Exploring the impact of professional training on the close personal relationships of student clinical psychologists

by

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Declaration

I declare that this mini-dissertation is my own work produced under the supervision of Mr Ahmed Riaz Mohamed. All information in this document has been obtained and presented in accordance with academic rules and ethical conduct. All secondary material has been cited and referenced as required by these rules and conduct. This mini-dissertation is submitted in partial fulfilment of the requirements for the degree Master of Arts (Clinical Psychology) at the University of Pretoria. It has not been submitted before for any other degree or examination in any other university.

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Date

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"*We are all personalities that grow and develop as a result of all our experiences, relationships, thoughts, and emotions. We are the sum total of all the parts that go into the making of a life*"

Axline, V. M. (1964). *Dibs in Search of Self*, (p. 215).

Abstract

There is a rich body of literature that details the effects therapists have on their patients. Little attention has, however, been given to the impact of training and working as a professional psychologist on the close personal relationships (CPR) of practitioners. The aim of this study was to explore the subjective experience of the impact of clinical psychology training on trainee psychologists' intrapersonal development and subsequently their CPR in the South African context. Three key relationships—the trainees' relationships with their family, friends and romantic partners were the focus of the research. Seven second year clinical psychology master's students were selected using non-probability, purposive sampling to participate in individual semi-structured interviews. Interviews were recorded, transcribed verbatim and thematic analysis was used to identify and analyse themes in the data both within and across the seven interviews. Six main themes were identified and the findings indicate the participants perceive the impact of training on their CPR to be primarily beneficial. This is despite experiencing difficulties in some of their relationships as a result of training. Relationships with romantic partners benefitted from improved communication and some became deeper and more meaningful, although two ended. Participants faced both gains and losses in terms of friends while the intensity and shared experience of training rapidly made classmate relationships extremely important and close. Some participants gained a better understanding of family members and their family's functioning. Training also opened up some relationships by providing a point of connection between certain participants and their parents. The participants rely significantly on all their CPR for social support but support from family is most salient. Finally some implications for training were evoked by the interwoven nature of personal and professional development demonstrated by the study.

Keywords: clinical psychology training, close personal relationships, qualitative research, change, personal development, intrapersonal, interpersonal

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Chapter 1: Introduction

A substantial and growing body of literature has emerged since the 1960s meticulously detailing the effects therapists have on their patients (Corey, Corey & Callanan, 1993; De Jong, Van Sluis, Nugter, Heiser, & Spinhoven, 2012; Deutsch, 1984; Farber, 1983; Gabbard, 2014; Garfield & Bergen, 1978; Gerson, 1996; Guy & Liaboe, 1986; Halleck & Woods, 1962; Laliotis & Grayson, 1985; Thoreson, Nathan, Skorina, & Kilburg, 1983). Kottler (2010) points out, however, that the practice of psychotherapy is bi-directional having a significant impact on both patient and therapist. Zur (1994) agrees, arguing further that elements of psychotherapy have relevance to all facets of psychotherapists' lives from the behavioural to the emotional and from the personal to the interpersonal. It follows then that doing psychotherapy pervades multiple areas within the therapist's life and is likely therefore to impact close personal relationships (CPR).

While some consideration has been given to the effects of psychotherapeutic practice on psychotherapists (Farber, 1983; Guy, 1987; Guy & Liaboe, 1986, Kennedy & Black, 2010; Radeke & Mahoney, 2000), examination of the impact of psychotherapeutic work on therapists' CPR is limited (Hatcher, et al, 2012; Kennedy & Black, 2010; Stevanovic & Rupert, 2009; Stevanovic, 2011; Viljoen, Beukes, & Louw, 1999; Zur, 1994). Even less attention has been given to psychotherapy *training* and its impact on the trainees' wider social context (Pascual-Leone, Wolfe, & O'Connor, 2012; Truell, 2001; Viljoen, et al., 1999). However, there has been a resurgence of interest in the topic evidenced by Råbu, Moltu, Binder and Mcleod's (2015) inquiry into senior therapists' experiences of the impact of practising psychotherapy on their personal lives. Furthermore, *The Journal of Clinical Psychology* in 2014 also allocated an issue of the publication to considering how the practice of psychotherapy impacts the person of the therapist across the lifespan. Skovholt and Rønnestad (1992) suggest that it is inherently intriguing for therapists and counsellors to

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understand the essential constituents that contribute to their own professional growth and development. Personal development is integral to professional growth and for this reason the unstated, but significant, personal and interpersonal changes that occur as a result of clinical psychology training are worthy of attention (Pascual-Leone, Rodriguez-Rubio, & Metler, 2013). The purpose of this exploratory qualitative study will be to describe and develop an understanding of the impact of master's-level clinical psychology training on trainee psychologists and their CPR.

Research Aims and Objectives

The aim of this study is to explore the subjective experience of the impact of clinical psychology training on trainee psychologists' CPR in the South African context. Essentially, the main aims are to gain a subjective understanding of the participants' worlds, their feelings, and their experiences of the impact of training on their CPR. The intention is to illuminate both the positive and negative influences of the training experience on trainee psychologists' CPR. The objectives of the study are to: describe the learning experiences trainee psychologists perceive as having an impact on their CPR; explore their experiences of the impact of clinical psychology training on their CPR; and, understand their experiences of the training process and the personal impact this has had on their CPR.

Research Question

By exploring the participants' notions of changes in their relationships (what has changed and how) an attempt will be made to understand what contributed to those changes and the resulting outcome/s. The primary research question may be stated as: What are trainee clinical psychologists' subjective experiences of the impact of clinical psychology training on their intrapersonal development and how does this impact their CPR?

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Justification

Clinical psychology training is designed to promote individual growth and self-awareness resulting in a subjective perception of personal development (Blokland, 1993; Fiammenghi, 2015; Kennedy & Black, 2010; Prentice, 2001). The process of intense intrapersonal change is likely to result in profound effects on interpersonal interactions (Alred, 2011; Hall, 2004). The main thrust of research on psychotherapists has been focused on the impact they have on their patients with limited interest in the effects of psychotherapeutic practice on psychotherapists (Farber, 1983; Guy, 1987; Guy & Liaboe, 1986, Kennedy & Black, 2010; Radeke & Mahoney, 2000). As noted by Guy (1987) and Kottler (2010) the process of conducting psychotherapy has an effect on the therapists' personality and may therefore, by extension, have a notable effect on the therapists' personal relationships. Skovholt and Rønnestad's (1992) research into therapist-counsellor development directly implicated significant others, such as friends, family and peers as influential in the professional development of trainees and professional practitioners. However, examination of the impact of psychotherapeutic work on therapists' CPR is limited (Hatcher, et al, 2012; Kennedy & Black, 2010; Stevanovic & Rupert, 2009; Stevanovic, 2011; Viljoen, et al., 1999; Zur, 1994).

Even less research has focused on psychotherapy training, specifically, and its impact on the trainees' wider social context (Pascual-Leone et al., 2012; Truell, 2001; Viljoen, et al., 1999). The most widely quoted source on the effect and experience of psychotherapeutic training on the trainee remains Guy's (1987) second chapter "Training to become a psychotherapist" in the book *The personal life of the psychotherapist*. This suggests a need for more up-to-date research addressing the impact of training on clinical psychology trainees and presents an opportunity for the impacts on trainees' CPR to be directly explored. Another question raised by the literature but not answered, is related to whether the

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subjective sense of isolation in CPR experienced during training (e.g. Butler, 2014; Nabal, 2009; Prentice, 2001; Truell, 2001) is entirely a result of the training or an amplification of an already existing dynamic and may warrant exploration in this study. Finding out what training experiences contribute to various impacts on CPR may provide some insight as to why this is the case.

In general there appears to have been limited research interest around clinical psychology trainees' experiences of training and how it impacts on their CPR. In the South African context studies exploring the experience of becoming a clinical psychologist are discussed mainly in unpublished master's research dissertations (Hall, 2004; Kühn, 2003; Meese, 2006; Nabal, 2009; Prentice, 2001). Hall's (2004) research is the only identified local study that has as its direct focus the impact of clinical training on personal relationships, although it is a reflection on her singular subjective experience. The current study proposes to investigate the impact of clinical training on the CPR of a group of trainee psychologists providing the opportunity for comparison between participants. Internationally, the topic has received some degree of attention in published work such as research considering the impact of psychotherapy training on student spouses (Dahl, Jensen, & McCampbell, 2010; Fiammenghi, 2015; Ford Sori, Wetchler, Ray, & Niedner, 1996; Legako & Sorenson, 2000), while Butler's (2014) reflective article contemplated the effect of being a student psychotherapist on the person of the therapist and, by extension, her family. Only Truell's (2001) sixteen-year-old study directly investigated the impact of counselling training on multiple CPR as one of five areas of interest. Pascual-Leone et al. (2013) argue that the early stages of training produce the most dramatic changes in professional development and knowing more about the impact of training on the personal sphere can assist in the development of more effective training models. The literature reviewed suggests an opening where the current study may contribute to broadening the dialogue around the impact of

clinical psychology master's training on the personal lives of trainees.

Structure of the Study

Chapter 2 provides a review of literature pertinent to the impact of master's-level clinical psychology training on the CPR of trainee psychologists. Literature focussing on the intrapersonal changes fostered by clinical psychology training on the trainee are considered. The experience of graduate study training on personal development along with consideration of the importance and impact of peer relationships are reviewed. Attention is also given to stress and mechanisms of coping among psychology trainees. Finally, literature investigating the trainee's relationship with their friends, their family members, and romantic partners is presented. Chapter 3 describes the research methodology including the theoretical orientation, research process, sampling, research design, criteria for ensuring quality and the ethical considerations pertaining to this study. Chapter 4 provides the findings of the thematic analysis of trainee clinical psychologists' experiences of the impact their training may have had on themselves and their CPR. At the same time interpretation and discussion of the relevance of the findings in the light of the literature presented earlier is set out. In Chapter 5 a personal reflexive account is followed by discussion of the limitations and implications of the study along with recommendations for future research.

Chapter 2: Literature Review

Introduction

This chapter provides an overview of the available local and international literature relevant to an investigation of the impact of master's level clinical psychology training on the CPR of trainee psychologists. Research directly exploring clinical psychology trainees' relationships is fairly limited. Therefore supplementary literature is drawn from studies considering the impact of graduate study on students' relationships in related fields such as marriage and family therapy training, counselling psychology training, and graduate student experiences of training in general. The chapter begins with an explanation of the elements constituting a close personal relationship in the context of this study. Thereafter three key relationships that have been identified from the literature, as being impacted by undergoing clinical psychology training, will be discussed. These three relationships are: the trainee's relationship with their friends; their family members; and romantic partners. Finally stress, coping mechanisms and the intrapersonal changes fostered by clinical psychology training on the trainee are considered as these are likely to influence interpersonal relationships.

Close personal relationships

Obtaining consensus on a definition for the concept of a 'relationship' was one of the biggest challenges for early researchers in the field (Regan, 2011). Conceptions of the term 'relationship' have been advanced from a number of disciplines including clinical psychology, social psychology, sociology, anthropology, and social work. Over time, agreement has been reached around the basic component of a relationship, namely interaction (Hinde, 1995; Laursen & Bukowski, 1997; Regan, 2011). Hinde (1995) suggests that a relationship is formed through a series of real or imagined

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interactions between two individuals over time. Relationships are created over time through the shared history and imagined future of these individuals (Reis & Shaver, 1988). Interactions in the present are influenced by prior interactions and by expectations about future interactions, and are coloured by emotions, ascriptions, conflict, wishes, disillusionments, and so on. As a result, relationships happen over time and are not fixed entities, but exist in a state of continuous flux. CPR are central to most individuals' lives and while there are many kinds of relationships, only a few fall into the category of 'close' or 'intimate' (Miller, 2012).

Unlike professional training in other fields, clinical psychology training places significant emphasis on developing the personal and relational qualities of the individual (Hackland, 2015; Kottler & Swartz, 2004). Trainees undergo intense personal and professional development that encompasses emotion, cognition and behaviour, and results in profound shifts in the trainee's sense of self (Guy, 1987; Kottler & Swartz, 2004; Mearns, 1997). These internal structural changes are pervasive and impact on all areas of trainees' lives informing their thinking, actions and their relationships (Alhanati, 2009; Blokland, 1993; Hall 2004; Nabal, 2009). It is this profoundly transformative quality of clinical psychology training that implicates such training in impacting trainees' CPR.

Defining close or intimate relationships is integral to understanding why these relationships in particular may be impacted when an individual undergoes clinical psychology training. Intimacy involves a reciprocal process of giving and receiving but it is not merely an aggregation of interactions occurring between two individuals (Reis & Shaver, 1988). Miller (2012) proposes that intimate relationships are multifaceted and may generally be identified by the presence of a combination of at least some of the following six components: knowledge about each other, caring for

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each other, interdependence between intimates, a high degree of mutuality (overlap of one another's' lives), as well as trust, and commitment. People establish and maintain close relationships with others to fulfil their need to belong, which compels them to seek out consistent interaction with individuals to whom they feel connected (Miller, 2012). Relationships are altered in response to internal intrapersonal effects, environmental influences and other relationships (Laursen & Bukowski, 1997; Meehan & Levy, 2009). Changes in thoughts and feelings are often achieved in the context of interactions with others. However, internal reflection, behavioural change, individual life experiences, and relationship experiences can alter how one thinks and feels (Meehan & Levy, 2009). Different milieus present challenges or opportunities for particular interpersonal relationships, which in turn modifies interaction between individuals. Relationships are also affected by the histories and experiences each party brings to them (Miller, 2012). Clinical training tends to have a profound effect on how trainees understand themselves and often demands intense self-examination of their ways of relating and interrogation of the roles trainees have played in various relationships, historically (Kottler & Swartz, 2004). Thus the mutually dependent, reciprocally influential nature of intimate relationships suggests that training is bound to affect the nature and quality of trainees' current CPR. The following sections therefore consider the potential impact of clinical psychology training on both inter- and intrapersonal relationships.

The Impact of Clinical Psychology Training on Relationships with Friends

The process of clinical training fosters a profoundly internally focused awareness that changes one's existing view of life (Guy, 1987). A result of this shifting view is an alteration in interpersonal interaction as changes in the trainees' behaviour have a reciprocal impact on other relationships (Meese, 2006). Hall (2004),

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Nabal (2009) and Prentice (2001) as trainee psychologists themselves explored the impact of training on the personal life of the trainees. Hall (2004) examined the impact of becoming a clinical psychologist on personal relationships, while Nabal (2009) and Prentice (2001) explored their own process of personal development during training as a case study. Prentice (2001) also included interviews with other trainees in the process of internship training. Each of these authors reflects that the process of internal transformation experienced during training inevitably impacted social interactions in everyday life. They found that shared meanings among social networks diminished and new meanings could not be renegotiated with the result that the trainees' continued membership of particular social groups was threatened and in some cases withdrawn. Hall (2004), Nabal (2009) and Prentice (2001) all consider the personal development necessitated by training as a clinical psychologist as rewarding and positive yet in the interpersonal sphere relationship losses are foregrounded. Nabal (2009) suggests that the intrapersonal changes she experienced changed her into someone those close to her recognised but didn't know. Additionally Prentice (2001) set out to explore the difficulties trainees experienced during training—one area of difficulty was the need to renegotiate roles and interaction in CPR which is a finding common to Hall (2004). While this may be construed as a difficulty the evolution of relationships over time suggests that moments of impasse or conflict can be overcome leading to deeper more meaningful interaction (Fiammenghi, 2015).

Guy (1987) posits that conflict is generated as trainees struggle to integrate internal changes into their styles of relating. An example of one such internal change is related to a process of becoming more psychologically minded (Farber, 1983; Fiammenghi, 2015). While this can improve empathy and sensitivity to the needs of family and friends it can also create distance, for instance, when others are not able to

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participate in psychologically informed conversation (Guy, 1987; Fiammenghi, 2015; Murdoch, 2000). This is illustrated in Nabal's (2009) experience in which she was unable to articulate her internal struggles of learning psychology to those close to her and the only place she felt heard and understood was with other trainee psychologists because "they spoke the same language" (p. 58). An altered internal view of the world and corresponding changes in how one interacts with others may create conflict and ambivalence in friend relationships but it also offers an opportunity for renegotiation of these friendships (Butler, 2014). As a result the trainee may be left with fewer friends yet have developed a more discerning view of what constitutes meaningful friendships along with the development of healthier boundaries in relationships (Alhanati, 2009; Butler, 2014; Truell, 2011).

The Impact of Clinical Psychology Training on Relationships with Family

By its very nature clinical psychology training demands change, requiring significant shifts in identity, self-knowledge and ways of thinking from the trainee (Folkes-Skinner, Elliott, & Wheeler, 2010). Training can therefore be emotionally exhausting (Butler, 2014; Nabal, 2009), which is an aspect it has in common with the practice of psychotherapy which some research has suggested can result in the depletion of a therapist's emotional reserves (Guy & Liaboe, 1986; Norcross & Guy, 2007; Zur, 1994). The impact of being emotionally depleted may lead the therapist/trainee to become aloof and distant from family and can result in reduced emotional engagement (Butler, 2014; Guy & Liaboe, 1986; Zur, 1994).

In mitigation, however, the developing capacity for self-reflection and growing skills in communicating and listening can facilitate the capacity to consider the difficulties in interaction (Alred, 2011; Butler, 2014). The ability then to communicate the problems and the needs of the trainee as well as take into account

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the family's perspective may enable fuller engagement with family members (Butler, 2014). The attendant clarification of values related to training is also reported to have resulted in a qualitative improvement in trainees' interpersonal relationships allowing for a better understanding of family members and being more accepting of them (Alhanati, 2009; Alred, 2011).

The development of new attitudes and beliefs by trainees could lead to misunderstandings, arguments, strained communication, and alienation from parents and family members who hold different views (Alhanati, 2009). In part the conflict or tension around the trainees' altered outlook may not be easily resolved as the development of new ways of thinking may not be accessible to family and can make conversation around these new ideas difficult (Alhanati, 2009; Guy, 1987; Nabal, 2009; Zur 1994). Distance from family members could also be exacerbated by feelings of guilt for holding different views, not being willing or able to provide an 'expert' opinion on a family difficulty and the therapeutic requirement of confidentiality already operational in training (Alred, 2011; Butler, 2014; Truell, 2001). Guy (1987) and Zur (1994) concluded that a number of individuals choose psychology training because of a need for intimacy related to a sense of isolation that was existent during childhood. The literature falls short in clarifying—and this begs the question of—whether the sense of isolation from family experienced during training is entirely a result of the training or is an amplification of an already existing dynamic.

The internal changes clinical psychology training gives rise to in trainees requires them to find new ways of interacting with friends and family. Altered values and beliefs may lead to conflict, difficulty communicating and distance in CPR due to guilt on the part of the trainee for holding a different view or close others finding new

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ways of thinking inaccessible. However, changes in the trainee may lead to improved empathy and sensitivity to friends and family resulting in greater understanding and acceptance of those with whom they have CPR. Better communication and listening skills may also enhance interaction with friends and family. As with friends and family the experience of training is bound to have similar impacts on the trainees' romantic relationships.

The Impact of Clinical Psychology Training on Romantic Relationships

The third relationship that may be impacted by clinical psychology training is the trainee's romantic relationship. Scheinkman (1988) reported that graduate school student marriages are particularly vulnerable, and surviving the first year of a psychotherapy graduate programme is specifically challenging. A few studies have examined the impact of graduate study on student marriages and several common themes can be identified (Brannock, Litten, & Smith, 2000; Dahl et al., 2010; Duncan & Goddard, 1993; Dyk, 1987; Fisiloglu & Lorenzetti, 1994; Ford Sori et al., 1996; Guldner, 1978; Legako & Sorenson, 2000; Polson & Nida 1998; Polson, Piercy, & Nida, 1996; Scheinkman, 1988). Common themes in these studies included, for instance, course demands and time commitments impinging on spousal/family time (Dahl et al., 2010; Ford Sori et al., 1996; Legako & Sorenson, 2000; Polson & Nida, 1998; Polson & Piercy, 1993); financial strain and the need to work and study (Ford Sori et al., 1996; Legako & Sorenson, 2000; Polson & Nida, 1998); role conflict and the non-student spouse shouldering extra responsibilities (Fiammenghi, 2015; Ford Sori et al., 1996; Polson & Piercy, 1993); the non-student spouse being left behind in the process of personal development (Dahl et al., 2010; Fiammenghi, 2015; Ford Sori et al., 1996; Legako & Sorenson, 2000); enhancement of the student spouse's communication skills and awareness of their own role in marital problems (Dahl et

al., 2010; Fiammenghi, 2015; Polson & Piercy, 1993); development of greater expressiveness in the relationship, and a better appreciation of both partners' strengths as well as a greater sensitivity to each others' needs (Dahl et al., 2010; Duncan & Goddard, 1993; Fiammenghi, 2015; Legako & Sorenson, 2000).

Recently, Fiammenghi (2015) researched clinical psychology doctoral students who were not married but in long-term relationships and found that individual changes within the trainee led to the most relationship-related difficulties. Change such as a gap in educational level and professional status when only one partner acquired a graduate degree led to feelings of inferiority in the non-degree partner and became a source of contention. Although clinical psychology training promotes individual growth and self-awareness, resulting in gratifying changes on a personal level for the trainee, these intrapersonal changes may have a negative impact on the trainee's romantic relationship (Guy 1987; Fiammenghi, 2015; Ford Sori et al., 1996). For instance, a revised notion of what is important or desirable in a relationship could lead to growth in a current relationship or result in its dissolution because of misaligned expectations. Relatedly the intense emotional demands of training can make it difficult to meet the emotional needs of a partner and may create distance in the relationship (Ford Sori et al., 1996; Guy, 1987).

A notable trend in the literature suggests that although trainees suffered challenging couple interactions most felt that their partner relationships improved over time (Fiammenghi, 2015; Ford Sori et al., 1996; Guy 1987; Truell, 2001). Improvements in partner relationships were attributed to the integration of the trainee's counselling skills and no longer needing to 'practice' on their partners, discontinuing efforts to change their partner's behaviours, a mutual improvement in communication skills and greater emotional expressiveness in the trainee as a result of

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their training (Fiammenghi, 2014; Legako & Sorenson, 2000; Truell, 2001). Positive effects were also generated from an awareness and acceptance of their own role in marital conflict and greater sensitivity to each other's needs (Duncan & Goddard, 1993; Fiammenghi, 2015; Ford Sori et al., 1996). Fiammenghi (2015) advises that the impact of training on couples is individually variable but suggests that if the relationship is to survive, partners need to continuously negotiate the new demands they face due to the training experience.

The discussion above elucidates a contrast noted by Farber (1983)—the question of why some individuals experience positive consequences and others experience unfavourable outcomes of the same training process. This dichotomy is prevalent in each of the relationship areas reviewed yet no attention is given in the literature to why these differences exist. This study hopes to add to this gap in the literature by addressing how clinical psychology trainees understand the impacts of training on their CPR. However, some explanations may be found in other work, such as Kuyken, Peters, Power, and Lavender (2003), which explores trainees' psychological adaptation and highlights their personal and contextual resources for coping with the demands of training. Stress experienced by individuals in CPR is frequently connected to negative interpersonal consequences such as poor communication, changes in usual behaviour, alteration in roles, identity and emotional meaning within the relationship (Papp & Witt, 2010). However, the resources available to an individual and how they make use of them may mitigate the generally negative outcomes of personal stress on their CPR. For instance, trainees with a supportive partner, friend or relative at home who provided care, encouragement and sympathy reduced the individual's emotional stress and functioned as a significant protective factor against problems of psychological adaptation (Kuyken et al. 2003;

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Thoits, 2011). Alleviating the external stress experienced by an individual in a CPR results in reducing the negative impact of that stress on the relationship (Papp & Witt, 2010). Stress and some of the socioemotional coping strategies employed by trainees are the focus of the following section as the demands of training impact both professional and personal self-development and as a result affects intimate relationships.

Stress and Coping Strategies in Clinical Psychology Trainees

Although limited, studies on clinical psychology trainees and related mental health practitioners provide some evidence to suggest that trainees are vulnerable to experiencing extreme levels of stress (Brooks, Holttum, & Lavender, 2002; Cushway, 1992; Cushway & Tyler, 1996; Kuyken et al., 2003; Pakenham & Stafford-Brown, 2012). Among mental health professionals work related stress is associated with an array of negative physical and psychological outcomes, comprising discouragement, compassion fatigue, emotional depletion, relationship problems, anxiety, depression, and burnout (Norcross, 2000; Pope & Vasquez, 2005). Schwartz-Mette (2009) points out that graduate student trainees also have to manage the developmental stress associated with the transition to this phase of study in the areas of social and academic functioning, stress management and professional expectations such as course work, research and psychotherapy training.

A significant source of stress for trainees is related to ambiguity or uncertainty in the training that requires developing tolerance for anxiety, disorder, conflict, ambivalence and paradox (Jennings, Goh, Skovholt, Hanson & Banerjee-Stevens, 2003; Pica, 1998; Skovholt & Rønnestad, 2003). Trainees often have a high need for perfectionism and approach training with an overly optimistic view of their ability to change clients (Skovholt & Rønnestad, 2003). Considerable anxiety can be generated

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by not always having clear answers or solutions for sometimes complex cases, difficulty translating academic theory into practice, long hours and time constraints (Gerber & Hoelson, 2011; Skovholt & Rønnestad, 2003). Professional self-doubt, while an inevitable aspect of training, may have a negative effect on trainees intensifying feelings of insecurity and inadequacy (Kumary & Baker, 2008; Skovholt & Trotter-Mathison, 2016). Other stressors include having to function in multiple roles simultaneously such as student, researcher, and therapist, which is particularly draining for novice psychotherapists (Kuyken, Peters, Power, & Lavender, 1998; Schwartz-Mette, 2009; Skovholt & Trotter-Mathison, 2016). Jennings et al. (2003) point out that being able to develop tolerance for the complex ambiguity of work in mental healthcare is an important determinant of professional maturity. Trainees who perceive the demands of training as manageable, take responsibility for their learning and are supported by a close confidante such as a partner, relative or friend manifest fewer problems in psychological adaptation (Kuyken et al., 2003).

Social support, peer consultation and peer feedback are important facilitators of coping with the uncertainty and stress of training (Cilliers & Flotman, 2016; Cushway, 1997; Gerber & Hoelson, 2011). Taylor (2012, p. 189) defines social support as the "perception or experience that one is cared for, esteemed and part of a mutually supportive social network." Peers can provide a sense of mutual belonging and support as trainees share the stressors and challenges of training. They also share the experience of the reciprocal impact of the training and their personal lives on each other (Chui, Schaefer Ziemer, Palma, & Hill, 2014; Edwards & Patterson, 2012). Supportive peer contact provides a normalising function in early clinical experience that assists in reducing stress (Bischoff, 1997). Unfortunately not all peer interaction is supportive. Conflict, competition and insensitivity can lead to negative peer

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relationships (Chui et al., 2014; Kanazawa & Iwakabe, 2016). Edwards and Patterson (2012) suggest that part of the problem are the ambiguous boundaries that exist between trainees who do not clearly define their relationship as simply coworkers or friends, or both. Negative experiences such as social exclusion and judgemental or dismissive exchanges with peers can result in emotional impacts (loneliness, jealously, resentment) that have an adverse effect on learning skills, knowledge and on peer relationships (Chui et al., 2014; Cacioppo, Fowler, & Christakis, 2009).

Spouses, family and friends also provide significant social emotional support (Coster & Schwebel, 1997; El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Kuyken et al., 2003). Tompkins, Brecht, Tucker, Neander, & Swift (2016) found that family and friends along with trainee peers were perceived to provide the most socioemotional support and those trainees who perceive themselves to have adequate levels of social support experience much less overall stress (Clark, Murdock, & Koetting, 2009; Myers et al., 2012; Wilks, 2008). Familial and/or partner support provides encouragement, esteem building, nurturing and security particularly during difficult personal and training experiences (Coster & Schwebel, 1997; Jairam & Kahl, 2012; Kuyken et al., 2003). Factors that contribute to preventing and coping with stress include self-awareness and social support which improves psychological and physical well-being and acts as a buffer against the detrimental mental and physical impacts of exposure to stress (Thoits, 2011).

