety of participant and researcher
- 2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a personal therapist or their GP.
- 3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- 4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency.)

## **Appendix I: Extract**

Extract from the Professional Practice Guidelines for Counselling Psychology  
(Division of Counselling Psychologies Professional Practice Guidelines, 2011).

Counselling psychology has developed as a branch of professional psychological practice strongly influenced by human science research as well as the principal psychotherapeutic traditions. Counselling psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship. These models seek:

1. to engage with subjectivity and intersubjectivity, values and beliefs;
2. to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;
3. to be practice led, with a research base grounded in professional practice values as well as professional artistry;
4. to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today.

**Appendix J: Ethical approval**



London Metropolitan University,  
School of Psychology,  
Research Ethics Review Panel

I can confirm that the following project has received ethical approval to proceed:

*Title: An exploration into the development of a professional identity in trainee counselling psychologists using grounded theory*

*Student: Torstein Staply*  
*Supervisor: Mark Donati*

Ethical approval to proceed has been granted providing that the study follows the ethical guidelines used by the Psychology Department and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:

A handwritten signature in blue ink, appearing to read "of chandler".

Date: 08/1/2012

Dr Chris Chandler  
(Chair Psychology Research Ethics Review Panel)



**Appendix K: Sample transcript – Participant 3**

Line	Transcript	Open coding	Focused coding	Axial coding
56 57	I: What do you think has contributed to you developing this view?			
58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106	R: I think... Well, I guess there's the actual training, there's the understanding of – I would say it's working within – sorry, I wouldn't say it's actually working necessarily in placements. I think a lot of it's come prior to doing my training as well. I was working in a prof- well, I wasn't a professional, but I was working in an environment where we were liaising with others and was in a working environment for several years before I started the doctorate, so knowing how to conduct myself with others was something that was installed from there. I think from maybe my family values as well; both my parents are professionals, my dad's a teacher, my mum's a nurse, so they worked in an environment where I've seen professionals, I guess, in action. And my father-in-law is a lawyer so again, another professional. My mother-in-law is a teacher, so it's kind of – I've been surrounded by that environment growing up. So I think developing what it is to be a professional aside from what it is to be how I view myself as a professional I see as two separate things. I think there's that side of it and then I think I've learnt from my university, from others, from seeing how others conduct themselves and how others, not always in a positive light, I've seen from other professionals how I don't want to be in terms of maybe the way that they seem to value their work or value others or value the system in which they're in...tutors who make reference to the course in a derogatory manner and I think,	The role of the training  The role of placements  Past occupational experience  Liaison with professionals. Professional conduct Non-professional vs professional  Past occupational experience  The role of personal values when developing as a professional  Family as role models  Professional identity developed over time  Inner self and external professional The role of the training Others as role models Adopting from others  Reliance on others values  Tutors as negative influences	Trusting experiences  Trusting experiences  The professional  The professional  The professional  The professional Me versus them  Taking in from others  Taking in from others  Me versus them  Rejecting versus fitting in  Taking in from others  Rejecting versus fitting in  Faith and values  Taking in from others	Authority  Authority  Authority  Authority  Authority  Subjugating  Process  Process  Subjugating  Process  Subjugating  Process

**Appendix L: Example of concept development: summary table of coding**

Process	Taking in from others	Family	Family as role models
		Professionals	Tutors as negative influence
			Tutors as positive influence
			Supervisors
			Personal therapists
			Others as role models
		Time	Professional identity development over time
	Faith and values	Values	Reliance on others values
			Own values
		Faith	Trusting others
			Trusting the training
			Questioning others
	Orientation, philosophy, practice	Other	Theoretical orientation
			Counselling Psychology Philosophy
			Copying others
		Self	Self and others
	Whole versus bits	Whole/Coherent	Personal
			Professional
		Bits/Fragmented	Deciding what to take in
			Doing many things

## **Appendix M: Example of memo – Process**

Memo - Initial summary of process concept

The development of a trainee's professional identity seems to be influenced by a process that the trainees take part in over time during their training. It is through this process that any systematic modification to the trainee's professional identity occurs. Throughout their training the trainees engage in a process of deciding what to take in and what to reject from others. The trainees choice of what to take in from others is dependent on their personal values, past training, stage of training and external requirements such as practicing guidelines or placement requirements. Although all the trainees engage in this process, this process remains a subjective process on the account of each trainee developing at his or her pace based on personal characteristics. The above challenge highlights the binary of self and other with the participants recognising who they are, as a professional, by recognizing who and what they are not. During their training the trainees also take part in a process of adopting the faith and values of others. Here, others include family, friends, and other health care professionals such as fellow trainees, supervisors, personal therapists or academic staff. Alongside the process of adopting the faith and values of others, trainees also use others when developing their own orientation, philosophy and practice. Through a process of trial and error the participants adopt values and behaviour seen in other professionals and apply this to their own practice, orientation and philosophy. Adopting the values of others can be both a positive and a negative experience for the trainees. This process continues throughout their training and allows the trainee to do many things. Doing a bit of this and a bit of that seems to be fundamental to the trainee's professional identity because it provides the trainee with an opportunity of testing out their professional identity in several related areas in front



## **Appendix M: Example of memo – Engaging with others (cont.)**

of a selection of related health care professionals. Finally, the participants spoke about a process where they negotiated between whole vs bits or self vs other. This process was not always easy or to the participants liking, resulting in them questioning and speaking about a desire to control and distinguish between their concept of the *whole and coherent me* and the *split and fragmented me*. The trainees are faced with a process of give and take between self and other, and whole vs bits. Over time and through a process of trial and error the trainees engage in a process where they adopt the behaviour, values and practice of others to fit with their own professional conduct. This process is interlinked with the trainees sense of marketability, their personal characteristics and their sense of subjugation.

Engaging in the process described above includes:

- Colleagues at placements/work provide support, knowledge and a possibility of reflection and exploration of alternative views. Trainees use colleagues as models when developing a professional identity – trainees identify positive and negative aspects of others behaviour and integrate what they like with their own professional identity.
- Trainees use supervisors as models when developing a professional identity – they draw on their knowledge, experience, values and way with people. Trainees identify positive and negative aspects of supervisors for current use (as a practitioner) and future use (as a supervisor).
- Trainees use personal therapists as models when developing a professional identity – they draw on their knowledge, experience, values and way with people. Trainees identify positive and negative aspects of personal therapists

## **Appendix M: Example of memo – Engaging with others (cont.)**

for current use (as a trainee practitioner) and future use (as a therapist for other trainees, etc.). Trainees also use personal therapy for self-reflection and personal growth/ development. (Linked with personal characteristics and the trainees sense of subjugation).

- Trainees draw on their experience of communicating with other professionals when developing a professional identity – liaison with other professionals to maintain their professional responsibility towards their clients was identified as important. As experience, authority, autonomy and confidence increases, trainees engage in this process more and find it helpful in reinforcing their own and others view of themselves as professionals.

### Areas for reflection:

The participants identified supervision, personal therapy, peer support, tutors and communication with non-professionals as important to their development of a professional identity.

- How do other trainees experience this process?
- Does the process of taking in from others differ between year/training stages?
- How do trainees understand this process?
- How could trainees be facilitated in negotiating the tension between what to take in and what to reject from others and self?
- Do they need to be facilitated in this process?

## **Section B: Critical reflective essay**

A journey worth travelling: reflections on  
my journey towards becoming a  
Counselling Psychologist

### Introduction

The aim of this essay is to provide a clear description of my emerging theoretical orientation as a Counselling Psychologist trainee and to explain how my clinical practice is influenced by my personal philosophy and theoretical orientation. The essay will set out to explore my journey towards becoming a Counselling Psychologist and highlight key factors and experiences that have influenced the development of my personal philosophy of practice, my theoretical orientation and my clinical practice. This essay is made up of three parts. Part one examines the development of my theoretical orientation, drawing on examples and reflections from my clinical practice; part two presents an understanding of my current personal philosophy of practice as well as how this philosophy influences my clinical practice; and part three provides certain reflections of my experience of writing this essay.

