The experiences of therapists-in-training and newly qualified therapists who engage in therapy with therapists-in-training as clients

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Abstract

The increasing popularity of the 'talking therapies' has seen a growth in Counselling Psychology and psychotherapeutic training programmes in the UK including those where personal therapy is a requirement. Therapists-in-training are now becoming significant consumers of therapy with some engaging in therapy with therapists who are also in-training or newly qualified.

Objective

This study aims to explore the experiences of newly qualified therapists or therapists still in training who provide therapy to therapists-in-training.

Methodology

Four participants were interviewed and the transcripts were analysed using Interpretative Phenomenological Analysis (IPA), a methodology that employs a double hermeneutic to understand the subjective meaning of individuals' experiences of a phenomenon.

Findings

The findings highlighted various aspects of the therapists' experience organised around three super-ordinate themes: 'They can sometimes be a little bit trickier to work with', 'My confidence is sucked away sometimes', and 'My authoritative stance might have grown a little bit'. Theme one explores the clinical challenges which differentiate the work with a therapist-in-training from that of a client not in-training. Theme two describes the personal impact on the therapist of working with a therapist-in-training client. Theme three describes the enjoyable and growth promoting aspects of the work. The findings suggest that working with therapist-in-training clients poses a challenge for the therapist with a disproportionate impact if the therapist was themselves a trainee at the time of the encounter.

Conclusion

This study has highlighted significant ethical issues for the profession which must be addressed by Training Institutes. If this model of therapy subsequently continues to be deemed appropriate, clear communication is required for both therapist-in-training therapists and their in-training clients in order to reduce anxiety and provide a meaningful and authentic experience for both parties. Further research is recommended to build on these preliminary findings.

Contents

1. Introduction

1.1 My philosophical perspective as a practitioner

My integrative model has developed over the course of my training and beyond. As an integrative psychotherapist and counselling psychologist-in-training, my approach is grounded in a humanistic philosophy which draws from different epistemologically based theories integrated through a relational focus and interest. I believe people are driven by internal, unconscious forces towards relationship. I see the relationship as central to the work of therapy and believe that insight and change occur through the authentic self of the therapist in relationship with the self of the other. I see my role as a therapist to explore and understand the client's experiences in the world through the lens of their unique perspective.

I understand psychological difficulties as primarily "a self-with-other problem" (De Young, 2003: 70) and believe our relationship with-other is dependent upon both early and on-going experiences. The developmental theories of Bowlby (1969, 1973 & 1980), Ainsworth et al, (1978) and Stern (1985) have affirmed my belief in the importance of relationship for the developing individual and the implications of early deficits in care on their later lives. Although anchored in a different epistemological position from the social constructionist model of humanistic therapy, the realist model of neuroscientific research (Gerhardt, 2004; Schore, 1994 and Siegel, 1999) has inspired me to think in different conceptual ways. I believe the realist model captures a growing interest within natural science for what has been emphasized hitherto primarily within psychotherapeutic models. This dialogue between an idiographic and nomothetic approach informs my understanding of the co-created processes at work which impact the ability to relate to self and other.

I work from an intersubjective perspective which emphasizes the concept of 'reciprocal mutual influence' (Stolorow and Atwood, 1992: 18) working in the space 'between' therapist and client. I conceptualise the reciprocal regulation of arousal and affect as central to the therapeutic relationship and psychological change. As part of this co-created mutually influencing two-person psychology approach I am open to being changed by the client.

I believe communication in the relational matrix happens on many different levels. My integrative model draws upon a developmental-relational model (Evans & Gilbert, 2005) blended with Clarkson's (2003) relational model. In addition to working with the implicit relationship and the more explicit real

relationship I pay particular attention to my own countertransference (Heimann, 1950: Maroda, 1998: Bollas, 1987) to understand the client's conscious or unconscious communication.

Understanding the systemic approach advocated by Bateson (1971) and later by Keeney (1979) has encouraged me to adopt a contextual view of the client's problems and to consider the implications of the interconnectedness of the 'family dance' (Minuchin, 1976) in which the client is embedded. Consequently, a key focus of therapy has become the exploration of the interactional patterns of these wider groups in relationship to gain insight and understanding of the socially constructed realities (Bott, 2000) and the quest to challenge unhelpful, rigid perspectives.

The therapy I provide is underpinned by clear philosophical values that hold that individuals should be empowered to be self-directing in their lives. Empowerment of the individual is a strong sociopolitical thread that is fundamental to my core values and belief that our socially constructed society (Gergen, 1999) has traditionally exploited the stigma attached to certain groups to maintain the power imbalance. I apply this thinking to the concept of mental ill health and societies treatment of individuals facing such significant personal challenges (Binswanger, 1958). I believe a greater awareness within society of the underlying contributory issues could facilitate a shift in understanding, leading to a more compassionate and accepting approach towards individuals living with a 'diagnosis' on the mental ill health spectrum. I see empowerment as an ethical imperative in the work of a therapist (Smith & Douglas, 1990).

I am inspired by Laing's (1960) approach which sought to encourage clients to find healing solutions from within themselves which stands in stark contrast to the implicit power imbalance in many 'helping' relationships whereby the 'helpee' is embracing a view of being dependent on the helper for solutions (Steinbock, 1988). However, I acknowledge my responsibility to the client and hold the tension between these two positions which often co-exist in the work.

I see the world as consisting of multiple valid perspectives, a key value which draws upon a phenomenological perspective descended from the rationalist, idealist philosophical tradition of Plato (1955) and Kant (2007). I believe an individual's subjective experience leads them to define their own reality as truth (Cohen and Manion, 1994) set within a social construction of their world with-other (Foucalt 1983). As a therapist, I aspire to Laing's (1964) respectful stance, which encourages the therapist to maintain their curiosity and look for sense and meaning in the most seemingly unusual of behaviours. I believe every human being has a right to be respectfully heard.

My philosophical position is informed by a social constructionist approach which sees a unique human embedded in and inseparable from their context. Lewin's (1952) field theory understands this 'total situation' as the interconnected, interdependent, interactive nature of human phenomena (Parlett, 1991).

My philosophy as a researcher

In this study which aims to explore the human experience of a specific phenomenon I align myself with the phenomenological philosophy and method founded by Husserl (1859-1938), which was subsequently developed by Heidegger (1889-1976) and elaborated by Merleau-Ponty (1908-1961). This phenomenological tradition is concerned with existence, human nature and being-in-the-world where everyday experience is considered a rich and valid source of knowledge. Both Husserl's successor at the University of Freiburg and the French philosopher consider the individual as embedded and immersed in a world of objects and relationships where our consciousness is shared with others through discourse, language, history and culture. The central concern therefore is to focus upon the content of consciousness and the individual's experience of the world to provide a better understanding of what it is like to experience that phenomenon.

As counselling psychologists, we are reflective practitioner-scientists who work collaboratively both with our clients and participants. Consistent with my understanding of the co-created and mutually influencing nature of the therapeutic relationship, I understand that as a researcher the same reciprocal process underlies the creation of knowledge influenced by both participant and researcher. I am therefore influenced by researchers who use reflexivity as part of this process of the construction of knowledge (Etherington, 2004).

My relationship to this area

I have a personal interest in this area based on my own experience as a Counselling Psychologist-in-training as one of my first clients was training for a counselling qualification. This was a powerful experience and I felt uncomfortably diffident when my client disclosed her trainee status at the end of the first session. I was at the start of my own learning journey and already overwhelmed by the different elements of the work to hold in mind. I felt daunted at the prospect of working with someone

who was also in training and wondered what she could learn from me? Reflecting back, I was experiencing some of these feelings of insecurity to a lesser degree with other clients however the client's training status made them far more acute in our sessions. I was concerned my trainee client with her knowledge of the process would expose my inexperience and judge me as incompetent.

I wonder how this learner with learner dynamic might have influenced our therapeutic relationship and work together? We were both in training, both in the early stages of our careers but I felt I was suddenly thrust into a leadership role as therapist. Looking back, I brought my own expectations, a feeling that I should know more, be able to take the lead and demonstrate the process.   Despite being drawn to Yalom's (2002) idea of therapy as two travellers on a collaborative journey together, I also had a more traditional understanding of the role which clashed with the model of therapy I desired to emulate. In practice I felt that I was supposed to know more and it was challenging to admit openly that this might not be the case.

I felt the therapeutic alliance only started to develop towards the end of our work together, perhaps because it was safer for the client to let me in once the end was in sight? At the time I felt that I worked really hard but we were not making progress, I attributed perceived difficulties predominantly to my ability as a therapist. Looking back, I wonder why she chose a trainee for a therapist, perhaps she opted to attend the 'training clinic' because it was accessible and affordable? On reflection I wonder if our sessions were more of a box ticking exercise for the client, attending because of a mandatory training requirement? Although now this seems like an obvious question and something that intrigues me, I did not raise this during our work together.

I recognise that it is a relatively unusual situation for a psychological therapist-in-training to have another trainee as a client, particularly as it is considered such an important aspect of personal development.   On reflection, perhaps I have generalized my experience attributing some of the difficulties in our relationship to her status as a trainee rather than acknowledging the person of the individual and our co-created relationship.

Reflecting back years later, I am able to see things from a different perspective but this has left me wondering how others have experienced this situation. I hope my exploration will provide a rich and real insider viewpoint on both the experience of the therapeutic space but also facilitate a greater understanding on the experience of being a learner alongside another learner and perhaps to

normalise this certain kind of learning? It seems significant that with the benefit of my own reflective practice I have been able to understand things in a very different way.

2. Literature review

2.1 Introduction to my research

The aim of this chapter is to review relevant literature around the area of therapy with therapists-in-training. I will begin with a summary of the review, followed by a brief historical background, then a more detailed critical review of the relevant research. In Interpretative Phenomenological Analysis (IPA) research the purpose of the literature review is to identify a gap in what is known about the phenomenon of interest which your research question can address, as well as to help you learn something about your participants (Smith, 2009. p.42). The aim is to be evaluative in nature, but the literature is not subsequently used to inform data collection in a rigid way. Additional literature can be introduced for the first time in the discussion but should be selective, not exhaustive (Smith, 2009. p.113). Kamler & Thomson (2014) suggest that a more traditional literature review has a broader scope with what is already known plus the newly conducted research as the contribution embedded into the review. There are also differences with regards to the search strategy and evaluation of the quality of the study. The systematic review for this study commenced with a review of the literature on therapy with therapists-in-training and therapists from peer reviewed journal articles obtained on search engines such as Psych Info and Athens. This led to a wider search on the experience of therapy with therapists, after which I obtained books published on this subject by prominent authors on this topic. I also reviewed the literature on 'reflective practice' and implications for the development of the therapist. Schön (1983) talks about the 'expert' being able to step back and admit they are unsure, but then reframe the situation remaining open to different possibilities. I wondered if, with the growing experience of the trainee therapist, a freedom to be more flexible and creative in the therapeutic dyad might develop and emerge from these experiences. Throughout my search I have been aware of the credibility of the sources and evaluated these. The majority of sources referred to in this study are peer reviewed articles and books which have already been through a rigorous credibility check. I was careful to consider the source and potential bias of the authors particularly if the information was found via a Google search.

The increasing popularity of the talking therapies has seen a growth in counselling psychology and psychotherapeutic training programmes in the U.K..There is currently a high demand for training courses including those where personal therapy is a requirement; proportionally speaking psychological therapists are becoming significant consumers of therapy. Research in the U.S. suggests that three quarters of psychotherapists have provided therapy to a psychological therapist or therapist-in-training (see Norcross, Geller & Kurzawa, 2000, 2001) whereas an international study (Orlinsky & Ronnestad, 2005) suggests that only half the therapists questioned had this

experience. Yet despite a significant population size, there has been a lack of research focused on the therapy of psychological therapists, a situation described by Gabbard (1995) as an unfortunate void. There is a lacuna in research focused on the provision of therapy to therapists despite this client group providing unique challenges for even seasoned therapists (Geller, 2005a). Similarly, according to Kaslow (1984) there has been little exploration of the experience of therapists providing therapy to therapists or therapists-in-training. To the best of my knowledge there appears to be a complete absence of research focusing upon the experience of psychological therapists-in-training or newly qualified therapists providing therapy to psychological therapists-in-training.

This study aims to address this gap in the literature and explore the experience of a psychological therapist-in-training or relatively newly qualified therapist working in the role of therapist, with a psychological therapist-in-training as their client. I hope to develop an insider view on this experience and gain a better understanding of the complexities of the dynamic at work.

2.2.1. Historical background

From the earliest days of psychoanalysis, Freud (1910,1937) proposed that personal therapy was the deepest and most rigorous part of one's clinical education: "But where and how is the poor wretch to acquire the ideal qualification which he will need in his profession? The answer is in an analysis of himself, with which his preparation for his future activity begins" (Freud, 1937, p.246). Many of Freud's (1910) seminal ideas came from his own self-analysis, however it soon became apparent to Freud that anyone considering becoming a psychoanalyst should "first himself undergo an analysis by someone with expert knowledge" (Freud, 1912, p116). With the establishment of the first training institutes in Berlin (1920) and Vienna (1921) this recommendation became a requirement. It was finally determined at the Seventh Congress (held in Berlin in 1922) that "only those persons should be authorized to practice psychoanalysis who as well as taking theoretical courses of training had submitted to training analysis conducted by analysts approved by the Society at that time" (Fleming and Benedek, 1966, p.7).

1922 witnessed another significant development for the training analysis when Eitingon (a contemporary of Freud) proposed a tripartite model which separated the analyzing, clinical and supervising aims. Candidates were required to undertake "practical work under direction" (Eitingon, 1926, p.132) with someone other than the training analyst who would help the trainee to understand "why he makes mistakes, that is to say, in what complexes in himself they originate"

(p.134). Henceforth, the training analyst was relieved of the charge of guiding the trainees' early work with patients. Eitingon's tripartite model was adopted by most institutes by the 1930's and is now embedded in the codes of ethics and the structure of the training courses which the majority of Training Institutes promote (Cabaniss, 2006).

It is significant that despite this formal split, there are areas of crossover particularly between the supervisor and therapist roles. King (2011) and Norcross et al. (2000, 2001) suggest that this is often an area of complexity for therapists. I am curious as to whether these issues of crossover are also experienced by therapists-in-training in the role of therapist, as they share a common interest with their client and wonder if this will emerge from the discussion.

2.2.2. "The Key Element" [1] - The Training Analyst

Traditionally the role of a therapist's therapist has bestowed a "special status on a clinician" (Norcross, 2001, p.44). Fleischer et al. (1985) suggest that "the role of being a "therapist's therapist" provides marked narcissistic appeal, akin to being a "lawyer's lawyer," or a "physician's physician..." The therapist may experience strong wishes to collude with the patient's need for perfection and omniscience in the treater, resulting in excessive and unrealistic expectations about one's capacities as a therapist" (1985, p.589). Yet, despite the perceived importance of the role, the experience of the therapist's therapist seems shrouded in a puzzling silence (Geller et al, 2005a) and is neglected in the literature.

In the psychoanalytic world, becoming a training analyst is seen as the pinnacle of professional ambition as the quality of the training analysis is held to be "the key element in the successful passage of the candidate through the Institute" (Schlesinger, 1990, p.135). Limentani (1974) suggested that the analyst "offers himself as a model, as a 'functioning' analyst to his student-patient" (1974, p.75) and the "candidates model their technique on that of the training analyst" (Masur, 1998, p.543). However, there is little guidance or literature available for therapists working with either fellow therapists or therapists-in-training which Norcross (2001) described as analogous to the "ethical violation of working outside of one's area of competence" (2001, p.44). If the therapist is considered to be offering a model of a functioning therapist for their client, I would like to explore how a therapist-in-training as therapist, experiences the additional dynamic of modelling the process as a functioning therapist to a therapist-in-training. I wonder if this experience is differentiated from work with other

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[1]Schlesinger, (1990, p.135)

client groups and if so, how this might impact their work together?

2.2.3. The role of personal therapy

Personal therapy is seen by many as an important and powerful experience (Rake & Paley, 2009) at the "epicenter of the educational universe for psychotherapists" (Norcross, 2005 p.841). Orlinsky & Ronnestad (2005) and Geller (2005a), in quantitative and qualitative analysis of self-administered questionnaires, found large numbers of therapists who were satisfied undertaking personal therapy. Farrell (1996) suggests that it provides an opportunity for therapists of any theoretical orientation to understand the position of the client and to reduce the likelihood of 'blind spots' and unethical behaviour. Yet research suggests that personal therapy can also have a negative effect on client outcome if the therapist becomes preoccupied with their own emotional turmoil (Strupp, 1958, 1973; Garfield and Bergin, 1971; Greenberg and Staller, 1981), thus distracting from focusing on the client's issues (Wheeler, 1991). I wonder if this is a more prevalent issue for therapists-in-training at the beginning of their careers as they are just starting to learn the process from the perspective of a therapist, whilst simultaneously pursuing their own therapeutic journey, possibly for the first time, and dealing with issues which might arise as a result of this exploration?

A significant proportion of the research literature on the subject of personal therapy has focused upon the effect of the therapist's personal therapy on their clinical practice. Reviews of this empirical literature (e.g. Macran & Shapiro, 1998; Orlinksy, Norcross, Ronnestad, & Wiseman, 2005) offer little clear endorsement for the impact of personal therapy on client outcomes, although the methodological and conceptual limitations of much of this early outcome research has been criticized for being impoverished and conceptually limited, relying upon surveys and Likert scales (Macran, Stiles and Smith, 1999; Wiseman & Shefler, 2001). Rizq (2008) suggests that clear aims for personal therapy are needed in order to measure success, yet found some ambivalence for specifying these aims and evaluating outcomes. To date, a limited research resource has maintained the focus on a potential link between personal therapy and clinical outcome in an effort to provide empirical evidence to satisfy a growing need for evidence-based practice, whilst other interesting areas of study have been neglected.

2.2.4. Therapy with therapists

The majority of the research available exploring the experiences of therapists working with 'therapist clients' and 'therapists-in-training' has been written primarily by therapists from a psychodynamic or

psychoanalytic perspective (Berman, 2005; Bridges, 1993, 1995; Gabbard, 1995).   As a result of a paucity in the literature, I draw heavily on this perspective whilst acknowledging that the central tenets of a psychoanalytic tradition might be questioned by a more mainstream psychological approach.

Berman (2005) suggests that research into the phenomena of therapy with therapists was limited because sharing a profession might have been seen as a superficial factor "marginal in its impact" (Berman, 2005. p.235) and perhaps not problematic enough. This contention seems questionable; perhaps it allowed the profession to ignore the external realities of sharing a profession with a lack of research focus.   Fleischer (1985) suggests that we hesitate to admit and examine the emotional vulnerabilities which these clients exquisitely tap and therefore "collude to ignore" (1985, p.587), thus maintaining protective dynamics with which both 'therapist client' and therapist struggle. An acknowledgement of the significance of "external factors" has been gradually gaining recognition in the literature as an important influence on the therapeutic relationship between such a therapist and client. Berman also highlights practical considerations of confidentiality where the risk of exposure is greater as the 'therapist client' might attend conferences at which material might be presented or read journals in which work might be published. Therefore this client group may be underrepresented in the literature in comparison to their higher representation in practice.

It is noticeable that much of the literature does not distinguish between providing therapy to therapists or therapists-in-training, but instead treats them as one homogenous group. A review of this research literature (Berman, 1995; Bridges, 1993, 1995; Burton, 1973; Fleischer & Wessler, 1985; Freudenberger, 1986; Gabbard, 1995) reveals three main themes; that treating colleagues is 'characteristically difficult, even for seasoned clinicians'; secondly that there are idiosyncratic aspects and special considerations in treating fellow therapists; and thirdly that clinical dilemmas specific to the psychotherapy of psychotherapists tend to derive from several interrelated sources – unusual pressures to maintain therapeutic boundaries, confrontations with intense countertransferential feelings and unique problems around the recognition and management of identification issues. Berman (2005) suggests that treating colleagues makes therapists lonelier and more vulnerable (p.243). Despite the clinical, educational and theoretical importance of these challenges, scant empirical attention has been given to the experience of conducting therapy with therapists or therapists-in-training. Given some of the significant challenges raised in the research literature, I am interested in exploring this experience from the therapist-in-training's perspective as therapist. I wonder how the relative inexperience of the therapist might have an impact and if there is a correlation with the particular stage of training and experience of the individual?

2.2.5. "Deep similarities and important differences"[2] - Two major studies on therapy with therapists

The SPR Project (Orlinksy & Ronnestad, 2005) with an international participant base and the Division 29 Project (Norcross, Geller & Kurwaza, 2000, 2001) which focused on U.S. based participants attempted to address a lacuna in the literature about therapy with therapists. Both studies included a focus on the experiences of a wide variety of therapists (to include psychologists, psychiatrists, social workers, counsellors, nurses and lay therapists) providing therapy to mental health professionals. Neither study differentiated between the provision of therapy to therapists who were qualified or in-training. This omission suggests that hitherto the differentiation between qualified and in-training therapists has not seemed relevant. The present study aims to fill this important gap.

Data on therapists' experiences with the therapist client group was gathered through the completion of self-report questionnaires. The most striking implication from these studies was the large number of therapists treating mental health professionals, and the paucity of literature available surrounding the process. "Deep similarities and important differences" in the way therapists conduct psychotherapy with therapist and non-therapist clients were found (Norcross et al., 2001, p.43). The differences appear to be distinguished at an experiential-emotional level: therapists enjoyed being with therapist clients more than non-therapist clients; felt friendlier towards their therapist clients; were more likely to discuss professional matters having made a collegial connection with their therapist client. These findings initally appear to conflict with Berman's (2005) suggestion that working with therapist clients leaves the therapist lonely and more vulnerable. Although participants in the Norcross (2001) study reported using the same techniques with therapist and non-therapist clients, they were more conscious of their techniques and more likely to attend to their countertransference reactions when the client was also a therapist; were more likely to worry about treatment effectiveness; more concerned about the client being critical of their work when the patient is a fellow therapist; and were more likely to limit the information contained in therapist client notes which Geller et al., (2005a) suggests might be a feeling of protectiveness toward an 'identified with' therapist client. Findings also suggest that therapists were more likely to discern positive outcomes in terms of self-understanding and insight among their therapist clients (Norcross et al., 2001). Given these important differences, these findings suggest that therapists and therapists-in-training are receiving a distorted therapy which is inconsistent with that received by the general population. From my own perspective I can identify with some of the above differences and wonder if my experience resonates with others in a similar situation. The

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[2]Norcross et al., (2001, p.43)

present study also aims to explore this neglected area of interest in an attempt to understand the experience from the perspective of someone at the start of their therapeutic career.

2.2.6. The therapist's therapist

In addition to the differences encountered in providing therapy to a therapist and non-therapist client group, Norcross (2000) found that those therapists who defined themselves as a 'therapists' therapists also self-reported creating more emotional atmospheres. These therapists also felt more efficacious with their therapist clients. These self-defined therapists' therapists felt their depth of involvement with therapist clients was more capable of withstanding threats to their feelings of efficacy and they appeared better prepared to non-defensively use the rise and fall of their feelings of efficacy and involvement as interpretive resources in their work with therapist clients. These studies (Norcross et al. 2000, 2001) suggest a significantly greater self-confidence amongst those who characterize themselves as therapists' therapists and those who have treated many therapists. Alternatively, this may also indicate a lack of on-going self-awareness on behalf of these therapists.   However, I am left wondering at what point in their therapeutic career did they start to identify as a therapists' therapist and what this process involved? Were they consciously aware of this at the time? Although this is not something I experienced, is this something which perhaps other trainee therapists might recognise in their experience?

2.2.7. "A privilege and a burden" – stressors and satisfactions in therapy with therapists

The U.S. based Division 29 study (Norcross, Geller & Kurwaza, 2001) sought therapist experiences of specific stressors and satisfactions when conducting psychotherapy with clients who were mental health professionals which were considered beyond that associated with conducting psychotherapy in general. By far the most prominent satisfaction was that therapist clients were experienced as "better clients" with whom one could establish a "better therapeutic relationship" (2001, p.38). The primary stress associated with treating fellow mental health professionals was the activation of anxieties and doubts about their own abilities as a therapist. Therapist clients were experienced as more challenging or resistant to change, as well as more critical consumers of psychotherapy. Treating a colleague was described as a "professional privilege and a burdensome responsibility" (Norcross, Geller & Kurwaza, 2000, p.360) which often left the therapist feeling more anxious and self-conscious about their techniques, preferences and emotional reactions to the potential conflicts of the therapeutic situation than work with non-therapist clients.   My own experience resonates with some of these findings, I felt my abilities as a therapist were challenged more when working with a trainee with whom I found it more difficult to establish a therapeutic alliance. However, with hindsight I wonder if I have

placed too much emphasis on their training status, thus ignoring the person of the client. Perhaps I would have also struggled had my client not been in training?

Norcross et. al. (2000, 2001) also sought the advice of participants for fellow psychotherapists working with therapist clients; the majority of the advice was linked to the stressors identified when conducting therapy with therapist clients. Much of this advice dealt with boundary challenging aspects of the therapy of therapists such as the dangers of over-identification, the pitfalls of dual relationships and the temptation to provide supervision. Another prominent theme was to anticipate and attend to potentially problematic feelings, for example envy, intimidation and competitiveness with one's therapist client. These findings reinforce the importance of separating out the position of client and therapist which appears as an ongoing tension inherent in the therapy of fellow therapists. I would like to understand if the experience of the therapist-in-training resonates with that of more experienced practitioners in the literature. Are these also areas of concern for trainees and recently qualified therapists starting out in their careers? As this study (Norcross et al., 2000) does not differentiate between experiences with qualified and in-training clients or qualified and in-training therapists, I would like to address this gap in the literature with a specific focus on the experience of the psychological therapists-in-training and recently qualified therapists providing therapy to psychological therapists-in-training.

Both the Division 29 and SPR study present compelling findings yet are of unknown representativeness. The participants were drawn from a self-selected cross section of the American Psychological Association (Division 29 study) and a variety of other means including: attendance at professional workshops, membership of professional societies, faculty members associated with training programs, collegial networks, and those listed as providers of counselling or therapy in telephone directories (SPR study). However, it is unlikely that many of these therapists would have been in training themselves. The Division 29 study had a low response rate of 33% (328 questionnaires) whilst the SPR with an international database had 4,868 questionnaires returned but no response rate specified. The questionnaires could conceivably take up to 2 hours to complete which might indicate a bias from those who responded. The use of anonymous self-reports brings its own limitations particularly for the collection of complex and potentially rich data and therefore Geller (2005a) acknowledges that the research is suggestive and preliminary. Yet this important research raises some significant challenges facing therapists providing therapy to therapists and therapists-in-training. Geller (2005a) raises the questions as to whether it is ethically and professionally appropriate for a therapist to accept the responsibility of treating a fellow therapist in the absence of specific

training or supervision, a critical issue which appears to have been overlooked in previous research. The present study will explore the experience of the therapist-in-training and recently qualified therapist to a client in training and hopes to illuminate the challenges faced by individuals in this role and the related ethical issues. Semi- structured face to face interviews will be used in an attempt to gain an emic view.

2.2.8. Therapy with therapists-in-training

The majority of previous research has drawn on the experience of qualified therapists working as therapists with therapist clients as a homogenous group and most of this research does not differentiate between those clients who are qualified from those still in-training.   Whilst Norcross (2000, 2001) and Orlinsky & Ronnestad (2005) had drawn their participants from a predominantly U.S. and Western European population, King (2011) focused specifically on the experiences of U.K. based 'experienced' psychodynamic therapists working specifically with therapists-in-training. Therapists working in therapy with therapists-in-training will encounter additional factors not necessarily encountered with a client not in-training: 'Trainees' are by definition looking to join the therapist's profession and Kaslow (1984) suggests this brings on a competitive element to the relationship; therapy is often a mandatory requirement; therapists-in-training are learning the process of therapy whilst working with their own process in personal therapy; classmates might be taught or engage in therapy with the same therapist; there are power dynamics at work as the therapist-in-training may have concerns about being judged by their therapist and concerned that difficulties encountered in therapy might somehow get back to the institute; the therapist may have concerns about being judged by the trainees and subsequently sharing their feelings with their peer group.   Some of these factors might also apply to work with fellow therapists not in-training. However, some therapists elect not to work with trainees because of the additional complexities and contextual dynamics that this type of work can present (Donati and Legg, 2011). Given that some therapists choose not to work with trainees, I wonder if and how these additional variables are experienced by a therapist-in-training and how they deal with them.