Changes in the Trainee

Transformative learning. Transformation refers to a deep and lasting change, equivalent to what some term a developmental shift or change in worldview (Stevens-Long, Schapiro, & McClintock, 2012). A transformative learning process changes individuals, altering them in ways that both they and others can recognise (Clark,

1993). Despite differences in approaches such as the psychoanalytic, psychodevelopmental, and social emancipatory approaches, the descriptions of the processes involved in transformation overlap (Stevens-Long et al., 2012; Taylor, 2008). Each approach essentially explains how cognition, affect and behaviour interact to produce change in the individual through the learning experience. There is also a reflective stage or process common to all learning theories (Hughes, 2009). Reflection in action, on action and about one's impact on others and the self is a vital aspect of development as a clinician (Mearns, 1997; Schön, 2003; Woodward, Keville, & Conlan, 2015).

The psychoanalytic model incorporates the idea of transformation as a lifelong process of individuation. While the psychodevelopmental view recognises the function of relationships and the individual's milieu as influential in the process of learning and change (Taylor, 2008). Other perspectives on transformational learning such as a social-emancipatory approach and the slightly newer neurobiological, cultural-spiritual, race-centric, and planetary approaches have also been developed (Taylor, 2008). For the purposes of the current research however, an integrated conceptualisation of the basic principles of the psychocritical, psychoanalytic, and psychodevelopmental models is adequate. The phases involved in transformative learning are described as: facing a dilemma, self-evaluation, critical assessment of assumptions, recognition that one's discontent and transformation are shared, exploration of alternatives, planning action, acquisition of new knowledge and skills, trying new roles, building self-confidence, and reintegration of the new perspective (Mezirow, 2012). Finally the process of transformation although often presented in a linear manner is frequently a fluid, self-repeating and idiosyncratic experience (Bennetts, 2003; Hughes, 2009).

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Bennetts (2003) conducted a study of 197 adult learners and found that transformational learning in adulthood consists of major changes in thinking, feeling, acting, relating and being. These are all factors of some significance for those engaged in clinical psychology training. Stevens-Long et al. (2012) reported similar outcomes in a sample of graduates of a multidisciplinary PhD programme designed around the principles of collaborative adult learning. The interactive, collaborative and self-reflective nature of the learning experiences and the criterion for application of theory to practice in that programme, are similar to the learning processes in clinical psychology training. In addition to the cognitive, emotional and behavioural changes experienced by the graduates they also underwent what Mezirow (2012) refers to as a "disorienting dilemma" created by the self reflective and self-directed nature of the learning process (Stevens-Long et al., 2012). Dilemmas are created through experiences that do not match an individual's expectations or make sense to them. Resolution of the dilemma can only occur through some change in their worldview (Taylor, 2008). A crucial aspect of the internal changes experienced by trainees that facilitated their growth was the development of greater self-awareness (Bennetts, 2003; Stevens-Long et al., 2012).

Clinical psychology as a transformative learning experience. The clinical psychology training process is a transformative learning experience in which the trainee must question their assumptions, beliefs, feelings, and perspectives in order to grow or mature personally and intellectually (Herod, 2002; Hughes, 2009; Stevens-Long et al., 2012; Taylor, 2008). In this time of transition trainees may struggle to understand the rapid internal changes they are undergoing themselves, let alone explain these vicissitudes to others (Guy, 1987). Changes in values, perspectives and priorities necessarily impact relationships outside the training and can be a source of

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conflict or serve to deepen relationships (Alred, 2011; Fiammenghi, 2014; Folkes-Skinner et al., 2010; Guy, 1987; Kennedy & Black, 2010). Meaningful shifts in religious beliefs, political views, and personal attitudes are often facilitated by exposure to, and increased tolerance of, a wide diversity of views and experiences during training and practice (Folkes-Skinner et al., 2010; Guy, 1987; Norcross & Guy, 2007). The intense internal focus can alter the way events and relationships are perceived and may lead to over-examination of the motivations of self and others (Farber, 1983, Fiammenghi, 2014). Earlier studies have suggested that intense introspection restricted spontaneity as counsellors minimise or deny their own feelings and inner experience (Guy, 1987), or resulted in alienation from their own feelings (Freudenberger & Robbins, 1979).

A further interesting enhancement of becoming and working as a professional counsellor was an improved relationship with the self, exhibited in greater awareness of their own internal processes, feeling more comfortable with themselves, ability to trust themselves more and feelings of wholeness or authenticity (Alhanati, 2009; Alred, 2011; Fiammenghi, 2014). Self-awareness, in part, involves being cognisant of one's thoughts, feelings, attitudes, beliefs and behaviours (Pieterse, Lee, Ritmeester, & Collins, 2013). Developing self-awareness is fundamental to evolving as an effective counsellor or psychologist. Although often seen as a by-product of training it has a profound effect on trainees. Guy (1987) suggests that training facilitates greater self-ideal congruence and the reorganisation of trainees' individual self-concept (Folkes-Skinner et al., 2010), and promotes more stable, healthy functioning, and good social adjustment. McAuliffe's (2002) study of students in an undergraduate-counselling programme identified three categories of change related to the students' perceptions of how their studies had impacted them. The outcomes highlighted were

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increased reflexivity, increased autonomy, and valuing dialogue. These changes are consistent with the notion that transformational learning experiences such as those encountered in clinical or counselling training result in an alteration in the self of the individual (Bennetts, 2003; Kennedy & Black, 2010; Pascual-Leone et al., 2012; Pascual-Leone et al., 2013; Punzi, 2015; Skovholt & Rønnestad, 1992; Woodside, Oberman, Cole, & Carruth, 2007; Woodward et al., 2015).

The social nature of human beings suggests that any change in an individual, such as those associated with training and practicing as a clinical psychologist, are likely to have profound effects on the individual's CPR (Alred, 2011; Hall, 2004). Sometimes change in an individual is only recognised through interaction with or feedback from others (Nohl, 2009; Sands & Tennant, 2010). In addition, change in the self can alter the way individuals think about and respond to those close to them (Woodward et al., 2015). Improved self-acceptance may manifest in a more flexible adaptive view of the self and significant others facilitating the development of greater mutuality in relationships. Enhanced sensitivity and vulnerability in an individual may improve their responsiveness to the needs of significant others. At the same time there may be a reciprocal demand for greater emotional support from those in CPR. Developing a better understanding of the self and others is correlated with improved interpersonal skills and qualitative improvement in interpersonal relationships (Alred, 2011, Butler, 2014; Kennedy & Black, 2010; Lyman, 2014; Truell, 2001). In sum, the reciprocal nature of CPR means that any change in an individual will necessarily have an associated impact on those close to them.

Conclusion

The process of clinical psychology training can impact relationships negatively, creating distance or, positively, enhancing trainees empathy and

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sensitivity to others. Many trainees find that the clinical training experience "promotes personality reorganisation, resolution of underlying problems or conflicts, and facilitation of growth and maturity within themselves" (Guy, 1987, p. 43).

An area not specifically covered in the literature relating to the impact of clinical psychology training on trainees' CPR is the reciprocal effect of those relationships on the trainee. Research shows that an emotionally supportive partner was associated with better psychological adaptation to the training experience and home-based social support in general moderated trainees' psychological adaptation both directly and indirectly (Butler, 2014; Fiammenghi, 2015; Kuyken et al., 1998). Peer relationships, particularly in clinical psychology training, are important facilitators of coping and can also provide a close shared bond (Chui et al., 2014; Edwards & Patterson, 2012; Lee, Eppler, Kendal, & Latty, 2001). This is consistent with previous research which suggests that a close confiding relationship is important in protecting people from problems of psychological adaptation (e.g. Fowler & Christakis, 2008; Hefner & Eisenberg, 2009; Jetten, Haslam, Haslam, & Branscombe, 2009; Kawachi & Berkman, 2001; Thoits, 1995; Thoits, 2011). The current study provides an opportunity to explore the trainees' views of the impact training has had on their CPR with family, friends—including classmates—and romantic partners.

The literature reviewed has suggested that the process of becoming a clinical psychologist is demanding, requiring significant psychological and emotional adaptation from the trainee and the available research supports the idea that these internal changes will have an impact on trainees' CPR. The demands of training also require trainees to develop mechanisms for dealing with the ensuing stresses. Coping is facilitated largely through interpersonal relationships notably friends, especially classmates, family and partners. Training seems to be a process in which

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consolidation of a new psychological perspective on the world as well as adaptation to the demands of therapeutic and academic training require an interrogation of the trainees' personal values, ideas and views of the world. This results in a different outlook to that of friends, family and partners, possibly causing disruption and conflict in those relationships. Conversely the process of training can have a positive impact on trainees' CPR. Trainees' emergent personal growth demonstrated in, for instance, a capacity to appreciate different points of view, as well as improved communication with, and tolerance for, others may lead to deeper bonds and more meaningful relating.

Chapter 3: Methodology

Introduction

The fundamental purpose of research is knowledge production and as such the chosen research methodology needs to be aligned with the aims of the research to be undertaken. In this instance the research aimed to explore clinical psychology master's students' experiences of the impact of training as a clinical psychologist on their CPR. Attempting to describe, understand and interpret current trainees' subjective experiences of the influence clinical psychology education has had on their CPR called for a qualitative framework. Qualitative research encompasses a broad range of distinct approaches that are supported by a common philosophical foundation which assumes a subjectivist ontology and an epistemic basis that sees knowledge creation as an interaction between knower and known (Wilding & Whiteford, 2005). Such a relativistic position views the researcher as having values, opinions, biases, feelings and experiences that influence both the process of the research and the phenomena to be studied. This means that knowledge or reality is closely linked to the context in which they are created and that there can be multiple versions of reality, even for the same individual (Clarke & Braun, 2013). The reciprocal influence of the researcher and the participants requires that both the theoretical position of the researcher, and the processes through which interpretations are formed are made explicit. Willig (2013) refers to this process as epistemological reflexivity. In order to meet the requirements of epistemological reflexivity a detailed description of the process decisions and their motivations is set out in this chapter.

The chapter outlines the methodology underpinning this study beginning with the paradigmatic framework and research design which explain the general logic and approach to the research. Following this the sampling procedures, data collection and

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data analysis procedures are described. The issue of ensuring quality in qualitative research and the steps taken to ensure ethical compliance conclude the chapter.

Paradigmatic Framework

Phenomenology is both a philosophy and a range of methodological research approaches (Kafle, 2011; Miles, Chapman, Francis, & Taylor, 2013). The origin of the word phenomenology comes from the Greek *phainomenon,* "that which shows itself or is seen," (Schrag, 1994, p. 35) and the word *phenesti,* which means to show forth or to bring into the light (Miles et al., 2013). In deciding what methodological framework is most appropriate for a study, consideration must be given to what the research is primarily trying to find out (Grix, 2002). This study seeks to "bring into the light" the experience of how being a clinical psychologist in training impacts trainees' CPR. Phenomenology, which may be generally defined as the direct investigation and description of phenomena as individuals experience them in their life, attempts to derive the universal essence or meaning of the phenomenon/experience (Creswell, 2013; Koch, 1996; Sloan & Bowe, 2014).

Phenomenological hermeneutics or Heideggerian phenomenology is a form of interpretive phenomenology which requires interpretation of the experience one is attempting to elucidate through rich textual descriptions of the experiencing of the selected phenomena and is the approach that will be adopted in this study (Ajjawi & Higgs, 2007). Phenomenology's concern with lived experience is ideally suited to the current research focus which seeks to both explore and understand trainee psychologists' experiences of the impact of clinical psychology training on their CPR.

Crucially, an individual's understanding of being in the world cannot be separated from historically lived experiences. These lived experiences occurring from birth to death are formed and affected by the intimate interactions between the self

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and the world (Laverty, 2003; Miles et al., 2013). The historicality of both the participant and the researcher are pertinent and it is relevant to this study to note that the researcher is also a trainee psychologist. Researcher and participant cannot encounter one another without reference to their history or background which informs the way they understand the world and the subsequent interpretation of the encounter (Koch, 1996). This is Heidegger's notion of pre-understanding which is provided by our cultural framework (which includes beliefs, values, customs, behaviours, language and artefacts) of how to be in the world (Koch, 1995; Laverty 2003). At the same time the individual constructs their world based on their background and experiences while the world constructs them (co-constitution), and it is in this process that meaning is found (Koch, 1995; Laverty 2003). This means that knowledge or reality is closely linked to the context in which they are created and that there can be multiple versions of reality, even for the same individual (Clarke & Braun, 2013). Interpretation is a necessary and vital part of developing understanding and it is important to be conscious of pre-understandings in order to account for its interpretive influence (Laverty, 2003). Although Wilding and Whiteford (2005, p.101) point out that pre-understandings are "never actually transcended" and the researcher's subjective view does not reflect poor research but instead facilitates interpretation. Interpretations therefore need to acknowledge the researcher's perspective while remaining accountable to the text. In the current research the notion of bracketing is a self-reflective process of recognising and acknowledging the researcher's apriori knowledge and assumptions about the phenomenon under study. The use of bracketing in this way facilitates the analytic goal of attending to the participants' accounts with an attitude of relative openness (Tufford & Newman, 2010).

Research Design

The current study made use of an exploratory qualitative research design as it attempted to understand how training to be a clinical psychologist affects one's CPR. Interpretive methods attempt to "describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement" (Terre Blanche, Kelly, & Durrheim, 2006, p. 272). An interpretive approach facilitates exploring the subjective realities of individuals by focussing on their personal experience, perception and account of the events being investigated. Meaning, with the goal of accomplishing a sense of understanding, is of essential concern to hermeneutic phenomenology (Kafle, 2011; Koch, 1995; Laverty 2003), and as such the participant's viewpoint of the impact of their training on their CPR was the central focus. The purpose of an approach underpinned by hermeneutic phenomenology was to develop rich textual descriptions of how training impacts developing psychologists' CPR in order to create meaning and achieve a deeper understanding of those particular experiences of training (Kafle, 2011). The interpretive element of a hermeneutic phenomenological approach also facilitated illuminating assumptions and connotations underlying texts that the participants may not be aware of (Ajjawi & Higgs, 2007).

Participants

Hermeneutic phenomenological research endeavours to develop a thick description of the phenomenon being investigated in a particular milieu (Ajjawi & Higgs, 2007). A non-probability, purposive sampling method was therefore used to obtain a sample of seven second year clinical psychology master's students. Kelly (2006) recommends between six and eight participants when undertaking in-depth interviews if these are drawn from a homogenous sample. While Clarke, Braun and

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Hayfield (2015) suggest that an appropriate sample size for a small project utilising thematic analysis requires five to 10 interviews. In this study the size of the sample was also constrained by the practicalities of accessing currently registered clinical psychology master's students and the fact that the number of trainees in such programmes is small.

The seven current second year clinical psychology master's students were selected according to the following criteria for inclusion: (a) had completed at least one and a half years of academic and practical training as part of a professional master's programme in clinical psychology; and (b) were still in the process of completing their clinical psychology master's degree. This cohort was regarded as being in a position to reflect on the possible impact this training may have had on their CPR. Ethical approval to carry out the study was obtained from Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Appendix D) before data collection commenced. Participants were initially approached via email by a member of the clinical training team after permission had been received from the MA Clinical Psychology Co-ordinator and Head of the Department of Psychology at the university to do so. The email outlined the details of the study and provided the researcher's contact information. Those interested in participating were asked to contact the researcher directly. A meeting time and place convenient to the participant outside of lecture/practical hours was then set up and confirmed by the researcher.

All participants were registered in a university level clinical psychology master's training programme in the greater Gauteng area at the time of interviewing. The sample comprised of a number of female and male participants ranging from 24 to 32 years of age. The majority of participants were white with a smaller number of black participants making up the sample. The participants were not first language

English speakers but were proficient in English as required for selection into a clinical psychology training programme.

Data Collection

Individual semi-structured, in-depth interviews were employed as the primary means of gathering data as they presented the most effective way to approach the essentially exploratory nature of the research. Semi-structured interviewing has been used in similar research studies as the primary method of data collection (Kennedy & Black 2010; Truell, 2001). The interview schedule (see Appendix C) was developed with reference to the themes identified in the literature consulted around the topic and provided a set of focus areas for the interview. The interview served as the mechanism for exploring and accumulating accounts of the lived experiences of the participants, the focus of a study underpinned by hermeneutic phenomenology. It was also a way to develop a dialogic relationship with the participant about the meaning of their experiences (Ajjawi & Higgs, 2007). The semi-structured approach also allowed topical trajectories in the conversation to be followed (Cohen & Crabtree, 2006). The participants were able to express themselves more freely in a relatively natural way, which promotes an understanding of how they think and feel, and facilitates insight to their subjective experience (Kelly, 2006). The interview schedule was used as a guide to maintain the focus of the interview within the scope of the investigation through the use of prompts where necessary without constraining participants' responses. The interviews were directed by the participants and the exploratory nature of the process also allowed participants to develop new insight and awareness about the impact of clinical psychology training on their CPR (Kvale, 1994).

Procedure

A brief explanation of the purpose of the research was provided at the beginning of the interview as an introduction. Participants then read the information sheet (Appendix A) and consent form (Appendix B) and the researcher also provided a verbal account of the contents of each document. Any questions the participants had regarding the study were answered before they signed the consent form. Thereafter a further brief clarification of what the interview was intending to achieve was provided before beginning the interview. Interviews were conducted in English (the medium of instruction at the institution), and took place at a time and appropriate venue (such as a specially reserved private seminar room) convenient to the participants outside of lecture/practical time. Interviews lasted between 40 and 75 minutes and were digitally recorded (with participant consent), to accurately capture their views. Each interview was subsequently transcribed verbatim by the researcher.

Data Analysis

Data gathered from interviews was analysed using thematic analysis. Thematic analysis provides a flexible and theoretically independent method for "identifying, analysing and reporting patterns (themes) across a dataset" (Braun & Clarke, 2013, p. 189).

Data analysis took place on two platforms—vertical analysis and horizontal analysis. Vertical analysis involved the initial analysis of each interview focusing on the particularities of that interview. Horizontal analysis entails comparing the data across all interviews in order to make inferences regarding similarities and differences between the interviews as a group. The steps, indicated in Figure 1, outlined by Clarke et al. (2015) adapted from Braun and Clarke's (2006) initial guidelines for

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using thematic analysis in psychology, was used to guide the analysis of interview data which occurs in six recursive phases detailed in the diagram that follows.

Figure 1: Summary of the six phases of thematic analysis

Phase 1
- *Familiarisation:*
  - Transcribing data, working with the texts to develop a thorough in-depth knowledge of the data, and noting initial ideas.

Phase 2
- *Generating initial codes:*
  - Systematically identify coherent patterns within the data across the data set in relation to the research question, and grouping similar data segments.

Phase 3
- *Searching for themes:*
  - Organising codes into potential themes, actively clustering codes to create a plausible mapping of significant patterns in the data.

Phase 4
- *Reviewing themes:*
  - Check themes for 'fit' with coded data (level 1) and entire data set (level 2), identify central organising concept or distinct 'essence' of each theme, create thematic map of the analysis. Changing or discarding themes and/or revisiting phase 3.

Phase 5
- *Defining and naming themes:*
  - Refining themes, generating clear definitions (conceptual clarity) and theme names.

Phase 6
- *Producing the report:*
  - Themes provide the organising framework for the analysis, selection of compelling extract examples, final analysis of extracts, relate analysis to research question and literature, and produce analytic narrative (report).

Adapted from Clarke et al. (2015, p. 229-230).

In this study the process of analysis began with transcribing the recorded interviews after which each interview transcript was read while listening to the recordings to check transcript accuracy. Transcripts were corrected where necessary paying attention to punctuation as incorrect placement can change the meaning of data (Braun & Clarke, 2012). Transcripts were then actively read a number of times (familiarisation) and initial thoughts and ideas were noted along with marking potential text for coding. Generating initial codes (phase 2) was done by marking data with 'post it' notes, underlining and margin notes to identify data extracts that may fit the tentative codes. Attention was given to noting similarities, differences,

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contradictions and tensions within and across data items. The search for themes (phase 3) required re-focussing the analysis at a broader level by organising and combining codes into themes and sub themes and developing a rough thematic map. Potential themes were then reviewed (phase 4) by considering whether there was sufficient evidence to support each theme. The thematic map was reworked a number of times. A fairly comprehensive selection of extracts from the transcripts that meaningfully illustrated each theme was undertaken, attempting to provide evidence across the dataset, where possible. The process of defining and naming themes (phase 5) and writing the report (phase 6) occurred in a circular iterative process as consideration of the overarching research question and critical discussion of themes in relation to literature suggested necessary refinement of themes.

Quality

Establishing quality in phenomenological research is achieved by satisfying the criteria for credibility, transferability, dependability, and confirmability (Anney, 2104; Golafshani, 2003; Koch, 1994; Shenton, 2004; Sousa, 2014). The use of appropriate well recognised research methods in conducting this research is an attempt to satisfy the criteria for credibility. As the principal instrument for gathering and analysing data the researcher's involvement and identification with the research and the possible or actual effect on the findings is stated in the reflexive component of the concluding chapter (Horsburgh, 2003; Koch, 1994). Credibility was enhanced through research supervision (Anney, 2014; Shenton, 2004) and through consideration and application of previous research in order to provide support for the findings of the study (Shenton, 2004). The criterion of transferability was addressed by providing a detailed description of the context and the phenomenon of the study to facilitate making comparisons to other instances and situations (Van der Riet &

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Durrheim, 2006). Both dependability and confirmability require a detailed methodological description of the research process which is provided in this chapter. In the case of dependability, this facilitates repetition of the study and enables thorough examination of the soundness of the research results for the purposes of confirmability (Anney, 2014). This is in effect an 'audit trail' and also includes the reflective component, which enhances the accuracy and "credibility of the research findings by accounting for researcher values, beliefs, knowledge, and biases" (Cutcliffe, 2003, p. 137). Reflective commentary will form part of the discussion in the research report addressing the study findings and the usefulness of the study (Shenton, 2004). Finally, the shortcomings of the chosen methodology and its possible consequences on the study are discussed in the concluding chapter of the dissertation.

Ethical Considerations

Ethical approval for this research was obtained from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Appendix D). Permission was also obtained from the Head of the Department of Psychology and the MA (Clinical Psychology) Programme Co-ordinator at the university in Gauteng where participants were approached in order to request student participation in the study.

Prior to commencement of the interviews participants were informed about the nature of the study and that they were free to participate or decline to participate, as well as withdraw from the research at any point, without untoward consequences (Creswell, 2013; Halai, 2006; Wassenaar 2006). The participants were also assured that their rights to privacy and confidentiality would be respected. The researcher obtained informed consent to record the interviews (Wassenaar, 2006). Recordings

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were labelled with pseudonyms and secured with a password known only to the researcher to ensure confidentiality and privacy of information (Halai, 2006). Pseudonyms have been used in the research report and will be employed in any subsequent publications to protect participants' identities. In addition, the name of the institution will not be stated in any research outputs emanating from the study to further protect the confidentiality of the participants who are a small, specialised group. Specific contextual details that could reveal the identity of particular participants have been omitted or disguised (Ajjawi & Higgs, 2007).

Participants were apprised of the fact that they were not obligated to pursue any line of inquiry they deemed too uncomfortable (Creswell, 2013; Halai, 2006; Wassenaar, 2006). Given that the topic could elicit difficult emotions participants were provided with the contact details of the Student Support Services available on campus where they could consult with a psychologist at no cost. Each participant was also provided with a copy of the information sheet, which contains both the researcher's contact details, the supervisor's contact details as well as the details of Student Support Services. The participant information sheet may be found in Appendix A and the letter of informed consent in Appendix B. Participants were informed that interview data will be kept in the Department of Psychology for 15 years and permission was sought for its use in possible future research. It was also explained that their interview transcript, the research report, as well as any publication emanating from the research can be made available to them upon completion of the review process, upon request (Creswell, 2013).

Chapter 4: Results and Discussion

Introduction

The research set out to explore what impact clinical psychology training had on three key relationships—the trainees' relationships with their family, friends and romantic partners. The fourth dimension focused on the trainees' perceptions of change within themselves. It was anticipated that personal change, growth, development or awareness and integration of aspects of the self might influence the relationships of those closest to the trainee. The development of themes proceeded from the research question: *What are trainee clinical psychologists' subjective experiences of the impact of clinical psychology training on their intrapersonal development and how does this impact their CPR?* This chapter presents and discusses the results of the thematic analysis of interview data obtained from seven trainee psychologists around their experiences of the impact clinical psychology training may have had on themselves and their CPR. This thematic analysis is one possible understanding of the phenomenon of clinical psychology training and its impact on the CPR for a particular group of participants. The intent was to develop a balanced and valid report that "provides sufficient description to allow the reader to understand the basis for an interpretation, and sufficient interpretation to allow the reader to understand the description" (Patton, 1990, p. 430).

The seven participants provided fairly detailed accounts of their experiences and verbatim quotations extracted from the interview transcripts are used to illustrate the themes. However extracts have been edited to facilitate readability and deleted words are indicated by "…" while words added to clarify meaning are indicated by [inserted word/s]. The participants' names have been replaced with pseudonyms and identifying information has been removed to maintain confidentiality. The

presentation attempts to negotiate the overlap, divergence, convergence, commonality and individuality present between and within the themes. There is, as Hackland (2015) and Punzi (2015) found, considerable overlap between themes as they represent a conceptualisation of a complex, interactive development of transformation, which is both an internally and externally relational process.

The overarching theme of this research is that of personal development or personal transformation. It is also the theme that influences all the others as any change, or alteration in the trainee may be seen as a catalyst for influencing all other relationships. The second theme, coping with the demands of training, describes an adaptive response in the participants as a direct result of training experiences. Here personal development in the form of altered priorities, increased self-awareness and attention to self-care is articulated. In turn these developments have had an impact on the participants CPR and these too are described. Theme three explains the salience of classmate relationships and outlines both the positive and negative aspects of this important relationship category. The fourth theme encompasses changes in family relationships, including parents and siblings. Theme five explores change in romantic relationships, while theme six is concerned with change in relationships with friends.

A critical aspect of transformative learning is the role of relationships. Transformative learning is both an internally and externally relational process, internally between aspects of the self and externally between the self and others (Jordi, 2010). External relationships are essential to transformative learning as engagement with others fosters the development of self-knowledge (Cranton & Taylor, 2012; Jordi, 2010; Stevens-Long, et al. 2012; Taylor, 2008). The transformative learning process is contingent upon relationships that offer support, trust, friendship and intimacy to individuals as they develop (Taylor, 2007).

Romantic, peer and familial relationships have been identified as significantly instrumental in transformation of the self (Bennetts, 2003; Stevens-Long et al., 2012; Taylor, 2008). The changes in self that the participants have undergone are explored through the impact training has had on their CPR.

Theme 1: Personal development as transformation of the self

Being a psychotherapist involves the whole self of the individual where the boundaries between personal and professional are permeable (Kottler, 2010) and the developmental training process is likely to be an equally bi-directional experience for trainees (Hatcher et al., 2012; Punzi, 2015). As the process of training unfolds there is an inevitable merging of the personal and burgeoning professional self of the trainee with a concomitant alteration in both selves (Hill, Wittkowski, Hodgkinson, Bell, & Hare, 2016; Pascual-Leone et al., 2013). While not always a stated outcome of training the personal transformation of trainees is a ubiquitous outcome and is reflected in the participants' narratives (Chang, 2011; Pascual-Leone et al., 2013). This theme of personal development encompasses the intrapersonal changes experienced by the participants in response to their clinical psychology training.

Expectations of change. Interestingly, prior to commencing their clinical training, Anele and Chantal did not think that the experience of clinical psychology training would fundamentally change them in any way. As Chantal explains, *"I thought to myself "I'm not going to change I'm just doing a master's degree," (Chantal).* After considering the question around personal change Anele stated that, *"…you feel different and you view yourself different as opposed to…when you got into the programme…you never think that's possible… it's just a course and then…actually you see a lot of difference in yourself"(Anele).* Lyman (2014) recounts a similar experience of not anticipating both the level of personal exploration clinical

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psychology training would involve or the actual transformation of her self.