### Section one - Theoretical orientation

Reflecting on my training, I believe that the development of my theoretical orientation should be seen in light of three variables: my initial orientation when commencing the course; personal style; and context. At the start of year one, I was convinced that I wanted to practise solely within a Cognitive Behavioural Therapy approach. Two earlier experiences in particular influenced the development of my initial theoretical orientation. Firstly, my MSc in Addiction highly promoted CBT as the 'holy grail' of psychotherapy and provided limited education on alternative theoretical orientations. Secondly, my employment subsequent to my MSc, first as a drug worker, and then as a Health Care Assistant on an acute psychiatric ward in the National Health Service, both sustained the idea of CBT as the 'holy grail'. Consequently, influenced by the context of my education and subsequent employment, I embarked on the doctorate training with an initial theoretical orientation as a CBT therapist and immediately set out to work in a placement where this theoretical orientation would be supported. On reflection, I believe that in addition to my initial orientation and the context that it was developed in, my personal style further influenced my choice of placement during this time.

Located in an Improving Access to Psychological Therapies service within the NHS, I initially set out to practise a form of CBT that relied heavily on theory and pathological diagnostic criteria and which promoted a technique-orientated approach.

Reflecting on my initial practice, I can see that I adopted what can be described as a directive, manualised and prescriptive stance with some of my first clients. For example, early on in year one, a client was referred to me for the treatment of moderate depression. Aware of the time constraints that were placed on me from my placement, I set out to conduct a brief assessment of the client's presenting problem. The assessment focused on supporting the diagnosis of depression that was initially set by the client's referrer, a General Practitioner. I presented my initial understanding of the client's difficulties to the client and we agreed to focus our sessions on the treatment of depression in line with the recommended guidelines (National Institute for Clinical Excellence, 2012a). However, as our sessions went on, I quickly realised that my initial pathological diagnosis of the client as 'purely' depressed was incorrect. Although the client had expressed an understanding of the cognitive model of depression and we together had identified a number of negative automatic thoughts to work on, the client did not seem fully invested in the therapeutic process. I felt that we had a good working alliance as the client would always attend on time and show engagement during the sessions. However, although homework tasks were set, in what I then deemed to be a collaborative way, the client would repeatedly report that the task had not been completed in the following session. Feeling demotivated by the client's lack of progress and the proposed end of therapy looming, I went to my supervisor and presented my concerns. We agreed that I would propose to the client that we reassess the client's presenting problem to see if we had missed something. Additionally, we agreed that this time around I would focus my attention on both the therapeutic process and content during the assessment rather than attempting to fit the client into pre-determined diagnostic criteria. I discovered that the depression existed alongside social anxiety, and that when this was treated the client's depression scores were significantly reduced as a result.

On reflection, exemplified through my attention to homework tasks and guided discovery in the sessions, I see that my style of CBT at this early stage focused on 'doing' therapy. Perhaps, the therapeutic relationship with the above client can be seen as a collaborative working alliance based on trust and a task-orientated approach. However, the therapeutic goals and the therapeutic relationship must be seen in relation to my initial focus on meeting diagnostic criteria within a set model, the context of my placement with its time limited therapy, and my personal style and

anxieties as a new trainee. During this early period as a trainee I often felt anxious with clients. I did not feel confident in my ability of just ‘being’ with clients, and I found great relief in the application of a more manualised CBT approach. I regularly turned to CBT texts (Beck, 1995; 2005; Wells, 1997; Westbrook et al., 2007) and the NICE guidelines (National Institute for Clinical Excellence, 2012b) as a way of subduing my own anxieties of being an incompetent practitioner. With the aim of learning ‘what to do’, this approach helped me develop a broader skills set and greater self-confidence. Yet, as time went on, and I became more confident in the application of a manualised CBT approach, I realised that this approach was not enough for everyone. Through guidance and reflection in supervision and further self-reflection during both personal therapy and the attendance of a weekly mindfulness group I gradually started to fully understand the value of alternative therapeutic approaches and the pluralistic philosophy of Counselling Psychology (Milton, 2010). I started reading books such as *On learning from the patient* (Casement, 1992), *The gift of therapy* (Yalom, 2002) and *Beyond counselling and therapy* (Carkuff & Berenson, 1967). I began to look beyond the constraints of separate theoretical models. I became more confident in ‘being’ with clients and gradually moved from eclecticism to integration. I started to recognise the inherent value of the therapeutic relationship, and this led me to appreciate it as a change agent in and of itself. Reflecting on my encounter with the above client and the supervision I received during this period, I believe that this experience helped change my understanding of how CBT can be practised within a Counselling Psychology framework (Scott & Dryden, 2003). In contrast to my initial early understanding of CBT set out above, I now see the application of CBT as a less technically-oriented approach where the existing theory is seen in relation to core relational principles such as respect, empathy, warmth, autonomy, congruence and positive regard. Rather than a focus on ‘doing’ therapy in a manualised approach, I now dedicate my attention to ‘being with’ each client and their subjective experience. Through a focus on process rather than adhering to a predetermined model, a unique model is created for each individual so that their subjective experiences can be fully valued and accounted for (Cooper & McLeod, 2007). By exploring and reflecting on the interpersonal characteristics of the relationship with each client, I am now able, in a collaborative way, to draw on this information for an understanding of each client’s cognitive and behavioural ways of being with others (Rudd & Joiner, 1997). Through attending to the process and

relationship in therapy, I have gained a greater understanding of my clients' frame of mind. By accounting for their theoretical and relational values and their view of themselves in the world, I have become more creative in the way that I apply CBT techniques. Each technique is now adjusted to fit the client's unique model and through this validate and acknowledge their subjective experiences. Yet, despite this relational approach to CBT, I have experienced that some less 'cognitively-oriented' clients still find the CBT approach both complicated and unsatisfying. For these clients I tend to fall back on a less technique-based approach such as Person-Centred Therapy (Mearns & Thorne, 2007), where I focus on the application of the core Rogerian principles of empathy, unconditional positive regard and genuineness. Yet, even when practising within a less structured theoretical approach I find that during my reflections I still regularly turn to the theoretical concepts and framework of CBT when I aim to develop a greater understanding of the client. Perhaps, my personal style as well as context plays a role here. I am someone who enjoys order and clarity and I therefore regularly rely on the process of assessment and formulation that I have been taught in CBT. Assessing and formulating my client's difficulties in this way generally provides me with a greater understanding of the interplay between past and current critical life experiences and thoughts, feelings and behaviour. I am provided with an initial framework of the client's subjective experience of their life, their values and the context and systems which they exist within. However, in contrast to my initial approach as a trainee, where I primarily drew on the theory and guidance provided by the NICE guidelines and CBT literature, the formulation process is no longer restricted to just the literature supporting one theoretical modality.

Following extensive reading and lectures on different theoretical models in years two and three of the doctorate training, I regularly drew on theoretical models such as psychodynamic, systemic and humanistic approaches to therapy when exploring my own internal narrative of formulation. I might, for example, consider the role of the transference-countertransference relationship (Lemma, 2003), Winnicott's ideas about the good-enough mother or the true/false self-formation (Winnicott, 1965; 1971), the idea that people engage in different roles at different times and the influence of this on the therapeutic process (Berne, 1964), people's fundamental search and need for fulfilment (Maddi, 1989), or the role that systems and social context have on the individual (Bor et al., 1998). Also, concepts and ideas from theoretical modalities

closer to CBT are regularly reflected on and applied. I drew on my understanding of how Young's ideas about early maladaptive schemas can influence the development of future difficulties, and how by identifying, exploring and redeveloping these schemas through attending to the therapeutic process, change can occur (Young et al., 2003). Of equal interest is the connection between body and mind, and how people can change through developing a greater awareness of the connection between these two variables (Segal et al., 2002). Furthermore, sometimes I have seen clients who report an appreciation of the structural element of CBT, but who found the actual process of CBT unhelpful. At these points I have considered the value of approaches such as Cognitive Analytic Therapy (Ryle, 1990), which combines the focused structure of CBT with concepts and ideas from a broad selection of theoretical modalities. Aware of my own limitations, placement requirements, and lack of practice in providing such therapy, during this process I have also carefully considered the option of referring these clients on to a specialist in this area. However, although the formulation process has helped me to draw on theory and concepts from a vast collection of modalities, I have found that my eventual decision of what to integrate is greatly determined by what seems to resonate with the client, as well as how I have experienced the therapeutic encounter myself. It is also through this process that I ultimately decide whether to take on the client or refer them on. The role of ongoing self-reflection and analysis in supervision and personal therapy is therefore imperative to my clinical practise. Additionally, through personal mindfulness training I have gained a greater ability to monitor my own feelings and thoughts in therapy. For instance, I have found that by becoming attuned to the transference-countertransference relationship I have gained valuable information both about the client's and my own goals for therapy, as well as what challenges we both might face during our time together. I believe that acknowledging and drawing attention to this information has helped facilitate the development of stronger therapeutic relationships based on genuineness, warmth and trust.