King's (2011) study explored three main areas: the importance of personal therapy, the existence of dilemmas, and how these were dealt with from the therapist's perspective. Using semi-structured interviews and qualitative content analysis, King (2011) found that two categories of dilemma emerged: clinical and personal. Clinical dilemmas arose from the mandatory requirement for therapy, boundaries and fitness to practice; personal dilemmas included pressure to model, sense of responsibility, therapeutic narcissism, countertransference reactions, over use of self and stressful

involvement. King's findings were largely consistent with the literature, however interestingly, none of King's participants mentioned therapist anxiety about ability or elitist attitudes of therapist clients, despite the former finding emerging as a consistent theme throughout the literature.

In contrast Kaslow (1984) found that some therapists suggested that trainees were easier to treat than more experienced therapists as they were more enthusiastic and hopeful for the change process, had less rigid character defences, together with a less fixed identification with the role of healer.   The research raises some conflicting findings surrounding the important challenges and complexities when working with therapists-in-training. I hope that an in-depth exploration of these experiences from a different perspective as therapist will facilitate and clarify a greater understanding of this situation.

2.2.9. Therapy as a mandatory requirement

One of the unique differences for the therapist working with therapists-in-training as opposed to other fellow therapists is the mandatory requirement for the trainee therapists to undertake personal therapy. King (2011) found some ambivalence, resistance, inhibition and poor motivation when therapy was a mandatory requirement for trainee therapists and thus presented their therapists with a clinical dilemma. Whilst benefits of mandatory therapy have been reported (Grimmer & Tribe, 2001; Murphy, 2005), others argue against it (Macaskill, 1999; Thorne & Dryden, 1991) and there is a concern that a lack of choice militates against its potential efficacy (McLeod, 1993).   King (2011) found that therapists perceived some therapists-in-training as defensive, "going through the motions" (p.190) and not allowing themselves to be a client as they felt they did not 'need' therapy. Therein lies a potential paradox as Murphy (2005) suggests that the "readiness of the trainee is essential for productive development to take place" (2005, p.28). On reflection, I think the issue of mandatory therapy was a factor in the challenges faced in my personal experience working as a therapist whilst still in training with another therapist-in-training client. I wonder if this is something other trainees and recently qualified therapists have also experienced and if so, what is this like for someone in the role of the therapist if the client approaches their personal therapy as a box ticking exercise. What effect might this dynamic have upon the therapeutic relationship and how has the therapist dealt with this?

2.2.10. An authentic experience?

Rizq & Target (2008) found that personal therapy was valued by Counselling Psychologists-in-training as a "genuine, often extremely intense relationship" with the therapist, which in turn enables them to establish "authentic emotional contact with themselves and their clients" (p.29). In Rizq's (2008) study

participants made a distinction between authentic and inauthentic experiences in personal therapy and voiced concerns about ensuring the integrity of trainees' own experiences in this important aspect of training. If the therapist-in-training is avoiding an intense emotional experience, would a therapist react differently than they would with another client who was not 'in training?' Is there more of a license to push and be more challenging because of their 'training' status? Although not raised in the King (2011) study, Grimmer and Tribe (2001) suggest that the lack of a presenting problem for some trainees differentiates their experience from that of many of their clients. Is this also problematic for the therapist? Might this also pose an ethical dilemma for the therapist and the training institutes? These ethical questions are a key focus of this enquiry. Given the importance of authenticity in the shared therapeutic endeavour, I would like to explore these topics with the therapist-in-training and recently qualified therapist in order to understand their experience and the meanings they have made from this.

2.2.11. Who can provide therapy to therapists-in-training?

There are a number of organisations for the education, training, accreditation and regulation of psychological therapists and counsellors in the UK. There are various requirements stipulated by these accrediting bodies regarding personal therapy. UKCP require 160 hours of personal therapy whilst the BPS require counselling psychologists-in-training to engage with a minimum of 40 hours. Whereas many courses and accrediting bodies mandate personal therapy, this is not the case for all counselling training. An online review of counselling courses available at various levels of qualification suggest that some state a requirement for personal therapy whilst others do not. Whilst the accrediting organisation may stipulate this requirement, it is the training institutions which enforce the relevant policy. The training institutions will also set out requirements as to the level of qualification and experience needed to provide therapy to trainee therapists on their courses. Whilst many institutions may provide lists of pre-approved therapists deemed appropriately qualified, some institutions appear to have less rigid requirements. In an effort to meet course demands, some trainee therapists are seeking more affordable options for their own personal therapy which might include attending a service where the majority of therapists are in-training themselves. This leaves the trainee therapist in the role of therapist with an ethical dilemma, one which I personally found myself facing whilst on my first clinical placement. My client had disclosed her trainee client status during our first session as she needed me to confirm her attendance in therapy and provide a statement to this effect. I took my concerns to the clinical manager of the therapy service. To my surprise it was confirmed that I would be able to continue with our sessions, the rationale being that my client was considered a client like any other.   Uncomfortable with this decision, I raised the issue with my clinical supervisor who was surprised but deferred to the decision already made by the clinical manager, whilst advising

that I should make my 'in-training' status very clear on any documentation which I was to sign which was in line with the UKCP (2019) and BPS (2020) Codes of Ethics and Professional Practice. Given the acknowledged importance of personal therapy during training which adds another perspective to the concept of professional knowledge (Orlans,2009), I felt that I was outside my area of competence whilst working with a trainee client (Norcross, 2001). As I reflected on this situation, I considered the previous advice that the client was a client like any other, and if I was prepared to work with non-trainees then perhaps, I should reconsider working with a trainee therapist. I held the tension between these positions for the ten contracted sessions. However, I did not feel that the ethical challenges had been fully explored yet accepted the situation as a novice trainee not wanting to be perceived as difficult.

2.2.12. The learner with learner dynamic

Whilst this research proposal is focusing on obtaining and understanding an insider's view on providing therapy as a therapist-in-training to another therapist in training, simultaneously there is an equally fascinating dynamic at work between two individuals both of whom are learners, one of whom has been thrust into a leadership role as the therapist. Whenever two individuals relate there will be an inherent power dynamic influenced by the experience each individual brings with them to the relationship – their "personal power" (Barstow, 2015), together with the professional roles assigned to the individual – their "role power" (Barstow, 2015). The power differential between therapist and client is also influenced by the therapists' theoretical model and the underpinning philosophy which will have an associated conceptualisation of the distribution of power between therapist and client in the therapeutic relationship (DeVaris, 1994). A traditional one person psychological model suggests that the therapist is in a position of great power and acts like a blank screen onto which the client projects their own thoughts and feelings, offering pure interpretation without suggestion (Hoffman, 1994); whereas a two person model views therapy as a co-created endeavour with less of an emphasis on the therapist as expert but rather understands the therapist and client as two travellers on a journey together with no individual immune to the inherent tragedies of existence (Yalom, 2002). I am interested to understand how this dynamic might manifest in the therapeutic relationship.

2.2.13. A reflective practice approach

The therapist-in-training and newly qualified therapist are at the start of their therapeutic journey, whereas Donald Schön (1983) was interested in what makes an expert so skilled and effective in their role. In a study across many different professions including psychotherapy, Schön (1983) found that professionals who were able to take a step back and admit that they did not have an answer, but

instead were able to reframe the setting and consider the situation from different perspectives, were better able to deal with the unique situations faced by professionals in daily practice. Schön (1983) understood that a reflective practice approach is central to the art by which practitioners sometimes deal well with situations of uncertainty and uniqueness. This approach encourages the asking of questions thus remaining open to alternative possibilities, not ceasing exploration because we believe we already know the answers. Stagnation and pseudo development occur when the individual is not open to understanding and grappling with complexity inherent in the world of practice (Skovholt, Ronnestad & Jennings, 1997). Reflective practice can be seen as a conscious and focused way of thinking that helps one to learn about practice, make sense of experience as well as increasing self-awareness leading to a change in practice (Schutz, 2007). Schön (1983) developed a theoretical model of reflecting introducing three concepts of reflection: 'knowing in action', 'reflection in action' and 'reflection on action'.

Given the pivotal role of reflective practice in the training and development of the therapist, I wonder if and how this might emerge from this exploration potentially facilitating a greater understanding of the part it plays in the complex dynamics of the interpersonal relationship between therapists-in-training who are both learning. I would like to interview senior trainees or newly qualified therapists as their greater experience might facilitate a more reflective stance. Have they felt it was permissible to admit when they did not know the answer and if so, what was this experience like and where did it lead? I wonder if this experience might have been different because the client was also 'in-training', does this add another dimension to the therapeutic endeavour? I have not been able to locate any research which addresses this experience.

The ability to admit that as professional we do not have an answer can be immensely freeing and allows us to let go of the pretence that we know, instead to explore the possibilities from an authentic position. However, despite being personally drawn to a two-person psychology model where client and therapist work side by side together on the therapeutic endeavour, there remained a tension with the part of me that felt I should 'know'. Perhaps this relates to my personal experience of a traditional school teacher-pupil model that I held in mind, which was exacerbated when I found myself suddenly thrust into the role of therapist with a trainee client. I wondered how other therapists-in-training in a similar situation had experienced and understood this dynamic and the underlying power dynamics of the two roles?

2.2.14. The therapist-in-training in context

Whilst all education demands change, Folkes-Skinner et al. (2010) suggest that psychological therapists-in-training are required to change more than trainees from other professions as they develop new skills and change their thinking whilst adapting aspects of their personality to meet the needs of their clients.   Folkes-Skinner describes a potentially disturbing journey which requires a deconstruction of self and significant shifts in identity, self-knowledge and confidence. As training progresses, the gulf widens between the personal and the professional, on a journey towards an optimal therapeutic self. Skovholt and Ronnestad,(1992) suggest this consists of a unique personal blend of the developed professional and personal selves becoming more authentic and individualised in their practice as their careers develop. This is a process which I can personally identify with and a journey on which I continue to travel.

Client work is seen as particularly stressful for therapists-in-training as they oscillate between feelings of competence and incompetence, confidence and doubt (Turner et al., 2008). Orlinksy et al., (1999) suggest that highly experienced therapists also experience these feelings. However, there are two processes running in parallel for the therapist-in-training; the therapeutic process and the therapist learning the process. Although there is some research on the impact of client work generally on therapists-in-training (Folkes-Skinner et al.,2010, Turner et al., 2008 and Kliem et al., 2013), I have been unable to locate any research concerning the experience of a therapist-in-training working with therapists-in-training as clients and the associated impact this might have.

2.3. Summary and rationale for new study

Despite widespread agreement of a genuine need to advance our understanding of providing therapy to clients who are themselves therapists or therapists-in-training, there is minimal research available for what is considered a challenging client group (Geller, 2005a, 2005b). Therapist clients were perceived as more resistant to change and more critical consumers of therapy who left qualified therapists feeling more anxious and self-conscious. Previous studies have employed the use of questionnaires and it is difficult to get a rich sense of their experiences of providing therapy to therapists. King (2011) and Kaslow (1984) focused solely on the provision of therapy to therapists-in-training and found additional factors such as the requirement for mandatory personal therapy which were specific to working with trainee clients and contributed to an additional layer of complexity. Yet if experienced therapists struggle with therapist and therapist-in-training clients, how might this experience be exacerbated if the therapist was at the start of their own therapeutic career?   The professional and personal demands upon the therapist-in-training are many and varied as they learn

about the therapeutic process, engage with their own personal therapy and commence client work whilst meeting the academic criteria for qualification. Many accrediting organisations (BPS and UKCP) have clear guidelines and the relevant training institutions have designated therapists who are sanctioned to provide therapy to therapists-in-training. Other training institutions however are less specific regarding these requirements. Trainee therapists are seeking affordable personal therapy to fulfil mandatory requirements yet due to the nature of the services attended, the therapists are often working towards qualification themselves.   I have been unable to locate any research specifically related to therapists-in-training or recently qualified therapists providing therapy to therapists-in-training clients. This study aims to fill this gap in the literature as it seeks to explore the phenomenology of the co-created relationship from the viewpoint of the therapist. I hope that this exploration will offer an enhanced appreciation of the relational dynamic amidst the complexities of a therapist-in-training with a therapist-in-training interaction and how this experience might differ from working with non-trainee clients.

3. Methodology

3.1.1. Research Aim

To explore the experiences of therapists-in-training and newly-qualified therapists at an early stage of their therapeutic career who have worked in the role of therapist with a therapist-in-training client.

3.1.2. Overview and Rationale

The research question focuses on the subjective experience and meaning making of therapists-in-training and newly qualified therapists who have worked with clients who were therapists-in-training, which necessitates positioning this study within a qualitative methodology. Interpretative Phenomenological Analysis (IPA) is chosen above alternative qualitative research methods because of its concern with the detailed examination of lived experience and how we make sense of such experience (Reid, Flowers and Larkin, 2005; Eatough and Smith, 2017). IPA privileges the voice of the individual and *offers psychologists the opportunity to learn from the insights of the experts, the research participants themselves"* (Reid et al., 2005: p.20); IPA's emphasis on privileging this subjective experience resonates with my own theoretical stance as an integrative psychological therapist and researcher.

The following sections provide the reader with a full appreciation of the philosophy and methodology underpinning this study.   I also discuss some of the challenges and choice points encountered during this process, including ethics, validity, reliability and trustworthiness.

3.1.3. Rationale for a qualitative approach

A qualitative approach was seen as crucial to facilitate the exploration of the subjectivities of the participants in this study. Qualitative research focuses on the investigation of meaning (Willig, 2012) and allows researchers to describe/and or interpret how individuals make sense of their world and how they understand the phenomena being investigated. Fundamentally, qualitative researchers are interested in the quality and richness of personal experience.

A central tenet of qualitative analysis is that it values subjectivity in its own right, rather than striving to reduce it or eliminate it as a post positivist orientation; consequently this epistemological position views knowledge as inherently subjective (Langdridge, 2013). Of the numerous qualitative approaches, I was drawn to a phenomenological approach as the focus of the research places the participant at the heart of the process, giving voice to the subjective world of the participant's subjective experience, which is consistent with the aims of counselling psychology (BPS, 2017: Woolfe et al: 2003).

There is much debate on the many approaches to and definitions of phenomenological research, I find Finlay and Evan's (2009) resonates the most with my aims: *"our central concern is to return to embodied, experiential meanings aiming for a fresh, rich description of a phenomenon as it is concretely lived"* (p.6). There are clear parallels between phenomenology and the experience of 'being-with' another in a therapeutic relationship. This study seeks to describe explicit and implicit processes that manifest in the relationship between therapist and client, as well as the therapist's evolving sense of meaning. My intention was to go beyond a description of the phenomenon to the evocation of a deeper, more instinctual level, in which the texture and meaning of the phenomenon can be explored. The subject matter is therefore highly consistent with this qualitative phenomenological methodological approach.

This study is positioned apart from the traditionalist social scientific enquiry with its claims to objectivity and value neutrality. From an epistemological standpoint, I am interested in the phenomenal reality of how participants' experience is constructed, socially contextualized and subjectively experienced, not believing it is possible to reveal an objective or direct reality, one that stands apart from the knowing subject (Singer, 2005). Instead all human knowledge is viewed as constructed through social experience. We are constantly engaged in an ongoing process of understanding the world and developing our own perspective on it. I conceptualise the framework of this piece as coming from a contextual constructionist perspective (Madill et al, 2000) where all knowledge is necessarily contextual and stand-point dependent.

This contextual constructionist perspective can also be aligned with the critical realist tradition (Guba and Lincoln, 1994). I hold the idea that there is a single reality to explore but that meanings attributed are fluid and there will be different views or explanations as to what occurs. I therefore have difficulty with the realist claim to objectivity and the notion that the researcher and the researched participant

are independent of each other.   A phenomenological approach fitted with my critical realist stance because of its respect for a collaborative take and a basic position of curiosity and openness in exploring another's meaning (Crotty, 1996).

I do not assume that I can access the participant's lifeworld (Ashworth, 2003) directly but only through their and my interpretations (Eatough and Smith, 2008). Neither do I aim at the possibility of generating a nomothetic understanding, but focusing on the idiographic, the variability and diversity of human experience (Smith et al, 2009), using small sample sizes so as to explore and understand participants experience in rich detail. I am not concerned with quantification or cause and effect relationships which do not enable me to get closer to the participants lived experience.

There are parallels between the intersubjective relationships of research participant and researcher in qualitative research approaches, and therapist and client in counselling psychology (Woolfe et al, 2003). Finlay describes how phenomenology *"invites us to slow down, focus on, and dwell with the 'phenomenon'- the specific qualities of the lived world being investigated"* (Finlay, 2011, p.3), an approach often utilised in the therapeutic space. Both domains focus on the intersubjective relationship and 'being with versus doing to' the other. Thus, there appears to be methodological and epistemological compatibility between them making a qualitative phenomenological approach a natural choice for this study.

All of these views appear consistent with both the current research question and an IPA approach.

3.1.4. Rationale for Interpretative Phenomenological Analysis methodology

"Interpretative phenomenological analysis is an approach to qualitative, experiential and psychological research that has been informed by concepts and debates from three key areas of philosophy of knowledge: phenomenology, hermeneutics and idiography" (Smith, Flowers & Larkin, 2009, p.11). The aim of IPA is to examine experience in a way that enables the experience to be expressed in its own terms as far as possible, rather than according to predefined category systems (Smith et al., 2009). My main aim with this investigative study was an engaged exploration of these experiences: there was no attempt to test a pre-determined hypothesis, and in that sense this methodology could be described as inductive (Smith, 2003).

IPA draws upon the phenomenological philosophy and method, founded by Husserl (1859-1938) and subsequently extended by his student Heidegger (1889-1976) with the concept of 'dasein' literally translated as 'being there', based on the premise that everyday experience is a valid and rich source of knowledge. IPA appeared to be a natural fit for this study, being a form of phenomenological enquiry that aims to understand the essence of participant's lived experience.

Eatough and Smith (2006) argue that it is impossible to access an individual's lifeworld directly or to understand a phenomenon without making an interpretation. To access this lifeworld requires interpretative activity from the researcher who is engaged with a double hermeneutic as they are *"trying to make sense of the participant trying to make sense of what is happening to them"* (Smith et al., 2009, p.3). IPA acknowledges the dynamic nature of the research process and the inevitable role of researcher implicated in the co-created research process and construction of meaning. In this respect IPA is drawing from Heidegger's existential, hermeneutic philosophy whereby interpretation is an inevitable, basic structure of our being-in-the-world and that no observation or description is exempt from the influence of the observer's experiences, prejudices, presuppositions, and projections (Moran, 2000). I agree that it is not possible to observe an objective, direct reality, therefore my focus of interest in this study is the phenomenal reality of how participants' experience is constructed, socially contextualized and subjectively experienced.   IPA researchers acknowledge the inevitability of biases, preoccupations and assumptions when conducting research, aiming to engage with them for the purposes of understanding. Whilst this project remains the participants' stories, it is one that has been co-constructed in many senses by me as the researcher (Willig, 2013). I am not looking to entirely bracket off myself in the process but instead my presuppositions and assumptions about the world should be fully examined, explicitly acknowledged and worked with reflexively (Finlay, 2011). Thus, I aim to maintain a reflexive and transparent approach (Smith et al., 2009) in this research given my relationship with the subject, and recognise the potential influence of my values and biases on the findings. As part of this transparent approach I have made known my experiences that might shape the research in my reflexive diary and throughout this study. From this perspective I have endeavored to meet the challenge of remaining open and hold Dahlberg et al's (2001) idea of openness to discovery with a *"capacity to be surprised and sensitive to the unpredicted and unexpected"* (p.98)

IPA is concerned with the detail of human experience therefore the aim is not to make generalizable claims but informed speculations about the studied phenomenon (Smith & Osborn, 2007). Through a detailed analysis of each case, this study aimed to highlight the voices of the therapists-in-training and newly qualified therapist community, using them as a resource with an important contribution to make.

With a small and purposive sample size, my aims were to explore the divergences and convergences within this idiographic approach, rather than say, the use of grounded theory, which seeks to establish claims for a broader population (Brocki and Wearden, 2006).

From a practical perspective as a novice researcher, IPA provides me with a structured process of analysis which also allows for a certain amount of adaptation to meet the challenges of whatever the research produces (Smith, Flowers & Larkin, 2009). Additional considerations in choosing IPA were an active research community that I joined and the available resources and support (training courses, learning group, publications, studies etc).

3.1.5. Alternative methodologies

IPA seems to be a natural choice for this project for me as a researcher-practitioner for the reasons outlined above. However, I recognise that other qualitative analysis methodologies would have been possible.

Another way of analysing the participant material and a good fit with an idiographic approach is to use narrative analysis (NA) where narrative is seen as a key means by which people produce identity. NA focuses on a small number of individuals in order to offer insight into lived experience (Bruner, 1990) but is typically more interested in the experiences as they are weaved into the narrative. Howitt describes the difference between both approaches: *"the contrast is simple – the lived life of experiences or the storied life of the narrative"* (Howitt, 2010, p.329). The aim of this study was to access how the events in the narrative are experienced rather than what the narrative has to say about identity (Howitt, 2010, p.382), therefore a phenomenological approach was considered more suitable.

Discourse anaylsis (DA) was another alternative methodology which is grounded in a 'strong' social constructionist epistemology, an approach in which language constructs psychological and social reality rather than reflects it (Lyons & Coyle, 2015). There are similarities with IPA as both approaches recognise the action and objective oriented nature of language (Eatough & Smith, 2017) and a recognition that reality is contingent upon and constrained by the language of one's culture (Willig, 2003). Yet for IPA this only partially accounts for what people are doing when they communicate and the private, psychologically impactful, rich and often indefinable aspects of

emotional life are missing (Eatough & Smith, 2017). Therefore, as linguistic interaction was not the main focus of this research study, this approach was deemed incompatible.

A Grounded Theory (GT) approach was originally considered for this study. Developed by Glaser & Strauss (1967), GT is concerned with generating a theoretical-level account of a particular phenomenon by comparing individual accounts of personal experience and providing the researcher with a set of techniques for conducting research. The primary focus of GT is with social and social psychological process (Charmaz, 2006) rather than individual experience. GT is concerned with the development of inductive theories and hypotheses, whereas my main aim is to understand and interpret lived experience rather than develop a theory.   GT does not consider the researcher role or subjectivity in as prominent a position as is the case in IPA. This aspect of an IPA approach particularly appealed to me because of a personal interest and position with regards to the topic. The explicit acknowledgment of my position and incorporation of this interest into the study was important for transparency and rigour and is reflected upon throughout.

3.2.1. Method

In this section I will set out the research design for the study followed by the criteria applied for selection of participants and details of the recruitment process. This is followed by a description of data collection and procedures followed during the analysis of the data. Then, details of how the study addressed a range of ethical and evaluation considerations are shared. The chapter concludes with a section describing personal and procedural reflexivity.

3.2.2. Design

This study was carried out according to the principles of IPA (Smith, Flowers & Larkin, 2009). IPA is associated with small, purposive, homogenous samples (Smith et al, 2009) which places emphasis on depth rather than breadth of data.   Semi-structured interviews with a fairly homogenous sample of 4 therapists-in-training and relatively newly qualified therapists were carried out and subsequently transcribed verbatim. A detailed qualitative analysis of each transcript took place in order to elicit key experiential themes in the participants talk (Smith et al., 2009).   These idiographic accounts were subsequently analysed across cases to identify areas of convergence and divergence. The data was then organized into subordinate and superordinate themes which aimed to capture the essence of the participants' experiences.

3.2.3. Selection and recruitment of participants

Four participants were recruited in accordance with guidelines for a small sample size deemed appropriate for IPA. A primary concern of IPA is to elicit a detailed account of lived experience, therefore IPA studies usually benefit from a concentrated focus on a small number of cases (Smith, et al., 2009, p.51). Participants were selected on the basis that they had been in the role of therapist with a therapist-in-training as a client, whilst they themselves were either still in-training or had relatively recently qualified and who therefore possessed the experience to offer valuable reflections on the research topic. The objective was to recruit a sample that satisfied the criteria for homogeneity according to IPA's inductive principles (Smith et al, 2009).

Participants were also required to have experienced their own personal therapy at some stage. Personal therapy is a mandatory part of training for both counselling psychologists (40 hour minimum requirement) and for UKCP integrative psychotherapists (minimum 160 hour requirement). Arguably, personal therapy supports therapists to develop high levels of self-awareness and enhances therapist effectiveness and gain knowledge of interpersonal dynamics (Murphy, et al, 2018). Therefore, it was felt that previous engagement with personal therapy would potentially enhance the participants' reflective capability of their experience with their therapist-in-training client.

The original criteria specified senior therapists-in-training as participants, but this was subsequently extended to include therapists who had qualified in the last two years as I struggled to recruit individuals who met the initial criteria. The first participant to come forward was less than five years qualified and therefore did not meet the criteria, but in the absence of participants who met strict criteria, we commenced with a pilot interview. Even though many of the experiences recalled dated back to the beginning of their clinical career years before, the memories were vividly brought into the room and seemed unaffected by the passage of time. In consultation with my Research Supervisor it was deemed appropriate that this participant could form part of the study and the criteria was subsequently widened to include therapists who were less than five years qualified. I think that widening the criteria was a good (and pragmatic) choice due to significant difficulties recruiting participants. My sample is in part defined by *"who is prepared to be included in it"* (Smith & Osborn, 2007, p.56). In addition, the more experienced therapists were able to draw upon multiple experiences with therapists-in-training across their own pre and post qualification experience. This provided different perspectives as to what might be the role of the trainee versus the role of the

individual, which contributed to the depth and richness of my study.

Final criteria for participants:

1. Are senior therapists-in-training or newly qualified (with less than five years qualification experience).

2. Will have undertaken their own personal therapy at some stage.

3. Will have worked in the role of therapist with clients who were psychological therapists-in-training.

My aim was to interview between five and six participants, including one pilot interview. Participation was voluntary and uncompensated. I used two different sampling methods to recruit participants. Initially, as the population for this study might be difficult to contact it was decided that a Snowball sampling approach would be the best methodology to adopt. This non-probability sampling technique relies on members of the researchers' peer group recruiting participants from among their acquaintances, these participants will then recruit from amongst their acquaintances (Patton, 1980). I made contact (predominantly via email) through colleagues and supervision network who were asked to distribute the study's approved printed information sheet through collegial networks (Appendix 1). Referral sampling resulted in two participants drawn from the South East of England; the first of whom I used for my pilot interview.

After several weeks, no further prospective participants came forward so I decided to advertise by placing notices on research websites of the British Association of Counsellors (BACP) and on the Division of Counselling Psychology monthly newsletter (Appendix 2). I also sent my research 'flyer' to various training organisations within the London area as well as Counselling services offering placement opportunities to trainee therapists. These flyers were placed on their student or counselling notice boards.   I obtained one participant via the Division of Counselling Psychology newsletter and another via my flyer placed at a low-cost counselling service. These participants were located in the Midlands and the South East of England respectively.

I initially spoke to interested participants over the phone, giving them further details of the project and the opportunity to ask any questions about the study. We also discussed the logistical possibilities regarding where the interviews might take place and the time commitment required. Following the

initial discussion each participant agreed to take part and arrangements were made regarding a suitable time and location for the interview to take place. Individual written consent was obtained prior to the commencement of the interview (Appendix 3). Participants were also made aware that they are able to withdraw from the research at any time and to withdraw consent for any written or audio material to be used.

Over a ten-month period, I interviewed a diverse range of participants varying in levels of experience and number of therapist-in-training clients seen (Table 1). Of the four participants who took part in the study, three were qualified integrative psychotherapists (UKCP) with post qualification experience which ranged between eighteen months and four years. These participants considered their main employed role as therapists and all three worked in private practice. Charlie was a senior trainee in her final year on a person-centred training course. The participants with three and four years post qualification experience had seen three and two trainee clients respectively, with the remaining participants having this experience with one trainee client. My participants were the first four to volunteer thus ensuring there was no discriminatory practice in participant selection or within the research.

Participant 'Name'	Approach	Years Qualified	No. of Trainee Clients worked with	No. of Trainee Clients worked with whilst therapist was a trainee themselves
Joe	Integrative	< 5 years	2	1
Sandy	Integrative	< 4 years	3	0
Charlie	Person-centered	Senior Trainee	1	1
Fiona	Integrative	< 2 years	1	0

Table 1: Participant Information

Three of the interviews were conducted face to face; interviews with Joe and Sandy took place in their private practice, whilst the interview with Charlie took place in a therapy room at a counselling service. The fourth interview took place over Skype due to geographical distance between the participant and researcher. This would have been an electronic 'face to face' encounter however the Skype camera was not working, therefore I was not able to see the participant's face however they were able to see me throughout.