In contrast, Bianca and Michelle came into the training with a different perspective. Bianca had the idea that, *"becoming a clinical psychologist meant you have to be a very sorted person yourself…that there shouldn't be anything wrong with you" (Bianca).* This position is captured in Truell's (2001) research too, where the trainees expressed the expectation that all their personal conflicts and difficulties should be resolved in order for them to be effective counsellors. While Michelle anticipated change she had a somewhat idealistic idea about how that change would manifest. She explained that, *"I always thought that I would come to this point [in the training] and all my problems are fixed and I'm now this person that I always wanted to be" (Michelle).* Hayes (2014) suggests this is a very real issue for some practitioners and cautions against developing the belief that, once qualified, a therapist has moved beyond fallibility and the need for personal development. A number of participants (Anele, Chantal, Garth, Michelle, Phillip) provide the sense of having gained the realisation that personal development is both a necessary and continuous process (Moss, Gibson, Dollarhide, 2014; Sands & Tennant, 2010; Stevens-Long, et al. 2012). Michelle explains this idea in her comment that, *"you realise that you have your things that you need to work on, things that you might not like about yourself, things that you do like about yourself so there's always things…that I will try to work on" (Michelle).*

For some participants the journey of change began before entering the clinical master's training (Woodside et al., 2007). Lynne cites a counselling course undertaken during undergraduate study as a key event in her journey toward clinical master's training that signalled the beginning of personal growth. She explains that, *"I think that I was consciously aware that this is where I want to be so I was sort of,*

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equipping myself along the way before I began that master's journey" (Lynne). Lynne provides an example here of intentional self-development through training (Hughes, 2009; Mezirow, 2012; Taylor, 2008). Garth identifies the development of qualitatively different thinking about others beginning during his honours year of training. Although not directly explored in the interview this is likely to be a derivative of his formal training in conjunction with other factors in a process that may not be fully conscious although the outcome is apparent (Mezirow, 2012). Garth describes the change from, *"look*[ing] *at someone and judg*[ing] *what you see on the surface now I always wonder what's their internal dynamics you know...what made them the way they are" (Garth).* Garth's almost preemptive example resonates with Punzi's (2015) finding in which participants described their clinical psychology training, in part, as expanding their way of perceiving others.

Although often presented as separate entities, over time the personal and professional selves of new psychologists gradually merge into a single congruent identity in a process stimulated by experiences with others (Hill et al., 2016; Moss et al., 2014; Skovholt & Rønnestad, 1992). Intrapersonal change is often recognised through interaction with others (Nohl, 2009; Sands & Tennant, 2010) and this is pertinent for the participants as change in the self was often described through altered interaction with and thinking about others. Changes in the self of participants were identified through significant or influential relationships such as those with peers (Bennetts, 2003; Stevens-Long et al., 2012; Taylor, 2008), romantic partners (Carter, 2002; Fiammenghi, 2015), and family (Butler, 2014; Lyman, 2014). Additionally, reflecting on the question of whether they had experienced personal changes participants used others' perceptions of them as changed as a beginning point for acknowledging intrapersonal shifts. Anele in particular articulates this idea for the

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group. She noticed change in herself when others remarked that she seemed different, and this allowed her to recognise the shift for herself:

> *I realised maybe five months down the line like "hey this is not the Anele that I knew five months ago, "the process* [of training] *really does change how you view things and how you interact with people as well…I think interacting with people is what made me aware of the shift and I think a light bulb went on for me (Anele)*

Clinical psychology training as a liminal space. Initially the struggles that the participants seemed to experience, to varying degrees, around articulating the specific intrapersonal changes they had undergone was perplexing. However, the process of analysis suggested that at the same time as experiencing a number of greater or lesser disorienting dilemmas within the training (Mezirow, 2012; Taylor, 2008) the entire post-graduate master's degree could be considered a transitional experience (Keefer, 2015; Kottler & Swartz, 2004). Conceptual and practical learning during training results in perspective shifts that influence self-perception and lead to the realisation that the individual is no longer the same person who came into the training programme. However in the process of transition there is an in-between period when new ways of thinking about or understanding the world are not yet fully developed or integrated. As a result the individual is not who they were but has not yet achieved independent or expert practitioner capabilities (Keefer, 2015). This can make the articulation of specific changes in the self problematic. Phillip's statement captures this difficulty, *"I think I've matured, but it's so hard to tell you which levels I've matured in the past two years because…I think I will only know in the next two or three years how valuable M1 and M2 was" (Phillip).* The benefit of distance from the current phase of learning may provide the participants with perspective and the

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opportunity for integration and consolidation of changes.

While the learning environment is acknowledged as a significant catalyst in the transformative change in an individual, a number of studies reviewed by Kasworm and Bowles (2012) suggested that change did not always happen while in the process of study but could take place later. The current research was undertaken while the participants were still immersed in the process of training while other research (Kennedy & Black, 2010; Mackenzie & Hamilton, 2007; Truell, 2001) was undertaken retrospectively after the completion of training. Therefore, the participants may not yet have realised the full impact of the training on themselves and their CPR and are likely to develop greater insight with the progress of time and the completion of their master's training.

In the case of Bennetts (2003) trainees were mature students undertaking a Level 2 diploma course in Person Centred Counselling and Pascual-Leone et al. (2012 & 2013) explored students' perceptions of the personal and professional impacts of an introductory experiential psychotherapy course after completion of the training. Retrospective consideration of a completed training process may facilitate eliciting a clearer and more integrated perspective of personal changes. The fulfilment of a particular period of training often facilitates resolution of the cognitive dissonance invoked by that training (Keefer, 2015). Resolution of the mental discomfort is often associated with achieving an earned qualification or transition to the next formal phase of training, a concept which may in part serve to explain the participants' struggle to clearly identify changes they have undergone. Both learning and personal development may be intentional, resulting from purposeful action, or incidental, merely a derivative of an intentional or spontaneous activity (Hughes, 2009; Mezirow, 2012; Nohl, 2009). Aspects of intentional and incidental personal growth and learning

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may take place outside of conscious awareness. Individuals can become conscious of the *consequences* of their nonconscious mental activity but may not be able to describe the process of attaining such knowledge (Mezirow, 2012). The participants' current immersion in the training programme suggests that they are still in the process of assimilating and integrating changes in their understanding of the world and themselves. They are aware of and able to articulate some of the changes they have undergone although as suggested by Phillip the process of comprehending the extent and nature of those changes may only be realised in time.

An altered perspective on learning. The development of mature cognition provides the basis for implementing critical reflection, and is also a developmental process which is embedded in an individual's life experiences (Stevens-Long et al., 2012; Taylor, 2008). Experiences related to stimulating change in an individual may be actual, vicarious, simulated or even internal experiences (Bass, 2012). As an adult, education or training can be influential in promoting developmental shifts in reflective cognition as the clinical training experience appeared to do for the participants in the current study (Pirttilä-Backman & Kajanne, 2001). Evolving a new perspective on the activity of learning reflects a transformational outcome of personal development associated with intellectual maturation (Stevens-Long et al., 2012; Woodside et al., 2007). Participants spoke of becoming more mature during the process of clinical psychology training. In common with Hackland (2015) some also articulated the accelerated pace at which maturation seems to have occurred, *"this training kind of forces you to experience a lot of things within a very short space of time…and it kind of forces you to develop quicker" (Lynne)*. While Phillip explained, *"I felt myself (clicks fingers three times whilst speaking) leaps and bounds growing and maturing" (Phillip)*.

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One area in which this maturity is perhaps visible is in the participants' individually shifting perspectives on learning. In a finding similar to that of Woodward et al. (2015) the participants developed an appreciation for the "processes" of learning rather than merely the content of the knowledge they gained (Anele, Chantal and Lynne). Anele encapsulates this in her statement, *"it's more about what you actually learned from the process than what you actually get on your academic transcript" (Anele).*

The following comment, *"if you understand something you can interpret certain things and apply it practically within the environment" (Anele)*, demonstrates a shift toward valuing and understanding application of theory in practice (Stevens-Long et al., 2012). Lynne articulates a similar process in her comment that individuals she meets in the practical setting do not necessarily fit textbook definitions. An idea shared by students in the Woodside et al. (2007) study. Michelle and Garth both found this shift in focus from marks as a measure of competency and achievement somewhat difficult as it required a new way of thinking about the self. In the sphere of graduate study cognitive development is typically thought of as the emergence of critical thought which requires one to tolerate conflict and contradiction (Stevens-Long et al., 2012). This capacity then allows for the development of greater self-awareness around, for instance, limiting assumptions and preconceptions that inform ideas and behaviour (Stevens-Long et al., 2012; Tomassini & Zanazzi, 2014).

Chantal articulates what Anele also points to regarding learning about oneself and seeing personal change as a catalyst to developing a different appreciation of learning. Chantal explains, *"I never thought about marks…I thought what am I going to learn…that is going to assist me in a therapy…for me it was more of a - therapeutic process but for us as well, you needed to learn to be a therapist but you needed to in*

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yourself figure out what needs to change" (Chantal). Change may also be related to acknowledging aspects of the self that may previously have been less salient perhaps indicative of growing self-awareness.

        "I'm not a new person" – recognition of existing attributes. Farber (1983) suggests that the changes in self experienced by therapists in practice are consistent with the kinds of changes they actively attempt to foster in patients. Changes such as increased self-esteem, self-reliance, and self-acceptance, as well as the capacity for introspection, reflectivity and self-regulation. As such, training in and practising psychotherapy can provide an environment that fosters the individual trainee's personal growth and development, potentially enhancing interpersonal strengths and modifying interpersonal deficiencies (Guy & Liaboe, 1986). This idea is consistent with the participants' experiences of training as amplifying or enhancing already existing aspects of their character. Chantal says, *"I've got to know a side of me that I know has always been there I just never utilised it…I don't think I'm a new person" (Chantal).* Lynne also endorses the idea that training has augmented already existing attributes of her character. She highlights that training has enhanced her natural facility for attentive listening and providing an alternative point of view when friends are experiencing difficulties. The capacity for enhanced empathic listening in everyday life was a feature of other studies of psychology trainees along with improved communication skills in general (Folkes-Skinner et al., 2010; Mackenzie & Hamilton, 2007; Pascual-Leone et al., 2012; Pascual-Leone et al., 2013).

        Michelle and Garth state a more direct link between their own development and the training. Michelle articulates the view that she has always been concerned with the underlying communication in people's words and actions but that training has provided a greater theoretical understanding of this process. While Garth

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comments that although he has always been thoughtful in his choice of words the experience of therapeutic training has intensified this capacity. These changes represent a blend of academic and personal development common to other studies (Punzi 2015; Woodward et al., 2015).

Self-awareness is fundamental to personal development and there is significant overlap between the definitions of self-awareness, transformational learning and self/personal development. Each of these concepts have three key components, a cognitive (e.g. systemic thinking, knowledge of one's value system, understanding of personal relational processes), an emotional (e.g. affective awareness and control, physiological awareness) and a behavioural aspect (e.g. observable behaviour reflects relational competencies, as well as beliefs, values and goals) which function in dynamic interaction (Pascual-Leone et al., 2012; Pieterse et al., 2013; Stevens-Long et al., 2012; Tomassini & Zanazzi, 2014). The experience of clinical psychology training, which may be described as a transformative learning process, appears to have resulted in significant changes in cognition, affect, behaviour, relating and being for the participants. Becoming consciously aware of various elements of the self represents an aspect of growing self-awareness and may facilitate the process of self-acceptance, both important elements of personal development (Woodward et al., 2015).

Developing acceptance of self. Developing self-acceptance is an aspect of personal development that is related to increasing self-acceptance and recognising individual personal value. In common with other research the experience of training seems to have resulted in a more thoughtful, compassionate and accepting view of the self for the participants   (Cilliers & Flotman, 2016; Kennedy & Black 2010; Mackenzie & Hamilton 2007; Pascual-Leone et al., 2012; Pascual-Leone et al, 2013;

Stevens-Long et al., 2012; Woodward et al., 2015). Although the development of a more accepting attitude toward the self is manifested in an individual, as with other aspects of transformation this process also occurs in interaction with others. The self or an individual's identity is involved in a constant and dynamic process of existing or developing (Jenkins, 2008; Taylor & Cranton, 2012). In this process of development any individual transformation has to be recognised by the community through which the individual is defined, in order to gain legitimacy (Nohl, 2009; Taylor & Cranton, 2012).

Social recognition or public success, which provides external definition of the individual by others can lead to a change in how an individual perceives themselves (Jenkins, 2008; Nohl, 2009). Choosing to identify with a label or external perception is strongly influenced by the authority or institutional legitimacy of the labelling entity. What is key is how the individual responds to the label, as others with the same identification may not necessarily be impacted by it (Nohl, 2009). This process is at play in the selection of individuals for clinical psychology training and the alteration in sense of self by being labelled a suitable candidate for training is demonstrated by two participants in particular. Having accepted the identification both Garth and Phillip underwent a change in their personal conception of self. Both gained a sense of assuredness and a perception of themselves as more worthwhile; Garth explains, *"it was a real confidence boost"* while Phillip noted that, *"I think I just started trusting myself more"*. Garth and Phillip highlight the reciprocal character of transformative learning where a shift of perspective alters the way one views oneself and others (Taylor & Cranton, 2012). Garth commented that after being selected, *"I started seeing myself as someone who is much more valuable in society" (Garth)*. His comment foregrounds the idea of social accountability in the transformation of the

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individual where personal change leads to developing a sense of responsibility on behalf of, and concerning, others (Taylor & Snyder, 2012). Change in an individual's view of themselves as a result of clinical training correspondingly alters the way they think about and respond to others and will necessarily impact their CPR. Developing greater empathy, for instance, may result in better listening and facilitate improved communication in CPR, generating a new way of interacting.

The smaller social context of the peer group can also provide a holding or facilitating environment where feedback from peers may promote change in the individual (Taylor & Elias, 2012). Shifts in the individual occur in relation to peer feedback which may be both challenging and/or supportive. Anele and Chantal illustrate an example of both supportive and challenging feedback from peers resulting in individual change. In the case of Anele peer observations during interaction served as encouraging catalysts to an alteration in how she viewed her role in class and the potential worth of her contribution to the class environment. The peer group supportively explored Anele's cultural conception that younger individuals should *"talk less listen more" (Anele)*. This development opened a reciprocal interaction and allowed her to consider that she had a valuable contribution to make to the training context. As in Woodward et al. (2015) the interactive experience of being seen to have value in the eyes of others can lead to acknowledging and valuing aspects of the self.

Chantal experienced more challenging feedback that pointed out a reticence and perhaps unwillingness on her part to participate fully in group sessions. This critical feedback in the context of a sufficiently holding environment allowed her to acknowledge her lack of participation and incrementally increasing self-disclosure. The necessity of a supportive environment providing encouragement to make

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personal disclosures in experiential group training was confirmed by Chui et al.'s (2014) research. For some participants in that study, the lack of a holding environment was demonstrated where critical feedback from peers led to a reduction in self-disclosure in the group format. Chantal appeared to perceive her peer group as sufficiently supportive, providing a level of safety that facilitated greater self-disclosure (Bennetts, 2003). In addition Chantal reports having a number of positive peer relationships in the group—a characteristic which enhances an individual's capacity for vulnerability in a particular group (Chui et al., 2014). Consistent with the current research the importance of supportive peer interactions as a significant factor in the development of self-awareness and confidence was identified in a number of other studies (Chui et al., 2014; Folkes-Skinner et al., 2010; Hackland, 2015; Lee et al., 2001; Woodward et al., 2015).

Self-acceptance is closely linked to self-awareness where developing greater self-awareness opens the door for the process of deeper self-acceptance (Woodward et al., 2015). Bianca illustrates a growing self-acceptance, for example, in her shift from expecting that psychologists have no issues to an understanding that *"if you are in touch with your own - issues and your own demons and darknesses and stuff that you - it actually helps you to understand people better and um so that's changed for me" (Bianca).* Michelle expresses a similar realisation stating that she has become more comfortable with herself and more accepting of herself even though she recognises areas for continued self-development. Pascual-Leone et al. (2013) describe a similar outcome for students, suggesting that clinical psychology training facilitates the development of self-understanding and acceptance. The development of greater self-acceptance may also enable change in both the individual and their CPR as it facilitates holding a more flexible view of the self and suggests the possibility of

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developing a more adaptable view of those close to them (Woodward et al., 2015). In the current research it seems that the participants did move from a more rigid conceptualisation of themselves to a more accepting and fluid multidimensional view of themselves illustrated by comments such as, *"I'm less hard on myself" (Anele)* and *"I think I have embraced that side of me" (Chantal).* Although, unlike Woodward et al. (2015), the participants did not describe a conflictual process occurring between the need for self-development and the growth of self-acceptance. The process of self-development or change, while not always described as easy by the participants, does appear to have been fundamental to developing a more self-accepting perspective. The sense of having developed a softer more compassionate approach to the self through the process of psychology training is common to other studies too (Cilliers & Flotman, 2016; Kennedy & Black 2010; Mackenzie & Hamilton, 2007; Pascual-Leone et al., 2012; Pascual-Leone et al., 2013)

"I've realised that I won't be able to save the world" - move from idealism to realism. Developing a more tolerant attitude to the self is also evidenced in the participants' realisation of limitations in terms of their therapeutic capacities which in turn has had an influence on their personal lives. Moss et al. (2014) suggest that moving from idealism toward realism is a necessary transformational task in beginning therapists' development. When confronted with the reality of actual therapeutic work individuals begin to develop a more realistic view of their abilities and role as a therapist. Some of the participants have begun the process of recognising their limitations as psychologists. Anele, Michelle and Phillip all came to the realisation that it is not possible to "*fix*" or assist all patients. Phillip expresses this realisation saying, *"I've realised that I won't be able to save the world, you know,"* and *"yah I've become more realistic about what my, you know, what my abilities are*

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with patients" (Phillip).

Acquiring a clearer, more realistic view of the actual impact that can be made is expressed by Anele, *"I think one thing I learnt about that is sometimes you can't* [make someone better] *and it's ok and the results aren't always tangible and I had to learn to accept that" (Anele).* Mackenzie and Hamilton (2007) have shown that gaining insight into the actual nature of therapeutic work altered students' initial misguided expectations which is an outcome some perceived as disappointing and others as desirable. The current participants seem to have a more positive view of the realisation that they are not able or required to fix everyone which is a finding common to Truell's (2001) research. The participants' burgeoning understanding of their limitations as psychologists is somewhat different to the findings of Moss et al. (2014) who ascertained that during training trainees acquired romanticised expectations of therapeutic work and the impact they might have on patients/clients (Skovholt & Trotter-Mathison, 2016; Urdang, 2010). For the current participants the realisation that they are not able to or expected to be able to assist every patient may have been experienced as somewhat of a relief. The context of therapeutic training in South Africa is highly complex and the presenting problems severe, often compounded by poverty, loss, violence, physical illness, and trauma resulting in cases that would test even experienced professionals (Eagle, Haynes, & Long, 2007; Gerber & Hoelson, 2011; Kottler & Swartz, 2004). The participants' experiences of such a context makes the development of a romanticised view of training rather unlikely.

Interestingly a study involving psychology trainees at the University of KwaZulu-Natal, South Africa, found that trainees developed idealised intentions with regard to their professional role (Cartwright & Gardner, 2016). Linked to this idealised view was a devaluing attitude toward their own personal attributes and

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therapeutic attempts leading to hopelessness and intense frustration. Participants in the current study described the challenge of grappling with recognising and professional limitations, for instance Anele said, "*it was really hard*…[because in sport] *what you put in you get out and with psychology that's not always the case….that was one thing that I found difficult, but I'm slowly starting to accept* [it]". However, unlike trainees in Cartwright and Gardner's (2016) study the current participants do not appear to have developed an idealised view of psychology or a personally devaluing attitude in response to the difficulties they face as neophyte professionals. Cartwright and Gardner (2016) suggested that the impact of trying to be the perfect professional and the issues this would generate in the therapeutic process should be highlighted and explored with trainees upfront. In the current study Anele pointed out that the potential effects of an idealised view were mitigated as awareness about not being able to always "*get the results that you expect to get*" were raised in the interview process before beginning training. Additionally, Anele, Chantal, Michelle and Phillip discuss the impact of supervision in managing expectations and issues in the therapeutic process supported by Cartwright and Gardner's (2016) view of preventative management of trainees' potentially idealised professional role.

Accepting limits is an aspect of transformational learning, and the development of such an insight may provide an opportunity to generate new patterns of interaction (Lange, 2012). The reciprocal influence between personal and professional development is illustrated in Phillip's recognition that he is not responsible for "*saving*" family members nor is he accountable for how they feel. A similar development is present in Michelle's account of accepting that she is not able to change her parents. Stevens-Long et al. (2012) suggests that learning, which challenges a student's perspectives, results in emotional growth which is necessary to

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any process of personal change (Dirkx, 2008).

Enhanced emotional self-awareness. Emotional self-awareness is the ability to recognise, differentiate, and understand one's emotions (Bar-On, 2010). It is a foundational aspect of becoming psychologically minded as emotions play an important role in determining an individual's thoughts, actions and ensuing feelings (Dirkx, 2008). Thinking about the self in a psychologically minded fashion engages conscious knowledge of one's own psychological states and processes (Beitel, Ferrer, & Cecero, 2005; Nyklicek & Denollet, 2009), facilitating self-understanding and the capacity to change (Sands & Tennant, 2010). The process of engaging with emotions is an important aspect of personal development and is an extension of learning to internally manage one's emotional difficulties in interpersonal interaction.

While the participants already appear to have a fairly well developed sense of emotional self-awareness the experience of training seems to have expanded their capacity for acknowledging and experiencing their own emotions, captured in Garth's comment, *"it's more like emotions are much more accessible for me"*. Niño, Kissil, and Apolinar Claudio (2015) similarly found this to be true of students in a master's level training programme where the action of acknowledging feelings allowed them to be experienced with more ease. Emotional engagement is essential to moving forward whether to effect healing, improve self-conception, facilitate integration of aspects of the self or make meaning of experience (Dirkx, 2008; Sands & Tennant, 2010). The participants, in various ways, appear to have attained improved emotional competence (Bennetts, 2003; Pascual-Leone et al., 2013). For Garth and Michelle this is expressed in an ability to acknowledge and tolerate emotional discomfort when it arises. The following comments illustrate this idea, *"I have learnt in the past two years or so to engage emotions…intensely um and really be in the moment" (Garth)* and *"If I am*

angry – then...I allow myself to be angry and to sit with it um being uncomfortable" (Michelle).

The participants in this study were better able to express personal needs and emotions, which reflects findings made elsewhere (Bennetts, 2003; Pascual-Leone et al., 2012). Bianca, for example, seems more in touch with and expressive of vulnerable emotions, while Anele and Chantal appear to have been able to allow more vulnerable aspects of themselves to be seen by others. Chantal seems to have wanted to retain her independence and not appear needy as she explains, *"I didn't want to cry in front of him* [boyfriend]*...because I was not willing of him to see me being vulnerable" (Chantal).* Anele's difficulty in being vulnerable with others appears to be related to a fear of being exploited in some way suggesting that, *"I think the minute people see how you feel about them...it's more dangerous for you" (Anele).* Both appear to have needed to give themselves 'self-permission' to display feelings to others (Bennetts, 2003). For these participants their enhanced self-awareness has been reflected in a behavioural change. In their romantic relationships both Anele and Chantal are able to express their emotions and share more vulnerable aspects of themselves, one important feature of a successful romantic relationship (Zur, 1994). Being aware and able to express one's own needs in a relationship leads to more nuanced attention to the needs of both partners (Dahl et al., 2010; Duncan & Goddard, 1993; Fiammenghi, 2015; Legako & Sorenson, 2000). However, increases in self-awareness are not limited to impacting romantic relationships and being more genuine and expressive in any CPR will lead to a deeper more meaningful relationship.

Enhanced empathy. The capacity to perceive one's own and others subjective states and mental process and understand their relationship to feelings and behaviour is the process of mentalising (Asen & Fonagy, 2012). Allied to the participants'

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capacities to get in touch with and manage their own internal states is the development of the potential for greater empathic engagement with others. Among the participants in this study, this is expressed in one respect through their growing cognisance of their impact on others (Chantal, Garth, Lynne, Michelle and Phillip). Other research demonstrates similar outcomes with students reporting increased empathy (Pascual-Leone et al., 2012; Stevens-Long et al., 2012), being more compassionate (Chang, 2011), having greater sensitivity towards others (Mackenzie & Hamilton, 2007), and, developing awareness of one's impact on others (Niño et al., 2015; Pascual-Leone et al., 2013).

For the participants, developing insight into their own emotional processes has made it possible to differentiate between their own and other's contributions to interactions (Niño et al., 2015), facilitating empathic attunement (Pascual-Leone et al., 2013). Phillip captures this idea in his comment, *"I'm very aware of how I feel, what am I doing...that makes me very sensitive to the relationships that I'm in now and it...makes the relationship better because - um I'm sensitive to what people feel and what they think" (Phillip).* While Garth notes that, *"what...has also opened up in me is a softness...I think my empathy is a lot stronger than it used to be" (Garth).* Emotional self-awareness permits one to take responsibility for one's own contribution to interpersonal interaction (Niño et al., 2015), while allowing others to do the same. Phillip's comment appears to embody this concept when he says, *"you know, stuff between people is their stuff I don't have to take it and make it my own I don't have to be a part of that. If if there's a an uncomfortability between them let it be theirs" (Phillip).* Being able to distinguish between internal and external reality allows individuals to perceive those close to them as whole and separate entities with their own intentions, moral or legal entitlements and flaws (Kegan, 1982). This is

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important in CPR as it facilitates individuals being able to tolerate both internal and interpersonal conflict. At the same time taking responsibility for one's own thoughts and feelings can reduce unnecessary conflict between individuals. The capacity to identify one's own emotions and the needs they signify is also necessary for communicating those needs to close others and reciprocally being able to recognise and address the needs of those in CPR (Clark, Fitness & Brissette, 2003).

Critical self-reflection. Integral to all the processes of personal development outlined above, whether represented by a small incremental shift in subjectivity or a momentous change, is the necessity for critical self-reflection (Cranton & Roy, 2003; Mezirow, 2012; Stevens-Long et al., 2012; Taylor, 2008; Tomassini & Zanazzi, 2014). Critical reflection involves both emotional and cognitive processes that facilitate learning from experience and making meaning out of challenging circumstances (Carroll, 2010; Mann, Gordon, & MacLeod, 2009; Tomassini & Zanazzi, 2014). In some literature the terms 'reflective' and 'reflexive practice' are employed interchangeably. However, as an aspect of critical reflection, reflexivity is the ability to acknowledge one's own influence on a situation (Thompson & Pascal, 2012). This includes the potential influence of the historical, social, and cultural contexts of the individual that shape their ideas, values, experiences, beliefs and identity. Reflection involving reflection-in-action and reflection-on-action as outlined by Schön (2003), is transformed into critical reflection, or a more comprehensive reflective practice, through reflexivity. This requires the addition of reflection around the impact one has on others, and reflection about the self (Fisher, Chew, & Leow, 2015; Thompson & Pascal, 2012). Critical reflection involves a process of reasoning and/or intuition both of which are influenced by emotion. Successfully engaging in critical reflection then requires the development of emotional maturity. Emotional

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maturity includes being able to identify and manage one's own emotions, recognition of emotions in others, along with the development of empathy and self-regulation which comprises self-control and personal trustworthiness (Mezirow, 2012).

Although the notion of critical reflection is implicit in the individual personal changes described by the participants it is reflected in their emotional attitude. Anele, Chantal, Garth, Michelle and Phillip explicitly articulate having become *"calmer"*, more *"laid back"* and *"reflective"*. Such words suggest the ability to consider responses before speaking or acting, a capacity aligned to the development of more thoughtful or reflective aptitude (Carroll, 2010; Mann et al., 2009; Tomassini & Zanazzi, 2014). Crucially, all the participants display awareness of their impact on others and an ability to think about their own thoughts and feelings and those of others (Beitel et al., 2005; Fisher et al., 2014).

The development of a professional identity involves the integration of personal attributes and professional training (Moss et al., 2014), making the impact of formal and informal training experiences on the personal self of a trainee unavoidable. For some participants the catalyst for beginning to develop a professional identity was their acceptance into the training course. This conferred an institutional level of social recognition on them and initiated the process of personal transformation (Nohl, 2009). Research has found that master therapists have particular personal qualities in common such as maturity, emotional receptiveness and mental healthiness, and openness to personal growth (Jennings & Skovhold, 1999; Jennings et al., 2003; Skovholt, Jennings, & Mullenbach, 2016). Interestingly the areas of transformation or personal change highlighted by the participants such as becoming more mature, being more emotionally aware and receptive, being able to identify personal difficulties and effect adaptive coping are similar to the attributes listed for master therapists and

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graduate students in other research (Bennetts, 2013; Chang, 2011; Cilliers & Flotman, 2016; Gerber & Hoelson, 2011; Kennedy & Black, 2010; Pacual-Leone et al., 2013; Punzi, 2015; Stevens-Long et al., 2012; Woodward et al., 2015). This finding derives support from the idea that personal development in clinical psychology training is an essential and parallel process to professional development (Pascual-Leone et al, 2013). The personal changes the participants describe suggest a process of transformation of the self related to shifts in identity, increased ego strength and enhanced psychological mindedness. Additionally, the growth of insight into themselves and others appears to have engendered a greater sense of agency in the participants. Individuals who are able to reflect and think flexibly (Munich, 2006) are likely to have flexible problem solving skills and coping styles which allow them to be more responsive to relational issues and more constructive in their communication around difficulties CPR (Noller & Feeney, 2002).