In conclusion, rather than adhering strictly to one theoretical model, I have drawn on and integrated a multitude of ideas and concepts across theoretical models in line with the pluralistic view promoted by the field of Counselling Psychology (Woolfe et al., 2003). This process includes combining the role of a reflective-practitioner with that of a scientist-practitioner, with the aim of providing a more holistic treatment



approach that accounts for both process- and evidence-based practice. Placed within the NHS, I am expected to consider the NICE guidelines (National Institute for Clinical Excellence, 2012b) when determining the most appropriate treatment approach. However, rather than seeing the NICE guidelines as dogma, I now view them as a tool to help inform and guide my practice. During my training as a Counselling Psychologist, I have gone from a view of eclecticism to integration, where I now cherish and value a pluralistic stance and the integration of different ideas and concepts. However, the changes in the way I now think and practice are mostly changes of emphasis and should be seen in light of my personal philosophy of practice.

### Section two - Personal philosophy of practice

The integration of ideas and concepts from a diverse range of theoretical modalities has highlighted the importance of subjectivity, diversity and the importance of flexibility (Lane & Corrie, 2006). Rather than trying to conceptualise everything within the constraints of my own understanding of the world, I now dedicate my attention to understanding clients from their view and how their view can supplement my understanding of the world. Working closely with other clinicians in a multi-disciplinary team has highlighted the importance of treating each individual holistically. Through work in systemic therapy I have acquired an understanding of the role that family plays in both development and recovery (Dallos & Vetere, 2009). Running groups have demonstrated the benefits of interaction with fellow clients in a similar position and highlighted the value of normalising and peer support (Yalom & Leszcz, 2005). Engaging in one-to-one therapy has promoted the importance of attending to the therapeutic relationship and utilising the self as a therapeutic tool (Martin et al., 2000; Wosket, 1999). By adopting a Counselling Psychology ethos of wellbeing rather than pathology, I no longer see psychological difficulties as evidence of pathology, but rather as human experiences that allow individuals to cope with the many stressors and difficulties that exist within today's society (Strawbridge & Woolfe, 2003). By prioritising subjective and intersubjective client experiences I have learnt to explore and promote the client's view of the world with the aim of facilitating growth and development of personal potential (Orlans & Van Scoyoc, 2008). I now take the stance that the client is the expert, rather than the therapist. Through this endorsement I hope to facilitate a democratic and collaborative

therapeutic alliance with my clients that promotes personal empowerment and self-belief (Orlans & Van Scoyoc, 2008). Through reflection on clinical practice and teaching I have learnt the value of endorsing the client as a unique individual who is part of a greater social picture where negative events are experienced (Orlans & Van Scoyoc, 2008).

Perhaps, my personal philosophy of practice reflects that promoted by Patrick Casement in *On learning from the patient* (Casement, 1992). It is a philosophy that promotes an open mind and the ability to find a balance between intimacy and separateness, firmness and flexibility, and closeness and distance. I feel that the three main stages outlined by Egan in his *Skilled Helper Model* (Egan, 2010) resonate well with my own philosophy of practice. Stage one, 'The Current Picture', focuses on clarifying the key issues that promote the need for change through a collaborative process of dialogue and reflection. Stage two, 'The Preferred Picture', promotes support and reflection through a process where key opportunities are developed and difficulties are managed so that the client can explore, identify and choose which options that might promote a better future. The final stage, 'The Way Forward', sets out to help the client address the fundamental question of 'How do I get there?' This is achieved through helping the client identify realistic goals and then developing strategies for accomplishing these goals. Egan's model provides a guide to understanding my clinical practice; however, I recognise that I do not necessarily follow the three stages presented in a regimented or linear fashion. In reality, this process presents itself in a rather more obscure way, where process and content intermingle.

Reflecting on my own journey so far and my current philosophical stance, I believe that I have adopted an integrative attitude that is grounded in the idea of integration as an embryonic personal process rather than a fixed ideal. I have moved away from seeking an ideal position to one of accepting flexibility and integration as something personal and fundamental in my philosophy and, consequently, my clinical practice. Perhaps, this shift can be compared to Stern's (2000) understanding of infant development, where the infant initially integrates a range of experiences to form the foundation of the core self. Stern argues that the infant's core self is then tested through interactions with others and a subjective sense of self is developed. My own

journey began by adding parts together, testing these out and gradually developing a core theoretical orientation and personal philosophy of practice. Through continued interaction with other disciplines, concepts and ideas, I have now reached a position where I have developed what looks like a more complete theoretical orientation and philosophy of practice. Yet, given the flexible nature of my philosophy of practice and pluralistic stance to different theoretical ideas and concepts, it would, perhaps, be naïve to assume that things will remain as status quo for the rest of my career.

### *Section three - Reflections on writing the essay*

On reflection, I believe that this essay has presented me with a greater understanding of how my theoretical orientation and philosophy of practice have come about. I have gained insight into how my own view of the world has influenced my theoretical orientation and philosophy of practice throughout my training, and with this comes a new level of humility, as well as a more mindful and analytical approach to the therapeutic encounter. I have been forced to question and reflect upon my clinical practice and my view of myself as a Counselling Psychologist. This process has encouraged a better appreciation of the Counselling Psychology framework and its emphasis on practitioners taking a pluralistic stance that promotes the relational aspects of 'being with' the client rather than 'doing' therapy. During my first year as a trainee I expected the university to provide me with meaning and certainty, or at least a basic understanding of the 'right' approach. Instead, I was presented with uncertainty, diversity, relativism and a number of ways of talking about similar psychological phenomena. By engaging in clinical practice, academic work and self-reflection, I now realise that teachers and universities can show me the way, but that they cannot direct the inner quest. The certainty, enlightenment, or knowledge that I was hoping to find in that first year was in actual reality within me all the time. This essay has helped to emphasise my role in this process and it has consequently encouraged me to continue to question, experiment and search for a greater understanding of this field.

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## **Section C: Essay**

**With reference to two theoretical models, compare and contrast process and content interventions in working with a couple or a group. Use clinical examples to illustrate the theory**

## Introduction

The aim of this essay is to compare and contrast the use of two theoretical approaches when working with couples. The essay will be divided into three sections. Section one will present an overview of the development of Enhanced Cognitive Behavioural Couples Therapy (ECBCT) and its clinical application. Section two will review the development of Object Relations Couples Therapy (ORCT) and its clinical application. Section three will provide a critical evaluation of each approach in relation to the Counselling Psychology framework and explore the systemic underpinnings. Examples will be applied throughout the essay to demonstrate a critical understanding of issues related to working with diversity, sexual difficulties, violence and communication problems.