3.2.4. Interview design

One to one interviews were conducted with each participant. Semi-structured interviews are a popular method of data collection in IPA studies (Smith et al, 2009) as they allow pre-determined questions to be modified in the light of the participants' responses and the researcher is able to probe interesting and important areas which arise in an attempt to enter as far as possible the psychological and social world of the participant (Smith & Osborn, 2007). Although I understand the interview process as a co-created endeavour, it was important to develop a set of basic guiding interview questions and prompts beforehand. The interview questions were neutral rather than value laden, of an open nature and jargon free. The list was finalised following a collaborative exercise with my research supervisor (Appendix 4). The first question ('When you think back to your first therapist-in-training client, what were your initial thoughts about providing therapy to them?') was designed to encourage rapport between participant and researcher and 'expand the space' of the interview so that the participant may recount difficult experiences with ease (Owens, 2006).   Throughout the interview I remained vigilant to signs of discomfort, distress or fatigue in the participant. To close, I checked in with each participant as to how they were, answered any further questions before thanking them for their interest and participation in the study. Interviews lasted approximately an hour to an hour-and-a-half. Each interview was audio recorded.

3.2.5 Analytic Strategy

IPA has not prescribed a single 'method' for working with data, although Smith and colleagues (2009, p.79) have outlined a six-stage approach of 'common processes' for analysis which is set out below. Though this was an iterative process, the following stages were applied to ensure a systematic and auditable process. Once each interview had been completed, I transcribed the audio-recording. I transcribed the first interview myself but given time constraints, I then engaged the services of a professional transcriber.   Once the transcriptions were returned, I listened to the recording repeatedly and set about correcting the numerous errors and mistaken words. Freed of the need to transcribe I was able to pick up on the nuances of speech and added in non-verbal cues, specific bodily actions, deep sighs and pauses in the conversation. Although I appreciate the benefit of transcribing all of the interviews in order to immerse oneself in the data, I felt my repeated engagement with the experiences by listening to the recordings numerous times and reviewing the transcripts repeatedly, has resulted in my remaining sufficiently close to the data (Etherington, 2004).

Step 1: Reading and re-reading

Once I was happy that the transcript reflected the conversation, I read through repeatedly and made notes in the margin with my first thoughts about words or phrases that seemed particularly significant or interesting, together with any questions that sprang to mind.

Step 2: Capturing 'Descriptive Themes'

A 'Descriptive Theme' for each line was chosen which captured the 'descriptive core' of the participant's experience with "*a clear phenomenological focus on areas that encapsulated the participant's core concerns whilst staying very close to their expressed experience*" (Smith, Flowers & Larkin, 2009, p.83). The emphasis at this stage was to develop an empathic understanding of the participants' concerns.

Step 3: Developing 'Emergent Themes'

The data was reduced to a smaller number of 'Emergent Themes' (Appendix 6) that related to the research question. These themes encapsulated the essence of the participant's original words together with my interpretation of this, which reflects a "*synergistic process of description and interpretation*" (Smith et al, 2009, p.92).

Step 4: Searching for connections across emergent themes

This stage involves ascertaining how the themes might fit together. I printed out my chronological list and cut out all of the themes from the first coded case in order to explore a spatial representation of how they related to one another (Smith, et al, 2009, p.96).

Step 5: Moving to the next case

After working through the first participant's transcript (see Appendix 10 for example of coded transcript) and organising a table of potential themes, I moved onto the remaining participant accounts and repeated this process. I was conscious of allowing new themes to emerge with each case and endeavoured as far as possible to bracket ideas emerging from previous cases in keeping with IPA's idiographic commitment (Smith et al, 2009, p.100).

Step 6: Looking for patterns across cases

This next stage involved looking for patterns across all four cases. I printed and cut out all of the emergent themes from each coded case and in an attempt to determine connections between them, I experimented with different clusterings of themes. Having a tentative Table of Master Themes in place, I carried out the same exercise with a colleague which provided another perspective and enabled a further reduction of the data. A *'Master Table of Themes'* was then produced (see Table 2 on p.48) which shows the super-ordinate and sub-ordinate themes with descriptive labels that conveyed the conceptual nature of each theme. A *'Master Table of Themes by Participant'* (Appendix 7) was also prepared to illustrate the high-level similarities and differences between them. In addition a '*Master Table of Theme Locations by Participant'* (Appendix 8) was prepared to summarise the relevant quote locations for each sub-ordinate theme by participant, as a further attempt to demonstrate transparency.

Finally, having settled upon a structure, I revisited the quotes associated with each sub-ordinate theme to check my reading and understanding against the local text itself (Smith, 2004). A selection of these quotes which I felt best illustrated the sub-ordinate themes were used in the write up of the analysis (Appendix 9).

Although the steps and processes described above are set out sequentially, in practice the process involved cycling back and forth between the stages and the transcripts over many months as I immersed myself in the themes and updated the structure accordingly.

3.2.6. Ethical considerations

I am aware of the moral and practical application of the BPS guidelines for consideration of the psychological consequences for participants in this research. Throughout the research process, attention was paid to the key ethical principles related to duty of care, informed consent and confidentiality. Ethical approval for this research was granted by the Research Ethics Committees of Metanoia Institute and Middlesex University. I was also guided by my training as a therapist governed by the United Kingdom Council of Psychotherapy (UKCP) and the British Psychological Society (BPS). Interested participants were provided with a '*Participant Information Sheet'* (Appendix 1). Those who wished to take part were provided with a '*Research Consent Form'* (Appendix 3*)* which outlined their right to withdraw at any point.

Whilst a participant had consented to take part, there was no way of knowing until the interview took place what impact disclosures might have upon them. I was aware that talking about experiences working with therapists-in-training might evoke a range of feelings for participants. Although all participants had at some point engaged with their own personal therapy, with hindsight, a discussion regarding access to personal therapy could have been helpful to incorporate into the initial conversation.

Throughout the interview I drew upon my therapeutic skills to monitor how the interview was affecting each participant. Each interview was followed by a debrief during which the participants were encouraged to ask any questions and discuss any concerns that may have arisen through their participation in the study. Although no concerns were flagged, had any of the participants felt distressed and in need of support I would have stayed and discussed the possibility of further referrals on. Participants were also given both my contact details and that of my research supervisor if they wanted to discuss anything that arose as a result of the interview.

A particular dilemma which arose early on in the study was maintaining a balance between protection of the participants' identity versus how much to disclose of their personal characteristics and experience. I decided that the only identifying personal information I provided was that in Table 1 *'Participant Information'* (p.36). I was also mindful of an additional level of confidentiality required for this study as many of the participants were disclosing information as part of their experiences which were bound up with that of their own clients who had not agreed to participate in the study and provide consent. Therefore, I was keenly aware of the importance of protecting the identities of both the participants and their own clients. I demonstrated this commitment to confidentiality by changing the names for participants, obscuring details of their training and placement organisations thus removing any identifiable characteristics which might lead to the identification of the individual or organisation. I have also avoided referring to specific situations or interactions which might reveal information about the participant or their trainee clients and reviewed the Analysis and Findings sections together with the appendices to ensure that any identifying information was removed or disguised.

I was very aware of the power that I had as a phenomenological researcher and took great care when analysing and writing up to respectfully observe each participant's account. I was mindful not to include anything that I felt was too personal or potentially embarrassing.

To ensure confidentiality all audio recordings were kept on two USB sticks and locked away. Anonymised transcripts and analyses were saved on the drive of a secure computer, whilst hard copies were locked in secure drawers. Similarly, consent forms were also locked away and because of the anonymised nature of the transcripts there could be no matching with the paper forms.

The three face to face interviews took place either in a counselling service which was staffed day and night, or in private therapy rooms which formed part of a larger practice. There was deemed a low risk to safety. The fourth interview took place via Skype.

3.2.7. Trustworthiness and Rigour

With the growth of qualitative research, a number of guidelines have been produced to assess the quality and validity of a study. This current study has sought to comply with Yardley's (2008) guidelines and outline below how this was achieved:

The first principle was 'sensitivity to context' which can be established in a number of ways (Yardley, 2008): I aimed for sensitivity to context as this study has been situated in the relevant empirical and theoretical literature of both the subject matter and the literature around qualitative methods and IPA. My study sought the experiences of a fairly homogenous sample of therapists-in-training and recently qualified therapists who provided therapy to therapists-in-training. It expanded upon a limited previous knowledge base by providing rich descriptions of this experience. Throughout the process I have treated the participants with respect; communicated empathy, transparency and rapport to foster dialogue and equalize as far as possible the power relations between participants and myself. I have accorded the same respect and sensitivity to the data and my analysis is grounded in the participant's direct quotations. This transparency was also employed by my use of reflexivity in order to assess my influence on the research process.

The second principle is 'commitment and rigour (Yardley, 2008) The use of IPA in this study was congruent with the philosophy underpinning Counselling Psychology and was suited to the exploratory nature of the research question. The analytic process facilitated an in-depth engagement with the research topic involving a systematic analysis of the data which sought breadth and depth. In a contemplative and empathic exploration of the data I have observed the idiographic aspects which have enabled particularities of each individual to emerge alongside those aspects of similitude. Rigour refers to the thoroughness of the study in relation to sampling and completeness of the analysis

(Yardley, 2008). I have explained my rationale to find a purposive and homogenous-enough sample to be representative of the therapist-in-training and relatively newly qualified group and acknowledge challenges identified in this process.

Yardley's third principle is *'transparency and coherence'.* I have described in detail the different stages of the research process and collated an audit trail which details the various aspects of the data collection and analytic process including interview schedule, transcripts and analysis. Spreadsheets illustrating the emergent themes have been included for ease of reference and replicability. I recognise the influence of my own subjectivity on the research process and have included my reflections throughout this project to acknowledge this. I have also used peers and my research supervisor for discussion and validation as the research process continued apace.

3.3.1. Personal and Procedural Reflexivity

Throughout the research journey I have engaged in a process of critical reflexivity and highlighted aspects throughout.   At the beginning of this chapter I reflected on the epistemological and ontological assumptions underpinning this research and how these may impact the research process.   I have also reflected on my methodological choice for this study. In this final section, I will draw upon my 'Reflexive Diary' and set out my personal and procedural reflexivity as a way of processing the various influences on this research study (Finlay, 2009).   As well as my personal reflexivity discussed above in the context of what led me to research this topic and my own potential values, beliefs and biases, I am further implicated in both the collection and analysis of data and recognise that the analysis relies in part on my own interpretation of the participants' accounts.

3.3.2. Sample selection

The inclusion criteria were originally restricted to therapists-in-training in the role of therapist to a therapist-in-training client, however I struggled to find participants and therefore needed to expand the inclusion criteria to encompass newly qualified therapists in the role of therapist. These criteria were further expanded when participants who were more experienced in terms of years post qualification expressed an interest in taking part in the study. Therefore, the sample was not as homogenous as I initially envisaged. On reflection I was focusing on the number of years of post-qualification experience the participants had, rather than the point in their therapeutic career at which the participant engaged in therapy with a therapist-in-training client. With hindsight I may have altered this

emphasis and restricted the sample to participants who engaged in therapy as the therapist with a therapist-in-training client whilst they were in-training themselves. It would be interesting to include the voices of participants reflecting back on this experience though I do not know how common an occurrence this is.

3.3.3. Interview process

A central tenet of IPA is that the data produced from the interview is a product of the interaction and co-creation between the interviewer and participant. I was aware that the participants accounts may have been influenced by my presence during interviews. Participants knew I was on a counselling doctorate training but were not explicitly made aware of my connection with the topic in advance of the interview. I wanted to maintain the focus on exploring the participant's experience of working with therapists-in-training, although by omission I may have left questions in the mind of the participant. I do believe my 'in-training' status contributed to them seeing me as an 'insider' rather than an 'outsider' and this facilitated our exploration during the interview process. There was a sense of a shared language and understanding between us which was particularly noticeable when some participants were sharing more challenging experiences, as if they were reaching out for acknowledgement of their struggle from someone who could recognise and understand. There were moments during the interviews when participants developed a different perspective on their experiences and all of them expressed gratitude for the opportunity to participate.

A relational approach to qualitative research emphasises the co-created nature of this endeavour as attention is paid to the participant's *being in the world.* The researcher's attention shifts between an exploration of the phenomenon being researched and the research relationship as it unfolds in a particular context (Finlay, 2003). My contextualised understanding of each participant was informed by participants' experiences recalled whilst working with trainee clients but was also supported through the use of reflexive processes. Finlay (2006) describes attending to the body and embodiment through three distinct but connected layers: bodily empathy, embodied self-awareness and embodied intersubjectivity (p.19). Attending to the non-verbal communication: tone of voice, pace, body language, facial expressions of the participants provided another source of information in addition to the co-created dialogue which shaped our encounter. After each interview I recorded my observations and emotional responses in my reflexive diary. These thoughts and ideas could be drawn upon later to assist with transparency and my ability to recognise any potential biases that might inform or obscure my understanding of the participants' meaning making in the analysis phase. I also found committing my thoughts to paper to be personally a cathartic reflective process.

I found the first interview surprisingly challenging as a novice researcher. Although I had consulted the literature regarding the nuances of qualitative interviewing, once the interview had commenced, I suddenly felt unsure of how to 'be'. IPA considers the interviewer as an "active participant" (Smith, Flowers and Larkin, 2009, p.64) yet drawing on my therapeutic skills, paying attention to the other and acknowledging my own countertransference responses, I found myself wondering how this differed from my work as a therapist. I heard myself encouraging the participants to 'say a bit more about that' and experienced a creeping sense of dread as it occurred to me that I was not inhabiting the role of researcher. I recognised my own feelings of inadequacy as I grappled with this dilemma and a growing fear that how I conducted the interview would impact the data. I realised that I needed to be present in the room in order to 'be with' the participant to explore their experience as a researcher rather than remain consumed with my own feelings of self-doubt. I 'grounded' myself by changing position in my chair, keeping my feet on the ground and refocused my attention back to the participant. This intervention enabled me to hold my ground as a researcher and not get pulled into the role of a therapist.   I recorded this experience in my journal after the interview and was reminded of this parallel process when initially coding the transcripts as 'am I doing this right' was a concern which frequently emerged from the participants' experiences.

With most of the participants I developed a good rapport, although one participant was particularly keen to conclude the session as there was an unexpected national sporting event being televised live that evening. This influenced the dynamic between us and I felt under pressure to finish the interview; whilst simultaneously wanting to elicit the participant's experiences and continue with the interview. Etherington (2004) describes the main difference between the role of therapist and researcher: "*as a therapist my purpose is to assist my clients re-search (into themselves and their lives), and in my role as researcher the positions are reversed: they are there to assist me in discovering something about a topic or concept that I am curious about. As a counsellor people seek me out; as a researcher I seek them*" (p.110). I felt a sense of indebtedness towards the participant whom I perceived as assisting me by taking part in this study. This perceived desire to conclude the interview had an impact on my levels of confidence. Instead I felt I needed to move things along quickly with less space for reflection and suspect the resulting interview would have been different if the event and our scheduled meeting hadn't collided. I noted these feelings afterwards in my reflexive diary, as by making them transparent they might inform rather than obstruct my understanding of the participant's meaning making when I analysed the texts later.

My fourth interview was different from the others as rather than meeting face to face, we spoke over Skype. My participant's camera was not functioning however, they were able to see me, though I was not able to see them. From my perspective I felt this added a different dimension to the interview as my focus was purely on the verbal and I listened intently to what was being said (or perhaps not said) in a way that made for an intimate experience. I initially felt the absence of non-verbal cues would be a disadvantage as I assumed they would aid interpretation of speech (Robson, 2002), instead I found I 'tuned in' to the verbal dialogue and its inherent cues. Yin (2009) suggests that participants may feel more relaxed during telephone interviews and able to speak more openly about the topic than in a face to face interview; this resonated with my experience which was subsequently noted in my reflexive diary to inform later analysis.

3.3.4. Analytic process

Once I was satisfied, to the extent possible, that the typed transcript reflected the audio version to include the additional hesitations, pauses, emphases and body language information, I was excited to immerse myself in the data and commence the coding process. I read and reread the transcript noting down on hard copy, my initial thoughts and specific ideas emerging from my engagement with the data. Then I went back through the transcript and made a further set of notes based on the three discrete coding categories: descriptive comments which focused on the content of what the participant had said; linguistic comments to focus on the way something was said, laughter, hesitation or repetition; and conceptual comments which focused on engaging at a more interrogative and conceptual level (Smith et al., 2009). I used different colour pens to denote the different categories (Appendix 5).

In order to keep track of the data and provide a clear audit trail, I transferred my transcripts from Word onto NVIVO (qualitative research software). I started transferring my initial thoughts from the paper transcripts into specific NVIVO codes and realised amidst the process of coding that my some of my themes were coded at a much higher level than others. I was partially shifting to the next stage prematurely whilst simultaneously including smaller units of interest. Across the data I had collated 143 themes and was feeling overwhelmed by the task at hand. Finlay (2002) describes 'the swamp', a realm wherein meanings become confused by excessive layers of analysis; I could identify with this metaphor. I consulted with peers who recognised my situation and agreed that it would be helpful to revisit my themes.

Reflecting back on my tussle with the process of analysis I realise that I had overcomplicated the coding process. The confusion of assigning different levels of theme simultaneously reflected my own struggles with the interpretative process and there were a number of contributing factors. I wanted to capture the essence of the participant's experience and not inadvertently miss out something of vital importance to them. I also recognised my own reticence when interpreting the information which felt like a disloyalty to the participants, a sense that I needed to convey their experience and be true to their meaning but how could I know what this meant to them? I identified with Josselson (1996) who talks about moving from the intimate relationship between researcher and participant, to a relationship with the reader; using their lives in the service of my own purposes. I was also aware of the ongoing feelings of gratitude for having participated in the study and the importance of not wanting to misrepresent them. Finlay et al. (2008) suggest there are no easy ways to preclude such feelings of discomfort. However, being reflexively aware both of the nature of our research enterprise and of our ethical responsibilities is a good place to start (p.7). There was also a sense whilst I was coding their transcripts and assigning themes, of a parallel process of fear operating between my participants' accounts and me. A fear of judgement was emerging from the data as participants had felt under scrutiny in the position of therapist. I felt in a similar position as my study would also be reviewed and ultimately judged. I also reflected on my own contribution as a co-collaborator in the research and wondered to what extent having been a trainee therapist with my own challenging experience working with a therapist-in-training client might have led the direction of the interview or influenced my analysis thereafter. I found myself stuck in a cycle of self-doubt and in an attempt to emerge from the 'swamp' I endeavoured to regain and redirect my reflexive focus toward my lived experience with participants. I revisited my post interview notes and re-read the transcripts. Drawing on these resources I prepared a pen portrait of each participant which allowed me to reconnect with the whole person and regain my perspective and reflective capacity (Fonagy et al, 2004).

I re-engaged with the data with a renewed enthusiasm and confidence. To focus coding decisions and keep the process on track, I kept a copy of my main research question, philosophical perspective and ethos by my side (recommended by Auerbach and Silverstein, 2003, p.44). I felt more grounded and able to focus on reviewing my themes. It was particularly helpful to engage with colleagues to discuss the challenges and have them sense-check the themes and coding. The next challenge was reducing the number of themes and as I chunked-up to more abstract and conceptual themes I felt I was potentially disregarding elements of the participants' experiences. This time, I drew on conversations with colleagues who had previously stressed the messiness of phenomenological research and the nature of interpretation. I realised that provided I could show my trail of thought and interpretation, then I had to hold the tension of 'not knowing' as there is no neat solution. As I moved to the final

group of sub-ordinate themes and reviewed the associated quotes, I felt confident that these themes were grounded in the participants' experiences and the use of quotes allowed the rich descriptions and voice of the participants to emerge uninterpreted from the data. I also checked with a colleague who had remained close to the four transcripts and they felt the themes represented the data accurately. Super-ordinate themes seemed to emerge more naturally and were chosen for prevalence across the transcripts but also for divergences and ambiguities. Standing back from the data I now felt comfortable that the richness of the experiences could emerge through the coherent weaving together of the superordinate themes.

Throughout the research process I noticed that my immersion in the participants' experiences has also had an impact on my clinical work; I found I was taking a different and even more inquisitive approach in the therapeutic space and was keen to clarify my understanding of my client's experience. The process of interacting with the transcripts had re-ignited and raised my awareness of the importance of this understanding for both therapist and client. This recognition reinforced the connection for me between the role of researcher and clinician.

My experience of the writing process has been an ambivalent one. I have often had to force myself to sit down and write, particularly at the start of a new section. There has been a reluctance to commit words to the page which mirrors my experience of interpreting the quotes and reducing the themes. Yet this research topic has been neglected in the literature; and I feel there is a parallel between my reticence and the reluctance of participants to come forward and take part. Having conducted the interviews, I feel it is important to allow the voices of the participants to be heard for the first time.

4. Findings

This section reports on the super-ordinate themes derived from the analysis. Three super-ordinate themes were found each with a number of sub themes as summarized below:

Super-ordinate Theme	Theme
1. *"They can sometimes be a little bit trickier to work with"*	1.1. *"Gosh this could get really complicated"*
	1.2. *"They don't necessarily choose to come"*
	1.3. *"What if she starts saying stuff about seeing clients that concerns me?"*
	1.4. *"I'll have to constantly remind myself that this is a client"*
	1.5. *"We might be shortcutting something hugely"*
2. *"My confidence is sucked away sometimes"*	2.1. *"It makes me feel under the spotlight more than it would if it was just a client who wasn't in training"*
	2.2. *"There was a fear in me that somehow how I was as a therapist would get back"*
	2.3. *"I wonder if they weren't in training would I be more inclined to push things a bit?"*
	2.4. *"I do feel challenged by the knowledge that they throw at me"*
	2.5. *"Tends to be more hurtful I think"*
	2.6. *"My natural tendency would be to compare and contrast"*
3. *"My authoritative stance might have grown a little bit"*	3.1. *"That insecurity sort of faded ... faded away"*
	3.2. *"It's enriched my practice"*

Table 2: Master Table of Themes

Given the richness and variability of data it was necessary to prioritise data which directly answered the research question whilst remaining open to the unexpected or surprising. I discuss each superordinate theme in turn bringing out the points of similarity and difference between the underlying themes across the experiences of the participants. Direct quotations from the transcripts are used to illustrate the issues and themes that have arisen from the data. The *'Master Table of Themes by Participant'* (Appendix 7) illustrates the frequency with which each theme presented.

The following notation is used in participant extracts: [xxxx] indicates explanatory text by author, (…) indicates where dialogue has been omitted and **…** indicates a short pause. I use 'therapist-in-training' and 'trainee therapist' interchangeably.

Super-ordinate Theme One:

4.1. "They can sometimes be a little bit trickier to work with"

The experiences in this super-ordinate theme focus upon the additional factors which impact the clinical aspects of work with a therapist-in-training client and differentiate this experience from other clients who are not in-training. The work was described as potentially more complicated as a result of additional considerations which might impact on the dynamic between therapist and client including the requirement for mandatory therapy, the willingness of the client to engage in the therapeutic endeavour, concerns around the client's fitness to practice, responsibility to the client's client, confusion with regards to precisely what their responsibilities were as therapists, the blurring of roles, and feeling a desire to circumvent the exploratory process.

4.1.1. "Gosh this could get really complicated"

This first theme brings together the expectations held about the complexities to be encountered when working therapeutically with therapists-in-training as clients. These expectations have been included at the start of the findings because they provide an important context for experiences described across the interviews, and facilitate an insight into the environment in which therapy takes place.

Charlie described her surprise to be working with a trainee client whilst at such an early stage of her own journey:

> *"I didn't really expect to be working with a trainee while I was still a trainee."* (Charlie:P8).

It is interesting that Charlie was the only participant to explicitly raise this as an issue, perhaps because her experience was so recent and vivid. This will be explored further in the discussion.

Three participants spoke of a general expectation that working with a trainee therapist was going to be challenging:

> *"I've had a number of therapists tell me that student therapists are some of the worst clients or the most difficult clients to have uh, (…) so I guess I-I was aware of all of that."* (Charlie:P8).

Joe spoke repeatedly of his expectation of a complicated dynamic between therapist and client as a direct result of a client's 'in-training' status:

> *"this could be complicated … and at times it was [participant rubbing his leg as he is talking] but it was probably less complicated than I feared it would be."* (Joe:P19-P20).

Joe referred to the complicated nature of work with a therapist-in-training on numerous occasions throughout the dialogue and appeared to be regulating potentially uncomfortable feelings by rubbing his leg, perhaps to self soothe.

Fiona recalled stories of therapist colleagues not wanting to work with therapists-in-training as clients, but rather than fearing this experience, this piqued Fiona's interest:

> *"I think what my-my colleague said, um … made me curious I suppose."* (Fiona:P11).

All participants spoke of their expectation that their trainee client would be evaluating them as therapists, an expectation that came up repeatedly across the discussions and which permeated the findings:

> *"I'm very aware that with trainees and in general … there's an element of knowing that you're being evaluated by the trainee 'cause they're coming from a learning about this"* (Charlie:P8).

Although there was an expectation that this work would be complicated and challenging, Charlie described how ultimately the individual therapist is responsible for their own preconceptions about the work and the therapeutic dynamic and as such is pre-empting difficulties in the intersubjective space:

> *"The difference between the non-trainee client and the trainee client is what I assigned that to, so what preconceptions I'm imagining in them"* (Charlie:P104).

4.1.2. "They don't necessarily choose to come"

This theme collates participant experiences associated with the requirement for their trainee clients to undertake mandatory personal therapy. Charlie, who is still in training herself, was the only participant not to raise this subject.

Sandy, reflecting on her interactions with various therapist-in-training clients, described the challenge when a trainee client is not willing to engage with the process of therapy:

"I think, because a lot of- a lot of, um, trainees only do therapy because they had to do as part of the course … they don't always come in with the same attitude as a-a non-trainee client. And so I think in that respect, they can sometimes be a little bit trickier to work with. And the first person that I worked with … I think- well, I know she felt herself to be really quite sorted, so wasn't particularly willing to look too deeply (…) …I suppose I felt challenged by it."
(Sandy:P6-8).

There was a sense that this could be difficult and anxiety provoking work for the therapist as trainee client levels of engagement varied significantly, but despite a reluctance to engage something will always emerge in the intersubjective space for them to focus upon:

"whatever it is, something's gonna crop up … I mean it invariably does … [pause] (…) I-I think it's quite arrogant to think that you don't need it, that you're gonna go and dish it out to someone else." (Sandy:P105-106).

Sandy's forthright use of language signifies an irritation with trainee clients who enter therapy with an attitude of not needing to immerse themselves fully in the process. The metaphor *'you're gonna go and dish it out to someone else'* carries connotations of being force fed therapy, a process to be *administered to* someone rather than *engaged* with. I wonder if there is a part of Sandy that feels her trainee client needs to be force fed therapy, just as she fears her trainee client will do to her own clients? Sandy suggested that the requirement for mandatory therapy will bring individuals to the consulting room who might not ordinarily attend and therefore can prove challenging to work with:

"I just don't think they would [come to therapy] or at least (…) I don't think they would [come] if they weren't in training …because (…) why would you go for therapy?" (Sandy:P42-43).

Joe reflected with consternation on his first experience working with a therapist-in-training client whilst he was at the very start of his own training journey. Joe's client completed the minimum hours in order to fulfill the course requirements, but not their contracted agreement, which left Joe stunned by the client's lack of professionalism:

"I was in my first year of placement so I was very unexperienced at that point and she was training somewhere else er the counselling training and she needed, she needed five sessions, so she had her five sessions and she went and she didn't even finish, she didn't even finish the contract which was for six sessions initially and she didn't return for the sixth session and she didn't contact me and I just thought well … that … that didn't feel good. It felt if she was going to be a professional, she could at least have done that [laughs]." (Joe:P139-140).

The repetition in Joe's dialogue as he recalls this event emphasises his incredulity and struggle to accept the client's premature termination of therapy. Although this interaction took place some years

earlier, it is brought vividly into the room and clearly holds emotional significance for Joe.   As the reflections continue, Joe wondered how this attitude towards her own therapy, would have translated into her practice as a counsellor:

> " it it it just felt really shocking erm … and it … you know if made me wonder what she was … going to do as a counsellor … erm … yes,I felt … upset, I felt insulted, I felt I felt quite sad." (Joe:P169).

Again, Joe's use of language, tone of voice and a stuttering urgency to get his words out, suggest a deeper sense of hurt, an experience which has had a significant and potentially disproportionate impact at the very beginning of his career as a therapist.

Though participants spoke of challenging, perfunctory situations with trainee clients who were not willing to engage, there were also experiences which described rich and enjoyable interactions with trainee clients who were immersing themselves in the therapeutic process which was experienced as more fulfilling for the therapist. Sandy was engaging in therapy with trainee clients from both ends of this spectrum:

> "One of them has thrown himself into it and is really using the course for their own personal self-development alongside the training (…) the other person has got totally …is-is hiding behind all of the theory of it all. And it's very hard to get through to them as an individual. So they-they're kind of the opposite extremes." (Sandy:P24).