Theme 2: Coping with the demands of training

Adaptive coping or self-care is closely related to personal development. Schwartz-Mette (2009) employs a definition of self-care that encompasses a number of the same concepts as those required for personal growth and development in clinical psychology training. These concepts include the development of self-awareness which encompasses maturity and responsibility; the capacity for self-regulation which requires the management of physical and emotional impulses; and finally, balance (Schwartz-Mette, 2009). There is a profoundly relational aspect to adaptive coping as isolation and emotional overload tend to result in impaired functioning and impaired mental health. As interdependent beings good relationships are integral to the mental and physical well being of individuals (Walsh, 2011). The

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participants' CPR play an integral role in facilitating their ability to adaptively cope with the stresses and demands of training.

An aspect of development as a novice or trainee in clinical psychology is the enhancement of resilience which is demonstrated through adaptive psychological and behavioural responses to stress or difficulty that facilitate effective functioning in the environment (Kuyken et al., 2000; Skovholt & Trotter-Mathison, 2016). Lidderdale (2009) describes resilience as an intricate, interactive process of constant modification in which internal and external resources are drawn on in order to successfully overcome the challenges being faced. Internal resources are one's abilities, attitudes, skills, and values while external resources refer to relationships, opportunities, and social or professional position. The participants responded to the challenges of training by employing both internal and external resources. Their increasing resilience in response to the experience of training is considered in the subtheme sections that follow.

Feeling emotionally drained. A study using in-depth personal reflective journals revealed that feelings of emotional exhaustion were common to a group of students involved in psychotherapy training at an Australian university (Rees & Maclaine, 2016). In that study emotional fatigue was most prevalent in the middle phase of the students' training experience where their struggle with uncertainty was the greatest, but which dissipated during the integration phase. This suggests that the current participants may well be dealing with the uncertainty and ambiguity of training highlighted by a number of authors (Jennings et al., 2003; Pica, 1998; Skovholt & Rønnestad, 2003; Skovholt & Trotter-Mathison, 2016). In this phase or period of development the task of obtaining, adapting and consolidating information, both theoretical and practical, is exhausting (Skovholt & Trotter-Mathison, 2016).

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As in other research the experience of clinical psychology training appears to be stressful for the participants who seem to find their emotional reserves being taxed (Bischoff, Barton, Thober & Hawley, 2002; Cilliers & Flotman, 2016; Guy & Liaboe, 1986; Kuyken et al., 2000; Skovholt & Rønnestad, 1992; Skovholt & Rønnestad, 2003). This may be the price of developing increased empathic openness (Farber, 1983). Being emotionally drained or feeling fatigued is one of the direct impacts of training on the participants which in turn has had some influence on the trainees' approach to particular personal relationships.

Lynne explains the impact of training in her experience, *"I've just seen how it's* [the training] *drained me, like it's emotionally draining"*. She, like other participants (Anele, Bianca, Lynne and Michelle), also describes struggling with irritability and a lack of patience, symptoms of emotional and mental exhaustion (Besèr et al., 2014; Negash & Sahin, 2011). Being alert to increased emotional reactivity in relationships is an important element of self-awareness and facilitates recognising when one might be becoming overwhelmed (Negash & Sahin, 2011). The participants also relate feeling as if they have limited emotional reserves resulting in less capacity to tolerate friends' or partners' demands for empathy or understanding (Hackland, 2015; Råbu et al., 2015).

Phillip states that he has become more sensitive in relationships because of the training, but *"at times…it feels like you're the one giving, giving, giving" (Phillip)*. Anele suggests a similar personal cost, *"*[the work] *takes away a lot of what you have and you don't want other relationships to do that as well"(Anele)*. Recognising and responding appropriately to these taxing one-sided giving relationships is an important aspect of growth and self-care (Skovholt & Trotter-Mathison, 2016). Anele, Bianca, Lynne and Michelle have all become aware that these emotional 'symptoms'

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are more prevalent after a day of practical therapeutic work. Accordingly the symptoms of stress and fatigue described by the participants may relate to the level of mental and emotional energy required of a novice therapist (Kuyken et al., 1998; Schwartz-Mette, 2009; Skovholt & Trotter-Mathison, 2016). Having recognised the effects on themselves and their interpersonal interactions of being emotionally drained the participants have adaptively addressed these difficulties as discussed in the sections below.

Social support. The use of social support is an aspect of self-care. Self-care encompasses engaging in practices that preserve and improve emotional and physical well-being such as the use of social support, exercise, engaging in leisure activities, healthy eating, adequate sleep, and seeking professional help, among others (Myers et al., 2012; Skovholt & Trotter-Mathison, 2016; Wilks, 2008). Social support is usually derived from those to whom one is socially attached such as family, friends and coworkers and can take a number of forms including emotional, practical, and professional support (Jairam & Kahl, 2012). Crucially, social support mediates feelings of isolation and stress. Myers et al. (2012) found that students' reports of positive social support was related to lower levels of perceived stress consistent with findings in other studies (Clark et al., 2009; El-Ghoroury et al., 2012; Gerber & Hoelson, 2011; Kuyken et al., 2003). El-Ghoroury et al. (2012) point out further that good social support is connected to a reduction in symptoms of depression, and expressions of anger or irritation and an increase in psychological health, adaptation, and self-esteem. Ozbay et al. (2007) note, however, that it is the quality of relationships an individual has that serves a supportive function, rather than the quantity of relationships.

Partners, friends and family as social support. Committed long term relationships can offer substantial relational support and partners are frequently identified as providing significant support to graduate students (Jairam & Kahl, 2012; Jensen, 1995; Myers, 2012). In the current study partners[1] were also identified as providing an important source of social support in the form of reassurance, nurturance and sanctuary for some participants (Coster & Schwebel, 1997; Fiammenghi, 2015; Jairam & Kahl, 2012; Kuyken et al., 2003). Lynne spoke broadly of talking difficulties through with her partner and Michelle referred to her partner as one of the supportive and understanding people she is able to talk to. While Anele was quite specific saying, "*I debrief a lot after my sessions I talk to him* [partner] *a lot...he does understand...he does hear" (Anele).* Something none of the other participants mentioned was the reciprocal emotional impact of the training stresses on their partner, although a similar idea may possibly be inferred from Chantal's comment that her partner "*started to verbalise...*[to] *use the words 'you need to tell me what happened so that I know why you are this angry or this sad or this irritated*'". Anele remarked, "*but I think sometimes it gets to him because he sees how some of my patients affect me and he's like 'is this going to be the rest of your life?'" (Anele)* suggesting that concern around the impact of training on the student partner could be stressful for the non-student partner. This notion is incidentally referred to in studies by Dahl et al. (2010) and Fiammenghi (2015). Dahl et al. (2010) examined the impact of marriage and family therapy training on students' spouses some of whom expressed concern about the effects of the training on the student partner. While Fiammenghi (2015) researched the impact of clinical psychology training on students'

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[1] Not all studies separate spouse or romantic relationships from the family grouping. This can sometimes be identified through participant comments under the heading "family" such as in Jairam and Kahl (2012) where the family grouping includes both affinal and consanguineal kin. This distinction is relevant to the current study as the impact of clinical psychology training on three distinct relationships (friends, biological family, and romantic partner) are the focus of interest.

romantic relationships she included some reflection about how partners in these relationships respond to the emotional strain of therapeutic training on the trainee.

Another difference in the participants' experiences is Chantal's report of the development of a mutually supportive atmosphere in her relationship. She explains that communication around the challenges she faced with practical work meant that if she had experienced a difficult day, "*he immediately knew how to handle me...he could actually begin to...read the cues and I think in him doing that with me then I learnt to do that with him because he is also in a stressful occupation*" *(Chantal).* This is a somewhat similar experience to Fiammenghi's (2015) own in which her partner had to accommodate the intrapersonal changes she was undergoing and progressively adapt to her needs before his were accommodated. However, the growth of a mutually emotionally supportive space emerged over time as the relationship became a two-way process.

Unlike other participants, Garth and Bianca both found their partners unable to cope with the stresses of training and when the emotional resilience of the student partner was tested their relationships were unable to withstand the pressure. Bianca suggests that when she became more vulnerable, "*with regards to my romantic relationship that* [crying] *was a - bad thing he couldn't cope with that* [vulnerability] *um yah because...that's not how I was when he met me, so that changed for him*" *(Bianca).* In a similar way Garth's romantic relationship could not adapt to his need for emotional support. He struggled to maintain his role as the supportive partner and coupled with the demands of training lacked the energy to engage in the intense interaction that sometimes accompanies conflict and change in relationships. He explains this in the following extract:

"*so when we started having conflict a lot of the stuff started coming out from*

the past…the relationship became so intense…and so unstable because…that was…a safe space where everything came out…my partner which at the start I really appreciated…wouldn't just take something for granted she would question it and look at it critically. But um as we progressed through the relationship I didn't enjoy that anymore because I am already put through that stuff on a constant basis with the psychology. In case presentations you are always challenged about how you handled everything you do is questioned. You have to explain yourself the whole time and um and you work with very intense emotions all the time also, so when you get home you need a little bit of support. And then when you get home and everything is also very intense or you don't know what you are going to find there ah it was very exhausting for me." (Garth)

Similarly Fiammenghi (2015) found that the new role requirements of therapeutic training could cause significant emotional strain necessitating trainees to require greater emotional support from their partners. In other literature emotional strain tends to be discussed in terms of the trainee partner being unavailable and withdrawn (Guy, 1987; Zur, 1994). However, in the current study the additional burden for emotional support placed on both partners became too overwhelming and resulted in a negative outcome.

Family and friends were another important source of socioemotional support for the participants, as demonstrated in other research (Chui et al., 2014; Coster & Schwebel, 1997; Gerber & Hoelson, 2011; Jairam & Kahl, 2012; Kuyken et al., 2003; Tompkins et al., 2016; Wilks, 2008). Michelle and Bianca both found close friends supportive and able to tolerate the emotional effects training sometimes instigated. Michelle explains, *"I'll talk to my friends and fiancé. That's why I have, it's like I*

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have a set of people who are really supportive and really understanding and - that I have good open relationships with" *(Michelle)*.

Anele, Chantal, Lynne and Garth describe their families as providing meaningful emotional support. Chantal says her mother has, "*always supported me one hundred percent, if I wanted to cry…she would sit there and let me cry*" *(Chantal)*. Lynne's mother frequently checks on her to find out "*how are things going*" *(Lynne)* and Anele explains that her family, consisting of six children and her parents is, "*very supportive of each other… we've had a very deep a very protective of each other type of relationship because it's* [the family is] *literally all we have*" *(Anele)*. Anele provides an evocative description of the strength and importance of bonds with her family. It appears that they supply significant emotional support and are crucial to her sense of self. Lynne appears to have a similar bond and identification with family as she explains, visiting home is a way to regroup, "[it] *is like my breath of fresh air…I kind of draw myself back to myself when I'm back home…when I come back from home I feel more refreshed more yeah in touch with myself again*" *(Lynne)*. Anele, Chantal and Lynne's comments exemplify the notion that family provides solace, and enables revitalisation, suggesting that what they are describing are the security regulating features of their attachment systems in operation (Farrell & Carleton, 2015; Mattanah, Lopez & Govern, 2011). Training seems to be experienced at times as a meaningful stressor that provokes uncertainty, ambivalence and instability in the participants' personal, social and professional identities. To mitigate some of this intrapersonal disruption the participants turn to important others, most typically family, who make them feel grounded, safe and secure. Lynne's description of home, a place defined by family, is very close to the definition of home, "a place where something flourishes, is most typically found, or from which it

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originates" (Concise Oxford Dictionary, 2001, p. 679). Family provides a sense of self, a framework for identity, a sense of continuity and stability in the midst of the crisis precipitated by training.

Attachment may be explained as a deep and enduring affectional bond that connects one individual to another across time and physical distance. Attachment figures are the locus of a safe haven providing protection and comfort. This safe haven is also able to become a secure base which fosters connectedness to important others and facilitates exploration of, and interaction with, the wider environment (Scannell & Gifford, 2014). For some of the participants, mothers seem to occupy an important and revered position in terms of the quality of support they provide. The participants—like most young adults—have a concurrent number of attachment figures. However, a hierarchical system of preference privileges some above others. Generally, mothers are perceived as most significant followed by fathers, siblings, and then close friends. Individuals in romantic relationships will frequently place their partner at the top of the hierarchy although this does not otherwise alter the order of significant others (Scannell & Gifford, 2014). Garth states that his parents provide perspective on the vicissitudes of the training and are able to provide perspective, *"so yes they've been they've* [parents] *been a voice of reason (laughing) a lot of the time" (Garth)*. Garth is also pointing to the role that significant others, particularly parents, play in assisting one to manage emotions, restore calm and in so doing make perceived difficulties more manageable. The participants' comments seem to suggest that—at least for some of them—family is very significant in providing nurturance, a sense of belonging and a framework for understanding or anchoring themselves in the midst of the uncertainty created by training.

Michelle presents quite a different experience along with the feeling of being

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somewhat disconnected from family as she says, *"I don't think either of them really know who I am or what I do or what I think about things" (Michelle)*, a notion replicated by most participants in Cilliers and Flotman's (2016) study with very similar comments. A sense of alienation or isolation can occur when the family is unable to provide emotional support sometimes due to having little or no experience or understanding of the demands of a particular stressor (Thoits, 2011). Lack of a support system being offered by family during stressful experiences for some students is also a feature of Jairam and Kahl's (2012) study. Tompkins et al. (2016) suggested that social support in graduate training should come from different sources as each may perhaps meet differing emotional needs for the trainee. Wilks (2008) found that emotional support from family did not temper academic stress, further suggesting that although similar levels of support may be provided by family and friends the benefit of each support system is different. The Wilks (2008) study controlled for the extraneous influence of relational factors such as the student's relationships at home, at work and at school, and found that this reduced the significance of friends' moderation effect on academic stress. This suggests that in real life settings all an individual's relational systems interact to mitigate the influence of stress in training. Jairam and Kahl (2012) note that family support ebbed and flowed being perceived as stronger or weaker at different times or in relation to not grasping the specific requirements of postgraduate study. Perhaps the variability of emotional support from family provides alternative corroboration of the contention held by Tompkins et al. (2016) that socioemotional support is required from various sources to meet different needs. The participants in the current study do not describe support from family as being variable, however. Instead family support appears to be stable and consistent. However, this idea was not specifically explored and there could well be a fluctuation

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in support from family at times which is compensated for by the participants having multiple sources of support.

Coping and change in relationships - articulating boundaries with family and friends. An area that straddles the line between self-care and personal development and demonstrates change in particular relationships is the development and/or renegotiation of boundaries. The need to negotiate or renegotiate boundaries with friends and family signals a change in the relationship. Maintaining definite boundaries between personal and professional worlds promotes emotional regulation and resilience, and preserves a clear sense of difference between these two domains (Negash & Sahin, 2011). Bischoff et al. (2002) point out though that the boundary ambiguity created by the stress of learning to be a therapist can persist beyond the first few months of training in the face of severe personal stress. This indicates the need for adaptive coping mechanisms that are protective of resilience and can mitigate such stress (e.g. dissolution of a relationship, own or a significant others illness). As Michelle points out *"empathy is really great but it can also be quite harmful to you as a person if you don't put some boundaries around it" (Michelle).* Mastering the development of healthy, flexible emotional boundaries can, however, be challenging for trainees (Kennedy & Black, 2010; Skovholt & Rønnestad, 2003). Participants discussed having to establish boundaries between themselves and friends, as well as family. In certain relationships this was related to finding a balance and acknowledging limitations (Woodside et al., 2007). For the most part the participants appeared clear on where boundaries were required but the constant need to maintain these boundaries seemed to be challenging.

Phillip and Michelle illustrate the difficulty of attempting to negotiate the permeability of boundaries in interaction with others as highlighted by Bischoff et al.

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(2002) and Skovholt and Rønnestad (2003). Both participants suggest that being *"sensitive to what people feel and what they think" (Phillip)* or *"understanding where everyone is coming from more or less all the time" (Michelle)* can be emotionally taxing. At the same time, however, Phillip explains that, *"you can't be like 100% ice cold with everything" (Phillip)* highlighting the challenge of trying to regulate emotional boundaries that can be too rigid or too lax (Kennedy & Black, 2010; Skovholt & Rønnestad, 2003; Skovholt, 2005).

Friends seeking assistance from the participants as "professionals" also featured in other studies (Hackland, 2015; Lee et al., 2001; Truell, 2001; Woodside et al., 2007). However, unlike Hackland's (2015) group who found this somewhat satisfying and enhanced their confidence the current participants appeared to find it somewhat intrusive. Chantal and Phillip both mentioned friends not seeming to acknowledge psychology as 'work' and frequently seeking a professional opinion in social settings. Phillip explains this, *"...but people um people abuse it especially in social settings, "you're a psychologist, what do you think?"...and then um people don't see psychology as as, well my friends, they don't see it as work for me" (Phillip).* Chantal has a similar difficulty and says that, *"it bothers me if I'm in a social setting - because then I'm...like "I'm also here to relax I'm not on duty now" (Chantal).* Their comments foreground two issues—the first is that their professional knowledge and training is diminished, and the second suggests the need for establishing boundaries.   Participants in Woodside et al. (2007) also struggled with the challenges of establishing boundaries with friends in social settings and in terms of providing help for friends in general.

Phillip was the only participant who admitted that he was sometimes ambivalent around the preservation of boundaries due to his curiosity around

interpersonal dynamics. When asked how he manages friends' solicitation for advice he said, *"Well I don't (laughing) at this stage, I'm struggling...I contradict myself also because sometimes I love to talk about it* [psychology]*" (Phillip).* A related, although different, struggle was articulated by a participant in Truell's (2001) study who struggled to appropriately develop boundaries around helping family members. While Phillip appears motivated by curiosity Truell's (2001) participant has a strong desire to help. Anele and Lynne have had to clearly articulate boundaries around the appropriateness of providing advice to family, *"you have to say it 'this is me telling you this as a sister,' and 'I'm not your psychologist,' so I think they are starting to understand that now" (Anele).* In common with Michelle, Anele points out the constant need to maintain boundaries with family as she emphasised having to state her position *"more than once" (Anele).*

Anele, Bianca, Chantal and Michelle all appear able to set boundaries (Kennedy & Black, 2010) and limit socialising in order to prioritise course commitments and personal time. Bianca illustrates this, *"I value my personal time more and that means setting more boundaries with friends...I'm now inclined to - say 'no I can't go' whereas before I would have made a plan even if I didn't really want to" (Bianca).* Anele, Bianca, Chantal, Lynne and Phillip suggested that boundaries had to be specifically articulated with family and friends (Hackland, 2015; Lyman, 2014), while for Garth boundaries developed naturally from the style and content of interaction with others.

For some participants awareness of the necessity for boundaries and their developing ability to manage boundaries has altered interaction with friends and family. Instituting boundaries has resulted in loss of friendships for Bianca, Chantal and Michelle where the boundary could not be accepted or negotiated by friends.

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Michelle describes some friends as not being willing to "*respect*" or "*understand*" her need for limiting interaction and these relationships dissolved. Chantal struggled with a similar difficulty that led to frustration, heated discussion and the need for her to explain her boundary in terms of the fact that "*the course is demanding*". Setting a limit on time for social engagements also resulted in the participants seeing less of some friends.

In Garth's case, in addition to spending less time with certain friends, their interactions changed through tacit agreement that particular topics of conversation and ways of talking about others was avoided. He explains that there are, "*restrictions to the relationship, so ah certain things I won't say, certain things they won't say because you know*" *(Garth)*.

Anele, Lynne and Michelle spoke of setting boundaries with family. For Michelle this resulted in spending less time with family and being more assertive in managing the frequency and duration of visits. Anele and Lynne had a different experience; for Anele and Lynne the need to clarify the separation between personal and professional self does not seem to have fundamentally changed their CPR with family. However, in Anele's case there seems to be a subtle continued testing of the boundary that requires her to verbally reinforce the necessary separation between her personal and professional self. Anele seems to employ the reiteration of the professional personal boundary for herself as a disclaimer as well as for family who she may feel are testing that boundary.

Phillip has had to renegotiate boundaries with family particularly the way in which he and his mother interact, by redefining his role in their relationship. Michelle manages what she refers to as "*a longstanding um (clears throat) enmeshment in my family*" by limiting time spent with them. Phillip, however, has changed the quality of

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his interaction with his mother. He explains, "*that allows me to cut off you know, if you want to call it the umbilical cord and be my person, it put so much pressure on us because I feel so um responsible for her happiness*" *(Phillip).* What he is referring to retrospectively is role reversal, or role corruption, stepping into the breach created by conflict between his parents before and after they separated (Garber, 2011; Kerig & Swanson, 2010). Parental loss, conflict and separation or divorce are some of the stressors which can can cause intrafamilial roles to become vulnerable or function less effectively (Shaffer & Sroufe, 2005). Phillip explains that his mother, "*needs to go out and meet someone, she needs to put herself in the line of fire to meet someone and be happy it isn't my responsibility*" suggesting that previously he would have tried to meet his mother's needs for companionship. Developing a boundary in terms of identifying that each participant in the relationship is responsible for their own emotions is an aspect of reestablishing appropriate roles and interaction between Phillip and his mother.

The articulation of boundaries by participants with their friends has resulted in a change in behavioural interaction. In some instances this is expressed as the dissolution of some friend relationships, and/or seeing less of particular friends and in some cases has delimited interaction with family. Boundary instigation with friends has also meant an alteration in communication for Garth around mutually acceptable topics of conversation and for Chantal having to defend her need for boundaries. For Anele and Lynne articulating a boundary between their professional and personal selves with family has not resulted in a significant change in their relationship or interaction with family. Developing boundaries around family interaction is managed by Michelle through structuring and limiting time spent interacting with her parents. While Phillip is in the process of developing a healthier relationship with his mother

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by having emotional boundaries that distinguish his emotions and responsibility in the relationship from those of his parent.

Theme 3: The salience of classmate relationships

A number of studies highlight the importance of peer relationships in professional psychology training programmes (Chui, et al., 2014; Cilliers & Flotman, 2016; Edwards & Patterson, 2012; Gibson, 2005; Kanazawa & Iwakabe, 2016; Punzi, 2015; Tirpak & Lee, 2012). Tirpak and Lee (2012) suggest that the shared challenges of training make it likely that trainees will be drawn to one another for support and become more than just colleagues. Other studies also found that psychology graduate students routinely make use of social support as a coping mechanism (El-Ghoroury et al., 2012; Edwards & Patterson, 2012; Gerber & Hoelson, 2011; Kanazawa & Iwakabe, 2016; Kuyken et al., 2003; Myers et al., 2012). The group of participants in this study also found social support to be very important, and appeared to favour classmate support above other coping mechanisms. One participant described classmates as "*my debriefing people*". Classmates provide an understanding space for sharing the difficulties of the training experience and offer empathy, encouragement and assistance (Edwards & Patterson, 2012; Gerber & Hoelson, 2011; Jairam & Kahl, 2012; Punzi, 2015). Classmates may be an important source of support because of the perceived shared experience of training that suggests peers will understand what the participants are going through as well as sharing the ethical requirement of confidentiality (Bischoff et al., 1997; Jairam & Kahl, 2012; Kanazawa & Iwakabe, 2016).

Anele, Bianca, Chantal, Lynne and Michelle all refer to particular classmate relationships as providing a supportive, understanding space for discussing difficult aspects of their training, particularly therapy cases. Garth and Phillip only referred

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indirectly to supportive relationships with some classmates. Anele, Chantal and Lynne describe a supportive non-judgemental space facilitated by classmates that assist them to *"debrief"* after therapy sessions. Anele vocalises recognition of the importance of the support system provided by classmates suggesting, *"I don't know how I would have handled certain things* [without them]*" (Anele)*.

Bianca, Lynne and Michelle all suggest that the shared experience provides commonality and understanding of the challenges they may be facing. This is contained in Lynne's comment that, *"we relate so much...we are in the same class same process so everything we speak about...we are just like 'yah I know what you mean, I know exactly what you mean, I know exactly what you are going through'" (Lynne)*. Cilliers and Flotman (2016) suggest students' use of the idea that they are understood by their peers because they share "*exactly*" the same experience as a way of normalising their challenging experiences. The idea of sameness appears to stimulate feelings of belongingness for the participants (Thoits, 2011).

The importance of supportive peer contact is a finding common to other research into peer group support in graduate psychology and other care professions training (Chui et al., 2014; Edwards & Patterson, 2012; Kanazawa & Iwakabe, 2016; Wilks, 2008). The salience of peer support is heightened by the ethical requirement of maintaining client/patient confidentiality (Edwards & Patterson, 2012). Michelle points out that the ethical requirements of therapeutic work make it difficult to share these aspects of training with family or friends. She explains that, *"due to ethical issues we can't discuss our patients"*. With her classmate, however, she is able to *"go into more detail and discuss maybe what she's done in a similar situation because we are colleagues"*. Bianca and Michelle also highlight the importance of classmates shared understanding of clinical difficulties as Michelle explains, *"just being able to*

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talk about it [therapeutic work] *more openly....because she* [classmate] *understands I don't have to say much for her to understand that this was difficult"* (Michelle). The shared professional knowledge and experience of training allows classmates to understand the complexities and complications of training that friends, family and partners who lack the shared "language" of psychology may not (Guy, 1987; Fiammenghi, 2015; Murdoch, 2000; Nabal, 2009). Bianca also describes this idea, saying that *"it's good that she* [classmate] *knows what you go through. It's difficult explaining it* [clinical training difficulties] *to people that aren't in the field"* (Bianca). As in Wilks's (2008) study friend support from classmates was able to moderate the stress of training and may therefore be described as a resource that enhances resilience.

Participants in the current study reported that friendships within the group developed rapidly, "*we've become best friends in a year's time, which is very quick*" *(Garth)* and deep bonds appear to have been formed, "*I feel like we've know each other for years*" *(Lynne)* and "*we've become best friends*" *(Garth)*. The training setting with a limited number of trainees and shared academic as well as experiential training experiences creates an environment for the development of somewhat intense interpersonal relationships for trainees (Edwards & Patterson, 2012; Tirpak & Lee, 2012). As the only two male trainees in the group Garth and Phillip seem to perceive their bond as distinctive and their shared experience of training as perhaps a little different to that of the rest of the training group. Garth explains that, "*Phillip and myself, the other male in the class, we've bonded very closely and we've become best friends in a year's time*" *(Garth)*. There is a sense that their experience of training as unique from the rest of the group, in some respects, coupled with the intensity of

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training in general may have engendered mutual sharing and rapidly promoted a sense of solidarity and closeness.

Relationships among the participants are perceived by some of the trainees as transcending the training experience, illustrated by Michelle's comment, "*I also made a really good friend in the master's group someone who I'll probably be friends with forever*" *(Michelle)* and Chantal's idea that these were individuals she would be friends with beyond the scope of the training. The anticipated longevity of relationships in the current study is consistent with Chang's (2011) study and in contrast to Chui et al's (2014) finding that peer relationships were expected to dwindle after graduation and might survive based on proximity rather than affinity. The idea though of commonality in the training experience as a factor drawing particular trainees together is a common thread across studies (Chang, 2011; Chui, et al., 2014; Edwards & Patterson, 2012; Jairam & Kahl, 2012; Tirpak & Lee, 2012). Michelle, however, goes beyond shared experience to suggest closeness based on similar values and personal traits (Tirpak & Lee, 2012) "*I've gained a really good friend, who is like me and understands me*" *(Michelle).*

For some of the participants there is an expectation that the shared experience of training would engender solidarity, mutual support and perhaps close interpersonal ties. Bischoff et al. (2002) and Chang (2011) found that peer interaction both normalised the experience of training and created cohesion within the group. Chantal assumed the shared experience of the demanding selection process would create the basis for solidarity among the group, *"I feel like there should have been a very strong interpersonal relationships between us…it's definitely missing,"* *(Chantal).* Michelle expressed a similar sentiment that individuals selected for a clinical master's training programme would be more interpersonally oriented. Her expectation seems to be of

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an encouraging mutually supportive group that would develop close long-term connections. Chantal points out, *"not everyone came in with...*[the] *idea"* of a shared expectation or desire for interpersonal closeness within the training group. Michelle actually found the development of a close friendship likely to extend beyond training to be *"an unexpected thing"* after having initially expected that her classmates, *"would be people that I would want in my life after this but um its really not like that" (Michelle)*. While Bianca stated that, *"I wouldn't say we are all friends and we wouldn't walk out of here as friends either"*. Unlike the majority of students in the Chui et al. (2014) study the participants in the present study did anticipate that long-term connections with some peers would be sustained over time, summed up in Chantal's comment that, *"there are people that I have very nice bonds with...I immediately saw...that outside of my master's they would still be my friends" (Chantal)*.