## Section one: Enhanced Cognitive Behavioural Couples Therapy

### **ECBCT in context**

ECBCT draws on both behavioural and cognitive theoretical modalities and ideas. One of these, Behavioural Couples Therapy (BCT), relies on findings from social exchange theory (Thibaut & Kelly, 1959) and the principles of operant conditioning (Stuart, 1969). Stuart (1969) found that individuals in satisfied relationships displayed a higher ratio of positive behaviours than individuals in unsatisfied relationships. He therefore proposed that couples in unsatisfied relationships should increase positive behaviour and decrease negative behaviour through mutually agreed behavioural contracts. However, Jacobson & Margolin (1979) found that behavioural contracts alone did not always provide efficient long-term changes and argued that therapy should also promote the change of relational communication. Stuart (1980) further proposed the value of developing interaction skills as a way of improving a sense of intimacy, social support and constructive communication. The above findings provided a structural framework for ECBCT. However, other theoretical modalities have also played an important part.

Cognitive models developed to treat individual psychopathology (Beck et al., 1979; Ellis, 1962; Meichenbaum, 1977) can be seen as a second major influence on the development of ECBCT. These models highlighted how individual reactions to life events are often mediated by distorted, idiosyncratic interpretations. ECBCT emphasises the importance of each partner observing and evaluating their own



negative responses towards each other, as this will help foster a more positive atmosphere within the relationship through changed behavioural responses, cognitions and emotions (Epstein & Baucom, 2002). By considering personal responses from both partners, and accounting for social cognition research and areas such as information-processing (Baldwin, 2005; Fiske & Taylor, 1991; Fletcher & Fitness, 1996), ECBCT can be considered a systemic approach that focuses on improving the overall relationship for both partners rather than the individual experience. ECBCT focuses on addressing both broad 'macro' level interactions, such as differences in desired level of intimacy and closeness between the partners, as well as 'micro' level relational events. Epstein and Baucom (2002) maintained that individual characteristics, motives and personality, as well as work, family members, friends and colleagues, influence relationship satisfaction and functioning. ECBCT also emphasises the importance of increasing social support to help couples experience and express emotions. Epstein and Baucom (2002) argued that ECBCT recognises that both the content of the couple conflict and the interactional process between each member plays an influential role in the quality of the relationship. The following section will explore this further by looking at the assessment and treatment stage in ECBCT.

### **Assessment and treatment**

The therapist adopts a didactic role, where they collaborate and guide the couple in developing and achieving appropriate goals (Epstein & Baucom, 2002). Assessment in ECBCT includes both an individual interview and a joint assessment interview. The individual assessment records characteristics, such as personality, subclinical character traits, psychopathology and past relationship experiences, that influence current responses, and individual and communal needs (Epstein & Baucom, 2002). The therapist explores differences in personality characteristics, values and personal needs between each partner and assesses dyadic factors at a macro level. These include checking for consistent interaction patterns such as mutual attack, demand-withdraw, mutual withdraw or unilateral or mutual disengagement (Fitzpatrick & Badzinski, 1985; Gottman, 1994; Gottman & Porterfield, 1981). Partners might, for instance, attribute negative behaviour to each other depending on their personal need for intimacy (e.g. 'He doesn't talk about his past with me because he doesn't love me'), resulting in negative behaviour patterns (e.g. pressures him to share and he

withdraws or acts out in a violent way) and emotional disruptions in the relationship (Shimanoff, 1985). Each client's interpersonal and physical factors are considered alongside demands from family members and societal factors such as economic stress, sexual or racial discrimination, community violence, and work pressure (Acitelli, 1992; Barnett et al., 1997; Dindia, 2000; McGoldrick et al., 1996).

The joint assessment explores the relationship history (Baucom & Epstein, 1990), current concerns and attribution for causes to relationship concern, personal views of how the relationship should function, behavioural and emotional responses, therapeutic goals and aspects of culture such as race, ethnicity and religion (Baucom et al., 1995; Hardy & Laszloffy, 2002; LaTaillade, 2006). For instance, Bradbury and Karney (2004) contended that ethnic minorities tend to turn frustration from social stressors or racial or religious abuse towards each other. ECBCT acknowledges differences and empowers the couple to respectfully promote each other's strengths and resources through shared power (Kelly, 2006). This approach helps to provide a framework for the following treatment.

ECBCT promotes personalised treatment plans and provides techniques categorised as interventions for modifying behaviour, addressing cognitions and exploring emotions (Epstein & Baucom, 2002). Interventions for modifying behaviour include guided behaviour change and skills-based interventions (Epstein & Baucom, 2002). Guided behaviour change focuses on both parts committing to constructive behaviour changes irrespective of each other's behaviour, with the view to increase the magnitude and frequency of positive behaviour (Halford et al., 1994). By engaging in activities that increases happiness in the partner (e.g. making dinner, cleaning the dishes, etc.), the couple regains a sense of thoughtful, caring and respectful relations (Johnson, 2004). Skills-based interventions include sharing thoughts and feelings, and conversations focused on decision-making or problem-solving (Epstein & Baucom, 2002). Such interventions can be introduced if the couple struggle to share feelings of vulnerability with each other. Conversations within the couple about this difficulty can highlight each partner's concern (e.g. the partner's embarrassment and loss of self-confidence related to sexual difficulties), and help to encourage the couple to disclose and process personal issues (e.g. the couple discuss the role of sexual encounters in their relationship and together develop a solution to deal with the

problems, such as contacting a professional for further advice). Working with interventions to modify behaviour, the therapist and the couple will work with both the communication process and the themes identified as important in the relationship.

ECBCT also emphasises the importance of addressing cognition that is found to cause dissatisfaction within the couple. Epstein and Baucom (2002) have proposed that unsatisfied couples often engage in thinking patterns that cause distress based on selective attention (e.g. one or both of the members in the couple selectively attend to when their partner forgets to complete a chore, such as taking out the garbage, but pay little attention to when their partner performs well in other areas), and obstructive attributions, expectancies, assumptions and standards of how they believe the relationship *should* be. ECBCT promotes two primary cognitive interventions: Socratic questioning, where the individual re-evaluates the logic of his thinking as a result of series of questions, and guided discovery, where the couple and therapist engage in a process of questioning and reflection on issues outside of their awareness to understand the couple's original beliefs. However, Epstein and Baucom (2002) argued that Socratic questioning should be avoided when working with hostile partners due to their tendency to blame their partner for relationship failings. By questioning the cognition of the partner who is blamed, it can be interpreted by both partners that the therapist is validating the hostile partner's views (Epstein & Baucom, 2002). Through guided discovery, the couple are facilitated in minimising polarisation between conflicting assumptions, standards or values, and thus provided with the skill of compromising and acknowledging each other's view (Gordon et al., 2008).

ECBCT also provides interventions suited to couples that both find it difficult to contain, or who restrict and minimise, the expression of emotion. Interventions include setting aside time to express and explore difficult emotions, and to identify and verbalise the correct emotions experienced. According to Greenberg and Safran (1987), members of some couples avoid emotions associated to important needs (e.g. anxiety linked with a fear that the partner will not attend to one's attachment needs), with this leading the anxious member to cover the original emotions with less distressing emotions (e.g. anxious partner expresses anger towards their partner as this emotion feels less threatening than the original anxiety). Additional strategies include helping the couple seek support outside of the relationship through friends, family

members, colleagues or a personal journal. The above section has presented a brief overview of the development of ECBCT and its clinical application. ECBCT works on addressing behaviour, cognition and emotional difficulties within the couple, by accounting for both individual differences and wider systemic structures. The following section will aim to explore the history and clinical application of ORCT.

### Section two: Object Relations Couples Therapy

#### **ORCT in context**

The initial origins of couples therapy can be traced to Oberndorf's (1931) and Ackerman's (1937; 1940) publications on marital therapy. However, Dicks (1967) presented the first treatment approach for couples that relied explicitly on object-relations theory. He argued that relationships are influenced by an unconscious complementarity where aspects of the self that are unconsciously split off are introduced with the other's personality. Couples regularly engage in projective identification by allowing unacceptable aspects of the self to be externalised and acted out by the partner (Dicks, 1967). This emphasis on connection between individuals indicates a point of meeting between ORCT and family systems therapy (Fairbairn, 1954; Scharff & Scharff, 1987; 1991; Skynner, 1976; Slipp, 1984; Winnicott, 1965). ORCT integrates a systemic understanding of the couple and the extended family with an in-depth understanding of individual dynamics. It emphasises the centrality of relationships and the intergenerational origins of development by acknowledging the unique personality of each couple and how this contributes to each individual's evolution. ORCT acknowledges how the couple's relationship extends to the larger system around them, including the role of children, extended family members, friends and colleagues. Attention is given to each partner's contribution to the relationship, as well as patterns of interaction.