Sandy describes a striking contrast between an immersion within the process for one trainee client, whilst the other appears to hide behind it. Sandy connects the trainee client's level of engagement, their personal use of therapy, and their motivation for training, differentiating between someone with a real *felt* sense of the process of therapy versus someone learning a process:

> "Maybe what stands out then is the contrast between somebody like that who just understands and has got a background that supports what they're doing, and somebody who has come in and wants to train to do a job." (Sandy:P117).

It is clear from the timbre of her voice and the warmth of her words that Sandy is drawn to the trainee client who has thrown themselves into training and the therapeutic process, whereas the client training to do a job is experienced as more challenging and is spoken about in more matter of fact terms.

The requirement for mandatory therapy for trainee therapists had practical implications for those in the role of therapist. Three participants mentioned that they felt there was more time with a trainee:

> "I'm wondering if I feel I've got more time, that I don't need to rush. Not that I necessarily do … would need to feel I need to rush anyway, but I think because I know that they are there,

they've got quite a way to go yet. I think, well, uh, let it come … let the process happen … don't … don't sweat about it." (Sandy:P29-30).

However, this could also result in the trainee receiving a different therapeutic experience than someone who is not in training, but is subject to time or financial constraints. The knowledge that the trainee client has a potentially longer-term commitment to therapy left Sandy feeling:

"a bit more relaxed, I think, in some ways" (Sandy:P133).

Fiona raised another practical implication of mandatory therapy with regards to the related commitment for the therapist and their practice:

"I suppose the other benefit in-in a way is that the, (…) because they usually have to come regularly, you know, they come every week, they are very good at (…) , not cancelling because they know what that's like." (Fiona:P90).

By inference, there would appear to be some regularity and in turn, financial security for those therapists working with trainee therapists, though the latter was not referred to explicitly by the participants. It is interesting that Charlie was the only participant not to raise issues associated with the requirement of trainee therapists to engage with personal therapy. Perhaps as she is in the midst of her first therapeutic relationship with a trainee client who is willing to engage, this has not been of significance for her.

4.1.3. *"What if she starts saying stuff about seeing clients that concerns me?"*

This theme brings together concerns raised regarding the trainee client's fitness to practice. There appeared to be confusion around the precise responsibilities of the therapist with regards to feeding back on their trainee client's progression, as well as the implications for the trainee client's own clients and the therapist's responsibility. Such concerns are specific to this 'trainee client' dynamic and differentiate the experience for the therapist: for this reason they constitute a significant sub-theme.

Joe and Charlie were both trainee therapists themselves when they engaged with their first therapist-in-training clients. There was a sense of exasperation as Charlie reflected on her experience:

"I remember wondering what is my responsibility (…) there's a question already when a trainee is seeing like a qualified therapist who knows her shit … what is that therapist's responsibility?
(Charlie:P52).

Charlie's irritation is discernible, suggesting it is difficult enough for a qualified therapist to work with a therapist-in-training let alone for someone who is still in training themselves. Charlie is implying that she herself doesn't 'know her shit', yet this responsibility has been placed upon her without an

explanation as to what will be required of her. Charlie recognises her own unpreparedness and perhaps some of her ire is directed at the counselling service for not explaining the possible implications.

Joe also expressed confusion around the therapist's responsibility to their trainee client. Immersed in the memory of his own first experience whilst he was still in-training himself, he could not recall what his responsibility was with regards to reporting back to the training establishment:

> "I'm now trying to remember (…) what the … rules were if you like whether there was any need for a therapist to say to the training establishment "I don't think this person should be a therapist", I can't actually remember that." (Joe:P37-38).

Later in the interview, Joe recalled the formal process and confirmed that there was no responsibility for him to feedback officially. It is interesting that Joe and Charlie were both 'in-training' themselves when they worked with their first 'in-training' clients. Perhaps this sense of confusion was compounded by the many demands on their time, energy and resources whilst at that early stage of their career.

Three participants mentioned concerns they had regarding their therapist-in-training clients' own fitness to practice as therapists:

> "I just I remember thinking a bit like, "Oh gosh, is this person in a place where she can be seeing clients." (Charlie:P47).

As Charlie reflected on her recent experience and the questions and concerns which arose for her, there was an increasing sense of panic, fueled by the uncertainty as to her exact responsibility to the trainee client and their own client in turn:

> "Is there a point in which that therapist might need to express concern? But then as a trainee like I feel even less capable of doing that. And so I really did have a question about … I don't know how safe it is for her, or for her clients, for her to be seeing clients right now, but do I have one – a right and two - a responsibility to say that? Um, and and it was very early days … so I wasn't thinking, "Oh I might do it now? But I guess it was a like, "If I keep thinking this, if she starts talking about clients in the way that worries me." I guess I haven't - when I agreed to start seeing a training therapist, I hadn't thought … what if she starts saying stuff about seeing clients that concerns me, you know. Do I say something? Do I leave it to her supervisor? Or I do trust that her supervisor's checking on that? Um, do I have a duty of care to at least check with her training institute whether anyone said anything? But it's not a responsibility I feel ready for at the moment to be honest. So when I started wondering about her, I then thought, "God what have I gotten myself into?" Like if this is my response? If I do have a responsibility in

those terms, I don't feel up to that responsibility. Like I'm a trainee therapist at the moment …
I've got people checking all my work. I can't be checking on other people's work. (Charlie:P52).

As Charlie recalls her experience, more and more questions arise and the dialogue becomes increasingly frenetic as the underlying anxiety builds. These are real concerns for Charlie who seems wholly unprepared for these encounters and concerned for what she might have unwittingly involved herself in. Her narrative, with few pauses for breath, suggested both a frustration with the situation and lack of information as to the formal process to follow and her responsibilities within the therapeutic relationship. Charlie was the only participant to express irritation and a sense of injustice at the thought of working with a trainee client. Charlie appears to have taken personal responsibility for this decision whereas there is no mention of the role of the counselling service for whom she works, though perhaps by omission of their part in this Charlie is indirectly leaving space for the 'elephant in the room.' It is interesting that Charlie was the only participant to specifically raise the consideration that working with a therapist-in-training client posed an ethical dilemma for the therapist as a trainee themselves, but this may reflect her current situation and all of the associated feelings being experienced in the now:

> *"I think it was a bit of a call-out to me as well of, "You might not have thought this through."*
> *Um, and you're now in the situation or you could have been in the situation where … that it was*
> *an ethical dilemma ... it would have been an ethical dilemma for you to continue working with*
> *her … um, and I guess I did maybe not beat myself up, but really call myself out like, "You*
> *need to be more aware of this. You can't just jump on every person that wants to work with*
> *you." And so that was a big learning point I guess."* (Charlie:P52).

Charlie continued to reflect on her ethical dilemma as she differentiated between issues of safeguarding to consider when working with non-training clients and an additional level of responsibility regarding her trainee client's practice with her own clients. Again, Charlie stresses her reluctance to take on this responsibility for which on reflection, she recognises she was not fully prepared for:

> *"I guess there's-there's safeguarding in terms of something like the domestic violence, or child*
> *abuse … but then there's … when the safeguarding is around or are you doing to your clients*
> *well enough what I'm now doing to you? Um, I think as a trainee … there's a level of*
> *confidence and risk of arrogance that's needed to make those judgments."* (Charlie:P56).

It is unclear whether Charlie is referring here to her own confidence and arrogance required to make the judgement as to the therapists' fitness to practice or that of her trainee client, potentially this reference could apply to both. The reference hints at a rushed decision, the ethical implications of which have not been thoroughly considered which appears to reflect her own situation. However,

Charlie's fears were subsequently allayed and there was a palpable sense of relief as her client acknowledged that she was not yet ready to see clients herself:

> *"I think there was a bit of a relief when she said one - that she wasn't seeing clients, and two - when she showed that she was aware herself that she maybe wasn't in the right place."* (Charlie:P52).

This immense relief and the corresponding dissipation of frustration and uncertainty, was combined with a sense of pride in her client's self-awareness having reached this conclusion of her own accord:

> *"So I was like, "Okay I don't have to do anything? She's got this. She's clearly got the awareness around there. I don't … not only is there nothing to be worried about but I don't need to be the one worrying because she she's clearly got that."* (Charlie:P52).

The fact that there was no formal recourse for the therapist to report back on their trainee client was a source of relief expressed by three participants:

> *"there was a little bit of me thinking (takes a deep breath) hope … they do … erm … suggest caution with him …. to to to slow down …. it's not that he wasn't … he wouldn't be good but he he was he definitely had so much going on that I thought I don't see how he can possibly sort of hold people and that they would feel safe with you really."* (Joe:P45).

Although Joe recognized that his trainee client needed to take some time out, albeit temporarily, there was a sense of resigned acceptance tinged with a personal sadness:

> *"cos I thought "no" I think that would be the best thing really (takes a deep breath) … so yeah."* (Joe:P49).

Joe's disappointment about his trainee client's departure might have reflected the strength of bond which had developed between them. Or perhaps Joe could identify with his client's struggles and the deep breaths helped him to regulate his own feelings, to bring him back into the present as memories of his own were revived during the interview.

Sandy also expressed reservations about her trainee client's progression towards qualification as a therapist:

> *"I'm not sure if this is really the path for you, but it's not for me to say (…) I might be wrong, you know, this is my judgment. I see them in this room, in this little space, I don't see them with their clients or in the big wide world."* (Sandy:P157-162).

Sandy was clear that she only saw one aspect of her client in the therapy room and did not feel in a position to feed-back on the client's suitability for the role. Although three participants raised concerns about their trainee clients' fitness to practice, they were all relieved that there was no obligation for

them to report officially to the respective training organisations. This topic will be explored further in the discussion section.

This theme captures significant concerns which are unique to therapists working with therapist-in-training or potentially qualified therapist clients. It is clear from some of these experiences that the therapists themselves were unprepared for this responsibility and had not necessarily considered the potential implications.

4.1.4. *"I'll have to constantly remind myself that this is a client"*

This theme collates experiences where participants felt a pull to play a different professional role other than that of therapist in relation to their trainee clients. Two participants described being drawn to supervise or take on more of a tutorial role at various points in therapy.

Joe described being invited into a mentoring role and needing to be aware of this when working with a trainee client:

> *"I'll have to constantly remind myself that this is a client and this is not somebody that I'm sort of mentoring … to get through the course … I was invited to it … quite often."* (Joe:P10-13).

Joe also spoke on a few occasions of his own propensity to slip into the supervisor role when working with a trainee client as if the line between supervision and therapy was porous and easy to cross without realising it:

> *"I would also be a little bit worried that, "Oh am I supervising them?"* (Joe:P238).

Sandy spoke of her own temptation to encourage and support her trainee clients and offer assistance with different aspects of the training to help them through the course:

> *"there's a temptation with, uh, with somebody who's in training to … almost take on a supervisor role almost and to- (…) to almost want to sort of give them, you know … encouragement and, you know, take on the teacher role almost."* (Sandy:P68-69).

Sandy understands and identifies with the difficulties of training and her keenness to support can draw her into a different role. This boundary was blurred again when Sandy was asked by her trainee client to read an essay that she needed to submit as part of her training course:

> *"I find it a bit challenging 'coz I don't- I-I find it - I'm quite flattered that they want me to do it … so, it sort of feels almost like a gift, in a way …Um, but … a little bit uncomfortable … hmm, working out exactly what it is they want from me. Feels a little bit like "aren't I clever … look what I've done … aren't I clever" … but I think there's also some anxiety there as well there's this "do you think this is alright?" (…) … and-and maybe I should have said, "I think that's not*

appropriate." I don't know, but I would have felt that would be kind of punishing." (Sandy:P76-84).

Sandy seemed unsure of her client's motivation and her interpretations moved from considering the request as a gift, to a less comfortable sense of now quite knowing what her client wanted from her. Eventually Sandy decided against drawing a clear boundary for her client as this could have appeared as punishing and shame inducing.

This theme was only mentioned by the more experienced (in terms of years qualified) participants and I wonder if this 'blurring of roles' is something that becomes more problematic as the trainee client draws upon the experience of the therapist, possibly sensing increased levels of confidence? This theme will be picked up in the discussion section.

4.1.5. *"We might be shortcutting something hugely"*

This theme brings together experiences where participants working with therapists-in-training felt a pull to 'shortcut' the process of exploration and provide an immediate answer rather than consider a range of alternatives. The therapist will have personal experience of the training process and three participants described the dilemma with regards to how much of their own knowledge to share explicitly, and the impact that this 'sharing' might have over the client's journey both personal and professional. The idea of the therapist as the holder of knowledge reflects an implicit power dynamic at work in the intersubjective space.

Joe described feeling '*cruel*' if he were to withhold information when his trainee client asked specific course related questions, in this example in response to a question about the purpose of group process*:*

> *"Search me" [laughs] … kind of jokingly at first I said well I think it's just so they can see you talking erm … because I also thought it's kind of a little bit cruel to withhold stuff that I know and he will know that I know … so I had to kind of make that balance of ok well I say what I … think might be useful but try and just guide him back to, you know, what does this mean for you."* (Joe:P15-16).

Joe mentioned this tension on a number of occasions as he grappled with the pull to assist with the practical side of the course, whilst simultaneously recognising the short-term benefit for his client of a quick response in the here and now:

> *"It's a constant kind of weighing … well whenever he was talking about stuff around his [course] … I would be thinking ok do I say something practical in the here and now which would really help him or do I just really, really focus on what's that like for you? Does it remind*

you of anything? Is this a familiar process? What's happening … you know the whole historical deeper questions erm … yeah so that's a constant backwards and forwards which I mean you know to an extent that that happens with other client's now ... erm … we're talking about stuff which there may be a very practical solution which it might actually be much kinder much easier and much more helpful to just say 'don't do that, try this' (laughs) erm … but we might be shortcutting something hugely and it'd be better to stay with the, the, the main thrust and (takes a deep breath) erm his patterns." (Joe:P208).

Considering the alternatives, Joe could either provide the information, thus relieving the immediate pressure for the client or explore potential underlying patterns letting the process unfold at a slower pace. Joe acknowledged that this might happen with other clients, but there is also an implicitly understood shared experience of 'training' which the therapist contends with. Perhaps the taking of a deep breath brings Joe back into the 'here-and-now' to contemplate potentially having provided information when an alternative exploration could have been more fruitful in the long run. Underpinning this tension is an implicit power imbalance with the therapist in a more powerful position as holder of the knowledge, and the trainee client in a more vulnerable place as they reach out for assistance. This power dynamic will be explored further in the discussion.

Joe recalled another situation with a different client who was contemplating training as a therapist. Joe wrestled with how much information to disclose and the potential implications of his response:

"and then that was a kind of conundrum for me … it's just like, "Well, how much do I get involved in this? How much do I suggest?" (…) "Do you have any rec-- trainings that you'd recommend?" I said, "Let me think about that," because I thought I don't- I don't really know how to handle this ... um … and I did take it to supervision and they said, "Well, I think you could say because it might appear to you very withholding if you just said, 'oh, I'm not telling you.'" [chuckles] or you just didn't, um, so I just I suggested (…) a variety". (Joe:P251-253).

Joe describes his relief when his client decided not to choose the same course he had attended*:*

"I think perhaps he might have been wise in this, that he might have feared too much of a replay with his mum, when once again he's under the influence of somebody who had a lot of knowledge and a lot of power, actually, because of my experience ... so he's gone for [X] [takes a drink of water] … and I'm relieved, actually … [sighs] … because of that very thing, that he might, I might once again be his mum, um, and that I have all this knowledge, all this inside knowledge, I have a much greater knowledge and, you know, he was so kind of engulfed by her, (…) so I'm relieved I don't have to kind of negotiate that sort of, um, oh God, I'll know the teachers, I'll know who he's talking about, I'll know the course blah blah blah blah

blah and I'll be so tempted to supervise [chuckles] ...(…) so I was- I was quite keen to avoid that." (Joe:P253:255).

Joe demonstrated a clear understanding of the power dynamics at work in the client-therapist relationship and drew a parallel connection with a similar dynamic at work in the client's own relationship with his mother. Joe's fears around a potential replay of this original mother – son relationship around a transferential or authority figure have been allayed to an extent when his client chose a different training establishment and Joe's relief is palpable. However perhaps a potentially valuable opportunity to explore the transference was missed as Joe was relieved to avoid the issue of engulfment.

Fiona was careful not to share her own thoughts and opinions regarding theories or course related content with her client. She recognised the potential power that being in the position of therapist automatically conferred upon her, and wanted to avoid any influence on her client's own evolving integrative model:

> *"generally speaking, I try not to give away too much my opinion on it because then I might, um, cut down her journey of exploring these issues for herself."* (Fiona:P118).

The pull to be directive with a trainee client was an experience highlighted throughout Joe's dialogue as he grappled with how much to reveal and the implications of his decisions. Yet Joe felt that in some situations, more direction would be of benefit. Joe recalled his client's struggle with their training establishment and a perceived reluctance to on their part to provide direction for their therapist-in-training:

> *"[The training establishment] try very hard to be sort of open and very … erm … permissive about how you are and what you do … erm … and sometimes they are not directive enough … they they will have something in mind that they want you to do and they'll say 'I wonder what it would be like if you might do this' when actually what they really need to say is "you need to do this [laughs] otherwise you are not going to pass" and erm and I think that style would have completely not helped him at all."* (Joe: P68).

Joe feels that the open and permissive approach of the training establishment would not have helped settle his client, but instead, added to a sense of confusion, as expectations are not clear or set out in a way that his client would find helpful. As he continued Joe conveyed a sense of his frustration with his client and the course which perhaps reflected his own anxiety around what was expected of him as a trainee. The paradox for the integrative therapist is that there is no one right or wrong way to practice, however you need to meet certain criteria to pass the course. Perhaps his trainee client's struggles on this journey have taken him back to his own experience in training:

"there's still part of me that kind of you know urghhhh (pulls a face) kind of stressed about it
…and just erm … sort of narcissistically wounded by the first experience and thinking … yeah I
I suppose it … it erm it once again brought up doubts about the whole process of training not
that there are massive doubts actually… … but there are doubts." (Joe:P64-66).

There is a dissociated feel to this portion of the interview, as memories of Joe's own painful experience return in the present. Joe identifies with his client's experience and perhaps some of the irritation reflects his own experience as a trainee and a desire to want things to be different for his trainee client and indirectly for himself.

Sandy describes her experience working with a specific trainee therapist who was very keen to speed up the process of both her training and personal therapy. The trainee client was simultaneously attending extra-curricular seminars in an attempt to gather information about lots of topics in as short a time as possible:

"She was kind of trying to do a bit too quickly. She was trying to … run before she could stand
up … yeah, she was trying to do as much as she possibly could." (Sandy:P19-20).

There is a sense that Sandy's trainee client needs to cram in as much experience and as many seminars as she can. 'Running before she could stand up' emphasises the gap in experience which the client is attempting to bridge in as short a time as possible.

Super-ordinate Theme Two:

4.2. *"My confidence is sucked away sometimes"*

This superordinate theme brings together participant experiences which focus on the person of the therapist and a preoccupation with how they are perceived by their trainee clients. Participants described feeling subject to a greater level of exposure with a more critical and knowledgeable client. There was a sense of a lack of control over the possibility of what occurs between therapist and trainee client being shared with a wider audience. A fear of being judged or feeling that they were being judged underpins much of the dialogue and came through repeatedly across the interviews. These concerns coupled with lower levels of confidence as the therapist is starting off on their journey combine to heighten sensitivities and leave the therapist with feelings of inadequacy. Each theme within this superordinate theme explores a different aspect of how this lack of confidence manifests itself in the relationship between therapist and client and explores the implications for the therapist's practice.

4.2.1. *"It makes me feel under the spotlight more than it would if it was just a client who wasn't in training"*

A pervasive sense of being under the spotlight more was something expressed by all participants. There was a universal expectation of being judged and assessed by a client who is in the process of training to become a therapist, and is therefore perceived to have a different, and potentially more critical attitude to the therapy than a client not in training. Sandy described her initial fear about providing therapy to a client in-training:

> *"… a sort of fear of, um … how they would judge me … because they're in therapy … because they're training themselves … which is slightly different to having a client who's not a trainee"* (Sandy:P3).

Anxiety levels are heightened at the thought of engaging in therapy with someone who has an existing knowledge of the process. The trainee therapist is perceived to have an enhanced understanding and may subject their therapist to a different level of scrutiny from that of a normal client:

> *"What do they think of me as a therapist?" So, I – I suppose it puts me under the spotlight more. It makes me feel under the spotlight more than it would do if it was just a client who wasn't in training"* (Sandy:P63).

All participants described concerns about what their trainee client might think about their skills as a therapist and a fear of not meeting expectations:

> *"What I was concerned about in first meeting her, that, "I know what you're doing and this isn't good enough."* (Charlie:P95).

Joe provided a glimpse into the challenges faced in the early stages of his career as he strived hard to be a good therapist:

> *"I still felt at that early stage quite pressured anyway like I … I've got to be a really good … I've got to be really good at this …erm but I know I'm not going necessarily to be very good at it but I can try."* (Joe:P228-229).

Joe's vulnerability as a new trainee therapist trying desperately to get it right for his client is apparent and provides a sense of the anxiety often inherent in the early days of training.

The expectation of a different level of scrutiny from a trainee client is brought to life when Joe describes a current situation with an existing client who is about to embark on a therapy training. It is interesting that Joe suspects that his client might become more critical as he commences training and becomes officially informed on the therapeutic process. Joe appears consumed with thoughts of what

his client might be thinking of his interventions, and in this respect, will become like Joe's other trainee clients:

> *"he might become critical of me. He might be like, "Hmm, I wouldn't have done that to me if I were you" [laughs] … "I wouldn't have said that. I wonder what you're trying to do to me there?" …which, of course is what the other-other-others would have been thinking (…) … Which could really kind of ruin … a therapy in a way couldn't it?"* (Joe:P270-272).

I wonder if Joe is looking to the researcher to confirm his thought that having two individuals with a knowledge of the process could ruin therapy? Perhaps Joe foresees a shift in the balance of power between therapist and client. Joe's reaction, exacerbated by uncertainty surrounding a change in the relationship dynamic might also reflect Joe's fears of a loss of control:

> *"They could have all sorts of kind of viewpoints, um, they might start supervising me, you know. All sorts of things could happen, you know? it could, and then, what would that be like?"* (Joe:P279).

As Joe reflects upon how their therapeutic relationship may evolve, he considers a reversal of roles and hints at a chaotic situation where '*all sorts of things could happen'*. Yet having reflected on the possibilities Joe moves to a less defensive and more open position which acknowledged the benefits of hearing the trainee perspective:

> *"and might it be useful, actually? Might it be like … "okay, well, I feel like you're parenting me on how to parent you?" [both laughing] … problem is this is getting complicated … mmm"* (Joe:P279-280).

However, for Charlie, rather than facilitating insight, the thought of her trainee client having an understanding and knowledge of the process provided another aspect on which to judge her:

> *"they've got more language and more concepts to judge me through."* (Charlie:P103).

Unlike the other participants, Charlie expressed concerns about her trainee client's perception of her chosen modality, a person-centered approach:

> *"Um, I guess there was a little bit of a worry of is she gonna figure out working with me that I'm person-centred and then judge me because of that (…) not so much a fear but um, maybe an awareness of possibility that she might come in and think that I'm not-- I wouldn't be adequate for-for her."* (Charlie:P4-7).

Perhaps the focus on whether a person-centred approach satisfies her client's requirement, enables Charlie to displace her anxiety around possible client judgements on her own ability as a therapist. There is a sense throughout the dialogue that Charlie, the only participant who has trained in a single

modality, needs to defend this approach which she feels is often misrepresented by the wider therapeutic community. Yet working with a trainee had a positive side for Charlie as she described with irony her sense of relief *because* the client is a therapist-in-training, therefore there is one less hurdle to be overcome:

> *"I guess one block of mine (…) where I get carried off is the meta like "what are they thinking of me?" and I guess it's easier in that I'm not worried that they're gonna think therapy is a crock of shit"* (Charlie:P102).

Charlie described facing various challenges in her therapeutic work revolving around her need to 'prove herself' and her ability as a therapist on numerous levels.

> *"And I'm feeling like I do have to convince people. Sometimes it's person-centered, sometimes it's my age, sometimes with therapy itself."* (Charlie:P17).

Charlie, nearing the end of her training, provides a valuable insight into the world of a trainee. Surrounded by uncertainty, evaluation and judgement, Charlie appears consumed with how she is perceived by her client and I wonder how this might impact her capacity to be present in the moment with them. This will be picked up in the discussion.

This sense of fear around being judged is not felt exclusively by the therapist. Joe described a shared 'paranoia' which reflected the fears of his trainee client as well as his own anxieties around the disclosure of information to a wider audience. Joe described the process at work:

> *"I think his paranoia affected my paranoia which is how it tends to work and we were both like [makes a gulping noise] … worried er … yeah"* (Joe:P106-107).

I wonder if Joe used the pronounced gulping noise to bring some humour and light relief to assuage his own memories of an uncomfortable situation? Feelings of uncertainty and suspicion meld as both therapist and trainee client grapple with concerns that each of them could potentially jeopardise the other's future career.

Sandy recalled a similar experience having recognised that her own fears of inadequacy surrounding her ability as a therapist might in part reflect a projection of the fears of her therapist-in-training client who is also considering:

> *"Can I do this, am I any good, am I worth anything?"* (Sandy:P39).

Finally, Charlie describes her concerns with a powerful image of both trainee therapist and trainee client under the spotlight, trying to make sense of the therapeutic process, each observing the other:

> *"An element of worrying that two trainees doing therapy would turn into this whole mix of either getting drawn into theory or like so much meta stuff happening. Like you as a trainee are*

observing me as a therapist and you know that I'm observing you as a trainee and we both know that we're observing each other and it's a bit of, yeah, it's-it's quite a cluster of-of, it's quite a spiral of-of meta looking." (Charlie:P54).

The 'spiral of meta looking' idea conjures up chaotic visions of two individuals grappling to reach an understanding of the therapeutic process, a picture which is mirrored by the fast pace of her speech and a struggle to get her words out to coincide with the picture she has in her mind. I wonder what Charlie was going to say when she initially described a 'cluster of', which suggests that the individuals were stuck together rather than continuously moving fluidly, albeit in a circular motion. There is a sense that for Charlie each participant in the dyad is looking to the other for direction, with this constantly spiraling process becoming more anxiety provoking as it gathers momentum.

4.2.2. *"There was a fear in me that somehow how I was as a therapist would get back to [The Training Establishment]"*

This theme focuses on participant concerns around the possibility of the dialogue and interactions between therapist and therapist-in-training client being shared with a wider and professionally knowledgeable audience. These perceptions were based on the experiences of two participants whilst 'in-training'*:*

"I know from my own training (…) I mean I would never talk about it at – at Uni but I remember some people did when their therapist fell asleep … and um, you know, you – you get talked about and everyone's like, "Oh my God, this is awful", you know and how can you even go back to that person? Um … and … and I suppose I'd rather not have that happening" (Fiona:P171-172).

Fiona appears to identify with the therapist under discussion and is keen not to find herself in a similar position. The possibility of a wider and therapeutically knowledgeable audience, being privy to the therapist-client conversation was seen to pose an additional challenge in this work. The expectation that this audience might also critique these interactions added yet another dimension to the therapist – trainee client dynamic. This awareness had an impact on the therapist's attitude towards the work:

"Most clients, some of them talk about me to their partners or – or their family … but their obviously, they're not therapists themselves, so they have a different relation to what I say and um, yeah. So … yeah I think that does play a part" (Fiona:P174).

This pervasive fear of being exposed and critiqued is further exacerbated when the therapist knows, and is known by the establishment at which their trainee client is receiving their training*:*

"There was a fear in me as well that somehow how I was as a therapist would get back to the training establishment …that was in there … at times .. where you know I sort of thought that he would say in group process "my therapist said … to dah dah dah" [laughs] and and the tutor would be like "really?" …" (Joe:P76-78).

Joe's fear of being evaluated in front of his trainee clients' peers and seemingly more importantly, their tutor, was clearly of great concern to him and although the experience was conveyed with humour, Joe's laughter had a nervous quality to it. Joe proceeded to make sense of the situation in terms which were ultimately less exposing for him. From a position of vulnerability, Joe attempted to rationalize the situation and in doing so he appeared to dismiss the client's experience before eventually accepting a state over which he has no control:

"[laughs] erm well I think it was a little sort of bit of a paranoid process that went on …which I kind of then challenged and said well you know it's going to be Chinese whispers anyway erm … what I say to a client and then what a client reports to somebody else might become quite different and might … and is well be about, about, it's always going to be about them isn't it really … what they choose to err pick up and [coughs] to pick up and run with erm, so yeah that that was in the room as well" (Joe:P80-82).