Negative peer interaction in the form of competition is an aspect of graduate training that can adversely influence both the experience of training and peer relationships (Chui et al., 2014; Jairam & Kahl, 2012). Chantal and Michelle express the idea that the lack of group togetherness is due to competition around many aspects of the training. Chantal proposes that *"very strong interpersonal relationships between us as a group"* are missing due to rivalry in the class group around academic and other aspects of the course as *"it became very evident* [that] *some people...saw this as a very big competition" (Chantal)*. Michelle extends the idea of competitiveness among classmates to encompass the discipline of psychology as a whole. She puts forward the idea that it is difficult to let go of the need to compete after having been selected for master's training. Suggesting that, *"Competition! This whole course is about competition – that's psychology...I mean the first few years are*

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about marks, and there's a lot of competition you have to do really well to get into honours. After that it's a competition about your personality" (Michelle). Kanazawa and Iwakabe (2016, p. 289) point out that close interpersonal relationships in the training group (among others) can be "double-edged swords" providing either a learning opportunity and emotional support, or are a source of self doubt and conflict.

The impact of the group psychotherapy training module on peer relationships. A great deal of clinical psychology training takes place in the context of relationships with others and while this provides opportunities for developing self-awareness and relational insight the potential for negative experiences also exists (Edwards & Patterson, 2012; Kanazawa & Iwakabe, 2016; Luke & Kiweewa, 2010; Punzi, 2015). Peer relationships provide a number of fundamental relational qualities necessary for promoting change in individuals. One of these is the provision of a holding environment. Taylor and Elias (2012) use Kegan's (1982) formulation of this concept as the basis for defining a holding environment. Such an environment provides support through affirmation of the individual as they are currently, challenge to move beyond their present limitations, and a sense of continuity as individual change is negotiated. High levels of support along with high levels of challenge are necessary to create the most favourable holding environment. Other significant qualities that make peer relationships instrumental in fostering personal development is their nonhierarchical status, the provision of non-evaluative feedback, shared goals, voluntary participation in the relationship, and authenticity (Taylor, 2008). The recognition of transformation in the individual by others, such as peers particularly in the initial phase, is an important aspect of the change process. Peers provide a more germane perspective on the individual's aptitude in the undertaking than others, while failure to receive any social recognition may retard or even halt transformative

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processes (Nohl, 2009).

Experiential groups are an aspect of many clinical training programmes and provide a way of exploring group processes and dynamics through practical interaction (Jakubkaite & Kociunas, 2013; Kiweewa, Gilbride, Luke, & Seward, 2013). The processes occurring in such a group experience may not be limited to the arena of the group but represent the entirety of the training context (Jakubkaite & Kociunas, 2013). Difficulties can arise in these groups in relation to competition with colleagues, defensiveness, fear of exposure, and reluctance to fully participate (Jakubkaite & Kociunas, 2013; Luke & Kiweewa, 2010). Negative feelings toward group members or the facilitator can result in overt or covert conflict. However, the possibility of learning to deal with conflict also exists (Kiweewa et al., 2013). Group norms are established relatively early on through interaction and are somewhat difficult to change because they are so omnipresent and influential (Toseland & Rivas, 2013). It is highly likely then that the group-as-a-whole circumstances could have a significant bearing on the group process (Luke & Kiweewa, 2010; Punzi, 2015).

One aspect of the clinical training programme that all the participants in this study referenced in one way or another was the experiential group training. Some of the participants seem to have benefitted from the experiential group training as an opportunity to learn about themselves. Based on observations from her peers Chantal had to acknowledge some reticence and discomfort in revealing perhaps more vulnerable aspects of herself. She also states that this had a parallel influence on her relationship allowing her to open up in that space too. The impact of group training more broadly was also present in other studies (Luke & Kiweewa, 2010) where it provided insight to family structure and created the possibility to relate more closely

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to particular family members.

The experiential training group brought personal issues to the fore for some of the participants as Michelle illustrates when she explains that it was "*a learning exercise but it became very real very quickly and a lot of - past anxieties and stuff surfaced in the group, especially with with me*" *(Michelle).* Garth notes that "*those of us who thought we had dealt with stuff, other stuff came out you know, so I think for myself a little bit less than some of the others but I had my own issues to deal with that also came out in the group*" *(Garth).* For Michelle, although unpleasant, retrospective consideration of the experiential group training has allowed her to reframe the experience as one that allowed her to accept aspects of herself and to acknowledge that there are still personal issues that she can work on. This reframing is corroborated in Luke and Kiweewa's (2010) study where participants were able to reframe embarrassment, ineptness or conflict displaying personal growth and self-awareness. Despite the discomfort experienced in the group psychotherapy training it held meaning for some of the participants which was ultimately positive.

The experience has also been credited with perhaps highlighting unresolved group dynamics that have created permanent splits in the class group. The participants felt that the experiential group training added to the already existing rifts in the class group while it served to strengthen some of the existing close friendships.

Jakubkaite and Kociunas (2013) also note in their study the intensification of personal problems in the group setting and the presence of significant conflicts and dislikes. Participants in that study similarly referred to prior experiences, expectations and attitudes shaping the relations in the group. In contrast to participants in the current research, painful negative experiences were worked through and became unifying as interrelations between training participants improved. Garth described the

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group training as intense and suggested that while it provided a good learning experience, as in other studies (Bennetts, 2003; Jakubkaite & Kociunas, 2013; Luke & Kiweewa, 2010; Kiweewa et al., 2013), it ruptured the group and did not facilitate group functioning outside of that training. Despite gaining personal insights Michelle describes the experience of group psychotherapy training as "*traumatic*" and explains that as a group "*we were pushed into it*". Her comment suggests that the notion of the group psychotherapy experience as an actual therapeutic intervention was unexpected and unwelcome to the group. Additionally, she appears to have been impelled to confront material she was not ready to deal with. She explains that she was "*very vulnerable in the group…and a lot of stuff that I thought I had dealt with came up for me and it's been a struggle ever since then to kind of make peace with that because it was very embarrassing*". It seems that peers did not reciprocate her level of vulnerability, leaving her isolated. The experience seems to have left her more humiliated than helped and not being "*made to feel safe*" seems to have undermined her capacity to trust her peers and has had a significantly negative impact on classmate relationships in general. Bennetts's (2003) participants found that the group experience increased awareness of their individual personal strengths although the process was highly emotional. The negative or positive interpretation of the emotional effects of the group dynamics was contingent upon individual insight. However, unlike the participants in this study the group itself was perceived as holding, supportive and validating for the majority of participants (Bennetts, 2003; Luke & Kiweewa, 2010; Kiweewa et al., 2013) and improved interpersonal interaction beyond the group (Jakubkaite & Kociunas, 2013).

Classmates are an important source of support to the participants, providing practical and emotional help and reassurance. Close relationships between classmates

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developed quickly based on the shared challenges of practical and academic training which engendered a sense of belongingness. While not all the participants came into the training programme anticipating close meaningful connections with their peer group, most expected some level of group solidarity. Each of the participants has, however, developed a strong bond with at least one other classmate and they anticipate this relationship lasting beyond the context of training. The lack of group cohesion is ascribed to competitiveness among the participants and the influence of the group psychotherapy training experience. The experiential group psychotherapy training highlighted personal issues for some participants. For most, change was facilitated through recognition and positive support from the group, along with the sense of a safe space. However, one of the participants experienced the group process as traumatic, unsafe and unsupportive leaving her vulnerable and isolated. Nevertheless, relationships between various classmates are perceived as mutually supportive, close and long lasting.

Theme 4: Changes in family relationships

The reciprocal nature of transformation means that it is the result of interaction between the self and others through relationships and social recognition. In turn the individual may realise a burgeoning sense of responsibility for and about others, perhaps linked to enhanced empathy (Taylor & Snyder, 2012). The recognition of transformation by others often leads to a repositioning or alteration in relationships with the self as well as close and more distant others (Sands & Tennant, 2010). Shifts in relationships are sometimes prompted in relation to feedback from others and/or the individual's new ways of thinking and behaving. For the individual the internal process of transformation that promotes understanding experiences, relationships and the self is also relational. It requires internal dialogue between

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different elements of consciousness and various aspects of experience (Jordi, 2010). Following the idea that individual change influences interpersonal relations, although in a reciprocal manner, assessing the intrapersonal changes participants may have undergone provides a starting point for developing some understanding of the impact of clinical psychology training on trainees. The next step is to consider the impact these individual internal changes may have had on the participants' relationships with family, romantic partners and friends.

Given the significant personal changes that occur during clinical psychology training (Folkes-Skinner et al., 2010) it seems likely that some changes in familial relationships will occur. Particularly as individual values, attitudes and behaviours are developed and preserved through interpersonal relationships (Thornton, Orbuch, & Axinn, 1995) challenges to these worldviews by clinical psychology training can therefore impact on these interpersonal relationships. Relationship changes are expected as a result of the training in conjunction with possible developmental shifts.

Developmentally, the period between 18 and 29 years of age, referred to as 'emerging adulthood' by some theorists, is concerned with acquiring an education and launching a career, it is also a period of reevaluation of the parent-child relationship (Desjardins & Leadbeater, 2016). Levinson (1986) conceptualises a broader period from age 17 to 45 as 'early adulthood', which includes five developmental periods in which the first two encompass similar social and psychological goals to emerging adulthood. Parents are important sources of relational support to young adult children who often have an increased need for support from their parents as they negotiate the developmental shifts of emerging adulthood (Lefkowitz, 2005; Thornton et al., 1995). Parents seem to provide emotional support more often than practical support and advice to young adult children (Fingerman, Miller, Birditt, & Zarit, 2009). Other

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changes in the parent-child relationship include developing greater respect and appreciation for parents, increasingly open communication and a greater mutuality in the relationship as in a more mature friendship bond (Lefkowitz, 2005). Training as a counsellor or psychologist serves as an extraordinary event that can amplify normal crises of development, result in greater relational changes and depth in familial relationships, enhanced communication with family members, improved understanding of immediate family and qualitative improvement in interpersonal relationships (Alred, 2011, Butler, 2014; Kennedy & Black, 2010; Lyman, 2014; Truell, 2001).

Change in parental relationships. Change in parent relationships for the participants appears to have principally occurred with fathers while mothers are described as supportive with significant change in this relationship only being reported by one participant. This is an interesting finding and may have to do with the gender specific parental roles that individuals are socialised into. The meanings of father and mother are conceptually discrete and are likely to influence both the perception of the relationship and the nature of interaction in that relationship (Thornton et al., 1995). Despite the complex, continually evolving nature of parent-child relationships research suggests strong continuity of individual bonds over time (Sun, Bell, Feng, & Avery, 2000; Thornton et al., 1995; Troll & Fingerman, 1996). However, adult child-parent relationships do grow, weaken, stagnate, change, and are reconceptualised over time in response to individual and interpersonal changes (Golish, 2000).

The changes in trainees' relationships with family members reported in literature seems to share a particular feature—that change occurs in response to altered patterns of communication (Butler, 2014; Kennedy & Black, 2010; Mackenzie

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& Hamilton, 2007; Truell, 2001). Graham (1997) suggests that communication is the primary means through which relationships are established, sustained, ended and redefined. While change in habitual patterns of communication may be subtle or marked, and may occur in response to internal or external events, they do however signal a shift in the relationship. For the current participants the change in interaction with parents is largely positive which is in common with Kennedy and Black's (2010) investigation into the effect that training and professional practice as a counsellor has on an individuals personal life. Participants in that study experienced an improvement in interpersonal relationships in general. Mackenzie and Hamilton's (2007) research considered the psychological outcomes of undertaking a part-time university counselling course on students where 46% of their sample reported an improvement in family relationships and 44% reported no change. Their findings are similar to that for participants in the current study. Where changes were elaborated these were attributed to improved communication, responding differently to others and having more tolerance or consideration for family members' points of view. Developing a better understanding of self facilitated better understanding of family members (Mackenzie & Hamilton, 2007). The capacity to reflect upon self in relation to others appears to be an important factor in recognising alterations in relationships.

   Change in relationships with mothers. Where participants' designate no change to have occurred in their maternal relationships, they tend to describe the relationship in terms of the nature of its communication (Golish, 2000). This idea is captured in Lynne and Chantal's descriptions of how their maternal relationships remain constant. Lynne describes the relationship as supportive and understanding, *"ag my mom is still my mom like…she's always tried to be a supportive mom and she's you know also always checking on me 'how are things going?' and so forth so*

it's still the same old I think" (Lynne). Chantal provides a strikingly similar perspective of her relationship with her mother when she says, *"I don't think there was a significant impact...other than her being the person that she's always been, always supported me 100%, if I wanted to cry...she would...let me cry about it, and tell me everything is going to be fine" (Chantal).* A number of participants in Mackenzie and Hamilton's (2007) study reported no change in family relationships; some indicated that these relationships were already good. Similarly, most of the participants in the current study articulate the idea that their maternal relationships are close and mutually supportive.

Garth, Michelle and Phillip experienced an alteration in their maternal relationships related to their own personal growth in terms of maturation. For Michelle and Phillip the development of greater personal autonomy changed their relationship with their mothers. For all three of them there has been an improvement in communication indicating the development of a more mature bond. Michelle describes a change in interaction with her mother that is personally significant and represents a step toward more autonomy in the relationship (Koepke & Denissen, 2012) which is an outcome of training she has in common with a respondent in Mackenzie and Hamilton's (2007) study. Michelle is now able to verbalise a different perspective or state disagreement in interaction with her mother although she does not think the relationship has changed appreciably: *"except that I do stand up for myself, not like other people...but it's better than it was, I would tell her 'you know I don't really agree with you,'; for me that's quite a big thing to say to her" (Michelle).*

Garth has a different experience and suggests that the change in his relationship with his mother is related to his choice of a more mature, responsible lifestyle in comparison to his music lifestyle before master's training, which is a

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change that could be attributed to maturation. Thornton et al. (1995) suggest there is a general improvement in parent-child relationships as young people make the transition to adulthood. It may also represent a clarification of values or what is meaningful in life that provides a turning point in communication and may be more aligned with his mother's view of the world which presents an opportunity for an alteration in the relationship with his mother (Golish, 2000; Kennedy & Black, 2010). Garth explains that while his parents were *"always respecting what I do"* his mother did not agree with his lifestyle choices. While his choice to study psychology provides a point of connection with his mother this is not the sole basis for her changed view as he explains, *"this is not just me studying psychology I think this is also me changing because...my mother, she used to be not very supportive of my lifestyle...and now I'm just the most wonderful thing that's ever happened to her (laughing)" (Garth.)*. Garth sees his maturation as a necessary consequence of his training experience, *"I think if you speak about maturation you are kind of forced to do that* [to mature]*, for me it* [training]*...just came at the perfect time because I'm 30 now so I was around 27, 28 when I started master's"*. Michelle and Phillip also attribute maturational aspects of personal growth to their experience of training.

Phillip seems to have experienced the most profound change in his relationship with his mother. In conjunction with personal therapy, his clinical psychology training resulted in the development of inter- and intrapersonal insight:

> *"I just think of her as this superwoman, and...I had to realise...that this person isn't God...it's a normal human being with her, ah flaws...it sobered me up about how I thought of her, and that also took pressure off our relationship...because I didn't have...to be this great person for her anymore, to live up to her standards and...the realisation of I'm not looking at her quite*

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exactly how I always used to…that took pressure off of her also because she didn't have to be that perfect person anymore, so it definitely, it deepened our relationship" *(Phillip).*

Developing a less idealised view of his mother, in turn facilitated growth and development for both of them. Although it is still evolving he expresses recognition of a deeper more mature relationship between them. This echoes Lefkowitz's (2005) notion of maturation facilitating more open communication and greater mutuality which is expressed through a more mature bond—a beneficial outcome of training shared by Garth. Phillip's experience is also supported by Guy and Liaboe's (1986) suggestion that some psychotherapists are able to work out their own difficulties during training or personal therapy resulting in personal growth and development. In this way personal therapy and training are able to enhance interpersonal strengths or modify interpersonal deficiencies. For Phillip, developing a better understanding of both himself and his mother resulted in an alteration in both their habitual behaviours and responses (Golish, 2000). This is a positive relational outcome of training that is consistent with Kennedy and Black (2010) and Mackenzie and Hamilton's (2007) studies.

Change in relationships with fathers. Change in some of the participants' relationships with their fathers appears to be due, again, to an alteration in the way they communicate (Golish, 2000). The change in relationship seems also to be related to developing greater respect and appreciation for parents (Lefkowitz, 2005). For some participants there seems to have been a shift in their father's view of them as adults and an appreciation for their emerging development as professionals. In Garth and Chantal's case they developed a mutual appreciation for their parents as professionals too, as both have parents who are psychologists. Garth explains, "*I also*

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have more appreciation for him, because I now actually know what they do...from eight in the morning till you know five, eight at night so I have a lot of respect...I didn't know their world's so hard" (Garth).

Garth's relationship with his father seems to have shifted qualitatively. Although previously able to discuss his interest in music together it was effortful, "*Yah, when I was doing music my dad could always connect with me but but you know it was still a struggle because he doesn't know that stuff" (Garth).* Garth's clinical psychology master's training has opened a shared space for dialogue in which they speak a common language. This is in contrast to the experience of other trainees who were isolated by the lack of shared psychological language with those close to them (Alhanati, 2009; Guy, 1987; Nabal, 2009; Zur 1994). In Garth's case communication became freer, with greater depth and a reciprocal respect (Lefkowitz, 2005). Garth describes the connection with his father as deeper and his appreciation for his parents as having grown. For Garth and Chantal studying psychology has facilitated a sense of connection (Lyman, 2014) in part due to the shared affective and intellectual language they have as mental health professionals (Millon, Millon, & Antoni, 1986) which has fostered some change in their relationships. This is illustrated by Garth's comment, "*now I get home and we'll talk...we can have a conversation for hours because we are all speaking the same language...and the connection between us is so much more - enjoying."*

In common with Garth, Chantal has found a new dimension in her relationship with her father in which psychology provided a pivotal point of contact. There has been a mutual opening up in which she has been able to talk to him about her experience of training and he has welcomed her perspective. Chantal explains that despite her initial doubts her father has acknowledged her personal and professional

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growth and development. After spending time together where she was able to tell him about her experience and what she had learned, she says, "*it was sort of as if he let go, as if he realised "ok she's on her own journey now" (Chantal).* She now sees her father as someone she can confide in. She believes their relationship has definitely deepened, "*I wasn't the type that would really speak to him about stuff or open up about what I was experiencing and, it's as if within the last year and a half he's become the go to person" (Chantal).*

Lynne explains that her father now shares more with her about what's happening in the family. She attributes this in part to her training and also to recognition of her becoming more mature (Lefkowitz, 2005). Lynne provided an example of an altered interaction with her father in which he confided in her and asked for her opinion. She said, "*I could see he was more open in talking about it* [family issues]*, it was quite a shock…and I could see that he is more…able to open up about certain issues with me now" (Lynne).* Lynne also explained that her perhaps previously somewhat superficial relationship with her father has developed greater depth. She is reciprocally able to share more with her father which is something she has in common with Garth and Chantal. In Lynne's case training provided the opening for connection with her father around family, particularly sharing the burden of family difficulties in exchanges where her opinion is sought and input valued.

Michelle provides an alternative experience to the other participants in which she has withdrawn somewhat from her family rather than drawing closer, which may in time become articulated as developing better interpersonal functioning as a more autonomous individual who can better balance individuality and connectedness in her relationships (Bishoff et al., 2002; Lefkowitz, 2005; Truell, 2001). She has developed different views to her parents, as she explains, "*when you do psychology you need…to*

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be accepting of a lot of things even though it doesn't fit with your way of seeing things" leading her to question some of her previously accepted beliefs and values, similar to Kennedy and Black's (2010) finding that participants developed clarity around personal values.

While Michelle finds this new view of the world uncomfortable it appears to be a more authentic position (Alhanati, 2009; Bennetts, 2003; Farber, 1983; Guy, 1987; Truell, 2001). She has not, however, attempted to explain or discuss her transitioning conception of the world with her family because of the potential interpersonal difficulties that could develop (Bennetts, 2003; Truell, 2001). In terms of her relationship with her parents Michelle states that their relationship has not changed but she is able to tolerate it better having developed a more realistic view of this relationship. Developing insight to family relations can be difficult. Michelle's view echoes that of a participant in other research who found that developing a more genuine relationship with his parents felt like a loss (Mackenzie & Hamilton, 2007). Michelle explains the new perspective of her relationship with her parents, *"I think there is a sense of loss…it's like someone died…I've realised the last two years that it's not going to change it's always going to be difficult…I think it's an acceptance but it's a sad acceptance…" (Michelle).* In effect, the relationship between Michelle and her parents has not materially changed but the insight she has gained through training has altered her subjective experience of the relationship. She appears to be processing the loss of what she used to know and has not yet reached the stage of being able to address this new understanding with her family.

Change in sibling relationships. Three of the participants report changes in their sibling relationships as a result of their clinical psychology training. These changes are similar to those in other studies resulting in a new appreciation for

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siblings after a period of training (Kennedy & Black, 2010). The changes in participant-sibling relationships in the current study appear to be as a result of personal changes and these were experienced as influencing their sibling interactions positively. This is unlike participants in Truell's (2001) study who experienced uncomfortable feelings (such as guilt) about their personal development that highlighted differences between them and their siblings. The participants in the current study seemed to develop a better understanding of close family members and their previous way of responding or engaging in interaction (Kennedy & Black, 2010). Garth seems to feel that his sister has been exposed to a different side of him and this has facilitated an improvement in their relationship. He has also become more attentive and demonstrative towards her. His description suggests that his sister has welcomed the change in interaction. He explains that:

> *"I've felt a need to connect with her more…I started phoning her on Sundays, and sending her messages and stuff…our relationship's the best it's been in quite a while…I phoned her yesterday um and ah um I found myself saying 'I miss you and I love you,' these are things that I wouldn't normally have said to her…we're at a good place"* (Garth)

Initially unsure of whether his clinical master's training actually had anything to do with the alteration in their interaction he concedes that perhaps her direct contact and observation of his different way of speaking and behaving has had some influence on their relationship in his comment:

> *"she's heard me talking in a way that she's never heard before…especially like towards women, being respectful...I wasn't the greatest example maybe (laughing) as a brother…but I think that has changed for her and she…really*

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feels like she can connect with me…so yes it could be the change in me…that

caused her to open up, connecting - I appreciate it" (Garth)

For Garth his sister's recognition and acknowledgement of his recently acquired awareness and sensitivity around how he thinks and talks about women, in particular, has opened up their relationship, facilitating mutual recognition. Their relationship has been revitalised allowing them to share a reciprocating emotional accessibility, responsiveness and understanding.

Phillip has also experienced a significant change in his relationship with his sister as a result of his clinical master's training (Kennedy & Black, 2010). An element of this change is due to his personal insights and acceptance of his role in the family as a brother, not father or saviour. In the course of training he has become aware of, and also able to let go of, significant misplaced guilt related to traumatic experiences his sister had as a child. He says, *"I felt like I carried some of that* [trauma] *with her* [his sister]*…in this master's programme it…became clear to me…I can just be a younger brother for her…I don't have to be her big brother who looks out for her always," (Phillip).* Their relationship changed a great deal after Phillip's realisation of what he carried from his childhood and its impact on current interaction as a direct result of his training experience (Chang, 2011; Guy & Liaboe, 1996; Kottler & Parr, 2000). Training assisted Phillip to realise the guilt he carried and to subsequently relinquish responsibility for his sister's traumatic childhood experiences which laid the foundation for an expanded multi-dimensional relationship with his sister.

Chantal revealed that her brother had a negative perspective of psychologists. Her training facilitated an improvement in their relationship when she was able to provide interesting insights about infant attachment and they could connect around the

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birth of his first child. In contrast, Lyman (2014) used her interest and knowledge of developmental psychology in what was perceived as a somewhat misguided attempt to assist a close family member that injured the relationship. What this demonstrates is the variety of ways in which training knowledge and experience can be taken up by both the trainee and those close to them. While Chantal's more restrained approach to sharing her knowledge with her brother facilitated a connection Lyman's (2014) well intentioned overture was considered ill-timed and excessive. For Chantal the application of knowledge in everyday life improved her sibling relationship (Pascual-Leone et al., 2012). Her experience is captured in the comment that her brother *"had a child of his own last year...we were doing attachment theory...and I would tell him what we were doing...he would ask me for advice" (Chantal).* The opportunity to share knowledge gained in training changed her relationship with her brother. Psychology provided a point of contact for Chantal and her brother and suggests the development of greater trust and depth in their relationship which was facilitated through Chantal's sensitive use of what she learned in her clinical training.

Unlike other participants with siblings, Lynne and Anele feel that there is no real change in the way they interact with their siblings (Kennedy & Black, 2010). When at home with family, Lynne prefers to distance herself from her role as a trainee psychologist. She explains that, *"My sisters are my sisters...they still bring out the child like side of me, and I like that...when...I'm with family I...want to detach from that...psychology in training role...they still treat me the same I think our relationship has been maintained" (Lynne).* Lynne appears to have established definite boundaries between her personal world and professional training. This capacity is important because it promotes emotional regulation and maintains the bond with her siblings without colouring it with her role as a trainee psychologist

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(Negash & Sahin, 2011).

Change in participants' role in the family. Despite suggesting no change has occurred in relationships an interesting change in status within the family seems to have occurred for some of the participants (Lynne and Anele in particular) moving them from 'amateur' to a position of recognised psychological expert (Bishoff et al., 2002; Butler, 2014; Truell, 2001). The role, or perception thereof, of the participants has changed in their families. They are seen as more mature and knowledgeable. Again individual change in the participants has, for some, influenced their family relationships (Bennetts, 2003; Chang, 2011; Lyman, 2014; Mackenzie & Black, 2010, Truell, 2001). Although one may well have been a "natural helper" before training, becoming a trained professional seems to formalise the role (Butler, 2014, p. 728). Anele declares that she hasn't experienced significant change in her familial relationships although she admits that, *"I think the only thing that has really changed is my role because now I'm the guru of everything" (Anele).* Despite being taken a little more seriously this has not fundamentally changed who she is in the family as she explains, *"I don't think I am pressured to actually <u>be</u> a certain person when I am with them I can still be myself mmm" (Anele).*

Lynne's role in the family has also changed as family see her as the resident expert on psychological issues. Lyman (2014) struggled with finding other constructive ways to respond to her family and recognise that she could not be their designated therapist. Lynne and Anele seem to be aware that the role of therapist for their family is not appropriate (Truell, 2001) and can sometimes be difficult to negotiate (Bishoff et al., 2002). At the same time they have enjoyed a change in status within the family because of their studies. One downside of becoming the 'family psychologist' is the need to appear emotionally strong, *"now you are supposed to be*

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that one person that isn't supposed to be weak or sad" (Anele), however, the flipside is that one is also seen as mature and capable. Anele and Lynne have not experienced any negative effects on their CPR as a result of their change in status as the 'resident expert' on psychological issues. However, potentially expectations that "*you are always supposed to always have your act together*" (Anele) could result in being less open in a CPR as the individual may feel unable to share vulnerabilities and burdens. Maintaining the illusion of emotional strength may also open the relationship to resentment on the part of the 'strong' partner and could retard communication. However, both Anele and Lynne appear able to manage a healthy boundary between their personal and developing professional selves.

On the whole, relationships with family members have improved for the participants in this study. In common with other research the participants express improved communication in family relationships, better familial relationships (Truell, 2001), greater understanding of close family members and some of their behaviours (Kennedy & Black, 2010), and the ability to apply what they have learned in personal relationships (Pascual-Leone et al., 2012).

Theme 5: Change in romantic relationships

This theme captures the changes that occurred within the participants' romantic relationships as a result of their clinical psychology training experience. The intrapersonal changes the participants have undergone are reflected here as they directly impact their relationships with their partners. In keeping with the overall tone of the findings so far, and mirroring existing research, trainees' romantic relationships have also been enhanced by the their evolving personal growth and insight (Fiammenghi, 2015; Norcross & Guy, 2007; Råbu et al., 2015; Truell, 2001).

In common with other studies the most significant positive changes were expressed in improved interpersonal communication, enhanced capacity for vulnerability and emotional expression, and recognition of unhelpful ways of interacting with partners (Dahl et al., 2010; Fiammenghi, 2015; Legako & Sorensen, 2000; Truell, 2001). Shared vulnerability, along with mutual responsibility, and an equal investment and commitment are integral aspects of successful romantic relationships (Zur, 1994). Two of the participants have as a consequence of their training experiences become more comfortable with showing vulnerability in their relationships.