ORCT is based on Fairbairn's (1952) object relations theory. Fairbairn (1952) proposed that no mother can be perfectly attuned to an infant's needs, leading the infant to experience a hurtful relationship with the mother that results in the infant internalising the image of the mother's rejection. This leaves the infant experiencing similar internal discomfort as that experienced by the external relationship. The infant's defensive mental functioning splits off the painful internal image from the core object, where it is repressed and removed from the infant's conscious awareness.

Powered by the ego, repression and splitting continue unconsciously. However, during this process a part of the self that is in an internal relationship with the painful object is also repressed. Both the self-part and the object-part are given meaning and become associated with the initial affect experienced by the object part (e.g. pain, frustration, anger, sorrow, etc.), thus constituting the rejecting internal object relationship. Fairbairn (1952) argued that an infant might also develop an unsatisfiable and painful neediness if the mother is sexually seductive, over-stimulating, anxiously hovers, or overfeeds. The infant acquires an internal image of a tantalising mother, which results in the image of this experience being split off and repressed. However, the infant also splits off and represses the part of the self that longs for the mother. An internal relationship is constructed to the repressed part of the object and self that is associated with unsatisfied desire, frustration and unrequited longing. Fairbairn (1952) argued that the distress caused by rejecting and exciting unconscious object relationships can be reduced through developing a more complete and conscious relationship between the central ego and its ideals. ORCT also draws on Klein's (1975) idea of projective identification, where individuals unconsciously project an unwanted part of their mind into another individual with the aim to rid themselves of distress. Scharff (1992) highlighted that individuals engaged in intimate relationships use projective identification to communicate in depth as well as protect themselves. The following section will explore how ORCT is applied in the assessment and treatment stage.

### **Assessment and treatment**

Rather than relying on specific techniques, ORCT aims to work collaboratively with the couple towards growth and understanding. ORCT relies primarily on nine specific functions throughout the assessment and treatment stage. Firstly, providing a structured frame where the couple experiences a psychological space that is analogous with the space that a parent would provide a child to grow and feel safe. Secondly, management of the therapeutic environment so that the couple experience a holding environment that reflects that provided by a parent. Thirdly, demonstrating the ways the therapy is working by attending to both past experiences and the here-and-now (e.g. if a couple is arguing about being late, time will be given to each partner to explore their past experiences of this whilst growing up so that a connection can be drawn between past object relations and the here-and-now). Fourthly, tracking affect

through the session to help identify excited or rejected repressed relationships (e.g. a partner's expression of an intense emotion such as anger could, for instance, be a sign of their difficulties in working through past losses, and an underlying painful longing for a parent). Next, noticing bodily signals in both the couple and, through projective identification, the therapist (e.g. a couple could be arguing about how to prevent having additional children, with both partners demanding the other half to engage in anxiety-inducing behaviour such as a getting a vasectomy or a tubal ligation). Consequently, both parts could experience and project anxiety, as well as physical symptoms such as erectile dysfunction or increased bleeding between periods). Furthermore, providing interpretations about the couple's behaviour and bodily symptoms by observing and developing narrative hypotheses about unconscious and conscious past experiences and current cognitive, emotional and behavioural processes (e.g. a couple argue about one partner's wish to regularly visit a friend or relative as this leads the other part to feel abandoned at home. A possible interpretation here would be to provide a link between the current situation and how the abandoned partner here is reminded of his father's preference of seeing his sister as a child). Additionally, attend to the transference and countertransference relationship (e.g. transference can be identified when one or both individuals in the couple express inner experiences related to their difficulties of providing holding for each other or their individual object relations. Countertransference can be identified through attending to when the therapist is experiencing, exciting or rejecting object relations as a result of the couple). Also, working through the couple's issues by providing an in-depth therapeutic plan that resembles the natural process of growth that a child would experience (e.g. a couple who are in the grip of their exciting and rejecting internal objects might need to mourn their losses over and over again in therapy before they can accept their current family as good enough). Finally, working with loss and termination. Exploring and acknowledging the anxiety caused by ending therapy and mourning this loss helps to draw attention to, and process, past losses in one or both partner's lives (e.g. reviewing and processing object relations such as experiences of a neglectful mother or a dismissive father figure who failed to provide good enough care. By reviewing these losses, the couple are able to mourn the end of therapy and experience a satisfying termination). The above section has offered a historical context to ORCT and its clinical application. The role of object-relations and projective identification as a current coping strategy has been explored in relation

to couples work. The following section will aim to critically evaluate both approaches within the Counselling Psychology framework.

*Section three: Critical evaluation and concluding thoughts*

Due to their systemic underpinnings, both ECBCT and ORCT highlight the importance of acknowledging and considering the greater system when working with couples. It is recognised that effective treatment of couples is complex and that a number of individual, dyadic and environmental factors influence the treatment. Furthermore, both approaches acknowledge that these factors are dynamic and that changes occur throughout the couple's relationship. Issues of diversity are recognised as influential and accommodated by both approaches. Both approaches hold a number of strengths in relation to their suitability of practice within the Counselling Psychology framework. Firstly, through its emphasis on the transference relationship, ORCT identifies the importance of providing a containing therapeutic environment through an emphatic and relational therapeutic approach reflecting the Counselling Psychology ethos (Woolfe et al., 2003). The value of creating a therapeutic alliance and joining with the couple is further supported in ECBCT (Epstein & Baucom, 2003). Secondly, both approaches acknowledge the subjective experiences of each partner and highlight the importance of understanding idiosyncrasy within a dyadic process. Thirdly, emphasis of changing awareness through reflection on the therapeutic process, individual needs and overall relationship, mirrors the reflective-practitioner approach advocated within the Counselling Psychology framework. Furthermore, ECBCT provides a solid evidence base for the effectiveness of the treatment approach (Shadish & Baldwin, 2005). Additionally, rather than relying on diagnostic criteria and the reduction of symptoms both approaches focus on a collaborative wellbeing approach.

Some limitations exist within and between the two approaches. Firstly, in contrast to ECBCT, ORCT does not provide direction or skills that can provide couples with issues such as budgetary assistance or financial planning. Secondly, although the literature base in ORCT is steadily growing, this approach has, to some extent, failed to provide clinical evidence of its validity, reliability and effectiveness, compared to other treatment approaches such as ECBCT. Thus, due to the current pressures within society of time restraints, funding and emphasis on clinical evidence, ORCT currently

holds a disadvantage to other approaches. Thirdly, on their own neither approach provides an effective treatment if one member in the couple suffers from an additional mental health difficulty such as substance misuse or depression (Gurman, 2008). Finally, ECBCT provides a goal-directed approach that focuses on making changes in the here-and-now. Some couples may feel the need for a further in-depth approach to address their difficulties and might, therefore, not find ECBCT sufficient in addressing their issues.

On reflection, writing this essay has provided me with a broad understanding of how different theoretical approaches recognise and address the therapeutic relationship and the role of both individual differences and the wider system when working with couples. I have become aware of the role of unconscious and conscious communication between couples, and how past and current experiences and coping strategies can both maintain and change a couple's difficulties. This essay has also helped me to recognise issues of diversity, sexual difficulties, violence, and communication problems within couples. By comparing and contrasting two approaches I have become aware of the overlapping features between approaches, as well as the strengths and limitations of each approach. This has helped to emphasise that the factors that might alleviate distress in couples are not necessarily consistent with those that improve relationship functioning. Treatment plans should therefore be developed collaboratively with the client to account for both individual and dyadic goals, strengths and limitations. In line with the pluralistic philosophy of Counselling Psychology, I believe that future couples that I see will benefit from me drawing on an integrated therapeutic approach. Such an approach will also help preserve my professional autonomy.