As Joe imagined what *might* happen, I got a sense of his vulnerability, his lack of control over the situation which ultimately led to a position of helplessness. The fear that the tutor might have a professional opinion which differs from his own, is anxiety provoking for Joe, yet he will be unaware of what these opinions might be and therefore, unable to defend his own stance:

"I think it it it raised fears that the whole process raised fears that … other erm … other clients don't somehow …because there's a sense that they know the same people, I'm not allowed to say anything about him but he can say anything he likes about me? … mmm … and there are these people who might have a professional view … who might have an opinion about that … erm I mean nothings ever come back to me … erm … but you know there might be people out there who he's said "well Joe said this" or "this happened with Joe" or "I wasn't impressed with that" you know they could be saying all sorts of things …" (Joe:P84-P88).

Whereas Joe is bound by the ethics of the therapist-client relationship, for his trainee client, he feared that there are no limits as to what they might disclose. As Joe delved deeper into the imagined possibilities of what might be relayed outside the dyad he appeared preoccupied with his client's lack of adherence to the facts. Yet the insecurities and anxieties dissipated when Joe reflected back on the unique personality of his client, drawing a different conclusion, based on a richer sense of the individual:

"I can't imagine any sort of spite or anything like that coming from him towards me." (Joe:P89).

Later in the discussion, Joe returned again to consider the possibility of things going wrong if dialogue between client and therapist were disseminated to a wider audience. Although not within his experience, Joe seemed particularly attuned to this possibility:

> *"They [the therapist] might have come a cropper, they might have said something about the training establishment, or about a tutor or a supervisor or something that caused problems … I don't know … I haven't heard of that happening but I can imagine that … it might just happen, mmm … yeah"* (Joe:P140-141).

Although two participants explicitly mentioned concerns regarding the possibility of their interactions being shared with a wider audience, echoes of these concerns are apparent in the next theme which explores the implications for the therapist and their therapeutic approach towards their trainee client.

4.2.3. *"I wonder if they weren't in training would I be more inclined to push things a bit?"*

Previous themes have explored the experience of the therapist feeling under greater scrutiny from a trainee client and by a wider, more therapeutically knowledgeable audience. This theme focuses upon the therapist's response to those feelings and the practicalities of dealing with this in the session.

Three participants mentioned adapting their usual therapeutic approach when working with a therapist-in-training client. Fiona's trainee client had previously experienced a more challenging approach with a former therapist, which had left her feeling very anxious. Fiona explained that she had softened her usual approach in response to her client's vulnerable position, but she was also aware of another motivation:

> *"might be because she's a trainee, might also be because she had a bad experience with her previous therapist who was overly challenging (…) so I – so I don't challenge her a lot um, because of that reason. (…) I very gently nudge – nudge her a little bit (…) yeah I don't think I'm very challenging with her. It could also be, I think the other reason potentially is because she's a trainee and therefore, you know, if I'm overly challenging and um, she experiences this as not useful, she will probably talk about it at Uni and – and I suppose I don't want to be talked about negatively. So I'm sure that's there as well."* (Fiona:P163-168).

Fiona's desire to be seen as a 'nice therapist' has led her to modify her practice in order to avoid becoming a topic of conversation on her client's training course:

> *"And I suppose, in many ways, I'd like to come across well and then she goes to Uni and she says, "Oh yeah, my my therapist is nice." Um, but then I'd also rather be nice than, "Oh, my therapist is very challenging." Which some people prefer to have a challenging therapist so um, yeah, so I'd rather be seen as the nice therapist"* (Fiona:P176).

Although Fiona does not feel she is particularly challenging to any client, she acknowledges a fear of exposure that influences her to change her practice in order to stay in favour with her trainee client. Potentially, this raises issues around expectations for the client and best practice, regardless of trainee status. This adaptation of practice could have implications for the outcomes of the therapy, as Fiona's trainee client is participating in a different therapeutic relationship, because her therapist is keen to be perceived in a certain way. It is also intriguing that the idea of 'challenging' a client appears to have a negative connotation. This theme emerges from other participants, although in Fiona's example she is taking into account her client's vulnerable position.

Sandy also felt that perhaps she was less likely to challenge her client if they were a therapist-in-training:

> "*I wonder if I'm even less …but I don't think I would challenge them more, no … I suppose in case I get it wrong … but it wouldn't matter if I did*" (Sandy:P145-148).

Sandy described a fear of getting it wrong, which underpins a reticence to challenge her trainee client, although she acknowledged that on reflection that should not matter, yet instinctually it seemed to. Perhaps there is an element of aspiration, as Sandy sits with the tension of wanting to challenge their thinking, yet simultaneously wanting to ensure that her challenge is not misjudged. There seems to be a dread of 'getting it wrong', perhaps because of an underlying fear of being judged as incompetent by the trainee client, or perhaps as a result of becoming the focus of a class discussion. The impact of this preoccupation in the therapy will be explored further in the discussion.

Charlie explained that challenging a client isn't something that forms part of her model as a person-centred therapist. Though Charlie was not aware that she behaved any differently with her trainee client, she acknowledged that there was a possibility that her client's trainee status may influence her, albeit unconsciously:

> "*but … it's not-- but what I'm conscious of isn't to do with her being a trainee. So I guess it might, outside of my awareness, be in part because she's a trainee. In terms of what I'm aware of, I'm less challenging to her because she is very vulnerable.*" (Charlie:P139).

Like Fiona, on a conscious level, Charlie was less challenging because she was taking into account her client's more vulnerable state, however Sandy and Fiona remained open to the possibility that their client's training status had an impact to some degree on their approach in the sessions.

4.2.4. "I do feel challenged by the knowledge that they throw at me and the theories that they throw at me"

The therapist's often fragile sense of their own self as therapist can feel challenged when the trainee client raises the topic of theory, or introduces different theoretical concepts in the session. Three participants discussed their own experiences concerning the introduction of theory which had impacted negatively on their levels of confidence. For Sandy there was a sense of being assailed by the theoretical knowledge her trainee clients have brought into their sessions:

> *"I do feel challenged by the – the knowledge that they throw at me, and the theories that they throw at me and they're not doing exactly the same modality that I did, so it's slightly different""*
> (Sandy:P31),

Sandy emphasised the sentiment behind her words by simulating a throwing action in the air, perhaps simultaneously alleviating the distress of the perceived verbal assault which was parodied in actions. Sandy explained that her trainee client was training in a different modality, which seemed to relieve the pressure as Sandy acknowledged that she does not need to be familiar with every concept. Whilst Sandy struggled with her own insecurities about the knowledge thrown at her, she understood this as partially reflecting the client's own vulnerability. Sandy suggested that the 'knowledge' acts as a symbolic barrier between therapist and trainee client, allowing the client to maintain some distance, pushing her away, preventing interactions at a deeper level of engagement whilst defending against their own anxiety:

> *"Get back [gestures with her hands] (…) … I know what I'm doing … (…) I've thought about it a lot and trying to work out what my countertransference is and part … and part of it probably is my own feeling that am I really adequate?"* (Sandy:P38-P39).

Whilst Sandy acknowledged her own feelings of inadequacy, there is a sense that the baton of vulnerability is passed back and forth between client and trainee therapist, each struggling with their own insecurities. Sandy recognised her own wariness and her reaction was to take a more defensive stance as her confidence levels diminish:

> *"it makes me hold back a bit, but it makes me a bit wary and it makes me feel a bit defensive as well and I'm pretty sure it does … and I wonder if they weren't a thera … a trainee, I suspect my reaction might be different and more confident with them"* (Sandy:P46).

Again, the therapist adapts their practice, holding back because their client is 'in-training' and the therapist is feeling less confident as a result. I wonder if the slip at the end of the dialogue where Sandy starts to describe her trainee client initially as a therapist, hints at feeling her trainee client is more skilled than she is?

Fiona's experience of her therapist-in-training client introducing theory into a session, elicits a response which initially leaves her questioning the components of her own integrative model:

> *"I'm generally huh not the most confident person … so, I quite quickly get a bit, um, thinking, "Oh, maybe I should do more of this" and then I need to catch myself (…) if I feel normally quite 'adult' in my therapist role, then in some of those, not all the time, but now and then, uh, that might make me feel quite small and may maybe I don't know it all, or don't know enough … that would be better … maybe I don't know enough."* (Fiona:P64-71).

Fiona's hesitant narrative style reflects the destabilizing effect on the more vulnerable part of her struggling to gather her thoughts and consider her position, whilst simultaneously she recognised her own underlying pattern of insecurity which seems to be exacerbated when working with a therapist-in-training client:

> *"I think it can happen with other clients as well because I think it's partly my own insecurity [laughs] that obviously I am wherever I go so – Um, but it might be a bit more heightened, you know, when it is a trainee"* (Fiona:P79).

Charlie however, had a different response to the discussion of theory and described her aversion to its use either in her own therapy or in her work with clients. Similarly, she was conscious of not adopting the theoretical language that her trainee client, who has been trained in a different modality, used during their sessions. Charlie feared that her client might expect her to use and refer to specific psychodynamic concepts during their sessions:

> *"That's not something I-I do … so I was a little bit, "Oh if we carry on, is she then gonna-gonna think … or is she expecting me to bring this stuff in as well," but that hasn't seemed to be the case."* (Charlie:P20).

Charlie seemed preoccupied with the fear that her client might, either expect her to use modality specific terminology, or would pose a question regarding a specific theory or concept that she might be unable to answer. There was a sense that she was expecting to be caught out by a question to which she would be unable to respond appropriately:

> *"Not everyone's happy with having a trainee or someone who works in a particular way. Um, so it wasn't a fear or a worry per se but more an awareness of possibility and a curiosity, maybe a little bit of anxiety around how well will I handle it if I'm put on the spot like that?"* (Charlie:P10).

Charlie seems preoccupied with the thought of being 'put on the spot' and how this might be perceived by her trainee client and I wonder how this might impact her ability to be present in the room. As the

only participant currently in training, Charlie provides a different perspective as this experience is still incredibly fresh.

4.2.5. "Tends to be more hurtful I think"

This theme brought together participant experiences of the ending of the therapeutic relationship with a therapist-in-training client. Although an inevitable part of the process, these experiences seem to have had a particularly profound impact upon the therapist and therefore set this apart from the same situation with clients who were not in-training. Three participants spoke of a sense of rejection, experienced more keenly *because* the client was a therapist-in-training.

Joe talked poignantly about his first experience working with a trainee client whilst on his first placement. Initially, Joe had forgotten about this experience but once recalled, strong feelings were quickly evoked in connection with the memory. Joe's trainee client only completed five of the contracted six sessions and Joe was particularly offended because the client did not turn up for the last session as agreed. Joe used the words 'shocked' and 'insulted' to describe how he felt about her departure and her lack of professionalism in the way she treated him. During the dialogue there was a real sense of Joe getting lost amidst the emotion of these re-awakened memories:

> *"When I was actually in-training I did four or five sessions with erm somebody who needed to complete their training by having four or five more sessions and I didn't really think much of her at all … erm … it was very clear that … I just felt really used by the experience"* (Joe:P136).

The experience of this perceived rejection so early on in Joe's career was vividly recalled in the room as Joe hurtled towards the end of the story, hardly drawing a breath. Joe seemed to have been transported back to that time, and as he spoke, his barely concealed anger was simmering just below the surface. Underpinning his frustration with his trainee client, there was a sense of his own vulnerability as a therapist just starting out on his own journey:

> *"about that … erm … [long pause] … well … it was a little bit like being erm … well I suppose as therapists we are used [taps hand on the arm of the chair] kind of that's what we are for in a sense … erm … [pause] … but I was shocked I think that somebody who was a counsellor or a therapist … knowing that I knew they were … would … discard me so obviously and so clearly when they were only paying ten quid anyway .. erm …when they no long needed me for their tick box exercise … it it it just felt really shocking erm … and it … you know if made me wonder what she was … going to do as a counsellor … erm … yes, I felt … upset, I felt insulted"* (Joe:P168-169).

I was really struck by the depth of emotion expressed as Joe recalled feelings of being used and discarded, the memories of which have stayed with him in the intervening years. There was something about the 'tap on the arm of the chair' that resonated with the idea of how we are used as therapists, that is how it is so you had better get used to it, a matter of fact acceptance of this situation. Perhaps Joe's comment on his client *'only paying ten quid'* allows him to dismiss her now as he feels she had previously dismissed him? Perhaps this enables him to take back some power and neutralise the vulnerable and insecure feelings evoked by the memories of his 'shocking' experience.

Joe proceeded to highlight his own disappointment when he considered the lost opportunity following his client's departure, but this appears to have had a deeper meaning for him than the passage at first suggests:

> *"I felt I felt quite sad … er because I felt the sadness from … she could be so much more as well, you know, there could have been so much more that could have happened and er yeah it felt sad that it was just erm superficial er … [pause] … yeah and maybe she didn't need me as much as clients who need you and maybe that was, there was something about that I mean I'm sort of really thinking quite deeply about it now and er … maybe that's about my need to be needed and to feel valued as an understanding … and I think wise and reflective person and she wasn't having any of it, she's like "no, I'll have your, I'll have your ticks and that's it" … (…) you can sign my form … yeah … bang .. that's it"* (Joe:P169-172).

Joe moved from a position of sadness at the loss of what he and his trainee client might have achieved in their work together, to a more personal loss, revealing his own desire to feel needed and respected by his clients. There was a sense at the end of the paragraph of Joe 'wrapping up' the conversation, using humour to diffuse uncomfortable and anxious feelings aroused by his reflections. Joe's perceived rejection has left him feeling devalued, fit to confirm her attendance but nothing more. Joe summarized his experience with his own interpretation of the client's last session*:*

> *"I can almost picture her gath- gathering up her bags at the end and sort of a kind of sensation she almost might have said it, like, "Nothing much to learn here, you know I'm off." Thats-that's the sensation I felt."* (Joe:P229).

Joe attributed the deeply personal impact of this experience to it having occurred during his first clinical placement as a trainee:

> *"I think because it's so early its its kind of stuck … yeah"* (Joe:P197).

As Joe recalled the experience, it is as if he has been catapulted back into those feelings and was reliving them in the moment. Although this experience was not common to all participants, it felt very important to include because of the nature and depth of feeling expressed, which were also visibly

apparent in the room with Joe. It demonstrates the impact this work can have, particularly when experienced at an early stage in a therapist's career.

When the therapeutic relationship came to an unplanned end, this seemed to have more impact when the client was a therapist-in-training:

> *"a trainee … would … hopefully have the insight to at least finish the course you know and actually it was … yeah … yeah … I suppose I was a little bit kind erm of offended by thinking 'oh' I think part of me was thinking oh as a therapist she might think 'oh that was really good perhaps I'll stay for longer' you know and I think that was probably in my mind as well"*
> (Joe:P176).

Joe's disappointment at his failure to convince his trainee client of the potential of a continued therapeutic relationship seems more keenly felt because he expected her to have a knowledge of the process and therefore a better insight into what could have been? Yet, despite this, Joe's trainee client still stopped the sessions before finishing the contract, leaving Joe feeling rejected and potentially ineffective as a therapist.

Charlie is at the start of her journey with her therapist-in-training client yet, from the outset of the relationship, there is a question over her suitability for the task. The stilted and somewhat hesitant nature of her narrative, suggested that this conversation feels uncomfortable for Charlie. There is also a sense of a wider exposure of their dyad as the trainee client has been in touch with her own course tutors who felt it would be more appropriate for her to see a qualified therapist. There was also contact with the centre where she attends for therapy:

> *"I came out like I'm not qualified, um and there was a whole mess but basically, what ended up – I had to check whether in terms of the [therapy centre] if I was allowed to, um and it got … yeah, um and it got signed off in a "we don't advise it but" … and it's actually – it's a temporary situation while she looks for a qualified therapist that she can afford … (…) um, so the plan when they last got talked about is I'm happy to keep seeing her until she finds someone more appropriate and she'll let me know when she does so (…) so it's me being a trainee is definitely – it's what's meeting in theory a temporary thing"* (Charlie:P122-130).

Charlie is meeting a temporary need but is not considered an appropriate therapist for this trainee client in the longer term. There is a disconnected feel to the dialogue as she distanced herself from the decisions made by the centre and her client's tutors. I wonder how Charlie is dealing with this rejection, are there feelings of shame and inadequacy as she waits to be discarded?

Fiona recalls a different experience, a fear of potential future rejection based on her own personal experience in therapy:

"If my client was to leave, let's say, at the end of this academic year, I would wonder if, actually, it's not just that she wants to try something new like a different approach, you know (…) so I suppose my-- there would be a bit of a concern that maybe she's actually leaving me because she feels I'm not enough anymore, rather than, um, that it's just about wanting to try something different. (…) It might not happen, hopefully. But I suppose for me is with my own … with my own patterns, I think that would feel very, um-um-- well, hurtful is maybe not the right word, but it probably would make me feel like I wasn't good enough (…) I would probably feel a bit more like, um, being left for someone else (…) tends to be more hurtful I think"
(Fiona:P184-188).

Although Fiona has no information from her trainee client on which to base her fears of rejection, she recognised that if her client chose to leave at the end of the academic year, her initial assessment would suggest that she was lacking in some way in her capacity as therapist. As Fiona moved on and likened this experience to the ending of a relationship, there was a sense of betrayal, felt more poignantly because the 'someone else' is another therapist. Both Fiona and Joe felt that an ending which was unplanned or perhaps cut short in some way, had a greater impact on the therapist when the client was also a trainee. These collective experiences suggest that there is something more difficult to accept about the end of this relationship. Perhaps because the trainee client is expected to have a better understanding of the process, there is an implicit judgment regarding the therapist's capability if their client decides to leave prematurely, particularly if there is a requirement for ongoing therapy?

4.2.6 *"My natural tendency would be to compare and contrast"*

Comparing and contrasting the participant's own situation directly with that of their trainee client was an important theme of the research raised by all participants throughout the discussions. It has been included in this superordinate theme because it signifies the underlying desire to juxtapose one's own position with that of someone going through a similar process, and in doing so perhaps bolstering their own sense of self as a more competent practitioner. All of the themes within this superordinate theme appear to be imbued with a pervasive lack of confidence exacerbated by feelings of being scrutinized and evaluated. Potentially, the act of comparing and contrasting allows the therapist to redress the balance of power and place themselves in a different, potentially more powerful position. The experiences recalled reveal a real vulnerability in the participants who are approaching work with this client group at an early point in their own journey. Although comparisons were made on various aspects of perceived commonality, each participant employed this methodology:

"I suppose my natural tendency would be to compare and contrast and to sort of, to some extent, measure myself against them and think, "Uh, are they better than me, am I good enough, am I- how do I compare?"" (Sandy: P62).

Sandy made her own direct comparison, juxtaposing their competence as therapists. Fiona is more tentative in her consideration of the possibility of something missing from her integrative framework when her therapist client talks about their own emerging model:

" So … there's certainly some, yeah, reflection and maybe comparison going on." (Fiona: P58).

Two of the participants made direct comparisons with their own experiences of training, illustrating a curiosity to obtain a different viewpoint from their own:

"… my experiences compared to her experiences. What's she finding difficult, what I -- so it makes you - I suppose it makes me sometimes think about, you know, my experience of sitting in the group. Um, and what that was like and whether my group was like this or like that." (Fiona:P116).

In recalling these experiences, Fiona is reminded of her own potential difficulties with the training, though she actively moves along, perhaps not wanting to dwell on these uncomfortable memories.

Similarly, for Joe, discussion of his client's experiences of the training course, brought his own difficult memories to the fore:

"I was a little bit wary of noticing that they were having the same issue (…) yeah a little bit concerned that there might be something a bit raw in me that might get sparked off that I wouldn't be able to handle, that that you know being quite new as you know in the career." (Joe:P60).

Throughout this section of the interview, Joe appeared to become lost amidst his thoughts, transported back into his own prior experience. Joe revealed his struggle to separate out his own training experience, from that of his trainee client, possibly as a result of his own unresolved issues. Joe recognized this potentially problematic situation which was exacerbated by his inexperience. The hesitant nature of the dialogue and minimizing language employed conveys Joe's fear that he would not be able to handle his own emotions, let alone those of his trainee client. Joe's interest in the client's experience acknowledges both a profound sense of his own vulnerability in his desire for comparison, whilst simultaneously highlighting a power imbalance in the relationship with his client:

"Looking back on it I can see more clearly that it was perhaps a selfish interest in the sense that I thought "oh … be really interesting to hear what somebody thinks as a … you know in full honesty … about the course and what they are going through, (…) I had that thought at the time, thinking this is a bit self-indulgent but I thought well if I, if I can concentrate on doing the

therapy (…) then … I can do therapy for the specific issue that he came with because he came for a specific, a specific issue … um and … you know it's my specialism so I thought "well, I can do that" and at the same time if there is information or guidance in an emotional sense around the course, then I can give that and perhaps help him feel more secure in it" (Joe:P23-25).

After acknowledging a selfish interest in his client's experience which enabled him to make a direct comparison with his own, Joe moved on to rationalize and justify this interest.

"I thought well he's chosen me for this so I think that's good, he wants me … and I think that's probably good erm … yeah" (Joe:P31–33).

Joe returns to the topic towards the end of the interview, having reflected, Joe acknowledged an inherent power imbalance and seemed uncomfortable with this:

"it's certainly been interesting for me to-to see somebody in that process …um and I still feel slightly guilty about saying that I don't-- I'm not sure why but it still feels slightly like I'm using them as a kind of a bit of a- bit of an observational experiment like, "Hmm, I wonder how this will go?" [laughter] … but uh, but you know I-I guess that is part of a therapist's stance isn't it, in a way? (Joe:P287-288).

Whilst satisfying his own curiosity, Joe revealed uncomfortable feelings of guilt as he attempted to justify his interest. Yet underpinning all of this is the sense of Joe's vulnerability whilst grappling with the demons from his training past.   It is also feasible that Joe's personal interest in his client's difficulties with training have led the therapy in a different direction, following the agenda of the therapist rather than that of the client.

Sandy recalled feelings of envy as her trainee clients are still immersed in the process which for her, has already come to an end:

"Because at that stage I missed [the training establishment]' (chuckles) … and I sort of felt quite envious that they were going through all the process and I'd enjoyed it, mmm" (Sandy:P4–5).

Another focus of comparison for the participants concerned an interest in the trainee client's level of training which was commented upon by three participants. However, this aspect was of particular significance for Charlie, the only participant currently in training:

"I think maybe I had assumed from reading her notes in the little I knew by her that she was on a less intensive and less and and like a lower level course than what I'm doing. I'm obviously doing the masters … I'm not even just doing the the diploma … I'm doing the masters … so from assuming that she was in on the college course um and from knowing that she was

coming into this service uh, uh, I didn't expect her to be working to the level that I am" (Charlie:P53).

Charlie obtained comfort from presuming that she has undertaken a course at a higher level than that of her trainee client:

"It does feel more comfortable. I think … I mean, I have to be honest that there is probably an element of … I feel more comfortable because I-it- I feel like they can question me less, then they can judge me less" (Charlie:P66).

There is a pervasive sense of insecurity underlying much of Charlie's dialogue and perhaps her current 'in-training' status partly explains her preoccupation with her own level of training.

"they could judge me just as much but-but, uh, I guess I-I can fall back on academic snobbery to-to defend myself now (…) I'm a very academic person and I grew up in, um an environment where that was strongly valued". (Charlie:P70).

Charlie suppressed vulnerable feelings and bolstered her sense of self by asserting her status as the more academically qualified therapist. Charlie acknowledged this position of greater power and recognized its potential to alter the dynamic in the room:

 "Something I have how to keep in mind is, um … is being aware and exploring whether I bring any of those judgements … of my course and my journey are at a higher level than yours, um, because there's the fact of I am required to do more, I have a lot more experience in terms of clients but … but what I need to keep-to keep myself from doing or-or I need to be aware of if I am doing is transferring that as a judgement on her which I don't think I'm doing, but it is something that is, um, an open question in supervision that I do explore because if it is something that I'm doing, that doesn't – they need to be aware of and – and work on" (Charlie:P73).

Charlie was keenly aware of the problematic nature of her own tendency to compare her position with that of her trainee client and expect the same levels of expertise. Charlie enlisted the support of a supervisor to share the responsibility and raise awareness, should judgement creep into the sessions.

Joe also assumed that his client's training was of a different standard because of the number of sessions required, but also because they were attending a service where the therapist would always be 'in-training' themselves. The language employed suggests an implicit judgement that the client's training is not at the same level as his own as Joe was clear to make the distinction about his trainee client:

"not a therapist but a counsellor" (Joe:P146).

Fiona understood that her therapist-in-training client was undertaking a similar training to her own, but felt that she needed to be ahead in terms of knowledge of the process:

"I feel that I should know a little bit more than she does because I'm … [laughing] … I'm qualified [laughing] … um, um and obviously also because I'm her therapist (…) there are certain things that I should know more about than they do because otherwise they wouldn't need to come and pay me" (Fiona:P44-45).

Fiona's laughter suggests that she feels this is an obvious position to take. When gaps in her own knowledge had become apparent in a session regarding an element of the trainee's course of which she was unaware, an initial anxiety was quickly replaced with curiosity:

"I think it was a moment where she could tell that I had no idea about what that was all about (…) I didn't-didn't pretend I knew. I sort of said "Oh, maybe it's for this or that" (…) I think it was quite obvious to her probably that I didn't do that. Um, so yeah (…) It was quite interesting. It wasn't uncomfortable (…) I-I just put it down to, you know, the training institutes are all quite different" (Fiona:P52-55).

Fiona accepted that training courses are different and was comfortable with the idea that there are elements of her trainee's course of which she was not aware. Across the participants there appears to be a preoccupation with 'knowing more' whether theoretically, academically or process-wise than their trainee client, this point will be explored further in the discussion.

Underpinning this theme is a preoccupation with the participants' own ability and experience in comparison with that of their trainee client and the perception of the wider world. This suggests a lack of confidence in the therapist's own ability, an understandable and healthy position when starting out on a career as a therapist. Might this preoccupation also disproportionately affect the dynamic between therapist and trainee client as the therapist's attention is divided between concentrating on what was going on for their client whilst maintaining an awareness of what was going on personally for them? These ideas will be explored further in the discussion.

Super-ordinate Theme Three:

4.3. *"My authoritative stance might have grown a little bit"*

There was a general perception that participants were expecting additional layers of complexity in the dynamic between therapist and therapist-in-training client. Participants also perceived themselves as being under greater scrutiny resulting in a heightened level of transparency when working with therapist-in-training clients. Yet this experience was seen to have been of benefit for the therapist's

journey and has ultimately enriched their practice. The final superordinate theme explores the stories of development and growth as recalled by the participants.

4.3.1. "That insecurity sort of faded … faded away"

Working with a therapist-in-training client was considered as a growth promoting experience by all participants. This theme illustrates how participants have developed as some of their insecurities faded, they became more experienced and felt better able to handle situations which had previously felt more challenging. Joe described his previous tendency to feel drawn into a supervisory role with his trainee client but felt that things might be different now:

> "my greater experience as a therapist would counterbalance that [tendency to supervise] and I'd be able to help him more with what was really going on deeper down (…) I maybe now a more secure object to attach to if that's what he wanted to do." (Joe:P124-126).

There is a sense that Joe has matured in his practice and the language and pace of speech at this point in the conversation reflect a solid, secure object to attach to. Having grown in confidence, Joe explained that the original fears around working with a therapist-in-training client, now provoke a less anxious response:

> "the whole thing produced more fears but it wouldn't produce quite the same fears now I don't think with more experience I'd be thinking well I'd feel fairly solid about what I'm doing now …[intake of breath] … not always of course but you know erm so yeah that … that insecurity sort of faded, faded away …as time passed." (Joe:P90-P92).

Joe's greater experience with clients has left him feeling fairly solid and grounded as a therapist. Yet there is a sense of Joe self-regulating when he pauses and takes a breath, reflecting back perhaps on his original struggles and the associated visceral memories. Though faded, maybe a trace of the underlying insecurities still remain, as Joe recognises that the journey continues.

Sandy commented that her approach had evolved over time as her confidence has increased:

> "I think they weren't quite understanding how much exploring needed to be done and were-they were a little bit dismissive of it, not dismissive, but a bit shallow with it, which was probably also partly due to the fact that I wasn't very adept at pushing them (…) I suppose, well, I like to think I might, I'm probably more confident now than I was when I started … and I like to think I'd be more ready to challenge them a little bit, um, and explore their need to rush it so much." (Sandy:P131:P143).