A greater capacity for self-expression and sensitivity in relationships with their partners was reported by students in Pascual-Leone's (2012) study and is similarly reflected in the experiences of the participants in the current research. Anele reveals that she previously had a more guarded stance around the expression of vulnerable caring emotions, "*I think I was more guarded, I think the minute people see how you feel about them it's more - it's more dangerous for you I think,*" *(Anele).* Chantal frames this as self-sufficiency as evidenced by her comment that "*I'm independent I do my own stuff that I didn't like being vulnerable so I didn't want to cry in front of him*". As in Fiammenghi's (2015) study, the current participants also had to recognise the two-person process of the relationship they are part of, which facilitated improved interpersonal interaction with romantic partners in both studies. Anele is less afraid to show that she cares (Kennedy & Black, 2001) and is able to chart her development through the messages she has written in cards marking special occasions which now contain sentiments like, "*thank you for being in my life,*" or "*you are such a blessing,*" *(Anele).* At the beginning of her training Anele referred to her romantic partner as "*just my boyfriend*". She explains the shift that occurred as a

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result of her training experiences, "*I became more…willing to allow him you know to be a part of my life…after that* [the stresses of training] *you realise that you need a partner and sometimes you can't deal with everything on your own*". The challenging context in which training takes place altered Anele's view of the world as a "*perfect place*" and shifted her priorities about what is important in life. Her growing capacity to be more vulnerable and need for meaningful emotional support facilitated more depth in her relationship. The sense of her 'boyfriend' as supplementary seems to have developed into an essential reciprocal partnership.

Chantal has become more at ease with letting an unguarded more sensitive aspect of herself into her relationship, "*something that I actually thought was never possible in a relationship - for me to be a bit vulnerable*" *(Chantal)*. Her capacity to expose vulnerability was developed in the process of experiential training and she directly links this to the same change in her romantic relationship. She explains it as an incremental process "*I sort of coached myself into opening up step by step and as I did it with them* [the class] *I think that's why it played out in my relationship as well*" *(Chantal)*. Chantal's experience of change over time is consistent with the idea that adult growth is often represented by small gradual changes that are supported by minor success and encouraged by peer recognition which then inspire larger life changes (Bennetts, 2003; Nohl, 2009).

Anele and Chantal suggest that the shift toward greater vulnerability in relation to their partners is a consequence of their training experiences. It appears that the training provided a context for learning about themselves and others through interaction in relationships with classmates, patients and supervisors (Fonagy, Campbell & Bateman, 2017). Interaction with others during training facilitated the recognition of their own particular interpersonal relationship patterns with their

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partners. Then by mentalising the relationship each was able to evaluate how these patterns obstructed or assisted them. Key to this process was trust, a concept alluded to by both Anele and Chantal. Epistemic trust is characterised by an individual's preparedness to view interpersonally transmitted information as reliable and pertinent to the self (Fonagy & Allison, 2014; Fonagy et al., 2017). This facilitates mentalising which enables individuals to learn from interpersonal experiences in the broader social environment thus enhancing their (self-)reflective capacity (Fonagy et al., 2017). For the participants, developing a better understanding of their own needs and greater trust in themselves and others meant they were able to risk greater emotional exposure and vulnerability which deepened their relationships with their partners.

For some participants tension created both directly or indirectly as a result of their training was resolved principally through communication after recognition of the problematic interaction (Fiammenghi, 2015; Truell, 2001). Communication styles affect the course of a relationship and destructive interactions lead to a deterioration in the partnership, while constructive communication can prevent collapse (Noller & Feeney, 2002). In certain instances the participant's partner pointed out their problematic behaviour which was then acknowledged and supportively addressed. Lynne provides an example of this explaining that *"I offload a lot on him* [boyfriend]*...and it starts off with the irritable mood with me"* which causes her to 'snap' at her partner, *"and then he points it out...and we speak about it"*. Michelle had a similar, although potentially more serious, relational issue to deal with when her partner pointed out that she tended to *"dictate the relationship"* and that she often presumes to know her partner's thoughts and feelings without consulting him. Michelle acknowledges that this *"is true, like sometimes I make assumptions and it's not fair"*. However, despite sometimes still experiencing conflict she explains that,

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"*we have kind of managed to have a way to talk about it without getting too angry or upset…so we at least have some way of communicating now that is constructive*" *(Michelle).*

In this way partner relationships seem to have been instrumental in facilitating some of the personal development experiences associated with training (Norcross & Guy, 2007). For Chantal, Lynne, and Michelle recognising and acknowledging their difficult behaviour has facilitated discussion and negotiation of conflicts. Chantal's comment captures the participants' experience, when she explains that it was necessary to acknowledge that she appeared to dismiss her partner's daily issues or concerns as trivial and after realising the "*negative impact, I had a conversation with him explaining…this what I have been going through…all the emotions and getting used to it* [the difficulties of training]*…I had to communicate it to him, and after that it was very positive*". This has led to a deepening of the relationship in which they have both become more adept at reading each other's personal cues and improved their interpersonal communication.

The impact of training while enhancing personal insight also resulted in the termination of two romantic relationships. The pressures of training along with a reassessment of personal needs, priorities and differential personal development made the difficulties the couples experienced insoluble (Fiammenghi, 2015; Ford Sori et al., 1996; Guy, 1987). Garth and Bianca both found that the experience of clinical psychology training negatively impacted their relationships, which both ended after the first year of training. Bianca found that her partner seemed unable to cope with the emotional strain she experienced as a result of the training. The end of her romantic relationship and the experience of training has led Bianca to reconsider the characteristics she considers important in a potential partner. This change suggests the

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development of greater awareness of self and her own needs and requirements in a relationship.

Garth reflects that the training experience has changed him as a person and he acknowledges that, *"it must have been very difficult for her* [girlfriend] *actually to know someone and then see that they're becoming someone else"*. Dahl et al. (2010) also found that some nonstudent partners struggled with the stress of negotiating changes in the trainee that make them quite different from the person they knew before training began. The development of dissimilar values and priorities coupled with the demands of training that left Garth with insufficient resources to meet the needs of his partner resulted in a decision that it would be better for both if the relationship ended (Dahl et al., 2010; Ford Sori et al., 1996; Guy, 1987). The training highlighted the problems in Garth's relationship. He explains that, *"it was very difficult because…once you see something you can't unsee it" (Garth)*. While this resulted in conflict it also allowed him to acknowledge that his partner might require a level of support he could not provide. He explained further that *"I became more sensitive as a person you know, so I would feel hurt a lot of the times" (Garth)*, so while Garth experienced significant growth in awareness of his own and his partner's needs during the period of his training his partner did not mature correspondingly. Garth's partner seemed unable to acknowledge, understand or contain his hurt contributing to a lack of reciprocal emotional support in the relationship. His experience is in contrast to the idea that expanded sensitivity in the trainee (Farber, 1983; Guy, 1987) along with the development of greater expressiveness generally leads to more positive developments such as enhanced sensitivity to both partners' needs (Dahl et al., 2010; Duncan & Goddard, 1993; Fiammenghi, 2015; Legako & Sorenson, 2000; Pascual-Leone et al., 2012). However, Garth's increased sensitivity

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was insufficient to mitigate the significant differentials in individual personal growth and self-awareness between himself and his partner (Fiammenghi, 2015; Truell, 2001).

The participants' processes of clarifying their own values, developing greater self-awareness and becoming more accepting of others and their own vulnerability echoes other research where there is an inevitable integration of the professional and the personal self (Kennedy & Black, 2010; Pascual-Leone, 2012; Truell, 2001). These developments along with a growing capacity to meaningfully connect with others in the practice of therapy, facilitates greater depth in personal relationships (Farber, 1983). Anele illustrates this idea in her growing capacity for vulnerability in her romantic relationship, and her appreciation for the important role her partner has in her life. The growth of a more mature and meaningful relationship with greater depth is visible in her comment, "*it's less about how you guys look to other people it's more of what you give to each other…on an emotional level, what you teach each other…is this relationship beneficial for me, am I growing or am I not growing" (Anele).* As with Anele, Phillip has become aware of a more mature component to love in his partner relationship (Noller & Feeney, 2002), as he explains, *"I've come to love the person, it's not all about the looks…I've definitely become more aware of realistic relationship" (Phillip).* The development of more genuineness and expressiveness in relationships are characteristics suggestive of psychic shifts toward greater maturity (Robinson, Wright, & Smith, 2013), which is evident among the participants.

The participants' experiences of personal growth and development as stimulating changes in their romantic relationships coincides with earlier research findings (Kennedy & Black, 2010; Pascual-Leone, 2012; Mackenzie & Hamilton, 2007; Truell, 2001). Garth and Phillip's increasing awareness of a gap in personal

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growth and development existing between themselves and their partners is not unusual (Fiammenghi, 2015). In common with social work and family therapy, psychology training has multifarious influences on trainees' personal lives (Polson & Nida, 1998) as a result of the unique challenges it presents that both promote and demand personal growth and self-awareness (Fiammenghi, 2015). Additionally the exponential personal development experienced as a result of training can manifest in relationship imbalances that raise feelings of inferiority in the non-student partner.

It is possible, as Phillip points out, that the diverse developmental stages he and his partner occupy also had a role to play in their relationship difficulties as he states in the following comment, "*my girlfriend is much younger than I am...there's an 11 year gap - and she's very mature for her age...*[however]*...it's been difficult because she's growing, she has to go through her developmental phases.*" Phillip's experience of clinical psychology training has both highlighted and consolidated aspects of his identity such as the choice of a socially recognised and personally expressive occupation, commitment to and implementation of personal goals, values and beliefs, and confidence in his personal future, unlike his partner who is still in the process of self-exploration and identity development (Syed & Seiffge-Krenke, 2013; Waterman, 1982). Levinson (1986) suggests that there are multiple transitional periods in early adulthood when physical, psychological, interpersonal and socio-cultural changes may occur separately or all together, potentially creating crises (Robinson et al., 2013). For Phillip's partner developing a deeper intimate relationship in response to Phillip's needs and simultaneously negotiating some of the earlier developmental tasks of a young adult, such as establishing a secure identity may be creating internal crises that result in relationship difficulties (Barry, Madsen, Nelson, Carroll, & Badger, 2009; Levinson, 1986; Robinson et al., 2013).

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Phillip acknowledges that tension is created by his expectation for his partner to have reached a similar level of development. He explains that, "*sometimes I expected her to be where I am, you know to to adult straight away and that was very challenging" (Phillip)*. Despite still experiencing conflict at times, like other participants (Anele, Chantal, Garth, Lynne and Michelle) he is able to step back from the interactions and engage more thoughtfully, recognising his own role in the conflict (Duncan & Goddard, 1993). The participants demonstrated a shift in their habitual way of responding (Golish, 2000) and have developed more insightful and constructive ways of communicating (Fiammenghi, 2015). The participants' reciprocal recognition of both their own and their partners' perspective in interaction illustrates their enhanced capacity for mentalisation (Fonagy & Allison, 2014). This ability, as pointed out previously, has been directly influenced by the participants' training and has resulted in positive alterations in the way they interact with their partners.

Zur (1994) points out that while being thoughtful, sensitive and self-aware in interaction with a romantic partner enhances the relationship this does not preclude the expression of irrational, impulsive, defensive or angry emotions at times. Rather than perceiving such behaviour negatively it is indicative of an involved, engaged individual who is invested in the relationship. Chantal explains that, "*I still do"* [fight with my partner]*"* although the nature of arguments appear to have changed from merely being precipitated by Chantal "*being very tired or irritated to fighting about everything that's ever existed in life*", to being more focussed on particular issues. A detached analytic attitude demonstrates a distanced, uninvolved, and disengaged partner. What is key is not that the particular behaviour is identified as negative but how these emotional outbursts or other disagreeable behaviours are responded to and

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resolved. Phillip provides an example of a new, more thoughtful, approach to dealing with his partner's emotional outbursts which is perhaps more constructive than their previous style of interacting. He explains that "*what's happening now is that...I...try and analyse the thing* [emotional outburst] *from all the angles try and look at it from all these different perspectives and try and see what's actually happening, why are you actually upset...where is that coming from*" instead of being drawn into a prolonged argument as in the past, "*maybe three years ago* [we'd] *just keep fighting till we break up*". Other participants like Chantal, Lynne and Michelle are able to "*speak about*" their individual personal difficulties in training with their partners as well as acknowledge and constructively approach the conflict that this sometimes creates in their relationships. The participants also seem to have developed what Jensen (1995, p. 189) refers to as "mature love relationships" that facilitate both partners' growth while recognising and accepting disparities and flaws (Noller, 1996). Phillip displays the development of a more mature relationship in his acknowledgment and appreciation that his partner has her own process of self-exploration and maturation to undertake and despite the difficulties inherent in this process he remains committed to the relationship. Anele and Phillip also illustrate the burgeoning of more mature relationships with their shared realisation that the person of their partner and the relationship itself are more important than external appearances.

The most significant changes in the participants' relationships with their romantic partners have resulted from the development of greater sensitivity, vulnerability and self-expression on the part of the participants. The outcomes have been both positive and negative where more pronounced sensitivity in the participant did not always result in greater sensitivity to both partners' needs and meant the end

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of two relationships. However, in common with other research the participants' experiences of training improved their relationships for the most part (Fiammenghi, 2015; Kennedy & Black, 2010; Pascual-Leone, 2012; Mackenzie & Hamilton, 2007; Truell, 2001). The capacity for mentalising allowed the participants to constructively respond to criticism from partners which in turn facilitated improved interpersonal communication. Finally, a shift toward greater individual growth and maturity—evidenced by the participants' greater vulnerability, expressiveness, genuineness, and identification of their own needs and wants in a relationship—has resulted in the development of deeper, more mature romantic relationships.

Theme 6: Change in relationships with friends

In different environments individuals will face distinct challenges along with different relationship opportunities, consequently change in relationships is related to changes in environments (Laursen & Bukowski, 1997). Crucially, relationships, context and development have multidirectional interactions, where change in development leads to change in relationships and in turn relationships create developmental contexts (Laursen & Bukowski, 1997). This suggests that there is an inevitable impact on close friend (and other) relationships as a function of being in a clinical psychology training programme which is explored as a theme in this section. Training is also an intricate process blended with the course of natural maturation (Hackland, 2015; Kennedy & Black, 2010) that is stimulated by the experience of facing conflicts (in terms of differing viewpoints, morals, ideas and so on) and diversity, such as that encountered in training (Pirttilä-Backman & Kajanne, 2001).

For the participants, changes in friend relationships appear to be due, as in other research, to individual personal changes, selective investment of energy into relationships, improved personal boundaries, different life stages, and a new role in

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friendships (Adams & Blieszner, 1994; Hackland, 2015; Kennedy & Black, 2010; Mackenzie & Hamilton, 2007; Truell, 2001). Concomitantly, friends' perceptions of the participants seem to have changed with some having gained more credibility and legitimacy along with an enhanced role as the sought after person for advice (Hackland, 2015). Chantal seems to feel that not all her friends may be aware of changes she has undergone, or that she may have a different perception of her friends and herself. This resonates with Hackland (2015) where friends were possibly aware of a change in a participant but were not fully able to recognise or articulate it.

Some of the participants perceive themselves to be at different developmental or life phases and stages to that of friends, inhibiting relating as their life demands are not the same. Clinical psychology training as previously discussed results in significant intrapersonal growth and change. Barry et al. (2009) suggest that the development of a more meaningful essential self, which is usually accompanied by new roles and responsibilities, while promoting close relationships in some ways at the same time presents obstructions to sustaining such relationships. The process of training seems to have left some of the participants with a sense of being on different developmental trajectories to that of friends, leading to a lack of shared commonality (Hackland, 2015).

Some of the participants (Anele, Chantal, Lynne, Phillip) have experienced changes in how they are perceived by friends since beginning master's training. There has also been an increased demand for their newly developed "expertise" that impinges on social interactions. Anele reports that some of her friends seek her out for advice now that she is in clinical master's training despite the fact that they also majored in psychology. This suggests an alteration in their perception of her as perhaps more expert, as is reflected here: *"some of my friends expect me to be their*

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psychologist…because you are in master's…they are expecting you to know what to do" (Anele). Phillip has experienced a similar change in his status within the friend group as if he has been validated by his acceptance into the master's training, which in turn has increased his sense of purpose and self-acceptance.

Some of Chantal's friends also seem to see her differently since she entered the clinical master's training and she has become sought out to listen to problems. There was also a shift in that, "*I think the moment I started my master's it was as if my friends' perspective changed of me. There was a new respect found for me*" *(Chantal).* Like Phillip, she also found the new way of being seen gratifying and affirming. These outcomes are interestingly different to those of Truell (2001) where trainees reported that some friends seemed threatened by the potential changes that counselling training might effect, and even showed jealousy and envy.

Other friend relationships appear to have dissolved due to differing life phase commitments, roles and relational foci (Robinson et al., 2013). Garth felt he was not at the same "adult" phase as some of his friends. He notes, "*um I saw all my friends buy houses, cars, have children*". Similarly, Chantal described being in the training phase of her career, while friends are already working which to her means their priorities and commitments are different. Anele, Bianca, Chantal, Garth, and Michelle, found being in different stages of career development and having different priorities and commitments to friends has resulted in some relationships drifting apart and others ending. In some instances friends display a lack of understanding of the participant's position. Chantal relays a friend's comment, "*what's the use of inviting you or trying to see you because you are always busy*" in response to the fact that training commitments frequently make the participants unavailable for social events. Bianca and Michelle have similarly experienced being excluded from social

gatherings. Michelle, however, sums up the participants' prevailing view that although there are a "*significant number of really close friends that I just don't see anymore...I think the few friends that I grew closer to...are people who understand what I'm doing*" *(Michelle)*.

Garth explains that he is still getting used to changes in himself and this too has had an impact on his social life. He seems more interested in meaningful conversation and greater depth in friend relationships (Farber, 1983), as he explains, "*I was less into connecting with <u>certain</u> types of people who function on a very, if I can say on the surface kind of...but I kind of I have a need to have a deeper connection with people*" *(Garth)*. The need for deeper more meaningful interaction within friendships is an experience consistent with other studies' findings (Hackland, 2015; Truell, 2001). Similarly, Michelle spoke of certain relationships becoming closer and these seem to be friendships in which she is able to be more congruent (Hackland, 2015). The shifts in identity Garth and Michelle describe suggest a movement toward greater authenticity and expressiveness. Such change typically leads to a loss of the old self and concomitantly a loss of those relationships that are unable to accommodate the changed individual (Robinson et al., 2013). The transformation of the self can lead to holding values and beliefs that are incompatible with current relationships (Alhanati, 2009; Prentice, 2001). Garth elucidates his altered priorities and perspectives, "*I've become very um preoccupied with social justice, inequality, equality that sort of thing in this country and very involved in in um where I think where we are going and where healing for us as a collective lies*" *(Garth)*. The development of a commitment to social justice was also a feature of personal development in trainee counsellors interviewed by Chang (2011). Although not articulated as clearly as Garth's development of a social conscience (Taylor &

Snyder, 2012) Anele, Chantal, Lynne and Michelle raise a similar issue. They describe a lack of capacity and interest for listening to banal daily life problems outside of the training context and the development of a new appreciation for what may be described as 'real life problems'. Having limited attention for, and concern with, friends' commonplace daily problems was identified in literature as being experienced by qualified therapists and trainees alike (Chang, 2011; Kennedy & Black, 2010; Råbu et al., 2015).

Like Garth, Anele, Bianca and Michelle also note that they have lost friends during the last two years. Generally, more superficial friendships have been let go while more investment has been made in meaningful, mutually beneficial, friendships (Alhanati, 2009; Hackland, 2015). Sutcliffe, Dunbar, Binder, and Arrow (2012) put forward a social time budgets hypothesis which suggests that there is a trade-off between the gains and losses inherent in maintaining relationships of different quality. Individuals generally give preference to a few deep, rewarding relationships at the expense of multiple weaker ones. The participants seem to be more invested in some friend relationships while others have succumbed to a lack of available time and energy to expend on them (Anele, Bianca, Chantal, Michelle). Michelle provides some insight into this process, "*I've lost a lot of friends but I don't necessarily see that as a negative...the course...forces you to cut back to...essential relationships that...make you who you are and that's why the friendships that I do have now are essential friendships*" *(Michelle)*. The loss of some friend relationships is unsurprising given that relationships vary in response to change in environment, such as being a full-time master's student, which can make the maintenance of relationships in other contexts more difficult (Barry et al., 2009; Laursen & Bukowski, 1997).

Lynne, in contrast to the other participants, appears to have the most stable friendship group perhaps because it is defined by a small number of core friendships (Sutcliffe et al., 2012) as she explains, *"there are...two or three friends I'm quite close to and those are the ones that the relationships have still been maintained till this point you know" (Lynne)*. Lynne's experience is similar to that of a participant in Hackland's (2015) research and a third of Mackenzie and Hamilton's (2007) respondents who reported no change in relationships with friends. Lynne's close friendships have likely weathered the stresses placed on them by training as they are based on long-term mutual trust and mutual reliance for emotional support, help and companionship (Sutcliffe et al., 2012). Such relationships are deeper and more meaningful, display strong ties and are stable over time, maintained by reciprocity and commitment to each other and are therefore more resilient in the face of challenges.

Phillip recounts a somewhat different experience to the other participants in which he ended a long-term friend relationship. Despite having maintained this friendship for a number of years it lacked reciprocal elements of emotional support, assistance and amity that characterise more meaningful friendships. Phillip describes his friend as having significant borderline personality features and the relationship as a *"toxic toxic...friendship"* that drained his emotional resources and *"contaminate*[d] *the...process"* of his therapeutic training leading to the realisation that *"sorry this friendship just can't go on"*. His decision was based on the perception of the relationship as personally and professionally detrimental and he says, *"the training affected that* [the decision to terminate the friendship] *directly"*.

Similarly, Michelle has become able to acknowledge and act on her own needs in relationships (Butler, 2014) and end those relationships she perceives as

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unsupportive, as the following comment illustrates: *"because of the ability that I have now to say this is not what I want and being able to cut it out" (Michelle).* Apart from recognising the negative return that some relationships yield (Sutcliffe et al., 2012) the participants' capacities to end particular relationships seems to suggest growing self-awareness of, and an ability to, act in the interest of their own well being (Bennetts, 2003; Pascual-Leone et al., 2012).

The changes in friendship relationships reported by the participants is for the most part consistent with that in other studies and literature that considers how friendship dynamics may be impacted by psychology training (Alhanati, 2009; Butler, 2014; Farber, 1983; Guy, 1987; Hackland, 2015; Kennedy & Black, 2010; Mackenzie & Hamilton, 2007; Truell, 2001). Both losses and gains were experienced in terms of friendships although the overwhelming sense is that ultimately even losses were experienced in a positive way (Hackland, 2015). In common with Hackland's (2015) study new friendships with shared common professional interests have become more salient for the participants. A notable difference in the current study to that of Truell (2001) in particular, was the achievement of an enhanced status in the friend group and a corresponding augmentation of personal self-belief and self-confidence (Nohl, 2009). Hackland (2015) described training as having caused big shifts that destabilised friendships. The current study did not seem to reveal the same sort of powerful impacts in friend relationships; such profound changes were perhaps more evident in the participants' romantic relationships. However, becoming more selective of friends and those relationships in which to invest time and energy is a feature that this study has in common with other studies (Hackland, 2015; Kennedy & Black, 2010; Truell, 2001). The analysis suggests that, as with romantic partners, the participants were inclined to cultivate and maintain friend relationships that are in

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harmony with their emotional needs, intellectual endeavours and social demands (Laursen & Bukowski, 1997).

The participants' experiences of clinical psychology training and the subsequent impact this has had on their CPR suggests that such transformative learning is not merely an academic exercise but a way of being that encompasses the whole person in any of their life contexts (Dirkx, 1998). Narratives of self-discovery or transformative learning in this sense are a process of continual revisiting, reinterpreting and reassessing one's perspective/s and are dependent upon the reciprocal feedback of internal (between aspects of the self) and external (between the self and others) relationships (Jordi, 2010; Sands & Tennant, 2010).

Chapter 5: Conclusion, Implications and Limitations

Conclusion

Clinical psychology training is instrumental in engendering the self-development of the trainee along with their professional development, influencing personal relational qualities and overall self-awareness (Bennetts, 2003; Bischoff et al., 2002; Pascual-Leone et al., 2012). Training and becoming a beginning therapist brings a multitude of changes both intrapersonally and interpersonally (Lyman, 2014). The intent of this research was to explore what those personal and interpersonal impacts may be for a particular group of current clinical psychology trainees. As expected, for most of the participants the primary impact of the training thus far has been realised in intrapersonal changes. These changes manifested in different ways for each of the participants and necessarily had an impact on their relationships with others. It is interesting that three of the participants were sure—prior to starting the training—that they were not going to change as a result of their training. Some also found it difficult to articulate quite how and in what ways they had undergone personal development. This could be attributed to the idea that the clinical psychology training milieu may represent a liminal or transitional experience (Keefer, 2015). As such the participants are neither who they were on entering training nor are they yet who they are becoming (clinical psychologists). A key feature of occupying this in-between position is that the attributes of such persons are essentially ambiguous. However, analysis of the interview data found that changes in participants and the influence of training on their CPR could be identified.

The findings of this study were fairly similar on the whole to other such research and the intertwined nature of personal and professional development was evident (Alhanati, 2009; Chang, 2011; Hill et al., 2016; Kottler, 2010; Pascual-Leone

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et al., 2013). The individual personal changes the participants described may be considered transformative in that they have undergone intrapersonal changes encompassing emotion, cognition, and behaviour (Stevens-Long et al., 2012). A significant feature of this research is the prominent role of peers or classmates in facilitating and supporting transformative change in the participants. The significance of peer relationships is common to other studies of psychology training programmes (Chui et al., 2014; Cilliers & Flotman, 2016; Edwards & Patterson, 2012; Gibson, 2005; Kanazawa & Iwakabe, 2016; Punzi, 2015; Tirpak & Lee, 2012). While relationships are central to the process of transformational learning, peer relationships play a particular role. In the current study peers seemed to function as a supportive and challenging holding environment (Taylor & Elias, 2012). Relationships between participants developed rapidly mainly due to the perceived shared experience of training and were also significantly impacted by experiences in training. The training environment appears to heighten emotion and intensify interaction between individuals (Jakubkaite & Kociunas, 2013).

Despite rifts among participants as a group, dyadic relationships between individuals provided support, understanding, encouragement and social recognition which facilitated functioning both in trainee and personal capacities (Edwards & Patterson, 2012; Gerber & Hoelson, 2011; Jairam & Kahl, 2012; Punzi, 2015). Nohl's (2009) notion of social recognition as fundamental to stimulating the change process was demonstrated at the institutional level (i.e. being selected) and within the peer group. Only two participants articulated the significance of being accepted to the clinical master's training as the catalyst for change in how they perceived themselves. However, this single significant event (Alhadeff-Jones, 2012) may symbolically function to represent the beginning of a change in identity for clinical psychology

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trainees.

One of the potentially negative impacts of training on the participants was experiencing feelings of emotional exhaustion (Bischoff et al., 2002; Cilliers & Flotman, 2016; Guy & Liaboe, 1986; Kuyken et al., 2000; Rees & Maclaine, 2016; Skovholt & Rønnestad, 1992; Skovholt & Rønnestad, 2003). In order to deal with feeling drained and tired, participants had to actively mobilise internal and external resources and adapt psychologically to the stressors of training (Lidderdale, 2009). From the information provided it appears that while experiencing significant mental and emotional fatigue they did not perceive it to be overwhelming, as evidenced by the types of coping strategies employed. Kuyken et al. (2003) consider the use of appropriate coping strategies to be indicative of better psychological adaptation. Appropriate self-care is an ethical imperative for training and practising clinical psychologists (Kottler, 2010; Norcross & Guy, 2007). It is also fundamental to healthy interpersonal relationships in both the personal and professional realm. The impact of psychological stress was visible in the participants' relationships and manifested mainly as conflictual interactions with romantic partners, feelings of irritation and lack of patience, as well as a sense of limited emotional reserves and reduced empathy.

The recognition of personal distress and the implementation of coping mechanisms may indicate the development of an enhanced level of self-awareness and resilience (Jafari Roshan, 2014; Lidderdale, 2009; Schwartz-Mette, 2009; Wilks, 2008). To manage these stressful impacts of training the participants principally invoked relational coping mechanisms. Social support was derived from peers, romantic partners, family and friends indicating that relationships are integral to the healthy functioning and well being of the participants.