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## **Section D: Process report**

### **Applied Therapeutic Practice**

## **Section one: Introduction**

### *Overview:*

The following process report aims to present the treatment of a 50-year-old male with Bipolar Disorder (NICE, 2006), known under the pseudonym ‘Dave’, in an Integrative therapeutic approach (Gilbert & Orlans, 2010). The report will focus on understanding individual, contextual and systemic processes involved in the client’s presenting problem and the role of the therapeutic relationship. Section one will provide the referral and client information. Section two will present the client assessment and formulation. Section three will provide the transcript and commentary, and section four will offer a critical evaluation of the work conducted.

### *Theoretical framework:*

An Integrative therapeutic approach was adopted to work with Dave’s presenting problem (Gilbert & Orlans, 2010). The approach, grounded in humanistic underpinnings (Schneider et al., 2001), focused on understanding the client within a wider social and political context (Bor et al., 1998) by exploring the link between thoughts, feelings and behaviour (Beck, 1979) and how early childhood relationships directly influence later adult relationships (Westen, 1998). This approach was chosen due to its emphasis on the therapeutic relationship (du Plock, 2006), its high success rate (Norcross & Goldfried, 2005), its ability to look beyond the confines of a single therapeutic orientation (Gilbert & Orlans, 2010), its acknowledgment of the therapeutic team and its emphasis on viewing the client holistically in line with that promoted by Counselling Psychology (Milton, 2010).

### *Aims of session:*

The aim of this session was to provide the client with a therapeutic space to reflect on current and past behaviour in order to facilitate a greater understanding of the client’s presenting difficulties in relation to individual, contextual and systemic processes (O’Brien & Houston, 2007). The following session was selected to highlight how I utilise Socratic questioning (Padesky, 1993), the therapeutic relationship (Horvarth & Greenberg, 1989) and literature when understanding a client’s presenting difficulties from an Integrative approach.

*Referral information:*

Dave was seen at an NHS secondary care outpatient service following a referral from his psychiatrist. His referrer anticipated that therapy would help Dave understand his presenting difficulties by exploring interpersonal relationships and identifying triggers and maintaining factors. This view was supported within the team.

*Client profile:*

Dave is a white British male, aged 50 years, with a history of substance misuse and Bipolar Disorder. He has received no past therapy. Dave was born prematurely and raised by his aunt in London until the age of four due to his mother's substance abuse and depression. At five, Dave went to live with his mother and sister, now aged 47. He found this transition difficult as his mother regularly physically abused him. Dave does not know his father and expressed feeling abandoned. He first experienced a depressive episode at the age of ten, but received no treatment during this period. He was regularly bullied at school and was told that he had a justified inferiority complex. At the age of fifteen, Dave started consuming approximately twenty units of alcohol daily, resulting in alcohol addiction and dropping out of school. He became homeless at the age of sixteen, which eventually resulted in an addiction to cannabis and cocaine. Dave expressed being caught in a cycle that included regular substance use, as well as spells of depression and mania until the age of forty. Following an overdose at the age of forty, Dave became a member of Alcoholics Anonymous and Narcotics Anonymous and has remained abstinent since. At the age of forty-nine, on the request of his sister, Dave was referred to a psychiatrist who diagnosed him with Bipolar Disorder, prescribed lithium, and referred him for therapy. Dave reported a supportive relationship with his sister and two friends, but expressed no contact with any other family members. He has no children and reported three meaningful relationships to date. He is currently living alone in rented accommodation. He receives daily living allowance and housing benefits and currently holds a debt in excess of £400,000 due to decisions made during manic episodes. He is currently studying to become a cab driver. He presented no forensic, medical or surgical history. Dave reported side effects of his medication, including dried skin and mild nausea. He currently smokes twenty cigarettes a day and remains abstinent from all other licit and illicit substances.

## **Section two: Assessment and formulation**

### *Assessment:*

Dave presented as calm and well kempt during the assessment. He talked freely about experiencing regular manic and depressed mood cycles and reported depression symptoms, including persistent low mood, loss of interest in previously valued activities, increased sleep and weight gain, reduced energy and concentration, and increased agitation, guilt and self-critical thinking. Typical thoughts and beliefs included: 'I am to blame for this', 'Nobody will ever love me', and 'I'll always be ill'. Dave reported that he would avoid contact with the world when depressed. He expressed regular suicidal ideations, but reported no intent, means or plans to hurt self or others. Manic mood episodes included symptoms such as feeling elated, quick, and superior to others, increased sexual promiscuity, rapid and unclear conversations, feeling full of energy and new ideas, being easily distracted, agitated and irritated, reduced sleep and appetite, as well as making out-of-character decisions and engaging in unsustainable financial activity. During his manic episodes he would regularly bombard friends and family members with visits, questions and business opportunities. Dave indicated a high level of psychological mindedness and self-insight during the assessment and presented as highly motivated to change. Although there was both an age difference and power imbalance present during the assessment, I feel that an immediate therapeutic relationship was developed. I believe that Dave's willingness and enthusiasm to engage with therapy mirrored my own goal-oriented personality and passion for therapy. This left me optimistic and eager to continue our work together.

### *Contact and counselling plan:*

In line with the service policy, Dave was offered twelve weekly sessions of Integrative therapy. A review of the therapeutic progress was conducted in session six to allow for potential adjustments to the therapeutic plan. Dave developed goals of identifying triggers and maintaining factors of his presenting difficulty.

### *Formulation:*

When conceptualising Dave's presenting difficulties I will draw on Weerasekera's (1996) and Dallos et al.'s (2006) idiosyncratic and eclectic formulation models. These



models emphasise a holistic view of Dave's difficulties. For a visual understanding of the formulation, see Appendix A.

### Predisposing factors

Factors that are likely to have led to individual vulnerability include premature birth, physical abuse, childhood bullying, family disintegration, alcoholic and depressed mother, lack of contact with father, temporary adoptive parents and financial difficulties. Dave's childhood has included multiple experiences of disintegration, loss and failure, which could have led to Dave developing an insecure attachment style (Bowlby, 1977; Crittenden, 1998). It appears that Dave's family members have experienced a similar pattern of biological, psychological and social distress to that presented by Dave above, resulting in family relationships that have felt unsupportive and competitive (Carr, 2006). Consequently, Dave finds it difficult to trust or rely on others for support or comfort (Atkinson & Goldberg, 2004).

### Precipitating factors

Dave's initial symptoms of depression coincide with his lack of a support network during his childhood and his regular exposure to physical abuse and bullying. It is possible that as the hostility and negative feelings towards Dave continued within the home, that these experiences helped to precipitate Dave's difficulties (Leff & Vaughn, 1985).

### Perpetuating factors

Dave's genetic predisposition and initial insecure attachment style accommodated with his current negative beliefs about himself and others seem to maintain his current difficulties (Mansell et al., 2007; Bartholomew et al., 2001). Through identifying with his mother's behaviour, Dave has developed a negative view of himself as 'ill' and inadequate, with this being further reinforced by his role as a 'patient' within the NHS. His sister's fear of his manic episodes has led Dave to experience a further sense of rejection and a maintenance of his identity as inadequate and 'ill' (Aujoulat, Luminet & Deccache, 2007). This could lead to a self-perpetuating dependency on treatment services where the mental health system adapts a co-parenting role for Dave (Aujoulat, Luminet & Deccache, 2007).

### Protective factors

Dave presents as psychologically minded and highly motivated, indicating the potential to develop a strong therapeutic relationship (Catty, 2004). Additionally, his past recovery from substance use indicates a wish to change (Orford, 2001). Dave's continued relationship with his sister provides an opportunity to develop and understand a secure attachment style through a prolonged stable relationship (Atkinson & Goldberg, 2004). Dave might also draw some hope and aspiration from his friends' achievements and strengths (Reisman, 1985).