Sandy describes elements of the work with trainees that she has previously struggled with and feels now in a more confident position from which to approach these aspects of the work. Having also grown in confidence, Joe feels he now adopts a more direct approach to a trainee client if he felt that they were treating personal therapy as a mandatory 'box ticking exercise':

> *"I would [be] really interested [pause] in … saying to somebody who I felt was box ticking nowadays for a very short duration erm … "what would it be like if there was something … you know … something we could really enhance in your life (…) what could be really useful to you … you know because I'm here we might as well use it you know, so … erm … I guess I would, yeah."* (Joe:P159).

Having struggled with his first experience in therapy with a trainee client, Joe was determined to take a more proactive approach, turning an uncomfortable experience into something more constructive and positive for both client and therapist. Joe's more confident approach is evident in the narrative as he presents the possibilities in an inviting, collaborative style.

Charlie described having matured and also grown in confidence as a result of having faced challenging questions from clients generally regarding the way that she works, her modality and her age:

> *"So I've had the experience of being questioned and um, and-and have matured and grown in my ability to respond to that and to accept that."* (Charlie:P10).

Although Charlie has only recently started working with a trainee client, she described a short transition from a tricky starting place of rejection, to a more comfortable position where she feels more effective:

> *"We are doing some really intense work now that I'm-I'm actually really proud of."*
(Charlie:P104).

Charlie explained how she has also developed in terms of an awareness of her understanding of her responsibility and the potential implications when working with a therapist-in-training:

> *"I've now learned that there are things that I didn't consider this time around that I would want to consider, (…) if I was with working someone in a similar place as me and their training, there's a risk of me bringing in my own stuff too much, my own current experience. Um, and obviously, I like to think that I'd be able to hold it back but I can't say for sure-and so then it would be unethical for me to go into this relationship where I … even I can't trust myself to be nonjudgmental, how can I expect the client to?* (Charlie:P57-58).

Charlie recognised her own 'blind spots' and her tendency to compare which she deliberately keeps at the forefront of her awareness.

Joe described acquiring a greater understanding and knowledge of the dynamics at work between therapist and client over the years which have provided him with more tools with which to support his interpretations of the intersubjective space:

> *"I didn't understand enough at that point about, um, you know the passive interactive and that-that they would do to me what had been done to them. I didn't understand that really fully. It took- I think it was in the second year, really, before that really got - third year, even before that really kind of-- before I really got that, that that's what they would do. Um, so, uh … the replay … yeah … that they would re-enact things and, um, um, and now it's much more informative and I can bring into the work and they can sort of- they might get it that this is what they're doing … [sighs] Yeah."* (Joe:P235-237).

There is a real sense of Joe moving towards a felt understanding of the more complex elements of the therapeutic process over time, attaining a more solid and less anxious position from which to make sense of the co-created endeavour.

Fiona is more tentative when considering her growth as a therapist, though she feels more settled since she first started working with her trainee client a year ago:

> *"Maybe I'd be a bit more confident. Probably not much different (…) I don't really think it would be much different … yeah, I might have like-like my authoritative stance might have grown a little bit in the year ... (…) but yeah, I might feel a bit more settled in the practice."*
> (Fiona:P156:160).

Although expressed to varying extents, underlying all of their experiences was a greater sense of confidence which developed over time. This might allow them to be more present and authentic with their clients in their current practice as they are less preoccupied with how they might be perceived.

4.3.2. *"It's enriched my practice"*

This final theme brings together positive experiences which participants felt have enriched their practice whilst working with therapist-in-training clients.

Reflecting on her own self-doubts, Fiona acknowledged that though uncomfortable, there is a positive side to considering her trainee therapist's integrative position which helps her remain open to new possibilities:

"Whereas I feel my insecurity, um I – that – that wouldn't stop me from working with a trainee because even though it might be uncomfortable, and I suppose in some ways it's quite healthy to reflect on maybe why I'm not doing something" (Fiona:P95).

Indeed, Fiona suggested that she is more likely to consider a different concept or theoretical approach in discussion with her therapist-in-training client than a colleague:

"… because she's my client, and I want her to, you know, grow and get a … a framework that's really good for her, I might, um look at her ideas as not from a defensive position but from a much more supportive position?" (Fiona:P102).

Fiona seemed more comfortable and receptive to new theoretical ideas and concepts if the discussion was initiated by her trainee client, with whom she has a good therapeutic relationship and a desire to see her do well.

Fiona was the only participant to express excitement at the initial thought of working with a therapist-in-training client. Fiona recognised that she can be more authentic with her trainee client and does not feel the need to be so guarded with her as she might with other clients:

"I have to say I enjoy working with all my clients. But some clients, I suppose it's their personality, they are quite where-where I feel, um, I need to be more on top of my game. Like I need to be really professional or they demand a lot from me. Um, whereas her, she's very easygoing." (Fiona:P200-201).

There is a real sense of Fiona's insecurity as she struggles with the pull to 'be' a certain way in the session with some of her more demanding clients, a position at odds with her authentic self. Interestingly, Fiona's co-created relationship with her trainee client allows her to feel she can relax and be herself.

Reflecting on the possibility of her trainee client challenging the tenets of her modality, Charlie feels it would be easier and less anxiety provoking if her client ended the relationship, rather than staying with the process to see what emerged:

"obviously … if handled well and openly, um, that would probably bring to some – It could possibly bring to some great work actually because it – it would be uh, a really good continuing conversation but it would obviously be more work and more anxiety than if she was just like "I'm done (…) um, I guess 'cause it's-- It would also make it easier in that case for me to um, just say, "Well, she wasn't open to it … it's nothing about me and my modality. It's about her closure to it." But if a person was open, I guess I then have more of a responsibility to prove myself." (Charlie:P17).

Charlie moves from a position of vulnerability at the thought of being challenged, to a more seemingly powerful position where she can blame the client for leaving. Charlie recognised that to stay exploring her client's concerns, whilst anxiety provoking, could eventually be more productive for them both, but ultimately the onus sits with her to prove her own effectiveness as well as that of her modality.

The idea of the therapist-in-training client possessing knowledge regarding the therapeutic process was perceived by some by participants as intimidatory yet there were also descriptions of a 'shared understanding' which could enrich the therapeutic work and facilitate the recognition of a concept which might be playing out in the intersubjective space between therapist and client. Fiona perceived the shared language and understanding as beneficial in her work with her trainee client:

> *"I think it is quite nice when you know that they -the client understands certain concepts that (…) the sort of language thing that-that she understands when I say, (…) if I was to say transference, she'd have an idea what that is."* (Fiona:P204).

Joe speaks positively about his experiences working with trainee therapist clients despite the additional complexities:

> *"I think like anything else in therapy, everything is useful, um … this is more complicated but potentially more enriching for both people. … capacity for something going wrong could be greater, for that reason of like "Why are you doing this to me?" Um, [sighs and pauses] but I think it's enriched my practice, you know, I think it really has, and I-I think it'd be a shame if therapists didn't have trainees at the* [inaudible] *as clients, actually… I think it would be something that I would have missed out on. So I'm so glad I've done it."* (Joe:P285-287).

This sense of 'missing out' without the opportunity to work with trainees was also echoed by Sandy as she reflected on colleagues who declined to work with therapists-in-training:

> *"I can understand that … but I think it's a shame."* (Sandy:P99).

Finally, Fiona talks affectionately about working with her trainee client and the joy this brings:

> *"she's really, um, a joy to work with, I think. I-- like I enjoy working with her. So, yeah. No. I think we d-- I think we do have a good relationship. And I do think that she values me."* (Fiona:P196).

This sense of being valued was not raised explicitly by other participants but Fiona and her client seem to have co-created a trusting therapeutic relationship where Fiona feels she can reveal a more authentic self.

Although many of the experiences revealed across the themes tended to focus on the more challenging aspects of work with a trainee client, with hindsight, ultimately all participants felt it was positive experience that enhanced their practice.

5. Discussion

This chapter begins with a summary of the findings from this study before exploring and considering them in light of current research and literature. In addition to the literature critiqued in the Literature review, I have also introduced new literature as the interviews and analysis have taken me into 'new and unanticipated territory' (Smith, Flowers & Larkin, 2009, p.31). This section will be followed by a summary of findings that were unexpected, together with a consideration of the strengths and weaknesses of this study and possible future directions for further research. To close the chapter, I have set out a conclusion with implications of the research for the development and training of therapists.

5.1. Overview

The key driver behind this contribution to counselling psychology and psychotherapeutic practice is to explore and understand the phenomenological experience of psychological therapists-in-training and newly qualified therapists who work in the role of therapist with psychological therapists-in-training. My study provides a unique perspective on the experience of working with a trainee client. The findings have been organised into three areas: the first super-ordinate theme focuses on the practical and clinical considerations of the work; followed by a more inward focus which explores the personal implications of this work for the therapist; the final super-ordinate theme considers experiences of growth and development in connection with this work. The discussion is structured so as to mirror the findings, exploring each super-ordinate theme in turn.

Super-ordinate Theme One:

5.2. *"They can sometimes be a little bit trickier to work with"*

The first super-ordinate theme brings together experiences with a focus on the clinical implications which differentiate the work with a therapist-in-training client from that of a client not in-training. These practical considerations were seen to add to the complexity of the therapist – client dynamic specifically implications for the practitioner of the mandatory requirement for their trainee client to enter personal therapy; concerns around the trainee client's fitness to practice, the blurring of roles for the therapist; and a pull to shortcut the process and provide an answer for their trainee client rather than explore possibilities.

5.2.1. *"Gosh this could get really complicated"*

Reflecting back on their initial expectations of therapy with a therapist-in-training client, participants described expectations of a different level of complexity, with trainees considered *"the worst clients or the most difficult clients to have."* (Charlie:P8). This sense of anxious foreboding resonates with the literature which suggests that treating colleagues is characteristically difficult even for seasoned clinicians (Berman, 1995; Bridges, 1993, 1995). Geller (2005a) reported that the number one stressor for conducting psychotherapy with psychotherapists was an 'activation of the therapist's anxieties regarding ability' (p.360). King (2011) focused specifically on experienced psychodynamic psychotherapists working with trainee-therapist clients and found that therapists experienced specific personal and clinical dilemmas in the work, many of which are also described in the current study. Some therapists choose not to work with trainee clients as a result of these additional complexities (Donati & Legg, 2011). If experienced therapists differentiate the work with a fellow therapist or therapist-in-training client group as more anxiety provoking, then it is reasonable to suggest that this experience would be exacerbated if the therapist has less therapeutic experience upon which to draw with clients. Yet all of these studies sought the opinions of qualified therapists with a minimum of five years post qualification experience. Whilst this study builds on existing work, it is unique as it shines a light upon a previously unexplored experience whereby trainee therapists are working with trainee therapist clients, providing a space for these voices to be heard. This situation raises numerous ethical issues for both trainee therapist and trainee client which are discussed throughout this chapter.

5.2.2. *"They don't necessarily choose to come"*

Three participants talked about clinical challenges for the therapist as a result of the mandatory requirement for trainee therapists to engage in personal therapy. Participants felt 'challenged' by trainee clients '*not willing to look too deeply*' (Sandy:P6-8) and engage with the process, but instead appeared to be taking part to satisfy a course requirement. These findings were supported by King (2011) whose study focused specifically on work with trainee therapist clients and found 'ambivalence, resistance, inhibition and poor motivation' with therapy being 'harder work for the therapist' (p.192). These findings were not supported by Norcross (2000) although perhaps this is not surprising as only 4% of the therapist-clients in that study were mandated to obtain personal treatment. There was a sense of irritation from participants in both the current and the King (2011) study with some trainee clients 'going through the motions' (p.190) but yet were prepared to 'dish it out to someone else' (Sandy:P106) without a felt understanding of their own experience. This is supported in the literature by Rizq and Target (2008) who identified a risk of 'pretend therapy' in which the intensity of the real

emotional experiences can be avoided.   Yet perhaps this sense of 'dishing it out' reflects the trainee client's own experience of mandatory therapy?

There is much debate about the use of mandatory personal therapy in the training of counsellors and therapists which Murphy (2018) described as a *"highly contentious issue for the profession"* (p.2). Findings from a meta-synthesis (Murphy et al., 2018) suggest that there are positive and hindering effects associated with mandating personal therapy. Positive effects were related to the *'personal and professional development of the therapist, opportunities for intense real-world experiential learning and gaining genuine therapeutic benefit by working on personal issues'* (p.19). However, it is the hindering effects that provide an important context for the existing study and are of particular significance as they apply potentially to both trainee 'therapist' and trainee 'client'. Murphy (2018) highlighted 'significant ethical challenges in mandating personal therapy related to potential for harm to the trainee; issues of justice in regard to removing trainees' autonomy, and the integrity of the process regarding whether trainees actually fully engage authentically in the therapeutic process' (p.19). The current study provides a picture from the therapists' perspective of the trainee client's struggle against the therapeutic process which poses some challenges for the trainee therapist. Murphy (2018) puts forth alternative interpretations to understand the underlying motivations behind the client's reluctance to engage which could suggest a resentment at being coerced into therapy. Kumari (2011) suggests that it is not the therapy per se that was damaging but the client's lack of autonomy in decision making about therapy. The mandatory element of personal therapy also influences the relationship that the trainee client had with their therapists and *'limited the impact of the whole experience'* (p.219). Murphy (2018) concludes that further research is required to ascertain if ethical issues are outweighed by the evidence suggesting personal therapy is of paramount importance.

The current study has shown that therapists-in-training and relatively newly qualified therapists are contending with these additional complicating factors in their work with trainee clients which could challenge their resilience and feelings of efficacy, a position which is less than optimal at this point in their therapeutic career.   In addition to being challenging, it was also experienced as unsatisfying for the therapist and presumably uncomfortable for the client. The therapeutic relationship co-created from this unique interaction will inevitably be impacted by these factors, therefore I suggest that placing less experienced therapists in potentially challenging situations by asking them to work with trainee clients raises ethical issues. This is a question that needs to be addressed.

5.2.3. *"What if she starts saying stuff about seeing clients that concerns me?"*

Concerns relating to the trainee-client's 'fitness to practice' emerged from three participant accounts. Issues were raised regarding the trainee clients' capacity to hold and maintain a safe space for their own clients. These findings are consistent with the King (2011) study which described this issue as 'problematic' (p.190) however they did not appear in the Norcross (2001) study which is surprising because on average 26% of the therapist-clients were 'in-training'. It is reasonable to suggest that as Norcross (2001) participants were seeing predominantly qualified therapists this diluted any concerns around fitness to practice which in turn, were unlikely to compete with more general stressors. Alternatively, as Fleischer (1985) suggests we 'collude to ignore' any differences between this 'client group' and a non-therapist group; therefore, once someone has qualified, they are deemed fit to practice and there is no further discussion. This resonates with Kaslow (1984) who found that qualified therapists initially did not see trainees as a specific client group, though on further reflection 'it became evident as they talked and thought about the issue more that this is not the case' (p.44). Kaslow (1984) hypothesizes that clinicians are not used to organizing their thoughts along the lines of occupational groups (as they might with diagnoses) and therefore might not consider trainees to be a specific group; in addition, their denial that trainee-therapists are special might facilitate the therapists' disavowal of their own feelings of specialness (p.53). This study would argue that there are distinct considerations both 'practical' and 'ethical' that distinguish therapeutic work with a trainee client. The situation is potentially more problematic when the therapist is either a trainee or relatively newly qualified themselves and has less experience from which to draw upon in their work with the trainee client.

The current study found that although participants had concerns regarding their trainee clients, there was a distinct reticence to judge and feedback regarding their ability as a therapist (Sandy:P157-162). There was an understanding that the therapist is seeing the client in a context where they are encouraged to explore their inner world and be authentic and therefore in a vulnerable position. Participants were unwilling to comment on how their clients might 'be' outside the consulting room, and preferred to hold this tension rather than risk an error of judgement. These findings resonate with the literature as Kaslow (1984) similarly found that none of her experienced therapist participants had ever considered reporting concerns to the training organization regarding a trainee. In contrast, some participants in the King (2011) study proposed the possibility of establishing a link with the training establishment *"even though this could impact negatively on the therapeutic alliance"* (King, 2011, p.192). Looking at this from a trainee therapist perspective, Rizq and Target (2010) studied the role of attachment status on therapists' experiences of personal therapy and found that for some participants,

the therapist was seen as potentially *"in bed'* with training institutions, and thus not able to provide a truly impartial or protected space' (p.358). There was some confusion expressed in the current study by those participants who were trainees themselves when they first worked with a trainee in therapy as to the therapists' role and responsibilities regarding their trainee clients, as well as to the client of the trainee client. There appears to be a lack of clarity on a practical level for both therapist and trainee regarding the boundaries of therapy with a trainee client although the regulatory and accrediting organisations are clear *"this relationship is confidential and is for your benefit and personal growth"* (BPS, 2020, p.21). Perhaps there is an assumption that trainee therapists are aware of this separation whilst in practice this is not always apparent. Yet the responsibility to assess a trainee therapist's fitness to practice rests with the trainee client's training organisation and the trainee client's clinical supervisor. Given that there is some confusion, the onus rests with the placement organisation to ensure that trainee therapists are aware of their responsibilities and the setting out of these boundaries should form part of a conversation at the start of therapy. In the promotion of an authentic and transparent therapeutic relationship it is also appropriate that concerns are raised sensitively but directly between therapist and client which will build trust. Although not part of their remit, holding the tension with these concerns adds complexity to the dynamic and is likely to negatively impact the trainee therapist and trainee client relationship. It would be more appropriate when therapist-in-training clients present for therapy at a service that they are allocated to an experienced therapist where possible. However, in some services the entire therapist population consists of trainees and there are no more experienced alternatives available. In these instances, if the work is deemed appropriate, the therapist needs to be aware of their duty to their client and it would rest with the placement service to ensure boundaries and responsibilities are clear before the work commences as "Forewarned, forearmed; to be prepared is half the victory" (De Cervantes, 1856).

There is an additional layer of complexity in this relationship because the trainee client has their own clients. Charlie spoke about her responsibility not only to her client but also her client's clients. Charlie feels totally unprepared for the numerous implications particularly as she is a trainee herself. There was also a sense of injustice as Charlie felt she was placed in a difficult position where so much was required of her. These findings go beyond the literature because Charlie's experience as a trainee therapist has previously remained hidden from view. From a practical and ethical perspective Charlie's experience suggests that too much pressure is placed upon trainee therapists at such an early stage of their career as they are expected to work in this dyad without the requisite background knowledge. These findings raise a wider ethical question as to whether a trainee therapist has the robustness and resilience required to work with therapist clients in light of the acknowledged

difficulties and additional challenges of the work for the therapist. When the therapist feels, as Charlie's experience suggests, that they are working outside their comfort zone, there is clearly an ethical question relating to how much emotional capacity they have to 'be-with' their client and express the empathy and alliance crucial to a successful therapy (Wampold, 2015).

5.2.4. *"I'll have to constantly remind myself that this is a client"*

Boundary issues emerged for two participants as they described needing to be aware that they were not mentoring (Joe:P10-13) or supervising (Joe:P238; Sandy:P68-69) particularly with their trainee clients. This traversing of roles was only described by the most experienced participants in terms of years post qualification.   Perhaps this indicates that the less experienced participants are still getting to grips with the process and do not consider crossing over into another role as they do not have this experience to draw upon. Alternatively, maybe a less experienced therapist is more disciplined and stays within the parameters of the therapist – client relationship. These findings resonate with the literature which suggests that the crossover between the supervisor and therapist roles are often an area of complexity for therapists (King, 2011; Norcross et al., 2000, 2001). Overlapping boundaries are seen to threaten the therapeutic alliance and King (2011) suggests are also problematic for the trainee client as 'the inner and the outer worlds of the patient get muddled up' (p.192). Given this potential for confusion, Geller (2005c) looks for an opportunity to achieve a mutual understanding with the client of the similarities and differences between the learning and self-exploration which takes place in psychotherapy and psychotherapy supervision. Therefore, good practice advocates explicit contracting (BACP, 2020) and active management of the boundaries (King, 2011).

5.2.5. *"We might be shortcutting something hugely"*

The current study found that participants were concerned about providing their trainee clients with an immediate answer when an exploration of alternatives might prove more fruitful in the longer term. Participants struggled with the dilemma of withholding information about the training course *"that your client knows you know"* (Joe:P15) and were reticent to share their therapeutic model for fear of prematurely cutting down the client's own exploration (Fiona:P118). There was also a sense of the trainee client wanting to shortcut their own journey due to time constraints (Sandy:P19-P20).   These findings were not specifically identified in the literature although Norcross (2001) recommends that therapists *"avoid diluting therapy by (…) chatting about professional topics"* (p.43). Comparing the strength of my participants' responses about this topic, it seems reasonable to hypothesise that this theme is only absent in Norcross's study because the methodology used would make such a nuanced experience difficult to capture. The King (2011) study adopted a qualitative content analysis

methodology which used categories brought to the data rather than developed from them. This would suggest that this category was not considered of importance or maybe just did not emerge. Perhaps this is of more concern to a therapist earlier in their career when they are able to identify with the struggles associated with training to be a therapist. Their trainee client will know that the therapist has a specialised knowledge and in this respect the therapist is in a powerful position.

Some participants in the current study described a sense of urgency on the part of their trainee client whereby they wished to cram as many experiences into as short a timeframe as possible. This resonates with Murphy (2018) which suggests that trainee clients are often subject to significant financial constraints as the cost of training and personal therapy are high whilst simultaneously there are many demands on their time as they juggle client work, personal therapy, training and study hours. Many trainees are also employed in other capacities in order to fund their training ambitions. The therapist will be aware of these pressures and perhaps identifies with their difficulties, wishing to support and assist their trainee. There is a tension between modelling behaviour which encourages exploration of underlying motivations versus a quick response within the here-and-now with the therapist contemplating the most helpful route in the moment. If the trainee therapist chooses to assist in the shorter term, their trainee client might be initially satisfied but a greater learning opportunity is potentially lost. There is also a concern that a different therapeutic relationship is co-created between therapist and client and the trainee may receive a different experience of the therapeutic process as a result. This again raises significant ethical issues which need to be addressed by Training Institutes.

Super-ordinate Theme Two:

5.3. *"My confidence is sucked away sometimes"*

The focus of this super-ordinate theme turns inwards and shifts to the personal impact on the therapist working with a trainee therapist client.

5.3.1. *"It makes me feel under the spotlight more than it would if it was just a client who wasn't in training"*

Gitelson (1954) suggests the therapy of therapists is conducted as if 'in a fishbowl' and this resonates with the theme of 'being under the spotlight more' which encapsulates different aspects of the therapists experience of exposure with a more critical client base and a preoccupation with how they are perceived by their trainee client. Underlying this theme is a lack of confidence, feelings of

insecurity and doubt concerning their own abilities as the therapist, a fear of 'getting it wrong' and being seen and judged by the therapist-client to get it wrong.

More critical clients

Participants described feeling that the therapist-in-training's greater knowledge of the therapeutic process gave them a different, potentially more critical perspective on the therapeutic session from those of clients not in-training. These findings are highly consistent with the literature (Geller, 2005a; King, 2011; Norcross, 2001). Zur (retrieved 2019) suggests that as therapy progresses, clients may gain more power as there is: "*less mystery as the client learns 'the rules of the game; their therapists' style; their rationale for interventions; or, their therapists' theoretical orientation."* Given the experiences of the participants of this study it is reasonable to hypothesise that the balance of power is tipped in favour of the client even sooner when the client is a therapist-in-training. Zur's acceptation suggests that when the process is demystified for the trainee-client there is a fear that the therapist will not measure up to the trainee's more informed view of the therapy.   The activation of anxieties and doubts about one's own abilities as a therapist are the biggest stressor when conducting therapy with psychotherapists (Geller, 2005a). Norcross (2001) found that therapists were *"anxious and self-conscious about their technical choices"* with therapist clients (p.38). Geller (2005c) suggests that therapist clients are more likely to detect those moments when their therapists *"deviate from accepted practices"* (p.381). King (2011) found that trainees were experienced as being more challenging and more critical than lay clients, yet interestingly, therapist anxiety about their own ability did not emerge from that study. King's participants were qualified therapists with a minimum of five years post qualification experience and were known to the researcher who was also a trainer as well as a practicing psychotherapist. The rationale for this sample choice being that participants would be more willing to share personal dilemmas and thus yield richer data. Conversely it could be argued that the existence of this relationship, particularly a trainer-trainee dynamic might have impacted the participants' willingness to admit to feelings of vulnerability, thus potentially yielding different data than if a researcher not known to the participants, had carried out the interview. Alternatively, perhaps their greater experience negated concerns regarding their own abilities as a therapist unlike the participants in the Norcross (2001) study. I have been unable to locate any studies that focus on a less experienced therapist or therapist-in-training in the role of therapist against which to compare the current study and postulate that being less experienced would exacerbate feelings of anxiety already documented as prevalent for therapists in the literature.

This study extends the existing literature by highlighting an important ethical concern. These findings demonstrate that trainee and recently qualified therapists experience feelings of insecurity and doubt about their own abilities in the role of therapist, yet are being required to work in situations where the dynamics are acknowledged as anxiety provoking as highlighted in the previous super-ordinate theme. There are significant implications for the trainee therapist's ability to be present in the work with the client as their attention is divided between their own process and a focus on the client. In turn, this has implications for the trainee client who may be aware of these difficulties and together the dyad will co-create a different therapeutic relationship. The client is therefore experiencing a different therapy than they would if their therapist were not preoccupied with these thoughts. There are also potential implications for the trainee client if they are receiving *"low quality role modelling"* perhaps as a result of the dual focus of attention or maybe due to the trainee therapist's lack of experience. Murphy (2018) suggests that such role modelling can *"seriously undermine trainees' learning within their course"* (p.20) and has implications for their own clinical practice. Although many training institutions provide clear guidance as to who can provide therapy to trainees on their courses, the guidelines around other courses are less precise and therefore open to interpretation. In these instances, the ethical dilemma rests with the training institutions which allow therapists-in-training to provide therapy to their students which could be considered developmentally detrimental to both trainee therapist and trainee client. This study both highlights and questions this situation.

The training process

Training can be a difficult and vulnerable time for the therapist-in-training and these experiences emerged in this study. The tutors hold a supportive but also an evaluative role and this can sometimes be confusing for the trainees as they struggle with the dynamics of the different personalities involved. There is also a deeply personal aspect to this training which is more pertinent for therapists-in-training as opposed to trainees from other professions as the individual journeys towards an authentic therapeutic self, combining the professional and the personal aspects of the therapist. These findings are consistent with the literature (Folkes-Skinner et al. 2010; Howard et al, 2006) yet suggest we underestimate the impact of these vulnerable feelings for the trainee and newly qualified therapist population. Dryden and Thorne (1991) found that almost all trainees at some stage of their training are likely to experience periods of distress or bewilderment and may even at times become subject to incapacitating anxiety or depression. Trainees are subject to a continuous process of assessment where they are being judged on a number of different aspects of their work, both clinical and academic whilst simultaneously engaging with their own process in therapy. There is strong support for the stressful nature of training on therapists-in-training in the literature (Kaslow,

1984; Skovholt & Ronnestad, 1992; Orlinsky & Ronnestad, 2005). The therapist-in-training therapist will also be engaged with their own personal therapy which Murphy (2018) suggests can have positive benefits but also negative implications. Ivey & Waldeck (2013) reported that the degree of 'emotional exposure that comes with having therapy' (p.95) could make it difficult for trainees to cope with the other requirements of a training programme. Kumari (2011) described trainee experience of feeling so overwhelmed that they failed to provide their client with the necessary attention to carry out therapy effectively. Client work is seen as particularly stressful for therapists-in-training as they oscillate between feelings of competence and incompetence (Turner et al. 2008). Anecdotally it is only when we qualify that we realise what we don't know as practitioners, yet the post qualification period continues to be one of increased anxiety as we settle down to inhabit our own authentic position. It is reasonable to posit that the additional factor of a therapist-in-training client might intensify these feelings, attracting an extra stressor as is reported for experienced therapists (Norcross, 2000, 2001; Geller, 2005a, 2005b).