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Peers intimately understood the difficulties of training and were used as a debriefing space (Edwards & Patterson, 2012; Wilks 2008). As demonstrated in other studies, supportive peer contact mediates stress and has a critical influence on the experience of training (Bischoff et al., 2002; Edwards & Patterson, 2012; Jairam & Kahl, 2012; Wilks, 2008). Some participants described partners as offering significant support through understanding, concern and responsiveness to the trainee partner's distress (Coster & Schwebel, 1997; Fiammenghi, 2015; Jairam & Kahl, 2012; Kuyken et al., 2003). A potentially unacknowledged impact of clinical psychology training is the reciprocal emotional impact on trainees' partners. This idea was implicit in two of the participants' comments and appeared indirectly in Dahl et al. (2010) and Fiammenghi (2015) perhaps suggesting a phenomenon that requires further exploration. Not all participants experienced their partners as supportive and a combination of the changes in the trainee partner coupled with their increased need for emotional sustenance proved terminal. Family and friends outside of the training environment were also described as providing a refuge from the vicissitudes of training. Although, for one participant family seemed to act as a stressor rather than a support engendering feelings of alienation echoing other studies' findings (Cilliers & Flotman, 2016; Jairam & Kahl, 2012; Thoits, 2011). The requirement for multiple sources of support in order to meet different needs (Tompkins et al., 2016) is suggested by the variety of support systems identified by the participants and the apparent failure of one family system in this regard.

The participants principally employed socially-based coping mechanisms accessed through their established, multi-dimensional relationships with significant others. The participants appear to have developed healthy means for dealing with the difficulties of training, suggesting the growth of enhanced resilience (Buckle

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Henning, 2011). Resilience is based on cognitive, emotional and behavioural strengths that facilitate effectively adapting when confronted with meaningful stressors which include those faced by the participants such as, difficulties in relationships, health issues, occupational/training and financial problems (Jafari Roshan, 2014). It seems that the process of resilience is functional in the participants' ability to select behaviours, manage feelings and think about their stresses in ways that promote positive functioning. It is important to note that being resilient is a process that itself results in change. Change is effected through learning from dealing with adversity and this paves the way for the possibility of future growth (Jafari Roshan, 2014).

The enhanced emotional self-awareness and resilience demonstrated by the participants in adaptively dealing with training stress is also present in their increased psychological mindedness. This has resulted in an improved capacity to engage with their own emotions, tolerate emotional discomfort and, for some, promoted the expression of vulnerable emotions and along with it the expression of personal needs to others (Bennetts, 2003; Pascual-Leone et al., 2012). Self-awareness is a precursor of self-acceptance (Woodward et al., 2015) and appears in the participants' shift in self-perception where already present aspects of the self can be valued. In Linehan's (1993, p. 99) words "acceptance of what is, is change itself". Increased self-acceptance is also evidenced in the participants' less critical and more compassionate stance toward the self (Cilliers & Flotman, 2016; Kennedy & Black 2010; Mackenzie & Hamilton 2007; Pascual-Leone et al., 2012; Pascual-Leone et al, 2013; Stevens-Long et al., 2012; Woodward et al., 2015). A product of emotional self-awareness and self-acceptance was manifested as enhanced empathy in the participants. Although a necessary aspect of professional development enhanced empathy facilitated better

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understanding of self and other contributions in CPR interactions (Niño et al., 2015; Pascual-Leone et al., 2013).

Personal development in the participants was strongly influenced by emotion and much of the change articulated related to enhanced emotional self-awareness or encompassed an emotional component. Transformational learning or a change in subjectivity is integrally linked to emotions. Dirkx (2008) argues that any increase in self-awareness and integration of personality is driven principally by emotion. Any meaningful shift in the way an individual sees themselves and others requires emotional engagement (Sands & Tennant, 2010). The expansion of empathy relies on a capacity for the use of imagination in thinking and feeling (Carter, 2002; Jordi, 2010; Mezirow, 2012). From this perspective it could be hypothesised that the participants have made significant shifts in subjectivity as a result of the training.

These evolving capacities have directly impacted the participants' CPR. The contribution that particular relationships make to individual development is diverse and varies in relation to the individual's current developmental needs (Laursen & Bukowski, 1997). As young adults the salience of romantic and friend relationships are more influential while familial bonds are maintained. In the participant group these ideas are clearly demonstrated in the narratives where partner relationships appear to be at the forefront of the discussion around changes in relationships. This research found that relationships with romantic partners appear—for the most part— to have been improved (Fiammenghi, 2015; Norcross & Guy, 2007; Pascual-Leone et al., 2012; Råbu et al., 2015; Truell, 2001). The interactions participants describe suggest a move toward more meaningful relating in which they are able to show vulnerable aspects of themselves. Changes have also been realised in the shift from valuing more superficial aspects of partners, such as their appearance, to appreciating

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deeper attributes (maturity, supportiveness, emotional engagement, commitment, openness).

Conflict surfaced to varying degrees in the participants' romantic relationships and was resolved mainly through constructive communication which supported the relationship (Noller & Feeney, 2002). The difficulties seemed to principally have emerged when the participants were struggling with significant emotional strain. Managing the difficulties here also relied on partners' abilities to provide caring, concern and encouragement (Thoits, 2011), and to respond to a need for altered interaction. In relationships where this was not present and partners were not able to adapt, the relationship ended. Additionally, changes in individual values and priorities contributed to perceived incompatibility in one relationship while the end of another participant's relationship provoked a reconsideration of priorities and values for that individual. While differential levels in personal development between two participants and their partners could not be resolved another participant recognised the gap in their relationships and responded by attempting to mitigate the difficulties. Fiammenghi's (2015) research also highlights these extremes where relationships may be successfully renegotiated although this is a lengthy process. If not addressed though the gap between partners' personal development seems too wide to bridge. The current research mirrors other studies in which difficulties in partner relationships developed as a result of differential personal development (Dahl et al., 2010; Fiammenghi, 2015; Ford Sori et al., 1996; Legako & Sorenson, 2000). For most participants, however, there appeared to be a shift to healthier interaction in relationships, a more mature appreciation for, and deeper connection with, partners (Jensen, 1995; Kennedy & Black, 2010; Pascual-Leone, 2012; Mackenzie & Hamilton, 2007; Noller, 1996; Truell, 2001).

Relationships with parents also underwent significant changes for some of the participants. Three participants' maternal relationships were meaningfully altered. The process described by one of the participants suggested a developmental process of separation and individuation. Perhaps this shift may be explained by the notion that as an adult, education or training can be influential in promoting developmental shifts and at the same time developmental shifts can transform meaning frames (Drago-Severson, 2009; Mezirow, 2012). Cranton and Roy (2003) suggest that transformation is in any event a journey toward individuation and authenticity. For a second participant the process of individuation was signalled by her developing potential to voice a difference of opinion from her mother. While for the third participant a reshaped perspective on life purpose provided a point of connection with his mother. Overall, maternal relationships were described for the most part as supportive and constant by the remaining participants.

Where other changes in parental relationships were indicated these were centred principally around communication in paternal relationships. Changes in patterns of communication with parents were also reported in other studies (Butler, 2014; Kennedy & Black, 2010; Mackenzie & Hamilton, 2007; Truell, 2001). A feature of new ways of communicating with paternal figures suggested a deepening of the relationship in which there was greater reciprocal regard and sharing. For two participants the commonality of parents in the field of psychology provided a shared affective and intellectual language, and experience that promoted deeper bonds (Lefkowitz, 2005; Lyman, 2014; Millon et al., 1986). One participant found that her altered frames of reference, while facilitating insight into the relationship with her parents, engendered a sense of loss despite having gained a more candid view of the relationship (Mackenzie & Hamilton, 2007). Buckle Henning (2011) suggests that

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any increasing awareness which changes an individual's worldview inevitably causes a sense of vulnerability and loss. Self-development produces disequilibrium and a desire to return to "normal" as moving forward requires abandoning previously held beliefs and ways of being in order to consolidate new perspectives. For another participant the process of developing insight to family dynamics appears to have been experienced more as a gain rather than a loss.

Sibling relationships were also impacted by training and, for two participants, changes in self-perception and worldview translated into positively altered ways of interacting with siblings. For one, gaining insight into how his own emotional functioning and role maintained dysfunctional interactions resulted in a much improved and more mature relationship with his sister. As in other studies insights gained from training directly influenced understanding of the self and relating in personal life (Chang, 2011; Guy & Liaboe, 1996; Kennedy & Black, 2010; Kottler & Parr, 2000). For one of the participants the opportunity to share what she had learned in training in a way that meaningfully impacted her brother's life enhanced interaction with her sibling. The participants did not appear to have experienced any negative outcomes in terms of sibling relationships unlike Truell's (2001) finding suggesting training increased emotional distance between trainees and siblings.

A further relationship category impacted by the participants' clinical psychology training was friend relationships. Participants experienced gains here in terms of consolidating certain friendships and in identifying those friends who are most important to them (Alhanati, 2009; Hackland, 2015). One participant described her friendships as stable with no notable losses (Hackland, 2015; Mackenzie & Hamilton, 2007). Inevitably some friendships were lost through lack of time and energy to invest in them and others because they were perceived as draining or non-

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reciprocal (Sutcliffe et al., 2012). A number of participants experienced a shift in friends' perceptions of them and they gained newfound respect and an elevated role in the friend group as 'experts'. Although a number of the participants had naturally been cast in the compassionate listening role prior to training, that status became enhanced (Hackland, 2015). There appeared to be some ambivalence for the participants around their new status which they seemed to find both self-affirming and trying. Frustration emerged at times in being too tired to deal with friends' difficulties and in finding those problems somewhat insignificant having gained a new conceptualisation of what they define as 'real' problems (Chang, 2011; Kennedy & Black, 2010; Råbu et al., 2015). For one participant, shifts in identity resulted in having values and beliefs that were incongruent with those of particular friends. Some participants consciously decided to end particularly challenging friendships and allow other less meaningful friendships to lapse as they were potentially harmful or did not add value to their lives. This is an outcome that reiterates growing self-awareness. The loss of certain friendships seems to have been experienced more as an acceptance of growth and an acknowledgement that relationships are fluid and subject to change (Hackland, 2015; Mackenzie & Hamilton, 2007; Truell, 2001).

In the main the participants' growth toward greater authenticity and expressiveness impacted all their relationships. One significant change that was common to all relationship categories was the need to define and sometimes redefine boundaries. The participants appeared to recognise the need for developing healthy boundaries in their CPR although some seemed to find it more challenging than others. One participant articulated the difficulty of attempting to negotiate a balance between being too inflexible and too permissive (Kennedy & Black, 2010; Skovholt & Rønnestad, 2003; Skovholt, 2005). Despite the expressed challenges, participants

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seemed to demonstrate recognition of what ethical as well as healthily appropriate boundaries might be (Skovholt & Trotter-Mathison, 2016). This was demonstrated in the participants' ability to institute personal-professional boundaries with family and friends, as well as limiting and managing social interaction to prioritise personal and academic requirements and renegotiating role definitions and interpersonal boundaries with close others. At the same time it appears that the participants were developing the ability to balance their own needs with the needs of those close to them (Hackland, 2015; Woodside et al., 2007; Skovholt & Trotter-Mathison, 2016). Other difficulties necessitating the creation of new or altered boundaries with friends and family related to the course demands and being drained or tired. Priority setting or prioritisation of what is important to an individual, and then appropriately managing the demands of meeting those needs, is a feature of resilience (Jafari Roshan, 2014; Skovholt & Trotter-Mathison, 2016). Woodside et al., (2007) suggest that establishing boundaries is also about recognising personal limitations.

A direct link between recognising limitations in the therapeutic training context and application of this in personal life was made by one of the participants. The effect of such an understanding appears to function in another's acceptance of not being able to change her parents. The participants' apparent ability to reorganise and apply academic and therapeutic learning in their personal lives is suggestive of change that encompasses the whole person (Mezirow, 2012; Stevens-Long et al., 2012). In attempting to isolate the impact of training on the participants' personal lives the overlapping spheres of professional and personal development (Hatcher et al., 2012; Hill et al., 2016; Kottler, 2010; Pascual-Leone et al., 2013; Punzi, 2015) were clearly apparent and sometimes difficult to separate.

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Implications

This study has perhaps provided some insight to trainee clinical psychologists' experiences of the impact of training on their personal lives through an extension of these understandings in other research. What seems clear is that the training has influenced both the participants' self-development and their CPR in a number of ways. Identifying and describing these changes may provide some perspective on how individuals essentially change as persons in the process of becoming clinical psychologists. This research also confirmed the importance of peers in facilitating and supporting transformation.

Hill et al., (2016) propose that personal development is both a professional and personal endeavour that includes attention to, and practice of, self-care. The research clearly indicated that the participants developed enhanced self-awareness and were able to deal with the stresses of training adaptively, signalling strengths in resilience. The participants made extensive use of social support and here too peers were prominent as mediators of stress and appear to have a significant influence on the experience of training.

Finally, the research seems to provide further evidence to demonstrate that clinical psychology training may facilitate the development of maturity, becoming more self-aware, enhance emotional self-awareness, facilitate acceptance of self, enhance empathy and strengthen resilience as well as fostering positive changes in trainees' CPR. The current study may have implications for clinical psychology training programs given the significant impacts of training on the personal lives of trainees. It may be beneficial for training programmes to specifically address personal development alongside that of professional development. Although focussed research

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would be required in order to make particular suggestions around how this should be done.

Recommendations for training

This study and others have highlighted the notion that clinical psychology training has an impact on the whole person of the trainee. Additionally, the development of a professional identity involves the integration of personal attributes and professional training (Chang, 2011; Chui et al., 2014; Edwards, 2013; Hill et al., 2016; Moss et al., 2014; Pascual-Leone et al., 2013). What stood out in the interviews with participants, although only articulated by some, was the sense that they had not actively reflected upon the impact of training in their personal lives. Reflection or reflective practice is integral to the process of therapeutic training and evidence of such is required in case presentations and in some supervisory process. However, the process of critical reflection does not seem to have carried over to thinking about the self as a whole and the self in relation to others beyond the training. Chui et al. (2014) suggest using reflection as an intervention guided by questions (similar to those in the interview schedule) to prompt thinking about interactions with others and the impacts of training beyond the clinical setting on CPR. This may be conducted as, for example, a reflective journaling exercise, a story, a word or picture diagram or mind map, and/or facilitated peer discussion. Potentially this could be incorporated as an aspect of family therapy training or professional development for instance.

Although coping with the stress of training was not central to this research more broadly it was a feature of the interviews and is related to self-awareness, reflection, and both personal and professional development. While the participants seemed to have adaptive coping mechanisms there appeared to be a need to address coping more formally within the training linking wellness, self-growth and self-

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awareness. Awareness of one's own physical, mental, social, vocational, and spiritual needs is an ethical imperative of professional practice but also has implications for individuals' personal lives particularly their CPR. Trainees could themselves be responsible for generating the content for such workshops or discussions incorporating both theoretical, research based input and personal experience.

The group psychotherapy training module provides a unique opportunity for both personal and professional development. However, the experience of the participants indicated that it can be stressful and potentially harmful intrapersonally and interpersonally. It may be beneficial to provide some idea of the purpose of the experiential group prior to beginning the process, for instance: interpersonal learning, self-awareness, empathy for others, knowledge about group process and dynamics, and an opportunity to observe a group leader among others. The role of emotion is important in group dynamics but can be disturbing and negative for some students. It may need to be made clear at the outset that emotional disharmony is a normal aspect of group experiences and its resolution helpful to becoming an emotionally capable practitioner (Bennetts, 2003). In addition, the requirement for active participation and personal sharing also needs to be discussed beforehand. A forum for reflecting/debriefing after the experience may reconcile some of the difficulties and highlight personal and learning gains.

These recommendations consistently implicate reflection as an important aspect of personal and professional development. However, reflection and its role in learning may not be self-evident to trainees. Early in training it may be useful for trainers to make their own reflective activities explicit through explanation or modeling reflection on their own practice (Mann et al., 2007). Expanding personal and professional development may be enhanced through illumination of the idea that

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group and personal reflection, both formally and informally, along with experiential learning opportunities are vital in gaining self-awareness. Developing greater reflective awareness may impact other areas of personal and professional growth, such as becoming better at asking questions, as well as communicating thoughts, feelings and stories, all of which enhance interpersonal interaction as professionals and individuals. Other practices that may enhance reflective thinking, such as Socratic questioning, interpersonal process recall, journal writing, reflecting teams could also be considered, for instance, in a professional development module (Griffith & Frieden, 2000).

Limitations

This research project was based on a relatively small sample from a single institution. Generalising the research findings to the broader population of clinical psychology master's students would be inappropriate. However, the key findings raise questions that would benefit from further research with a larger, more representative sample. This may provide more data in support of the current findings and increase insight into trainees' subjective experience of training.

The single interview format of the research may have inhibited the development of meaningful rapport between the interviewer and the participants. Follow-up interviews may have facilitated asking more focussed questions and would have provided an opportunity to explore ambivalent answers more thoroughly. Second interviews may also have delivered a chance to probe issues that were implicit rather than explicit in participants' remarks.

Participants were interviewed in English which is their second and, for some, their third language. Although their university attendance ensures a level of proficiency in English it is possible that some of the meaning and essence of their

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ideas around the topic were lost through the use of English. The status of the researcher as a trainee in the field of clinical psychology may have influenced what the participants revealed based on participants' own presuppositions. The interviewer style may also have impacted the quality of the data that was gathered.

There is a possibility that the very nature of the topic prompted conservative responses, as sharing intimate details about oneself and one's personal relationships with a relative stranger can be difficult. Participants may also have been prompted to downplay any difficulties in their relationships, as this may have been perceived to reflect negatively on them and their CPR. However, the existence of other research that supports aspects of the findings of this study suggests that the participants were sufficiently open to facilitate drawing accurate descriptions and conclusions about the impact of clinical psychology training in their personal lives.

In thematic analysis the researcher is active in identifying themes in the data and therefore the researcher's view and interpretation of the interview content is presented. An individual with a different theoretical perspective, social outlook, or background might consider different themes or features of the interview material to be important. It is possible too that a different researcher may feel the data require alternative interpretation. Despite the element of subjectivity this method of data analysis provides one version of a detailed and comprehensive understanding of trainee psychologists' experiences of the impact of training on themselves and their CPR. These insights are, however, limited to the particular group of participants interviewed for the study.

An inevitable limitation of master's level research is that themes in the data are identified by one person and then subjected to scrutiny and discussion with a supervisor. While this process allows for consistency in the method the benefit of

multiple perspectives from a variety of individuals with differing expertise is lost. A supervisor does, however, fulfil the role of a qualified expert able to verify the data categorisation and provide some level of objectivity (Cutcliffe & McKenna, 1999).

Recommendations for further study

The current research may have identified some of the impacts of training on the personal lives of a particular group of trainees. Extending the research to a larger more diverse sample of participants at multiple institutions may provide a more accurate picture of trainees' experiences. Employing survey questionnaires with both open and closed ended questions may provide a means of accessing a wider group of trainee clinical psychologists.

Extending the current study's narrow focus on clinical psychology trainees to explore whether counselling, educational, and community psychology trainees' experiences of training on their personal lives is similar and/or different may provide interesting insights for comparison.

While the impact of clinical psychology training on romantic partners was considered from the perspective of the trainee it would be interesting to find out what impacts romantic partners themselves experience. Such research has been undertaken in other contexts (e.g. Duncan & Goddard, 1993; Dahl et al., 2010; Fisiloglu & Lorenzetti, 1994; Ford Sori et al., 1996; Guldner, 1978; Legako & Sorenson, 2000; Polson & Nida 1998; Polson et al., 1996; Scheinkman, 1988) but there does not appear to be local research into the topic.

Extending the idea of research that seeks input from those close to the trainee or practitioner, research that considers multiple sources of data including the romantic partners, family members and friends may provide a broader idea of how training and practice of clinical psychology impacts the personal lives of psychologists.

A longitudinal study of the impact of becoming and being a psychologist on individual's personal lives at various key intersections in their professional lives may yield interesting data. These intersections may, for instance, be at the point of being a master's student, an intern or community service psychologist, just beginning professional practice, 5-10 years in professional practice, before and after retirement.

Personal reflection/Reflexivity

The choice of research topic is frequently informed by the resonances it has with the researcher's own life experiences and this instance is no different. The two years of master's training had a profound effect on my own personal sense of self and conception of personal growth and development. The intensely experiential nature of the learning process and the significant time required spent in self-reflection has led to changes in my personality, interactional style, perspective and outlook on the world. Personal issues and past experiences have been amplified and required a significant amount of personal therapeutic work. The nett result is that my own CPR have been experienced differently and changes in the way I respond to others has reciprocally altered their way of interacting in turn. My particular experience of training informed the choice of topic and may have influenced the inclination to follow certain trajectories in the interviews as well. This is noticeable in the choice of particular words as descriptors for the changes interviewees described which may not necessarily accurately capture the ideas they conveyed or be different from what they had in mind. This was noticeable when I suggested Phillip had developed a *"softness"* in interaction with his sister. Initially he seemed to experience this as describing him as weak and ineffectual rather than perhaps more gentle, forgiving or compassionate. Perhaps this is because my own interpersonal interaction required a softer approach at times. I also used the word *"deeper"* to describe the changes in

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many of the participants' CPR which at times did not seem to resonate with them. My focus on the possibility of the participants as a group repairing their relationship was perhaps prompted by my own significantly more cohesive and supportive experience of my own training group as a whole. Bianca for instance looked surprised that I seemed to consider the idea relevant and most of the group thought it both unlikely and unnecessary.

I naively assumed that the subject of the research was interesting and non-threatening and that the participants would share my curiosity around experiences of personal change in the course of training. Having explored the experiences of fellow trainees (not all of whom were in my training cohort) in various informal discussions and having been generously provided with rich stories of the changes they experienced in themselves and the wonderful and terrible impacts training had on their CPR I was sure the interview process would be a "breeze". However this was not the case and while some participants were initially very willing to be interviewed, it seems more out of a desire to help (it is what we do after all); it was challenging to pin them down for a face-to-face interaction. Part of their unavailability was also genuine lack of time due to training commitments and the stressful process of internship interviews.

The process of the interviews seemed to vary from participant to participant and during two interviews in particular I found myself becoming significantly frustrated at what I felt was a very guarded stance and an unwillingness to really engage with the idea of personal change. I vacillated between trying harder to establish rapport with the participant(s) and pressing them to think more about their experiences. The result was further disconnection and two perhaps rather superficial interviews. What this difficulty highlighted was my approach to the interviews. In

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attempting to not overly influence the participants I neglected to question them more fully as a researcher. Here using the interview schedule more specifically may have facilitated guiding the interviews toward uncovering the information I was seeking.

While I could have been more directive in the remaining interviews I attempted to consciously pay attention to my own "agenda" in conducting the research. It did feel easier to establish rapport and the interviews felt enjoyable. It was interesting that some of the participants found the interview to be an opportunity for reflection on changes in themselves and their personal relationships. I was somewhat surprised that they had not already done so in the process of training as it was so salient during my training.

Anele expressed her initial reluctance and explained how Chantal's (classmate) evaluation of her own interview experience encouraged her to participate. She noted, like Lynne, that there has not actually been time to reflect on how training may have influenced change in personal relationships. She said:

"Yes, it is, it is [exciting] *especially now that I talk about it because you never really get to reflect on it, because Chantal* [classmate] *told me 'just go Anele, talk to Joanne, go take part you'll learn a lot about yourself as well,' because I said 'I don't know how it's going to be or,' and she's like 'no, just go, you'll see,' so now that I'm actually talking about it I see what Chantal* [classmate] *was talking about as well, you learn a lot about yourself when talk about it (laughs)" (Anele)*

Lynne also expressed the idea that she had not really had time to think about her relationships to acknowledging that perhaps there had been some shifts or changes in interactions during the period of her training, as she explains:

"So going from describing that nothing has changed actually quite a lot has changed" (Interviewer)…"aah yeah yah I guess, I guess, it's made me realise

that now, you know initially I thought "ok not much has changed," but now that you've pointed it out I see that the relationship with my dad has kind of has shifted from where it used to be...Yah look, I haven't had a time when I've sort of had to think about my relationships (laughs) um yah so this definitely did have to make me think about them um and I think in doing this I actively also wanted to get to a place where it could open up you know that opportunity for me to - sort of explore, think about my relationships in ways that I hadn't maybe" (Lynne)

Phillip also found it an opportunity to think about himself and his relationships, *"I did (laughing), yah it's good speaking about it, about all these things - my relationships, so ah yah – it's ok"* (Phillip)

While I attempted not to have a particular anticipation of the research outcomes I did have some ideas about what the research might discover. In retrospect, I see that these ideas were perhaps linked to my own experience of personal change in the process of clinical psychology training.

References

Adams, R. G., & Blieszner, R. (1994). An integrative conceptual framework for friendship research. *Journal of Social and Personal Relationships, 11*, 163-184. doi: 10.1177/0265407594112001

Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report,* 12, 612-638. Retrieved from http://nsuworks.nova.edu/tqr/vol12/iss4/6

Alhadeff-Jones, M. (2012). Transformative learning and the challenges of complexity. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 1-20). San Francisco, CA: Jossey-Bass.

Alhanati, B. S. (2009). *How does becoming and being a professional counsellor affect one's personal life: A qualitative exploration* (Master's dissertation, University of Victoria, Victoria, British Columbia, Canada). Retrieved from https://dspace.library.uvic.ca:8443/handle/1828/1459

Alred, G. (2011). A trainee's perspective. In R. Bor & M. Watts (Eds.), *The trainee handbook* (3rd ed.) (pp. 333-346). Los Angeles, CA: Sage.

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5,* 272-281. Retrieved from http://jeteraps.scholarlinkresearch.com/articles/Ensuring%20The%20Quality%20Of%20The%20Findings%20new.pdf

Asen, E., & Fonagy, P. (2012). Mentalization-based therapeutic interventions for families. *Journal of Family Therapy*, *34*, 347-370. doi:10.1111/j.1467-

6427.2011.00552.x

Bar-On, R. (2010). Emotional intelligence: An integral part of positive psychology. *South African Journal of Psychology, 40*, 54-62. doi:10.1177/008124631004000106

Barry, C. M., Madsen, S. D., Nelson, L. J., Carroll, J. S., & Badger, S. (2009). Friendship and romantic relationship qualities in emerging adulthood: Differential associations with identity development and achieved adulthood criteria. *Journal of Adult Development, 16,* 209-222. doi:10.10007/s10804-009-9067-x

Bass, C. (2012). Learning theories and their application to science instruction for adults. *The American Biology Teacher, 74,* 387-390. doi:10.1525/abt2012.74.6.6

Beitel, M., Ferrer, E., & Cecero, J. J. (2005). Psychological Mindedness and Awareness of Self and Others. *Journal of Clinical Psychology, 61,* 739-750. doi:10.1002/jclp.20095

Bennetts, C. (2003). Self-evaluation and self-perception of student learning in person-centred counselling training within a higher education setting. *British Journal of Guidance & Counselling, 31,* 305-323. doi:10.1080/0306988031000147901

Besèr, A., Sorjonen, K., Wahlberg, K., Peterson, U., Nygren, A., & Asberg, M. (2014). Construction and evaluation of a self rating scale for stress-induced exhaustion disorder, the Karolinska Exhaustion Disorder Scale. *Scandinavian Journal of Psychology, 55*, 72-82. doi:10.1111/sjop.12088

Bischoff, R. J. (1997). Themes in therapist development during the first three months of clinical experience. *Contemporary Family Therapy*, 19, 563–580. doi:10.1023/A:1026139206638

Bischoff, R. J., Barton, M., Thober, J. & Hawley, R. (2002). Events and experiences impacting the development of clinical self confidence: A study of the first year of client contact. *Journal of Marital and Family Therapy, 28*, 371–382. doi:10.1111/j.1752-0606.2002.tb01193.x

Blokland, L. M. (1993). *Psychotherapy training: The Mamelodi experience.* (Unpublished master's dissertation). University of South Africa, Pretoria, South Africa.

Brannock, R. G., Litten, M. J., & Smith, J. (2000). The impact of doctoral study on marital satisfaction. *Journal of College Counseling, 3,* 123-130. doi:10.1002/j.2161-1882.2000.tb00172.x

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101. doi:10.1191/1478088706qp063oa

Braun, V. & Clarke, V. (2012). Thematic analysis. In Cooper, H. (Ed.), *The handbook of research methods in psychology* (57-71). Washington, DC: American Psychological Association. doi:10.1037/13620-004

Braun, V. & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: Sage.