### Coping styles

Through his compliance with medication and engagement in therapy, Dave can be considered accepting of both a biological and psychological view of his difficulties (Jones, Hayward & Lam, 2009). Through his studies he seems to value an action-orientated approach, suggesting that therapy should focus on the development of life-improving techniques and skills. However, considering Dave's attachment style and difficulties engaging with and trusting others, perhaps Dave's action-orientated approach can be viewed as a coping strategy to avoid engaging in conversations that explore deeper emotional difficulties (Atkinson & Goldberg, 2004). Such a coping style could leave Dave to experience unresolved difficulties that eventually can become more serious (Mansell et al., 2005). His sister and friends have adopted an approach that includes putting supportive strategies in place so that they can continue to assist in Dave's recovery whilst concurrently feeling safe themselves. This stands in contrast to past coping strategies that included avoidance and separation from presented difficulties.

## **Section three: Transcript and commentary**

### *Preface: The overview of therapy*

Preceding the selected session, Dave attended nine sessions of Integrative therapy that focused on understanding his attachment styles and their influence on the greater system, as well as identifying early warning signs of mania and depression, and discussing the role of guilt, stigma, anger, sleep, diet, money and medication in relation to his presenting difficulties. Additionally, Dave completed weekly homework tasks and read *Coping with Bipolar Disorder* (Jones et al., 2009).

I believe that a strong therapeutic relationship and Dave's enthusiasm for therapy

facilitated therapeutic growth by providing an opportunity to explore and value Dave's subjective experiences (Salvio et al., 1992).

*Lead-in to the session*

The chosen transcribed extract commences after 16 minutes and 19 seconds. Leading up to the transcribed extract, the agenda was set to explore Dave's sexual behaviour in light of his recent understanding of his presenting difficulties. After reviewing his mood and use of weekly mood and sleep self-monitoring forms, Dave disclosed that he believes he has a sexual addiction due to him regularly seeking out alternative sexual partners through a website despite being in a relationship. The selected extract was chosen to demonstrate the use of the therapeutic relationship (Rogers, 1957) and Socratic questioning (Westbrook, Kennerley & Kirk, 2007) when exploring and understanding the processes involved in the client's presenting difficulties. Additionally, by identifying and reflecting on personal complications I hope to continue my development as a scientist-practitioner and reflective-practitioner.

*Transcript:*

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Comments are denoted by the following symbols:

C -Client

T -Therapist

Cm -Commentary

... -Long pauses in speech

() -Interruptions by client or therapist

\*\*\*\*\*

T1: So you have identified when you often go on this website (mhm), ehm I was curious about what you think is the reason for you going on the website, so what are you hoping to achieve?

C1: Ehm, I'm hoping to achieve meeting someone and having sex with them (mhm)

*Cm1: Here, I was aware that Dave's early attachments had not allowed him to explore, ascertain and understand the development of a secure attachment to others (Bowlby, 1988). Dave presented with his arms folded across his upper body in a guarded position, leaving me with a sense that there was more to this than a casual*

*sexual encounter (Pease & Pease, 2006). Eager to explore this further, I combine the summarising stage and concrete questioning stages of Socratic questioning (Padesky, 1996). However, still reflecting on my internal process the question became fragmented and unclear, leaving Dave to focus on surface-level actions rather than deeper reflections (Westbrook, Kennerely & Kirk, 2007). Perhaps, a more concrete question such as 'In the long run, what are you hoping to achieve by visiting this website?' would have facilitated him in eliciting his subjective understanding of his behaviour (Wells, 1997)*

T2: And how come that is so important? What are you hoping to achieve through that?

C2: I think if I'm absolutely honest with myself there's a certain amount of, ehm, I mean apart from the fact that I love sex, there's, eh.... I I can't find the words but it's like a validation if you like (mhm) ehm, that that I'm attractive that I'm attractive to to women, that almost I have its almost a sense of self worth comes comes from it (ok) but in fact the the opposite tends to tends to happen because it's all such a waste of time (right) and if I if I'm not in i'm not in love with the women who I'm seeing at the moment I mean I like here very much we get on well, we see each other once or twice a week, in my heart of heart if I'm absolutely honest I would like to meet someone who I feel in love with, who feel in love with me and in those circumstances I probably wouldn't be looking elsewhere (mhm) certainly looking at how things have worked in the past, that is the couple of times when I have been in love I'm more than capable of being monogamous and (mhm)... not just capable of it but actively wanting that ehm

*Cm2: Having recently been introduced by my supervisor to Jacobson's (1964) ideas on drive theory and the role of pleasure and pain in the human drive system, this led me to pursue the question at hand further by adapting a downward arrow approach (Westbrook, Kennerely & Kirk, 2007). Reflecting on my intervention, I can see that I was getting impatient with Dave and his earlier response. This resulted in my attempt at rushing the therapeutic process and disturbing our alliance by asking more than one question. Perhaps, I could have attended to our therapeutic alliance by engaging with the client's world in a more active, sensitive and empathic way (Bohart & Greenberg, 1997). Despite my intervention, Dave further elaborated on his thoughts and behaviour, and confirmed his underlying unmet need of feeling loved. Perhaps,*

*this need can be further understood by his lack of opportunity to develop a true self through subjective omnipotence (Winnicott, 1965). By reflecting on past experiences and his ability and wish to stay monogamous, he further inadvertently challenged the idea of him having a sexual addiction (Orford, 2001).*

T3: So how come you're not seeking that out?

C3: [Sighs] As as I mentioned before I love sex (mhm) ehm it's something that I find very very difficult to live without (mhm) if if I was to looking to meet someone to have a proper relationship with and maybe an exclusive relationship with I would probably go onto a dating site (mhm) a so bona fide dating site (mhm)... [sighs] I don't feel that I have right now that much to offer in terms of offering someone a so steady relationship in so far as I I don't have an income (mhm) I'm the age that I am, that... you would expect if if you if you're a women looking to meet a guy and someone was fifty years old you'd expect them to have their own place, have a job, have an income, and although those things may not be the most imp important things to someone they are kind of what I would think of as the least that you could expect of that stage in in your life and I feel that at the moment while I'm still studying I don't really have that much to offer (mhm) someone, I feel that once once I finish studying and I've got a decent income and I can get my own place then that will be the time to try to meet someone and... I would at least have a bit more to offer (mhm)

*Cm3: Here, in light of the above disclosure I suggest further exploration by presenting a probing question (Westbrook, Kennerely & Kirk, 2007). On reflection, to reiterate his ability to stay monogamous and need for support I could have summarised his earlier answer before pursuing further information (Padesky, 1996). Perhaps, such an approach could have helped strengthen our therapeutic alliance by making Dave feel heard and his view validated (Kahn, 1997). Nevertheless, my probing question facilitated Dave to reflect on his current choice of action and highlighted his need for pleasure due to feeling unfulfilled. Here, Freud (1965) argues that as tension mounts, so does displeasure, and that pleasure can only be derived through drive reduction, thus validating Dave's sexual behaviour. However, Jacobsen (1964) challenges this idea by arguing that the discharge of tension can be interpreted as both pleasurable or unpleasurable depending on the interpersonal context. Perhaps, this explains Dave's quest for validation through sexual encounters and his current view of himself as an inadequate partner.*

T4: And when will that be?

C4: Probably looking about two or three years ahead (mhm) but I... I couldn't go that long without having sex (mhm) which is why I kind of maintain the relationship that I've got (mhm) ehm because I mean that... my very first sexual experience was amazing (mhm) it said in me a... oh I want this whenever I can get it, this is fantastic I understand what its all about... ehm... and I I think that kind of set the seeds for... try have as much sex as possible because I did enjoy it so so much (mhm) ehm

*Cm4: I recall that at this stage I was concerned about how Dave's view of himself and the world might maintain a depressed episode (Mansell & Scott, 2006) as well as reinforce his current behaviour during a manic episode (Mansell & Pedley, 2008). Acknowledging the importance of rewarding positive experiences during depression (Moore & Garland, 2003), I decided to use a longitudinal probing question (Padesky, 1993). Here, my aim was to facilitate Dave to reflect on his current and future goals and highlight any discrepancy (Wright, Basco & Thase, 2006). Considering Dave's response and validation of his chosen behaviour, perhaps I could have spoken in a softer tone to emphasise an unconditional therapeutic alliance (Rogers, 1957) and rephrased the question as 'When do you anticipate that these changes will occur?'*

T5: And what do you think is the cost to you of engaging in this behaviour?