5.3.2. *"There was a fear in me that somehow how I was as a therapist would get back to [The Training Establishment]"*

The fear of the therapist-client dialogue and interactions being disseminated to a wider and more therapeutically knowledgeable audience was experienced as anxiety provoking by two participants in the current study. This seemed more significant once the therapist has qualified, perhaps because they are officially deemed as competent. Concerns were raised regarding details of the therapeutic encounter being relayed back to the trainee's training institute and potentially analysed by tutors and peers which led to fears of being judged and questions raised as to the rationale for certain interventions. Participants drew on their own experience as trainees listening to peers discussing their therapists and deciding what is deemed acceptable and what is inappropriate. This is consistent with the literature. Geller (1998) understands this fear of being exposed as an important source of strain in professional communities. King (2011) found 'fears around professional exposure and risk to the therapists' professional reputation' advising the therapist to 'manage your own sense of incompetence' (p. 191). Kaslow (1984) describes 'uncomfortable' feelings when a 'character assassination' of the therapist has taken place (p.50). In addition to feelings of exposure there is a sense of injustice as the trainee client could be saying *"all sorts of things"* (Joe:P88) as the client is not bound by the ethics of the client–therapist relationship. This experience appeared to be exacerbated when the therapist had actually trained at the same organization as the trainee-client and consequently knows and is known by some of the teaching staff. The theme of a wider exposure leads onto the next theme which explores the impact on the person of the therapist and implications for their approach to the work.

5.3.3. *"I wonder if they weren't in training would I be more inclined to push things a bit?"*

The current study found that participant fears of being spoken about negatively by a trainee client outside of their sessions and in front of a wider audience during the formal training motivated the therapist to alter their therapeutic practice. Although for some participants there was an acknowledgement of their client's vulnerability which they took into consideration, there was a sense that the therapist wanted to be perceived as 'nice' and not 'challenging' (Fiona:P176). The literature supports these findings to the extent that it recognises issues about the exposure of the therapist and issues concerning boundaries in wider professional circles (King, 2011; Norcross, 2001), yet there was no mention of a change of practice to avoid this. Norcross (2001) proposed when working with therapist clients 'to treat all patients equally and consistently' (p.43), a recommendation echoed by King (2011) 'treating the patient as an ordinary patient' but this suggests that an awareness of the issue was enough to ensure that this was not problematic for the participants. Norcross (2001) suggests that the differences between therapy with a therapist as opposed to a non-therapist population evokes a heightened awareness of technique, boundaries and criticism of their own work. Perhaps underlying these findings are rich experiences but their elucidation has been restricted by the methodology employed as the data was collated using a survey method with limited scope for rich experiential material to emerge. King (2011) imposed pre-existing categories onto the data so it is reasonable to suggest that 'deviation from normal practice' was not a pre-existing category. Alternatively, the honesty of the participants of the present study and the exploratory nature of the methodology employed have facilitated the emergence of this rich information? Or perhaps more experienced therapists (Norcross, 2001: King, 2011) are not experiencing a deviation from their usual practice.

The idea of challenging a trainee client was something that three participants mentioned they were less likely to do with a therapist-in-training client. Various motivations were suggested for this change of approach including 'not wanting to get it wrong' or that challenging 'wasn't a big part of their model'. A challenge in therapy seems to have a negative connotation for some of the participants, yet I wonder why that might be, as a challenge when coming from an empathic and congruent place can facilitate joint exploration and potentially move the work on. It is reasonable to suggest that underlying this reticence to challenge is a felt sense of insecurity and lack of confidence on the therapists' part for fear of 'getting it wrong'. Kumari (2011) found that feeling challenged although initially reported as difficult to tolerate, increased the trainee's *"confidence in their ability to challenge their own clients"* (p.220). Similarly, Von Haenisch (2011) reported that trainees developed emotional resilience by facing feeling challenged and experiencing painful emotions. Rizq & Target (2010) suggest that

therapist qualities and behaviour are imported into the trainee's practice through professional modelling of interpersonal style and ways of being. If the therapist is avoiding an aspect of their 'usual practice', the client may be missing out on this important element of their own development. The therapist's fear of getting it wrong leads to the presentation of a different model of behaviour and ultimately a different therapeutic experience for their trainee client. Elman & Forrest (2004) found in their exploration with Training Directors of doctoral programs in the US that far from needing someone less challenging as a therapist they would desire someone who could manage the additional complexity of working with a trainee-client: *"If I could pick an ideal therapist, I would basically want a therapist that could (…) basically deal with client resistance … (…) an appropriately compassionately challenging therapist"* (p.126). This finding from the current study builds on the existing literature but goes further, as it exposes an aspect of practice which leaves the therapist preoccupied with how their client perceives them leading to a change of practice, which in turn leaves the client with a different experience of therapy. This situation is potentially not helpful for the development of the trainee client or the trainee therapist and again raises an ethical question as to whether this situation is in the best interests of both parties.

5.3.4. *"I do feel challenged by the knowledge that they throw at me"*

The introduction of theory and theoretical concepts by a trainee client into the session was described by three participants as challenging and differentiated the experience from therapy with clients not in-training. Participants perceived the incorporation of 'theory' in different ways with some understanding its use as a way to avoid engaging with deeper feelings, enabling the client indirectly to tell the therapist to *"Get back"* (Sandy:P37) whilst simultaneously appearing to test their knowledge or understanding of the literature. Sandy felt assailed and inadequate which reflected the feelings she suspected her trainee-client was also struggling with. If the therapist feels attacked, I wonder what the therapist and client might co-create in the intersubjective space if both are coming from their own defensive position? These interactions initially left participants consumed with thoughts of their own process before reflecting on the motivation of their trainee clients. There is a sense that the therapist in that moment could not draw upon a confidence in their own therapeutic model in order to sustain and respond with curiosity. However, these experiences serve to highlight the therapist's vulnerability. These findings are consistent with the literature which describes therapist clients as more critical and could fall into a number of categories in the Norcross (2000, 2001) study under the theme of 'competitive feelings in the therapeutic process' or the 'activation of anxieties regarding ability.' Geller (2005a) describes the importance of nondefensively directing an investigatory attitude toward all emotional reactions to and affective judgements toward clients. This self-exploration and collaborative

enquiry is particularly important when the client is also a therapist (Geller, 2005a p.361). If the therapist is preoccupied with their own thoughts of how their trainee client might perceive them, this will have an impact on the therapeutic relationship, dividing the therapist's attention between their own process and 'being with' (Rogers, 1978) the client in the room and communicating an empathic understanding. The client may therefore receive a different therapeutic experience to that of another client not in-training, who might not evoke the same feelings of insecurity.

A point of difference between the current study and King (2011) was 'pressure to model the theoretical model' (p.191) which was raised by experienced psychodynamic therapists working with therapists-in-training. The Norcross (2001) study does not mention this, perhaps given the wide range of participants it was not considered to be of importance, whereas in the King (2011) study the focus was specifically on psychodynamic psychotherapists. Only Charlie expressed concerns regarding the defence of her modality rather than demonstrating her own skills as a person-centred therapist. I wonder if this focus displaces the feelings of underlying vulnerability and a lack of confidence onto proving the success of her chosen modality rather than focus on her therapeutic skills and thoughts of 'is she getting it right'? The other participants in the study were not trained in a single modality and this could suggest that their understanding of the theory was more fluid and less aligned to one particular perspective. Whereas therapists aligned with a specific modality are more perhaps more aware of their client evaluating their theoretical understanding of their model.

5.3.5. *"Tends to be more hurtful I think"*

This theme brought together participant experiences of the end of the therapeutic relationship with their trainee clients. Participants described feeling used and then discarded by their client, meeting a temporary need until a more suitable therapist is found and facing an expectation of future rejection. Participants spoke in particularly poignant terms about their experiences of rejection and the language employed reiterates their vulnerability. Joe personifies the sense of rejection which has had a particularly lasting, negative emotional impact despite the intervening years. It is reasonable to suggest that the depth of feeling was more keenly experienced because Joe was a trainee having just started his first placement when the experience occurred. There was a distinct sense of failure, both experienced and imagined at the participants' perceived inability to convince their clients to continue with the therapeutic work. With the passage of time and growing experience comes a confidence, the lack of which seems to underpin so many of the insecurities which have emerged from this study.

Although King (2011) does not specifically mention experiences of rejection when working with a trainee-therapist client, there is a more general allusion to dilemmas that arise for therapists where they need to 'manage their own narcissism, tolerating the patient's and their own fantasies' (p.191). These experiences could also be included under the most frequent stressor for Norcross (2000, 2001) 'activates therapist's anxieties regarding ability'. Yet these summarised themes seem to minimize and lose the richness of the experiences described in challenging terms by participants of the current study. Skovholt & Ronnestad (1992) suggest that 'the beginner most often believes that he or she is responsible for any and all failures that occur in work with clients' (p.514) and the therapist 'typically assumes total responsibility for client improvement and uses directly expressed client satisfaction as the predominant criterion to judge success' (p.513). These findings are consistent with the experiences described in the current study.

This assumption of responsibility resonates with my experience of Joe as he recalled memories of his first trainee client; there was a sense in the room that he was emerging from a very vulnerable place. Joe used humour with a dismissive tone to his dialogue to redress the power imbalance following the perceived rejection at having been discarded *"so obviously and so clearly when they were only paying ten quid anyway"* (Joe:P168). Joe's hurt was juxtaposed with a derisory comment which perhaps enabled him to rectify the power imbalance following the client's premature departure, using the fact that the trainee was paying ten pounds for personal therapy to bolster his own insecurity surrounding the perceived rejection. Charlie's reaction to her perceived rejection was to focus on her academic qualifications to strengthen her confidence whilst redressing a power imbalance. The impact of rejection by the trainee client provides some insight into the underlying emotional state of the trainee therapist as the participant employs the subtly demeaning use of power in order to regulate feelings of vulnerability and inadequacy. Whilst this theme appears in the literature, this study demonstrates the significant impact these experiences have had on less experienced therapists and as such builds on current literature but goes further by shining a light on this element of the work. This raises an ethical question about a trainee therapist's suitability for the work at such an early point in their own career when the ability to respond nondefensively and with curiosity could be more challenging.

Norcross (2001) suggests that an awareness of the power dynamics in therapy is more noticeable in therapy with therapists than with non-therapist clients however this is not elaborated upon further in the study. This could be explained by the methodological nature of the study which utilized a questionnaire with a limited capacity for individual exploration. When two individuals relate there will be an inherent power dynamic influenced by the experience each person brings to the relationship.

Barstow (2015) talks about 'personal power' and 'role power' and suggests that the therapist is automatically in a position of greater power in the therapeutic dyad but as Zur (2019) points out both therapist and client have their own power which they can exercise. The findings of this study suggest that trainee-clients have a perceived inherent power by virtue of their training, knowledge and professional circle and this balance is negotiated differently by the individual person of the trainee therapist or newly qualified therapist and their trainee-client. There is a sense from these findings that this preoccupation with rejection, motivated by an underlying insecurity would have impacted the therapeutic relationship and the therapist's ability to stay present in the moment. This could result in the trainee-client receiving a different therapy from that of a non-training client, a therapy distorted by preoccupation. Joe's experience of having been rejected by his trainee client at an early stage of his therapeutic career appears to have had a long-lasting effect. Joe's non-verbal communication interpreted as self-soothing behaviours suggested he was trying to regulate his own emotions as memories of the original event were recalled. Schore (2015) suggests that the therapist's ability to regulate their bodily based emotion and shame dynamics whilst staying connected to the client who may also be in a dysregulated state is central to the art of psychotherapy, and "all other techniques and skills sit atop this central substratum" (Schore & Schore, 2014. p189). Given the impact of the recalled memory in the here-and-now, I wonder how Joe struggled with these feelings in the original encounter as it appears to have been a challenging experience.

Charlie described an experience whereby the therapeutic relationship was a temporary solution whilst her trainee client finds a more 'appropriate' qualified therapist (Charlie:P122). None of the studies raise this issue as they are not seeking the experiences of therapists-in-training and therefore Charlie's story provides a unique insight into this aspect of the work. Yet, the literature does suggest that whilst early client experience has the potential to increase both confidence and competence, it can also damage emerging therapist confidence and identity and found that trainees who experience perceived failures can easily accumulate doubts about their ability as therapists (Orlinsky and Ronnestad, 2005). The findings of this study concur with the research.

Whilst this situation is potentially detrimental for the therapist, simultaneously the trainee client has a requirement for affordable therapy. Access to the profession is already considered exclusive of people from lower socio-economic backgrounds (Liu & Colbow, 2017). As counselling psychologists we strive for inclusivity in society and our own world of therapy should reflect the diverse backgrounds of our clients. However, training can be an expensive endeavor and the additional expense of personal therapy can place training out of the reach of socially disadvantaged groups (McLeod, 1993).

Of the experiences described in this study, two stories emerged where Joe and Charlie were therapists-in-training when they saw a trainee as a client. Both participants were working at low cost therapy centres where the therapist population is either exclusively or almost exclusively comprised of trainee therapists. When a trainee therapist is bound by financial constraints but their training organization has not defined the criteria for personal therapy, individuals will endeavour to fulfill the requirements of the course in whatever way there are able to. As counselling psychologists committed to fairness, equality and social justice we aim to support trainee-therapists who otherwise would be excluded from opportunities available to wealthier individuals. It is therefore important that a service is provided to allow trainees to access affordable therapy. Whilst there are ethical implications for the trainee therapist working with a trainee client, there are also ethical implications if there is no provision for trainees who might otherwise be excluded from training. The question as to how affordable provision is made available for trainee therapists to promote inclusion and diversity is one which the profession needs to consider.

5.3.6. *"My natural tendency would be to compare and contrast"*

The experience of comparing an aspect of the therapist or their practice with their trainee client came through strongly in the present study from each participant. Comparisons were made on the basis of the trainee client's level of training, their trainee client's ability as a therapist and their personal experience of the training course. This 'comparison' is highly consistent with the literature. Kaslow (1984) suggests there is a competitive element to the relationship between therapist and trainee-client as by definition the trainee is looking to join the therapist's profession. Norcross (2001) and King (2011) support these findings as both suggested that 'feeling competitive with the patient' (2001, p.40) was more likely with a therapist client. These studies focus upon the experiences of qualified therapists working with therapists or therapist-in-training. However, the current study is the only one the researcher is aware of to seek the experiences of therapists-in-training or relatively newly qualified therapists in the role of therapist to a therapist-in-training. It is not surprising that this competitive element was a poignant theme for each participant in this study, given they are in the earlier stages of their therapeutic careers. Considering the context of the training course with its continuous assessment and evaluation, perhaps the idea of comparison between therapist and client is inevitable? It is reasonable to speculate that the comparison serves to manage underlying feelings of insecurity and vulnerability which surface for the therapist in the room with a trainee client. Norcross (2001) found this was a frequently stressed issue and advised to 'avoid being intimidated by or competitive with one's therapist-patients' with a 'recurrent lesson to maintain clear boundaries with this population' (p.43). King (2011) suggested to 'treat the patient as an ordinary patient' (p.191).

However, none of the research mentions the emergence of a shifting power dynamic in the comparison which perhaps enabled the therapist to feel less vulnerable and insecure and potentially more powerful in comparison to their trainee client (Zur, retrieved 2019).

The various preoccupations with the trainee client's position in comparison to that of the therapist, will inevitably divide their attention from 'being with' (Rogers, 1978) the client, thus drawing the therapist's focus away from the client's experience. It is reasonable to hypothesise that this preoccupation with comparison will be more prevalent when the therapist is either still in training or recently qualified and in a more vulnerable position. As Wampold & Imel (2015) suggest, the capacity to be emotionally responsive and empathic has ten times more impact on the outcome of therapy then the therapist's choice of model or adherence to a mode. Therefore therapist preoccupations will detract from their ability to achieve this and the client is potentially receiving a different therapeutic experience as a result.

One specific point of comparison in the current study stood out from the others. Joe described a *"selfish interest"* (Joe:P23) in the client's experience of training which became difficult to separate from his own when uncomfortable memories of training were evoked. As Joe reflected back on his training experience he recalled his fears as to whether he could handle what is potentially an overidentification with the client's experience, a situation which was exacerbated because he *was "quite new in the career"* (Joe:P60) at the time. There is support for this finding in the literature. Norcross (2001) suggested the therapist should not 'dilute the therapy of therapists by overidentifying or by overemphasizing the collegial aspects of the work' (p.43). This advice reinforces the importance of separating out the position of client and therapist which appears as an ongoing tension inherent in the therapy of fellow therapists. King (2011) found that participants had experienced neurotic countertransference but did not elaborate on what these might be although overidentification with the client could conceivably be included in this category. Ivey & Waldeck (2013) suggest that the therapist's own therapy could have destabilizing effects which resulted in trainees' personal issues often becoming connected with the issues of their clients.

Joe repeatedly described feelings of guilt and of potentially 'using' the client. Neither Norcross (2001) nor King (2011) mention therapist guilt specifically in relation to the therapist-client or trainee-clients. This could be attributed to the nature of the study and the collection of the data as Norcross (2001) used questionnaires and King (2011) applied pre-existing codes to the interview data. Or perhaps

feelings of 'guilt', experienced when the therapist gains something from the interaction with the trainee-client about which they feel uncomfortable, is not something that has emerged from the literature until now? Therefore the current study has exposed an aspect of the therapist client relationship which allows us to witness the intricacies of these interactions and the accompanying emotional situation which the therapist finds themselves in. Joe seemed uncomfortable as he reflected on the trade off, whereby he offered his trainee client his own specialism and a knowledge of the training; in return Joe received an 'honest account' of the client's training experience which he was able to compare with his own. It seems reasonable to suggest that Joe's interest in his trainee clients experience of the training course may have guided their exploration in a different direction. I wonder if Joe's preoccupation with his client's experience enabled him to remain open to what might arise organically. Joe was highly sensitized to this situation and returned to this later in the interview when he suggested that it might have been more beneficial for the trainee-client if he had seen a therapist who was not involved with the same training organization and therefore as knowledgeable about the process.

Super-ordinate Theme Three:

5.4. *"My authoritative stance might have grown a little bit"*

The final super-ordinate theme brings together experiences when working with trainee therapists which describe a developing self confidence in the therapist's own ability and the perception that the work has been both enjoyable and growth promoting.

5.4.1. *"That insecurity sort of faded ... faded away"*

Participants described having grown in confidence over time since their first experiences in therapy with a trainee client. There was a sense that interactions which had previously been experienced as challenging, would not now elicit the same level of fear. Participants mentioned feeling more 'solid' regarding their abilities as a therapist with an increased knowledge of the dynamics involved contributing to a greater sense of efficacy. There was a sense that an enhanced confidence has enabled them to be less preoccupied with thoughts of how they are perceived and consequently be more present with their clients.

These findings are supported by the literature. Skovholt & Ronnestad (1992) suggest that as a therapist develops with time and a variety of experiences there is a realignment from a narcissistic position involving a 'partially understood attraction' to the therapist role because of 'an assumption that

the role is powerful' (p.513) towards a therapeutic position. The shift also facilitates a 'realignment from a position of practitioner power to client power'. When the therapist gives up their controlling stance whilst experiencing a lack of professional confidence, this 'paradoxically allows the therapist to be more effective' (p.514). There appears to be a connection with this shift from practitioner power to client power and Schon's (1983) 'reflective practitioner', a sense of being freed from needing to be the powerful expert to a more open and curious stance.

The development of these experiences and resulting shift in position takes time. The literature suggests that therapists should not "begin treating therapists until the ability to remain empathically involved with and committed to patients who diminish or question the efficacy of one's approach to doing therapy is firmly in place" (Norcross, 2001, p.43). King (2011) recommends "several years post qualification experience before working with trainees, the need to be resilient, the importance of supervision and self-care" (p.193). The experiences recalled in this study suggest that the participants were not always 'available' emotionally for their trainee clients and that the preoccupations were particularly prevalent when engaging with a trainee client whilst in the early stages of their own career. These findings are supported by Howard (2006) who found that critical incidents have a disproportionate significance on the development of trainees as opposed to more experienced practitioners, as they occur in the context of limited professional experience.

Participant experiences suggest that with the benefit of time and greater experience they would be in a better position to handle situations that had initially proved more challenging. None of the participants referred to their work with therapists-in-training as having specifically contributed to this, but this growing maturity in their practice was more of a general development. Charlie highlighted an element of her own learning which emerged from her work with a therapist-in-training client and centred around a greater awareness of the implications of the work which she felt she had previously not considered thoroughly. Perhaps these experiences were growth promoting however on balance, I wonder if the negative impact might outweigh the learning gained particularly if the trainee client – therapist client dynamic was experienced by the therapist at an early stage of their career? Kovitz (1998), in his paper 'to a beginning psychotherapist' suggests that psychotherapy is not a science but an experimental collaboration that cannot be reduced to a purely mechanical or technical process. *"Total mastery of the art of psychotherapy is never permanently achieved, mistakes are inevitable, but they need to be seen as opportunities to learn rather than as grounds for self-reproach"* (p.105). This raises the issue of how to absorb this wisdom as therapists at the beginning of our therapeutic careers.

5.4.2. "It's enriched my practice"

The final theme describes the journey with a therapist client as having been enriching and something not to be missed. Participants mentioned experiencing uncomfortable feelings and challenging dilemmas when working with trainee clients which have led them to reflect and consider alternative possibilities which have opened up opportunities for growth. There was also a sense that trainee clients can be a joy to work with and that strong therapeutic relationships have developed as a result.

The literature partially supports these findings. Kaslow (1984) found that in comparison to working with a fellow qualified therapist, trainee therapists had a more hopeful attitude to the change process and were easier 'to treat' (p.45). Norcross (200,2001) categorized eight most frequent satisfactions of conducting therapy with therapists, participants reported that therapists were 'better clients' with whom they could establish a better therapeutic relationship. Although it is clear that some of the participants in the current study had built strong therapeutic relationships with their trainee clients and they valued their client's enthusiasm and engagement with the process, yet none of the other most frequent satisfactions emerged from the study such as 'helping therapist – patients be more effective' or 'acknowledgement by peers.' Participants in the Norcross study were commenting on their experiences of working with therapist clients and not specifically therapist-in-training clients and therefore it is unclear whether the same themes would have emerged if the study had been focusing on the trainee client group? Interestingly, the King (2011) study specified three satisfactions of working with therapists-in-training including when: 'being able to work at depth, financial security and the support of the training body' yet 'financial security' was the only finding which was alluded to in the current study. Yet the negative aspects and difficulties encountered when working with therapists-in-training dominate the findings of both the current study and King (2011) which I would argue, reflect the complexity of the work and the challenge it poses for the therapist as cited by Norcross (2000, 2001).

5.5. Findings that were unexpected

From the outset I struggled to find the five participants I had originally sought for this study despite trying numerous different recruitment avenues. Phenomenological research studies aim for depth into the personal and the unique rather than broad generalisable data, therefore I decided it was feasible to continue with four participants. However, this left me wondering why there was a reluctance to engage with this topic. My previous search of the literature had identified a gap and I was unable to

find any comparable studies. As the interviews commenced, I developed a sense of the heavier themes that were emerging from the data and was surprised at the depth of feeling and long-lasting impact of these experiences. I was particularly taken aback by the seemingly disproportionate impact this experience had on those participants who were therapists-in-training themselves when they saw their first therapist-in-training client. It is understandable if therapists just coming out of an assessed place post qualification, were reticent to revisit this experience and engage with these emotions again. Yet I wonder how many other therapists have found themselves in a similar position and their stories are still to be told?

I was alerted to the particularly sensitive nature of the topic when an individual made contact regarding participation in the project but expressed specific concerns about confidentiality, worried that they might be recognisable from the data. This, together with the difficulty generating interest from potential participants, alerted me to the fact that perhaps there was something in the silence of participants. I was mindful of the need for anonymity and agreed wholeheartedly, deliberately omitting any quotations and interactions from the findings which might have led to possible identification. This experience directly influenced my decision not to obtain specific data about each participant. On reflection I considered that given the phenomenological nature of the study the usual data on age and ethnicity was not of relevance, however I did ask the participants at what stage they were pre or post qualification. If they were qualified, I ascertained the number of years since qualification as this was of direct relevance to the study. I wonder if the silence of potential participants reflects a reluctance to be judged by a wider audience with their thoughts and feelings committed to paper and included as part of a research project?

A final unexpected finding was the reluctance of the participants to challenge their therapist-in-training client. I had assumed that the study might reveal that the therapist would be more likely to nudge their trainee client as they would need to be resilient and be able to model that a challenge when coming from a place of authenticity can move the work along, however the complete opposite finding emerged. The trainee therapist's preoccupation with the trainee client's perception of their ability or wanting to be conceived of in a particular way, influenced the therapist to the extent that some participants deviated from their normal practice, suggesting an underlying lack of confidence in the therapist's own sense of self.

5.6. Limitations of the study and possible future directions

This was a small, self-selected and fairly homogenous sample where four candidates came forth to participate. As an IPA study it was non-randomised and there was no control group for comparison and verification, therefore there are limits to the generalisability of the study. The focus was not on transferability, but instead the scope was to understand the lived experience of therapists-in-training and relatively newly qualified therapists who had worked as a therapist with a therapist-in-training client.

There may have been self-selection bias with some participants of the study holding either positive or negative beliefs about working with a therapist-in-training and were therefore more disposed to take part. This is difficult to overcome in a study where participation is voluntary. Future research might consider adopting a different methodological approach to capture data as to frequency of this phenomena, but this could result in the loss of rich experiences which emerged from the current study.

The research could have gone into greater depth by interviewing the participants a second time to follow up on any additional reflections since the first interview. This could also provide an opportunity to explore the themes generated by the participants from the first round of interviews.

Different themes may well have been found with a different set of participants. It is noted, however, that the aim of IPA is not to generalise but to illuminate individual cases studied. I am confident that I have created a space for the voices of the participants to be heard and hope it is richly informative of the individuals who took part.

There may be a question around the heterogeneity of participants, as initially the target population was senior trainee therapists who had worked with therapists-in-training. The criteria however were subsequently broadened to assure sufficient take up. Further research could focus specifically on this population in order to explore how prevalent these experiences are. This search could be facilitated by focusing recruitment on counselling services which provide placement opportunities for therapists-in-training.

As IPA is an interpretative approach it inevitably has researcher bias. This study is very much based on my own experiences and observations of the data which could be considered a significant limitation

as it is *"what I made of what I found"* (Richardson, Flowers & Guignon, 1999, p212). My interpretation of the data will inevitably have been influenced by my own projections onto the findings and it is acknowledged that another researcher might have elicited a different set of themes from the data. I have addressed these issues by paying attention to Yardley's guidelines for assessing quality and validity in terms of how the study was carried out (Yardley, 2008). My use of reflexivity throughout the process with an account of my reflexive journey has facilitated greater access to the interpretative data and has also strengthened the rigour of the study. Whilst I have attempted to stay as close as possible to the data and the participants' descriptions of their experiences, there has been an inevitable filtering and reduction of the data through the analytic process. This will have been moderated through peer audit and validation and supervisory checks. The research is inherently limited in its scope as a result of the methodological design.

5.7. Conclusions and Implications of the research

I hope that the primary contribution of this research will be to shine a light on a previously unexplored experience whereby therapists-in-training and relatively newly qualified therapists are providing therapy to therapist-in-training clients.

This study has added to the existing literature and extended a preliminary understanding of the additional complexities relating to both clinical and personal aspects for a therapist working with trainee clients. Numerous challenges for the therapist were illuminated by this study and the findings suggest a disproportionate impact on the therapist if they were in-training themselves at the time of the therapeutic encounter with a trainee client. The findings suggest that participants at an earlier stage in their careers were preoccupied with concerns about how they might be perceived by their trainee client to the extent that some participants deviated from their normal practice to avoid potentially negative reactions. Departure from usual practice as a mechanism of self-protection raises the question about the therapist's ability to be present and focus on the client whilst simultaneously dealing with their own process.

These findings raise numerous ethical issues for the profession if trainee therapists are expected to manage the additional complexities of work with a trainee client alongside the demands of their own training context, personal therapy and academic study. If the situation is to continue, greater practical clarity and support is required from the Training Institutions to ensure that the trainee therapist is

aware of their role and responsibility to the client.

In addition to the ethical dilemma for the trainee therapist, the study raised concerns for the trainee client who may be receiving a different therapy as a result of their trainee therapist's potential preoccupation. This will in turn impact on the co-created experience for both trainee therapist and trainee client. There is a need for affordable therapy for therapists-in-training in order that we promote diversity and inclusion in the profession, yet this study would argue that trainee therapists are not always best placed to provide this service.

Whilst this study appears to have opened up more questions than answers, it is important that the discussion no longer remains hidden and instead this is brought into view so that informed decisions can be made and confusions laid to rest. The concerns highlighted by this study can and must be addressed by Training Institutes and if this situation is deemed appropriate, clear communication is required for both therapist both therapist-in-training therapists and their in-training clients in order to reduce anxiety and provide a meaningful and authentic experience for both parties.

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METANOIA INSTITUTE & MIDDLESEX UNIVERSITY

PARTICIPANT INFORMATION SHEET

1.   Study title

Learner with Learner: An exploration of the experiences of psychological therapists-in-training being in the role of therapist to clients who are also psychological therapists-in-training.