C5: Eh..[Sighs].. There's the time (mhm) ehm most of which is wasted I mean you know a year on this site I've met two women (mhm) one I clicked with, one I didn't (mhm)... ehm there's there's the amount of time that gets devoted to it and there's also the feelings of not being especially proud of what I'm doing (mhm) ehm I mean there are certain things that I am doing at the moment like the exercise, I feel really good about that (mhm) because virtue hasn't played a big part in my life (mhm) and I do feel quite virtues doing that, like when I finish swimming especially if i've done an extra eh couple of lengths, it means that I've increased the amount that I'm doing, I give myself a well done (mhm) just before I get out of the pool, I think yeah that's that's another day, som you carried on with it, (mhm) you're increasing what you're doing and and that feels good I mean (mhm) and I think if you're living a life that you feel good about (mhm) then that can't help but contribute overall (mhm) to your feelings of wellbeing (mhm) and to good mental health as it were (mhm) if you're doing thing you're not especially proud of then I think that's one of the costs is that it, I feel a bit uncomfortable with myself (mhm) and to a degree I feel a little bit

uncomfortable talking about it because its not something that I like in myself (mhm) ehm when I look at my sisters relationship with her husband, they've been together best part of thirty years, I think as far as one can know, that is absolutely the happiest relationship that I've seen (mhm) and... I think for many years I was quite jealous of it subconsciously, I don't think... ehm... not on a conscious level but I think looking back at it that I was quite not resentful, but quite envious of what they had, now I am in over the last few years my relationship with my sister has moved on a lot, we are very close, and I ssh take a lot of vicarious pleasure from it, the fact that she's so happy that her husband is so happy, they've got two wonderful kids (mhm) and I take great pleasure from that and they've just, they've had a bit of windfall recently and they've just bought a eh bought a nice big house sort of mortgage free and that's all... ehm... I mean I take as much pleasure of that out of that as they do I mean I'm not remotely thinking oh they had a bit of luck I didn't, I think oh good luck to them you know I'm glad that (mhm) ehm I mean they've got a great life and I'm happy for them (mhm) and... I think it it's showed me that it can exist (mhm) because I come from a quite a dysfunctional family, my as as you know I wasn't brought up at home originally, my parents were were divorced and their relationship kind of reinforces that happy families can exist (mhm) and it's for me it's very important to be able to see that (mhm) because most of my friends have come from fairly dysfunctional families, ehm, not even my closest friend eh he he's fairly similar background to myself but his sexual behaviour is totally different than mine and... I he knows what I'm like but he wouldn't think oh that's big or clever or anything to show off about he'd just think that's not a really very nice way of living

*Cm5: Being aware of my earlier unsuccessful intervention and Dave's past difficulties at considering the negative consequences of his behaviour, I attempted to facilitate a cost/benefit analysis through open-ended vertical arrow questioning (Padesky, 1996). Considering his past experience of feeling unsupported and invalidated by others, perhaps Dave's lengthy reflection indicated a need to tell his story (Hoffman, 1993). Through non-verbal responses (e.g. mhm) I attempted to demonstrate active listening to help validate his story and indicate that he had been heard (Barrett-Lennard, 1962). On reflection, through a safe therapeutic space based on genuineness, unconditional positive regard and empathy (Rogers, 1957) I believe Dave was facilitated with an opportunity to experience and reflect on a secure attachment (Bowlby, 1977). This supportive and uninterrupted approach further seemed to*

*provide Dave with an opportunity to act as his own therapist through comparing and challenging earlier assumptions and beliefs (Wright, Basco & Thase, 2006).*

T6: So what are your options here?

C6: [Sighs]... ehm well I think one option is to stop ehm stop going on that website just to leave it alone completely (mhm) and to sort of carry on in the relationship that I'm in (mhm) ehm even I mean was I'm enjoying the relationship I'm in, I know that she does and we always have a good time when we see each other (mhm) but there's I think there's something fundamentally wrong in that relationship if I'm still looking elsewhere (mhm) and there's a part of me that thinks well I should just end that relationship (right) ehm but there's a another part of me that thinks why end that relationship when it's something that is working for us both on on whatever level I mean it is ehm there are a lot of positives in it why why end there (mhm) ehm...

*Cm6: Reflecting on Dave's earlier response I recall noticing 'change talk' (Miller & Rollnick, 2002), with this resulting in my suggestion of him comparing and contrasting his options. On reflection, although this approach allowed Dave to consider change, I am aware that by following this route I failed to fully acknowledge the role of his wider system. Perhaps, by encouraging Dave to elaborate and reflect further on his interpersonal relationships he would have been presented with an opportunity to understand his current anxious and avoidant behaviour towards others (Brennan, Clark & Shaver, 1998). This could have promoted a change in behaviour towards others in his system (Carr, 2006).*

T7: Ehm sounds like... this might be something worth actually talking with the lady in this relationship about to see what she's feeling, see how that compares with where you're at, what are your thoughts on that?

*Cm7: Here, I believe that my own personal view of relationships interfered with the therapeutic process. By allowing my own view and values of honesty and transparency in relationships to merge with the therapeutic intervention, I believe that I temporarily lost objectivity (Schwartz & Flowers, 2006). This is reflected in the first section of my intervention where I provided Dave with advice, rather than an opportunity to develop his own answer (Wright, Basco & Thase, 2006). On reflection, I could have rephrased my intervention to a question such as 'How would you feel*



*about sharing these thoughts with your girlfriend?’, thus allowing Dave to contemplate this option and consider the consequences of such action.*

#### *Postscript: Ending and evaluation*

The remaining part of the session focused on discussing the client’s goals, the influence of his sexual behaviour on his mood and a continued exploration of the client’s negative view of self and his ability to make changes. Attention was also dedicated to reviewing future agenda points and setting a homework task. In line with the philosophy of Counselling Psychology, Dave was provided with an opportunity to raise outstanding questions and provide session feedback (Barrett-Lennard, 1962).

### **Section four: Evaluation**

#### *Overview of client work*

The aim of this session was to provide Socratic questioning and a therapeutic space to facilitate the client to reflect on individual, systemic and contextual processes involved in his current and past behaviour. Dave indicated a strong ability to act as his own therapist by utilising the therapeutic space to reflect, process and challenge the issues at hand. Dave’s enthusiasm and motivation to change, combined with his self-reflective ability and past aptitude to change, suggests a positive therapy outcome (Moore & Garland, 2003).

#### *Critical self-evaluation of counselling in session*

On reflection, a number of areas need further attention. Firstly, I believe that the selected session demonstrated the use of a therapeutic space that was collaboratively controlled and grounded in genuineness, empathy and an unconditional therapeutic alliance. However, our therapeutic alliance and Dave’s self-esteem could both have been further strengthened by highlighting his contribution to the therapeutic process. Secondly, I may profit from discussing my choice of adapting a paternal role and providing advice based on my personal values. I believe that personal therapy and supervision will provide a greater understanding of my personal needs, thus allow for countertransference to be minimised and collaboration to be increased. Furthermore, I may benefit from further consideration of the cornerstones of the therapeutic alliance when practising the use of appropriate vertical arrow questions and open-ended probe questions (Beck, 1995). By avoiding preconceived therapeutic goals and

acknowledging the client's subjective experience, it may become easier for me to address feelings of impatience and frustration. This may be further promoted by acknowledging the power imbalance between therapist and client, and its role on the therapeutic encounter (Cooper, 2008). Moreover, the use of an Integrative approach indicates a further professional development as scientist-practitioner within a Counselling Psychology framework. However, I believe that further practice, reflection and reading is necessary for me to become fully comfortable with the integration of therapeutic models. Reflecting on my practice with this client, I have noticed that I tend to return to my Cognitive-Behavioural therapy skills when I become uncertain of where to go next. Perhaps, this will change with time and practice.

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**Appendices**

Appendix A: Integrative formulation diagram (Dallos et al., 2006)