2.   Invitation paragraph

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

3.   What is the purpose of the study?

The aim of the study is to understand the experience of psychological therapists-in-training working in the role of therapist to clients who are also therapists-in-training. The study is expected to last for 12 months, commencing in January 2017.

4.   Why have I been chosen?

You have been invited to take part in this research study because of your experience working with psychological therapists-in-training whilst being a therapist-in-training yourself. This study will involve 6 participants in total.

5.   Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6.   What will happen to me if I take part?

Your participation will initially involve a 90 minute interview with the possibility of a follow up interview. The interview itself is semi-structured and based upon a series of questions which are designed to help the researcher understand your experience of the research topic. However we also have the freedom to explore this experience led by your responses. The meeting will to be arranged at a mutually convenient location.

The interview will be audio recorded, transcribed and analysed to understand the different themes that emerge from these experiences.

7.   What are the possible disadvantages and risks of taking part?

There is no known risk in participating in this project.

8.   What are the possible benefits of taking part?

We hope that participating in the study will facilitate a reflection on your past experiences of providing therapy to psychological therapists-in-training.

9. Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it.

Please note that all data will be stored, analysed and reported in compliance with the Data Protection legislation of the United Kingdom. This data will be destroyed once the research project is completed.

10. What will happen to the results of the research study?

The results of this study will be published as part of a postgraduate dissertation in early 2018. You will be able to obtain a copy of the published results from myself or the Metanoia Institute. Please be assured that you will not be identified in any report or publication.

11. Who has reviewed the study?

This study has been approved by the Metanoia Research Ethics Committee.

Have you worked with a therapist-in-training whilst you were in training or recently qualified?

My name is Sharon Parish and as part of my doctoral research I am conducting a study exploring the experiences of psychological therapists-in-training or recently qualified psychological therapists (last 3 years) who have worked with psychological therapists-in-training as clients.

Participation will involve an interview of between 60 and 90 minutes which will be recorded, transcribed and analysed using IPA.

I am looking for participants who are:

- Either reaching the end of their training or qualified within the last 3 years as counselling psychologists, psychotherapists or counsellors
- Currently practicing
- Have had a client who was a psychological therapist-in-training
- Have experienced their own personal therapy

If you would like to participate in this study, or if you would like to know more, do please email me at sharon.parish@metanoia.ac.uk

This research has received ethical approval from The Metanoia Institute and Middlesex University and is being supervised by Dr Nikki Scheiner who can be contacted at nikki@nikkischeiner.com

CONSENT FORM

Participant Identification Number:

Title of Project: Learner with Learner: An exploration of the experiences of psychological therapists-in-training being in the role of therapist to clients who are also psychological therapists-in-training.

Name of Researcher: Sharon Parish

Please initial box

1. I confirm that I have read and understand the information sheet dated ....for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.

3. I understand that my interview will be taped and subsequently transcribed

5. I agree to take part in the above study.

6. I agree that this form that bears my name and signature may be seen by a designated auditor.

Name of participant	Date	Signature

Name of person taking consent (if different from researcher)	Date	Signature

Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

Appendix 4

Semi-structured interview question guide:

1. When you think back to your first therapist-in-training client, what were your initial thoughts about providing therapy to them? *Prompt – how did you feel about this?*

2. When both therapist and client are in the early stages of a therapeutic career, what is this experience like as a therapist to have a client who is also learning the process? *Prompt – what feelings did you have about this? What was your experience of this learner with learner dynamic?*

3. Some therapists elect not to work with trainees, drawing on your experience, what do you think about this?

4. Could you tell me about your experiences working with trainees?
   Prompt - are there aspects which particularly stand out for you? How might this have differed from work with other clients who were not therapists in training?

5. What ideas do you have about why your trainee client chose to see a therapist-in-training or newly qualified therapist?

6. On reflection, what might this experience be like if you were to see that same client again? *Prompt – how might this be the same? How might this differ? What thoughts do you have about why this might be?*

[Handwritten margin note, top left]: underscore that she doesn't remember why she was first intrigued by refusal. ✓

[Handwritten margin note, top right, blue]: elect not work trainees.

P10: - because, um, I can't remember why … but she said she'd rather doesn't work with the trainees.

R11: Mm-hmm.

[Handwritten note, pink]: does she fade change here? intrigued.

[Handwritten note, pink, right]: lots of hesitation - thinking on her feet or perhaps feels put on the spot as can't remember why her colleague wouldn't see a trainee clt?

[Handwritten margin note, left]: D intrigued colleague wouldn't (curious). D would check him in out, consider interventions to use in own practice + what not doing.

[Handwritten margin note, left, green]: looking at them in a slightly different way → you have added their agenda?

P11: And I thought, "Oh, well." that sort of made me think, I think. Um, and that, yeah, it is probably a bit different … And I do remember that when I was a trainee, I would sort of sometimes, you know, you check out your therapist probably a bit different … You think about some of the interventions that they're doing or what they're not doing … um, yeah. So, I think both, so it was my own experience to some extent, but also I think what my-my colleague said, um … made me curious I suppose.

[Handwritten note, right, blue]: Compare own experience ✓

[Handwritten note, right, blue]: First thoughts wanted compare own experience.

R12: Yeah. So-

P12: Yeah.

[Handwritten note, purple]: * thrlt doing assessing (feelings answered)

[Handwritten margin note, left]: mixture of both feelings

R13: - curious and-and kind of excited.

[Handwritten note, green]: Summarise what P4 said ✓

[Handwritten note, purple]: * feer ⊕.

[Handwritten note, orange box, right]: Feeling about client

P13: Yeah. Mm-hmm, mm-hmm, mm-hmm.

R14: Yeah.

P14: Mm-hmm.

R15: Um, so, my next question [clears throat] when both therapist and client are in the early stages of a therapeutic career-

P15: Mm-hmm.

[Handwritten note, purple, left]: Pause feels (diff content). trainee. sometimes.

[Handwritten margin note, left]: Diff to other clts. + content often course related.

[Handwritten margin note, left, orange]: LEADS TO COMPARISON WITH OWN EXPERIENCE - HOW MIGHT IT COMPARE? ✓

R16: -what the thi-- what's the experience like as a therapist to have a client who's also learning the process?

P16: [Pause] … um … I think I do find it different to other clients, um, with this client because there are things that she talks about her training course, um … where I compared the courses of both … it's a- it's a different University where she's training-

[Handwritten note, right, blue]: more likely trainee (talks about) course

R17: Yeah.

[Handwritten note, right]: How might feel about this - missing?

[Handwritten note, right, purple]: compare own experiences / • training course • course content.

[Handwritten margin note, left]: comparing experiences - comparing course content training. Trying guess what to come up - sort of measuring/comparing.

P17: - so from me … so, I sort of hear things I think, "Oh, well, we didn't do that." Or … "Um, I wonder whe-whether they will be doing this." Um, but in terms of course content, I think, um, I compare I suppose in a way … um … [Pause]

R18: So you're comparing what you've done on your course-

P18: Yeah … yeah …

R19: -with.

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2

Handwritten margin notes (left): almost taking pleasure/interest in his but can't share this - PRIVATE? (links P1. honesty - interesting for him - was his proven normal)?

Handwritten margin notes (top right): * Self indulgent — sense would never share but wherary for her to hear experience else is someone same position

P19: Yeah and with-with hers, so they're-they're quite … so … I suppose they're quite different courses really in some extent. So, that's quite interesting just to see how different courses are run differently. So, that's from a very sort of from, um, feels quite interesting to me. Obviously, that's something I wouldn't bring into the room with her -

Handwritten (right margin): comparing. LEVEL OF INTEREST (like P1)

Handwritten (centre): I would keep this from the clt. 'use of 'obviously' - wouldn't consider this - not part of model? Nor useful for clt? Implicit?

R20: Yes.

P20: - and say, "Oh, my course was different."

Handwritten (right): + more likely trainee

R21: Yes.

Handwritten (left margin): notice differences in training & content et similar qualification tend of it.

P21: Um, but I'm-I'm quite aware that, you know, her course is quite different. She's gonna have a similar qualification to me. Um, so that--

R22: That's interesting, isn't it? So she'll-she'll end up with a similar registration.

Handwritten (right): comparing $ mine likely trainee

P22: Yeah. Mm-hmm.

Handwritten (left): not necessarily

R23: But-but has had a different training … very different.

Handwritten (left margin): more academic - perhaps more theoretical diff structure

Handwritten (left): Comparing her own experience with clts training experience.

Handwritten (left): It isn't psychotherapy yet will have similar qualification?

P23: Well, I think it is quite-- I think that the teaching is different. Yeah, I think that's what I would say. So, um, they have to-- Um, yeah, it's more-- I think it's more a university setting. Um, they have got a different structure in terms of how many assignments they have to do. And so it's quite-- Yeah, it's quite different really, um, ▓▓▓▓▓▓▓▓▓▓▓▓▓▓ So, I find that quite interesting. And I notice thinking, "Oh, okay. Well, uh, you know, we didn't do that or I wonder if they will do that." So, um, so yeah. So, that's different too like, you know, what kind of who obviously isn't a psy-psychotherapy training …

Handwritten (right): compare + more likely trainee; interesting compare with what they did

Handwritten (centre): * self indulgent. * fear * compassion

R24: Hmm.

P24: Um--

R25: What-what does she--? Does she talk--? Does she- does she talk about, um, uh, the course in-in detail about--? In-in what way does she talk about it?

Handwritten (left): problems with tutor.

P25: Um, well, they had a few problems with the tutor.

Handwritten (right): only with trainee. but therapist have some knowledge?

R26: Mm-hmm.

Handwritten (left): explores/share gives her experience of parts of course & how affecting her.

P26: So, she-she spoke about those and how that made her feel and how it made her group feel. Um, so we spent quite a bit of time exploring that and we all-- And then she-she'll tell me .. You know when they've got lot's of assignments on … um, and

Handwritten (bottom left): when pressure mounts. clt comfortable sharing trainee experiences. - shared understanding of difficulties.

Appendix 6

Joe - Initial Emergent themes
"This could be complicated"
I know what they are going through
I am interested in what they are going through - "this is a bit self indulgent"
Identifying with struggles of being a trainee
Concern as know the same people
Blurring of roles
Feeling pull to provide trainee with direction
How much knowledge of the process do I share
Concerns around trainees fitness to practice
Concerned about trainees own mental health
Comparison of own experience of therapy training with that of trainee client
Feeling something might get sparked off for me
Confusion around responsibilities
Relieved when took time out of course
Concern for clients clients
Feeling trainee needs to slow down
Disappointment at the ending of therapy
Being quite new in the career
Concerns around the process of training
"They don't necessarily chose to come"
Therapist feels used by trainee client
That didn't feel good
Making sense of the clients departure from therapy
It didn't matter who I was
I didn't really see why anybody would see me as a model
I've got to be really good at this
Nothing much to learn here
Its a bit of a bold thing to say
Expectations of trainee
Avoiding potentially challenging situation
They are gonna have to negotiate it
Fear of exposure with the training institute
Fear of exposure to a wider audience
Trainees raise fears that other clients do not somehow
Feelings of being judged by wider audience
I'd feel fairly solid about what I'm doing now
Not about their trainee status
Identifying with struggles of the individual
Because it is so early it has kind of stuck
Wanting trainee to go deeper
Someone more removed might be more helpful
Its enriched my practice
Feeling of being judged or assessed by trainee
Supervision to support & clarify thinking

Appendix 7 - A Master Table of Themes by Participant

Super-ordinate Theme	Theme	Joe	Sandy	Charlie	Fiona
1. *"They can sometimes be a little bit trickier to work with"*	1.1 *"Gosh this could get really complicated"*	Yes	Yes	Yes	Yes
	1.2 *"They don't necessarily choose to come"*	Yes	Yes	No	Yes
	1.3 *"What if she starts saying stuff about seeing clients that concerns me?"*	Yes	Yes	Yes	Yes
	1.4 *"I'll have to constantly remind myself that this is a client"*	Yes	Yes	No	No
	1.5 *"We might be shortcutting something hugely"*	Yes	Yes	No	Yes
2. *"My confidence is sucked away sometimes"*	2.1 *"It makes me feel under the spotlight more than it would if it was just a client who wasn't in training"*	Yes	Yes	Yes	Yes
	2.2 *"There was a fear in me that somehow how I was as a therapist would get back"*	Yes	No	No	Yes
	2.3 *"I wonder if they weren't in training would I be more inclined to push things a bit?"*	No	Yes	Yes	Yes
	2.4 *"I do feel challenged by the knowledge that they throw at me"*	No	Yes	Yes	Yes
	2.5 *"Tends to be more hurtful I think"*	Yes	No	Yes	Yes
	2.6 *"My natural tendency would be to compare and contrast"*	Yes	Yes	Yes	Yes
3. *"My authoritative stance might have grown a little bit"*	3.1 *"That insecurity sort of faded ... faded away"*	Yes	Yes	Yes	Yes
	3.2 *"It's enriched my practice"*	Yes	Yes	Yes	Yes

Appendix 8 - A Master Table of Theme Locations by Participant

Super-ordinate Theme	Theme	Joe	Sandy	Charlie	Fiona
1. "They can sometimes be a little bit trickier to work with"	*1.1 "Gosh this could get really complicated"*	P2-P3; P16; P19-P20; P61-P63; P135; P205; P262-P263; P279-P280; R285-P285.			
	1.2 "They don't necessarily choose to come"	P135-P136; P139-P140; P142-P145; P149; P151-P152;P158; P159; P168; P169; P170-P173; P205; P210; P230-P231.	P6.	P8-P9; P10; P54; P104.	P9-P13.
	1.3 "What if she starts saying stuff about seeing clients that concerns me?"	P19-P20; P25; P37-P40; P41-P49; P53-P58; P99; P105-P106; P112-P115; P169.	P6-P11; P24-P25; P26; P29-P31; P35-P36; P41-P44; P53; P105-P106; P111-P112; P117-P118; P120-P124; P128-P135.	P47-P49; P51; P52; P54-P55; P56-P57; P125; P127.	P5-P8; P88; P90; P91; P196.
	1.4 "I'll have to constantly remind myself that this is a client"	P10-P16; P24; P122-P124; P207-P208; P210; P238-P239; P251; P254; P278-P280.	P115-P118; P148-P152; P157-P162.		P152.
	1.5 "We might be shortcutting something hugely"	P14-P18; P64-P66; P68; P69-P71; P93-P94; P96-P100; P121-P123; P124; P207-P208; P210; P251-P255.	P68-P69; P74-P80; P82; P84; P88-P92.		P117-P118; P119-P121; P122-P124; P126-P128; P130-P132.
2. "My confidence is sucked away sometimes"	*2.1 "It makes me feel under the spotlight more than it would if it was just a client who wasn't in training"*	P106-P107; P228-P229; P268-P270; P272-P273; P279-P280; P286	P15-P19; P20-P21; P143.	P4-P7; P8-P9; P10; P11; P17-P20; P28; P35; P52; P54; P66-P68; P70-P72; P95; P102; P103; P104; P121-P123.	P11; P64-P67; P69-P76; P78-P79; P94-P96; P171-P173; P181-P184; P186-P187; P188-P190; P200-P201;
	2.2 "There was a fear in me that somehow how I was as a therapist would get back"	P6-P8; P16-P17; P76-P78; P80-P82; P83-P84; P85-P89; P102-P103; P104-P107; P140-P141; P205; P254-255	P2-P3; P39; P62; P63-P66.		P168; P171-P172; P173-P174; P176.
	2.3 "I wonder if they weren't in training would I be more inclined to push things a bit?"		P31; P46; P142-P148.	P11; P13-P16; P135-P137; P138-P141.	P163-P166; P167; P168; P169-P170; P176; P178-P179; P195.
	2.4 "I do feel challenged by the knowledge that they throw at me"		P24; P31-P34; P36-P39; P46; P48-P49; P53; P74-P80; P125-P127.	P10; P17-P20; P23-P24; P28; P44-P45; P103.	P46-P50; P52-P53; P55; P56-P59; P64-P67; P69-P76; P79; P80-P84; P95-P96; P97-P98; P100-P103; P104-P106; P107; P109-P110; P205-P206;
	2.5 "Tends to be more hurtful I think"	P136; P139; P140; P143-P146; P149; P151-P153; P159; P167; P168; P169; P170; P171-P172; P176; P179-P182; P183; P189; P190; P191-P192; P197; P210; P229; P230; P289-P293.		P121-P130.	P181-P184; P186; P188.
	2.6 "My natural tendency would be to compare and contrast"	P4-P5; P9; P18; P23-P25; P30-P33; P35-P37; P60-P62; P63-P65; P67; P121-P123; P128-P129; P139; P146; P253; P254; P262; P287-P288.	P4-P5; P62; P68.	P4-P6; P7; P29-P31; P38; P39-P40; P41-P43; P45-P46; P47; P53; P54; P56; P58; P59-P65; P66-P68; P70-P73; P82-P83; P86; P88-P94; P96; P97.	P16-P23; P30; P35-P37; P44-P45; P52-P55; P58-P59; P69-P76; P90; P112-P116;
3. "My authoritative stance might have grown a little bit"	*3.1 "That insecurity sort of faded ....faded away"*	P90-P93; P118-P121; P124; P125-P126; P159; P160-P163; P194-P197; P198-P199; P230-P234; P235-P237; P238-P242; P266-P267; P280.	P71; P131; P142-P143.	P10; P29; P57-P58; P102; P104; P129.	P156; P157-P159; P160-P162.
	3.2 "It's enriched my practice"	P285; P286; P287	P35-P36; P69; P72; P99; P101-P102.	P17	P56-P58; P64-P67; P88-P89; P91; P95-P96; P97-P98; P102; P104-P106; P109-P110; P196; P200-P201; P204;

Line No. Sandy	Extract from transcript for Theme 2.3 "I wonder if they weren't in training would I be more inclined to push things a bit?'
P31:	Don't … don't sweat about it. I might be more - I wondered if they weren't in training, would I be more inclined to push things a bit …
P46:	And I think I want to, possibly, but it makes me hold back a bit, but it makes me a bit wary and it makes me feel a bit defensive as well and I'm pretty sure it does … and I wonder if they weren't a thera… a trainee, I suspect my reaction might be different and more confident with them. I still feel my confidence is sucked away sometimes with this person
P142:	P142: I suppose, well, I like to think I might, I'm probably more confident now than I was when I started
R143:	Mmm
P143:	and I like to think I'd be more ready to challenge them a little bit, um, and explore their need to rush it so much.
R144:	Do you, you know, so, you'd be more willing to challenge them. Do you-do you find that you're more challenging with the trainee or-or?
P144:	No.
R145:	No. So then you-you don't feel the-
P145:	No, I don't no. I wonder if I'm even less.
R146:	Interesting.
P146:	But I don't think I would challenge them more, no.
R147:	Yeah, and why-and why might it be less?
P147:	I suppose in case I get it wrong …
R148:	Mmm
P148:	… but it wouldn't matter if I did.

Charlie

P11:	Yeah. If she asked me on modality, if she starts questioning it, if she … I think I always um, imagine the worst case scenario of a rude client. So if she's just kind of like, "Well that's ridiculous", yo-you know. "I've heard about you people and-and [chuckles] your um--" I'd like to think how to completely respect that and be like, "Fine if you don't." I-I guess it'd be easier if it was just "I don't want this." 'Cause then if I "Okay. We're not gonna carry on." But when there's the I'm gonna questioned this but I'm gonna stay and see how it goes, then … yeah …um, I guess a lot of possibility in that dynamic but it didn't happen anyway.
P13:	Yeah, or if she …mmm I guess, I mean it would be easier than if she questioned me but stayed.
R14:	Yes.
P14:	You know and …
R15:	Yes.
P15:	… obviously … if handled well and openly, um, that would probably bring to some-- It could possibly bring to some great work actually because it-it would be uh, a really good continuing conversation. But it would obviously be more work and more anxiety than if she was just like, "I'm done."
R16:	Yeah.
P16:	And we never saw each other again, you know.

P135:	I find I am less challenging with her.
R136:	Mm-hmm.
P136:	I mean challenging isn't a big part of what we do in person-centered so-
R137:	Mm-hmm.
P137:	- the levels are still low for everyone.

P138:	I am less challenging with her-
R139:	Mm.
P139:	but … it's not-- But what I'm conscious of isn't to do with her being a trainee. So I guess it might, outside of my awareness, be in part because she's a trainee. In terms of what I'm aware of, I'm less challenging to her because she is very vulnerable and, um, at the moment, a lot of her issues are around feeling not accepted, not understood by others. So with a client in that situation, I would always choose to like really, really stick as closely as possible with what they're giving me. And again, that's what I would wanna do with-with all clients but I guess with some clients, I don't need to focus on that as much. And some-- With some clients, they've got, um, either more of an inner stability or more of a, um, like hardheadedness in them. That means that I don't have to be as careful about that. With her, I am more careful about that because of her own worries around people not accepting her, people not believing her. There's a lot about people not believing her, um, so I really actively focus on being as unchallenging as possible-
R140:	Mm.
P140:	- I guess.
R141:	Mm-hmm. Mm-hmm.
P141:	Um, and that I know of it is not because she's a trainee but I don't-- But that's that I know of-

Fiona

P163:	Um, with her- where there's-- I'm not sure, it might be because she's a trainee, might also be because she had a bad experience with her previous therapist.
R164:	Ah.
P164:	Who was overly challenging um … to the- point of almost … and maybe, well meaning, but almost shouting at her. Um, in-in a way to challenge her to do something. So I'm quite aware, and that wasn't good for her, and it took her a long time to recover.
R165:	Mm.
P165:	So I- So I don't challenge her a lot um, because of that reason. Because I wouldn't want her to be scared of me. [chuckles]
R166:	Mm-hmm.
P166:	[laughs] And run off in a way. Um, so I- I very gently nudge- nudge her a little bit.
P167:	Like um, I wonder whether that … you're not doing this because of that, or maybe that's something you can look at ... um, yeah I don't- I- yeah I don't think I'm very challenging with her.

P168:	It could also be, I think the other reason potentially is because she's a trainee and therefore, you know, if I'm overly challenging and um, she experiences this as not useful, she will probably talk about it at uni, and- and I suppose I don't want to be talked about negatively. So I'm sure that's there as well.
P169: R170: P170:	Um, th-the third reason is that generally, I'm- I'm not-- I-I gently challenge clients, but I'm not …overly challenging. Mm, So I think those three reasons together mean that I'm not very challenging at all with her.
P176:	Yeah. Yeah, I think so, yeah. And I suppose, in many ways, I'd like to come across well, and then she goes to uni and she says, "Oh yeah, my la- my therapist is nice." Um, but then I'd also rather be nice than, "Oh, my therapist is very challenging." Which some people prefer to have a challenging therapist so um, yeah, so I'd rather be seen as the nice therapist than the-
P178: R179: P179:	I was quite aware to be gently exploring what had happened um, and empathize with her and that experience even though we did sort of look a bit as to how that might have been not the intention of the therapist. Um, I suppose in a way, I was already aware that- and maybe the therapist m- you know, meant this to be a very helpful challenge, not um, really to upset her or you know, anything like that and how that can obviously in a way, get um, received differently to how you want to, put it out. So we did talk about that as well, but I was um, certainly quite empathic with her. Mm. And her experience, yeah.
P195:	Yeah, not yet, anyway .. [laughter] … No, I don't think so. I think she … if … she would tell me if she thinks I get like an interpretation wrong or something. Um, but that's okay ... um … at the moment, I think she quite enjoys that I'm quite gentle and that she can just talk and offload and that we explore certain things.

Initial Impressions	Line	Transcript	Descriptive Theme	Emerging Theme	Super-ordinate sub theme
	R1:	Right, okay ... so ... when you think back to your first therapist-in-training client ...			
	P1:	Yeah.			
Exaggerated 'ahh' as a scary thought. — Interesting use of language + exclamation	R2:	... what were your initial thoughts about providing therapy to them?	Anguish, worry the unknown? Pulls back with ..."I think"	Outreaching something to be concerned about	(theme 2.1) 'feeling being under spotlight'
	P2:	Ahhh ... I think?			
	R3:	Really ...			
fear of being judged by trained client. use of language to minimise 'a sort of fear'	P3:	Yes, a sort of fear of, um ...how they would judge me ... because they're in therapy ... because they're training themselves ... which is slightly different to having a client who's not a trainee.	fear of judgement diff experience from working with non-training clients. — emotional - 'little bit'- is that embarrassment?	being judged - client has a different perception because of training status. Scrutiny? client has knowledge of process.	(theme 2.6)
	R4:	Hmm, hmm,			
	P4:	... and also, um, a little bit of envy.			
	R5:	That's interesting.			
Perhaps hesitation reflects a reluctance to admit this? — reflecting on own process/experience	P5:	Because at that stage I missed [THE TRAINING ESTABLISHMENT] (chuckles) ... and I sort of felt quite envious that they were going through all the process and I'd enjoyed it, mmm.	Comparing own experience and emotions their status 'sort of' felt quite envious' - minimising pull - something really enjoyed.	comparison — 'my natural tendency to compare and contrast'.	
	R6:	That's interesting, isn't it?			
referring to trainees not willing to engage - & therefore tricky to work with.	P6:	Yeah ... yes ... but I suppose, um, because the first person I had was doing the integrative course and, um ... they- I-I think, because a lot of- a lot of, um, trainees only do therapy because they had to do as part of the course ... they don't always come in with the same attitude as a-a non-trainee client. And so I think in that respect, they can sometimes be a little bit trickier to work with. And the first person that I worked with ... I think- well, I know she felt herself to be really quite sorted, so wasn't particularly willing to look too deeply.	challenging to work with some trainees because of mandatory therapy requirements. — complicated nature of work additional requirements — dissatisfying for therapist? Move from tentative position to more definite position. challenged by client's reluctance to engage.	work is different from other client work - more difficult. 'they don't necessarily chose to come' tricky complex work	(theme 1.2) (theme 1.1) 'gosh this could get really complicated?' (theme 1.2) 'they don't necessarily choose to come.'
	R7:	Ahh [pause]... What was that like for you?			
tricky because client feels sorted so not wanting to engage	P7:	[chuckles] That's a good therapy question.			
language on reflecting its challenging work.	R8:	[laughs] That's interesting, though, isn't it?			
	P8:	I-it, um ...I suppose I felt challenged by it.			

Appendix 10

Initial Impressions	Line	Transcript	Descriptive Theme	Emerging Theme	Super-ordinate sub theme
set aside concerns about lack of engagement.	R9:	Mmm, mmm.	more time with a trainee?	challenge of mandatory therapy.	(theme 1.2) 'they don't necessarily choose to come'
	P9:	But, I mean, I thought, "Okay, she's gonna be coming for X amount of time, we'll get there." Um, and as it happened, she didn't stay the course ... for various reasons.	we'll get there because we have time – but dropped out		
ready to meet challenge then client drops out.	R10:	So she dropped out of therapy with you? She- yeah. She did, yes, she's dropped out of the training.	different sense as no need to come?		
	P10:	And she dropped out of the training.			
	R11:	She dropped out of therapy (...) but-			
new to/close to qualification	P11:	Mm-hmm, mm-hmm.	once dropped out of course no longer required to attend.	having therapy because required to - not involved in way other clients might be?	
	R12:	but that was the first person. That was my ... that was pretty soon after I qualified.	rejection? matter of fact?		
	P12:	Mm-hmm ... so-so she - so you felt challenged, but di-did she know you were, um, from [A TRAINING INSTITUTE], that you were [NAME OF TRAINING INSTITUTE] trained?			
separated out client from her trainee status	R13:	Oh yes,			
	P13:	Yes.			
	R14:	Yes.			
	P14:	Yeah			
	R15:	I mean, she wasn't particularly challenging as a client	'use of particularly' Is this pulling back from earlier suggestion that this could be tricky?		
	P15:	Yes. Mmm.			
description of client 'very, very ...' confident	R16:	She was very- she was-she was very open.			(theme 1.5) 'we might be shutting something hugely'
	P16:	Mm-hmm.			
	R17:	She was very confident.			
	P17:	Mmm.			
open – making a point about this.	R18:	She was very confident. Um, and probably a little bit too comple ... um, confident. (...) and couldn't quite work out why people weren't that keen on working with her in pairs.	making connection between a perceived confidence & actual lack of assuredness, whilst not needing therapy	missing out on the experience of therapy + potentially awareness & quality on course.	
	P18:	Right ...			
image of not just run before walks – but runs before standup.	R19:	Because she was coming with actually no experience at all. She was kind of trying to do a bit too quickly. She was trying to ... run before she could stand up.	wants to cram in extra training etc-get it all in quickly and quality		
	P19:				

very interesting use of metaphor – incl cabin where Sandy thought client was - seems ahead of process.