Brooks, J., Holttum, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical Psychology and Psychotherapy, 9*, 253–270. doi:10.1002/cpp.318

Buckle Henning, P. (2011) Disequilibrium, development, and resilience through adult life. *Systems Research and Behavioral Science, 28,* 443-454. doi:10.1002/sres.1108

Butler, M. (2014). The impact of providing therapy on the therapist: A student's reflection. *Journal of Clinical Psychology: In Session, 70,* 724-730. doi:10.1002/jclp.22105

Cacioppo, J. T., Fowler, J. H., & Christakis, N. A. (2009). Alone in the crowd: the structure and spread of loneliness in a large social network. *Journal of Personality and Social Psychology, 97,* 977-991. doi:1.1037/a0016076

Carter, T. J. (2002). The importance of talk to midcareer women's development: A collaborative inquiry. *The Journal of Business Communication, 39,* 55-91. https://doi.org/10.1177/002194360203900104

Cartwright, D., & Gardner, M. (2016). Trainee difficulties with therapeutic engagement: a qualitative study of in-session critical incidents. *South African Journal of Psychology, 46,* 254–265. doi:10.1177/0081246315605679

Chang, J. (2011). An interpretive account of counsellor development. *Canadian Journal of Counselling and Psychotherapy, 45,* 406-428. Retrieved from http://familypsychologycentre.webs.com/dissertation%20article.pdf

Carroll, M. (2010). Supervision: Critical reflection for transformational learning (Part 2). *The Clinical Supervisor, 29,* 1-19. doi:10.1080/07325221003730301

Chui, H., Schaefer Ziemer, K., Palma, B., & Hill, C. E. (2014). Peer relationships in counseling psychology training. *Counselling Psychology Quarterly*, *27*, 127-153. doi:10.1080/09515070.2013.873858

Cilliers, F. & Flotman, A. P. (2016). The psychological well-being manifesting among master's students in industrial and organisational psychology. *South African Journal of Industrial Psychology, 42*(1), 11 pages. doi.10.4102/sajip.v42i1.1323

Clark, M. C. (1993). Transformational learning. *New Directions for Adult and Continuing Education, 57*, 47–56. doi:10.1002/ace.36719935707

Clark, M. S., Fitness, J., & Brissette, I. (2003). Understanding people's perceptions of relationships is crucial to understanding their emotional lives. In G. J. O. Fletcher & M. S. Clark (Eds.), *Handbook of social psychology: Interpersonal processes* (pp. 253-278). Oxford, UK: Blackwell.

Clark, H. K., Murdock, N. L., & Koetting, K. (2009). Predicting burnout and career choice satisfaction in counseling psychology graduate students. *The Counseling Psychologist, 37*, 580-606. https://doi.org/10.1177/0011000008319985

Clarke, V., & Braun, V. (2013). *Successful qualitative research: A practical guide for beginners.* London, UK: Sage. Retrieved from http://eprints.uwe.ac.uk/21156

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. In J. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed.) (pp. 222-248). London, UK: Sage Publications.

Cohen, D., & Crabtree, B. (2006) Semi-structured interviews. *Qualitative Research Guidelines Project.* Retrieved from http://www.qualres.org/HomeSemi-3629.html

Corey, G., Corey, M., & Callanan, P. (1993). *Issues and ethics in the helping professions* (4th ed.). London, UK: Brooks/Cole Publishing Company.

Coster, J. S. & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice, 28,* 5-13. http://dx.doi.org/10.1037/0735-7028.28.1.5

Cranton, P., & Roy, M. (2003). When the bottom falls out of the bucket: Toward a holistic perspective on transformative learning. *Journal of Transformative*

Education, 1, 86-98. doi: 10.1177/1541344603253928

Cranton, P., & Taylor, E.W. (2012). Transformative learning theory: Seeking a more

unified theory. In E. W. Taylor & P. Cranton (Eds.), *The handbook of*

transformative learning: Theory, research, and practice (pp. 1-20). San

Francisco, CA: Jossey-Bass.

Creswell, J.W. (2013). *Qualitative inquiry and research design: Choosing among five*

approaches (3rd ed.)*.* Thousand Oaks, CA: Sage Publications.

Cushway, D. (1992). Stress in clinical psychology trainees. *British Journal of Clinical*

Psychology, 31, 169-179. doi:10.1111/j.2044-8260.1992.tb00981.x

Cushway, D. (1997). Stress in trainee psychotherapists. In V. Varma (Ed.), *Stress in*

Psychotherapists (pp. 17-34). New York, NY: Routledge.

Cushway, D., & Tyler, P. (1996). Stress in clinical psychologists. *International*

Journal of Social Psychiatry, 42, 141-149.

https://doi.org/10.1177/002076409604200208

Cutcliffe J. R. (2003). Re-considering reflexivity: The case for intellectual

entrepreneurship. *Qualitative Health Research, 13*, 136–148.

doi:10.1177/1049732302239416

Cutcliffe, J. R. & McKenna, H. P. (1999). Establishing the credibility of qualitative

research findings: the plot thickens. *Journal of Advanced Nursing, 30*, 374–

380. doi:10.1046/j.1365-2648.1999.01090.x

Dahl, C. M., Jensen, M. L., & McCampbell, J. L. (2010). A butterfly effect: The

impact of marriage and family therapy training on students' spouses. *Journal*

of Psychology & Theology, *38*, 3-14. Retrieved from

http://search.ebscohost.com.uplib.idm.oclc.org/login.aspx?direct=true&db=hu

s&AN=49114949&site=ehost-live&scope=site

De Jong, K., Van Sluis, P., Nugter, M. A., Heiser, W. J., & Spinhoven, P. (2012).

Understanding the differential impact of outcome monitoring: Therapist

variables that moderate feedback effects in a randomized clinical trial.

Psychotherapy Research, 22, 464-474.

http://dx.doi.org/10.1080/10503307.2012.673023

Desjardins, T. & Leadbeater, B. J. (2016). Changes in parental emotional support and

psychological control in early adulthood: Direct and indirect associations with

educational and occupational adjustment. *Emerging Adulthood, (September).*

doi:10.1177/2167696816666974

Deutsch, C. J. (1984). Self reported sources of stress among psychotherapists.

Professional Psychology: Research and Practice, *15*, 833–845.

http://dx.doi.org/10.1037/0735-7028.15.6.833

Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education:

An overview. *PAACE Journal of Lifelong Learning, 7,* 1-14. Retrieved from

http://www.iup.edu/ace/paace/v7-1998/

Dirkx, J. M. (2008). The meaning and role of emotions in adult learning. *New*

Directions for Adult and Continuing Education, 2008(120), 7-18.

doi:10.1002/ace

Drago-Severson, E. (2009). *Leading adult learning: Supporting adult development in*

our school. Thousand Oaks, CA: Corwin Press.

Duncan, S. F., & Goddard, H. W. (1993). Stressors and enhancers in the

marital/family life of family professionals and their spouses. *Family*

Relations: An Interdisciplinary Journal of Applied Family Studies, 42, 434-

441. http://dx.doi.org/10.2307/585345

Dyk, P. A. H. (1987). Graduate student management of family academic roles. *Family*

Relations, 36, 329-344. doi:10.2307/583549

Eagle, G. T., Haynes, H., & Long, C. (2007). Eyes wide open: Facilitating student

therapists' experiences with the unfamiliar. *European Journal of*

Psychotherapy and Counselling, 9, 133-146.

doi:10.1080/13642530701363270

Edwards, J. (2013). Examining the role and functions of self-development in

healthcare therapy trainings: A review of the literature with a modest proposal

for the use of learning agreements. *European Journal of Psychotherapy &*

Counselling, 15, 214-232. doi:10.1080/13642537.2013.811278

Edwards, T. M., & Patterson, J. E. (2012). The daily events and emotions of master's-

level family therapy trainees in off-campus practicum settings. *Journal of*

Marital & Family Therapy, 38, 688-696. doi:10.1111/j.1752-

0606.2012.00263.x

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress,

coping, and barriers to wellness among psychology graduate students.

Training and Education in Professional Psychology, 6, 122-134.

doi:10.1037/a0028768

Farrell, J. D., & Carleton, J. A. (2015). Rewriting history: Attachment theory in the

practice of adult psychotherapy. *Graduate Student Journal of Psychology, 16*,

100-117. Retrieved from

http://www.jacquelineacarletonphd.com/text/pdfs/rewritinghistory.pdf

Farber, B. A. (1983). The effects of psychotherapeutic practice upon psychotherapists.

Psychotherapy: Theory, Research & Practice, 20, 174–182.

doi:10.1037/h0088488

Fiammenghi, S. (2015). Clinical psychology training and romance: For better or for worse? In D. Knafo, R. Keisner, & S. Fiammenghi (Eds.), *Becoming a clinical psychologist: Personal stories of doctoral training* (pp. 75-94). Lanham, MD: Rowman & Littlefield.

Fingerman, K., Miller, L., Birditt, K. & Zarit, S. (2009). Giving to the good and the needy: Parental support of grown children. *Journal of Marriage and Family, 71*, 1220-1233. doi:10.1111/j.1741-3737.2009.00665.x

Fisiloglu, H., & Lorenzetti, A. F. (1994). The relation of family cohesion to marital adjustment. *Contemporary Family Therapy, 16,* 539-552. doi:10.1007/BF02196846

Fisher, P., Chew, K., & Leow, Y. J. (2015). Clinical psychologists' use of reflection and reflective practice within clinical work. *Reflective Practice, 16*, 731-743. doi:10.1080/14623943.2015.1095724

Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': a qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling and Psychotherapy Research*, *10*, 83-92. doi:10.1080/147331410037550509

Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy, 51*, 372-380. doi:10.1037/a0036505

Fonagy, P., Campbell, C., & Bateman, A. (2017). Mentalizing, attachment, and epistemic trust in group therapy. *International Journal of Group Psychotherapy*, *67*, 176-201. http://dx.doi.org/10.1080/00207284.2016.1263156

Ford Sori, C., Wetchler, J. L., Ray, R. E., & Niedner, D. M. (1996). The impact of marriage and family therapy graduate training programs on married students

and their families. *The American Journal of Family Therapy, 24,* 259-268. doi**:**10.1080/01926189608251038

Fowler, J. H., & Christakis, N. A. (2008). Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *British Medical Journal, 337,* 1-9. https://doi.org/10.1136/bmj.a2338

Freudenberger, H. J., & Robbins, A. (1979). The hazards of being a psychoanalyst. *The Psychoanalytic Review, 66*, 275–296. Retrieved from http://search.proquest.com.uplib.idm.oclc.org/docview/1310154651/fulltextP DF/9CA5749783DE4586PQ/1?accountid=14717

Gabbard, G. O. (2014). *Gabbard's Treatments of Psychiatric Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Garber, B. D. (2011). Parental alienation and the dynamics of the enmeshed parent– child dyad: Adultification, parentification, and infantilization. *Family Court Review, 49*, 322–335. doi:10.1111/j.1744-1617.2011.01374.x

Garfield, S. L., & Bergin, A. E. (Eds.). (1978). *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis* (2nd ed.). New York, NY: John Wiley & Sons.

Gerber, O., & Hoelson, C. N. (2011). Curiosity and coping with uncertainty among psychologists-in-training. *New Voices in Psychology, 7(1),* 3-18. Retrieved from http://hdl.handle.net/10520/EJC112648

Gerson, B. E. (1996). *The therapist as a person: Life crises, life choices, life experiences and their effects on treatment*. Hillsdale, NJ: Analytic Press.

Gibson, D. R. (2005). Taking turns and talking ties: Networks and conversational interaction. *American Journal of Sociology, 110*, 1561–1597. doi:10.1086/428689

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, *8*, 597-607. Retrieved from http://nsuworks.nova.edu/tqr/vol8/iss4/6

Golish, T. D. (2000). Changes in closeness between adult children and their parents: A turning point analysis. *Communication Reports, 13*, 79-97. doi:10.1080/08934210009367727

Graham, E. E. (1997). Turning points and commitment in post-divorce relationships. *Communication Monographs, 64*, 350-368. doi: 10.1080/03637759709376428

Griffith, B. A. & Frieden, G. (2000). Facilitating reflective thinking in counselor education. *Counselor Education & Supervision, 40,* 82-94. doi:10.1002/j.1556-6978.2000.tb01240.x

Grix, J. (2002). Introducing students to the generic terminology of social research. *Politics, 22*, 175–186. doi:10.1111/1467-9256.00173

Guldner, C. A. (1978). Family therapy for the trainee in family therapy. *Journal of Marriage and Family Counseling, 4*(1), 127-132. doi:10.1111/j.1752-0606.1978.tb00503.x

Guy, J. D. (1987). *The personal life of the psychotherapist.* New York, NY: John Wiley & Sons.

Guy, J. D., & Liaboe, G. P. (1986). The impact of conducting psychotherapy on psychotherapists' interpersonal functioning. *Professional Psychology: Research and Practice, 17,* 111-114. http://0-dx.doi.org.innopac.up.ac.za/10.1037/0735-7028.17.2.111

Hackland, K. (2015). The impact of person-centred counselling training on friendship. In P. M. Gubi (Ed.), *Listening to less-heard voices: Developing counsellors' awareness* (pp. 43-79). Chester, UK: University of Chester Press.

Halai, A. (2006). *Multi disciplinary qualitative research in developing countries* (Working Paper No. 4). EdQual RPC. Retrieved from: http://www.edqual.org/publications/workingpaper/edqualwp4.pdf/at_download/file.pdf

Hall, J. E. M. (2004). *Eating the apple: The impact of becoming a clinical psychologist on personal relationships* (Master's dissertation, University of Pretoria, Pretoria, South Africa). Retrieved from http://repository.up.ac.za/bitstream/handle/2263/25050/00 dissertation.pdf?sequence=1&isAllowed=y

Halleck, S. C. & Woods, S. M. (1962). Emotional problems of psychiatric residents. *Psychiatry*, *25,* 339-346. Retrieved from https://search-proquest-com.uplib.idm.oclc.org/docview/1301433329?accountid=14717

Hatcher, S. L., Kipper-Smith, A., Waddell, M., Uhe, M., West, J. S., Boothe, J. H., … Gingras, P. (2012). What therapists learn from psychotherapy clients: Effects on personal and professional lives. *The Qualitative Report, 17*(48)*,* 1-21. Retrieved from http://www.nova.edu//ssss/QR/QR17/hatcher.pdf

Hayes, J. A. (2014). The beneficial demands of conducting psychotherapy. *Journal of Clinical Psychology: In Session, 70*, 716–723. doi:10.1002/jclp.22107

Hefner, J., & Eisenberg, D. (2009). Social support and mental health among college students. *American Journal of Orthopsychiatry*, *79*, 491–499. doi:10.1037/a0016918

Herod, L, (2002). *Adult learning: From theory to practice* [PDF document]. Retrieved from Copian Library Web site http://en.copian.ca/library/learning/adult_learning/ adult_learning.pdf

Hill, K., Wittkowski, A., Hodgkinson, E., Bell, R., & Hare, D. J. (2016). Using the

145

repertory grid technique to examine trainee clinical psychologists' construal of their personal and professional development. *Clinical Psychology and Psychotherapy, 23,* 425-437. doi:10.1002/cpp.1961

Hinde, R. A. (1995). A suggested structure for a science of relationships. *Personal Relationships, 2*, 1-15. doi:10.1111/j.1475-6811.1995.tb00074.x

Home. (2001). *Concise Oxford Dictionary* (p. 679, 10th ed.). Oxford, UK: Oxford University Press.

Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, *12*, 307-312. doi:10.1046/j.1365-2702.2003.00683.x

Hughes, J. (2009). What is personal development and why is it important? In J. Hughes & S. Youngson (Eds.), *Personal Development and Clinical Psychology* (pp. 24-45). Chichester, England: Blackwell.

Jafari Roshan, M. (2014). Conscious psychological balance encompasses resilience, other self-regulation processes, and justice. *International Journal of Fundamental Psychology and Social Sciences, 4*(3), 39-48. doi:10.14331/ijfpss.2014.330044

Jairam, D. & Kahl, D. H. (2012). Navigating the doctoral experience: The role of social support in successful degree completion. *International Journal of Doctoral Studies, 7,* 311-329. Retrieved from http://ijds.org/Volume7/IJDSv7p311-329Jairam0369.pdf

Jakubkaite, B., & Kociunas, R. A. (2013). Experiential groups in group counselors training: A view through the multiplicity of contexts. *Problems Of Psychology In The 21st Century, 5*, 12-22. Retrieved from http://www.scientiasocialis.lt/ppc/files/pdf/Jakubkaite_Vol.5.pdf

Jenkins, R. (2008). *Social Identity* (3rd ed.). Retrieved from

146

http://s3.amazonaws.com/academia.edu.documents/30355455/2010082701532
8216.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=14799
06258&Signature=jlNCbrCRUe%2Fgm%2B5CeBqYAyCqjKU%3D&respon
secontentdisposition=inline%3B%20filename%3DSocial_identity.pdf

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational
characteristics of master therapists. *Journal of Counseling Psychology, 46*, 3-
11. http://dx.doi.org/10.1037/0022-0167.46.1.3

Jennings, L., Goh, M., Skovholt, T. M., Hanson, M., & Banerjee-Stevens, D. (2003).
Multiple factors in the development of the expert counsellor and therapist.
Journal of Career Development, 30, 59-72. doi:10.1023/A:1025177608990

Jensen, K. H. (1995). The stresses of counsellors in training. In W. Dryden (Ed.), *The
stresses of counselling in action* (pp. 184-196). London, UK: Sage.

Jetten, J., Haslam, C., Haslam, S. A., & Branscombe, N. (2009). The social
cure. *Scientific American Mind, 20*(5), 26-33.
doi:10.1038/scientificamericanmind0909-26

Jordi, R. (2010). Reframing the concept of reflection: Consciousness, experiential
learning, and reflective learning practices. *Adult Education Quarterly, 61,*
181-197. doi:10.1177/0741713610380439

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified.
Bodhi: An Interdisciplinary Journal, 5, 181-200.
http://dx.doi.org/10.3126/bodhi.v5i1.8053

Kasworm, C. E., & Bowles, T. A. (2012). Fostering transformative learning in higher
education settings. In E. W. Taylor & P. Cranton (Eds.), *The handbook of
transformative learning: Theory, research, and practice* (pp. 388-407). San
Francisco, CA: Jossey-Bass.

Kanazawa, Y., & Iwakabe, S. (2016). Learning and difficult experiences in graduate training in clinical psychology: A qualitative study of Japanese trainees' retrospective accounts. *Counselling Psychology Quarterly, 29*, 274-295. doi:10.1080/09515070.2015.1033383

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health, 78*, 458–467. doi:10.1093/jurban/78.3.458

Keefer, J. M. (2015). Experiencing doctoral liminality as a conceptual threshold and how supervisors can use it. *Innovations in Education and Teaching International, 52,* 17-28. http://dx.doi.org/10.1080/14703297.2014.981839

Kegan, R. (1982). *The Evolving Self: Problem and Process in Human Development*. Cambridge, MA: Harvard University Press.

Kelly, K. (2006). From encounter to text: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 285-319). Cape Town, South Africa: Juta and Company.

Kennedy, S. A., & Black, T. G. (2010). Life outside the 50-minute hour: The personal lives of counsellors. *Canadian Journal of Counselling and Psychotherapy, 44,* 421-437. Retrieved from http://cjc-rcc.ucalgary.ca /cjc/index.php/rcc/ article/view/ 878/799

Kerig, P. K., & Swanson, J. A. (2010). Ties that bind: Triangulation, boundary dissolution, and the effects of interparental conflict on child development. In M. S. Schulz, M. K. Pruett, P. K. Kerig, & R. Parke (Eds.), *Strengthening couple relationships for optimal child development: Lessons from research and intervention* (pp. 59-76). Washington, DC: American Psychological Association.

Kiweewa, J., Gilbride, D., Luke, M., & Seward, D. (2013). Endorsement of growth factors in experiential training groups. *The Journal for Specialists in Group Work, 38*, 68-93. doi:10.1080/01933922.2012.745914

Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, *19*, 976-986. doi:10.1111/1365-2648.ep8538182

Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, *21*, 827–836. doi:10.1046/j.1365-2648.1995.21050827.x

Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigour and representation. *Journal of Advanced Nursing, 24*, 174–184. doi:10.1046/j.1365-2648.1996.17224.x

Koepke, S., & Denissen, J. A. (2012). Dynamics of identity development and separation–individuation in parent–child relationships during adolescence and emerging adulthood – A conceptual integration. *Developmental Review, 32,* 67-88. doi:10.1016/j.dr.2012.01.001

Kottler, J. A., & Parr, G. (2000). The family therapist's own family. *The Family Journal: Counseling and Therapy for Couples and Families, 8,* 143-148. doi:10.1177/1066480700082005

Kottler, A., & Swartz, S. (2004). Rites of passage: Identity and the training of clinical psychologists in the current South African context. *South African Journal of Psychology*, *34*, 55–71. doi:10.1177/008124630403400103

Kottler, J. A. (2010). *On being a therapist* (4th ed.)*.* San Francisco, CA: Jossey-Bass.

Kühn, C. (2003). *The internship year: The experience of clinical psychology interns* (Master's dissertation, University of Pretoria, Pretoria, South Africa). Retrieved from http://upetd.up.ac.za/thesis/available/etd-01122004-101811/

Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly, 21*, 19-28. doi:10.1080/09515070801895626

Kuyken, W., Peters, E., Power, M., & Lavender, T. (1998). The psychological adaptation of psychologists in clinical training: the role of cognition, coping and social support. *Clinical Psychology & Psychotherapy,* 5, 238–252. doi:10.1002/(SICI)1099-0879(199812)5:4<238::AID-CPP160>3.0.CO;2-W

Kuyken, W., Peters, E., Power, M. J., Lavender, T., & Rabe-Hesketh, S. (2000). A longitudinal study of the psychological adaptation of trainee clinical psychologists. *Clinical Psychology & Psychotherapy, 7*, 394-400. doi:10.1002/1099-0879(200011)7:5<394::AID-CPP268>3.0.CO;2-O

Kuyken, W., Peters, E., Power, M. J., & Lavender, T. (2003). Trainee clinical psychologists adaptation and professional functioning: A longitudinal study. *Clinical Psychology and Psychotherapy, 10*, 41-54. doi:10.1002/cpp.350

Kvale, S. (1994). Ten standard objections to qualitative research interviews. *Journal of Phenomenological Psychology, 25,* 147-173. doi:10.1163/156916294X00016

Laliotis, D., & Grayson, J. (1985). Psychologist heal thyself: What is available to the impaired psychologist? *American Psychologist, 40*, 84-96. http://0-dx.doi.org.innopac.up.ac.za /10.1037/0003-066X.40.1.84

Lange, E. A. (2012). Transforming transformative learning through sustainability and new science. In E. W. Taylor & P. Cranton (Eds.), *The handbook of*

transformative learning: Theory, research, and practice (pp. 195-211). San

Francisco, CA: Jossey-Bass.

Laursen, B., & Bukowski, W. M. (1997). A developmental guide to the organisation

of close relationships. *International Journal of Behavioral Development, 21,*

747-770. doi:10.1080/016502597384659

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A

comparison of historical and methodological considerations. *International*

Journal of Qualitative Methods, 2(3), 21-35. Retrieved from

https://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4510/3647

Lee, R. E., Eppler, C., Kendal, N., & Latty, C. (2001). Critical incidents in the

professional lives of first year MFT students. *Contemporary Family Therapy,*

23, 51-61. doi:10.1023/A:1007872132292

Lefkowitz, E. S. (2005). "Things have gotten better": Developmental changes among

emerging adults after the transition to university. *Journal of Adolescent*

Research, 20, 40-63. doi:10.1177/0743558404271236

Legako, M. A., & Sorenson, R. L. (2000). Christian psychology graduate school's

impact on marriage: nonstudent spouses speak. *Journal of Psychology and*

Theology, *28*, 212-220. Retrieved from http://0-

eds.a.ebscohost.com.innopac.up.ac.za/ehost/pdfviewer/pdfviewer?vid

=2&sid=3e5113a8-cb9d-42d7-83ef73102df7cf87%40sessionmgr

4005&hid=4103

Levinson, D. J. (1986). A conception of adult development. *American Psychologist,*

41, 3-13. http://dx.doi.org/10.1037/0003-066X.41.1.3

Lidderdale, M. A. (2009). *Phenomenological study of resilience in the lives of white,*

midlife lesbian psychologists in clinical practice. Retrieved from ProQuest

Dissertations.

http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1711&context=dissertations

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Luke, M., & Kiweewa, J. M. (2010). Growth and awareness experiences of counseling students in an experiential group. *The Journal for Specialists in Group Work, 35*, 365-388. doi:10.1080=01933922.2010.514976.

Lyman, E. (2014). Reflections on intrapersonal and interpersonal changes in a beginning (psychodynamically-oriented) psychotherapist. *Journal of Clinical Psychology: In Session, 70,* 731-740. doi:10.1002/jclp.22108

Mackenzie, A., & Hamilton, R. (2007). More than expected? Psychological outcomes from first-stage training in counseling. *Counselling Psychology Quarterly, 20*, 229-245. doi:10.1080/09515070701580492

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education*, *14*, 595–621. doi:10.1007/s10459-007-9090-2

Mattanah, J. F., Lopez, F. G., & Govern, J. M. (2011). The contributions of parental attachment bonds to college student development and adjustment: a meta-analytic review. *Journal of Counseling Psychology, 58*, 565-96. doi:10.1037/a0024635.

McAuliffe, G. J. (2002). Student changes, program influences, and adult development in one program of counselor training: An exploratory inductive inquiry. *Journal of Adult Development, 9*, 205-216. doi:10.1023/A:1016004210506

Mearns, D. (1997). *Person-centred counselling training.* London, UK: Sage

Publications.

Meehan, K. B., & Levy, K. (2009). Psychodynamic theories of relationships. In H.
Reis & S. Sprecher (Eds.), *Encyclopedia of human relationships* (pp. 1299-
1302). Thousand Oaks, CA: Sage Publications.

Meese, D. G. (2006). *Seeing the wood for the trees: The experience of genograms and
family sculpting during clinical psychology masters training* (Master's
dissertation, University of Pretoria, Pretoria, South Africa). Retrieved from
http://upetd.up.ac.za/thesis/available/etd-10042006-162423

Mezirow, J. (2012). Learning to think like an adult: Core concepts of transformation
theory. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative
learning: Theory, research, and practice* (pp. 73-96). San Francisco, CA:
Jossey-Bass.

Miles, M., Chapman, Y., Francis, K., & Taylor, B. (2013). Exploring Heideggerian
hermeneutic phenomenology: A perfect fit for midwifery research. *Women
and Birth, 26,* 273-276. http://dx.doi.org/10.1016/j.wombi.2013.06.003

Miller, R. S. (2012). *Intimate relationships* (6th ed.). New York, NY: McGraw-Hill.

Millon, T., Millon, C., & Antoni, M. (1986). Sources of emotional and mental
disorder among psychologists: A career development perspective. In R. R.
Kilburg, P. E. Nathan, & R. W. Thoreson (Eds.), *Professionals in distress:
Issues, syndromes, and solutions in psychology* (pp. 119-134). Washington,
DC: American Psychological Association.

Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity
development: A grounded theory of transformational tasks of counselors.
Journal of Counseling & Development, 92, 3-12. doi:10.1002/j.1556-
6676.2014.00124.x

Munich, R. L. (2006). Integrating mentalization-based treatment and traditional psychotherapy to cultivate common ground and promote agency. In J. G. Allen & P. Fonagy (Eds.), *Handbook of mentalization-based treatment* (pp. 143-156). Chichester, UK: John Wiley & Sons.

Murdoch, L. L. (2000). Psychological consequences of adopting a therapeutic lawyering approach: Pitfalls and protective strategies. *Seattle University Law Review, 24,* 483-497. Retrieved from http://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1673&context=sulr

Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology, 6,* 55-66. doi:10.1037/a00226534

Nabal, V. (2009). *Living the theory: An enquiry into the development of a psychotherapist in training* (Master's dissertation, University of Pretoria, Pretoria, South Africa). Retrieved from http://upetd.up.ac.za/thesis/available/etd-02032010-175633/

Negash, S., & Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital & Family Therapy, 37,* 1-13. doi:10.1111/j.1752-0606.2009.00147.x

Niño, A., Kissil, K., & Apolinar Claudio, F. L. (2015). Perceived professional gains of master's level students following a person-of-the-therapist training program: a retrospective content analysis. *Journal of Marital Family Therapy, 41,* 163-176. doi:10.1111/jmft.12051

Nohl, A. M. (2009). Spontaneous action and transformative learning: Empirical investigations and pragmatist reflections. *Educational Philosophy and Theory, 41,* 287-306. doi:10.1111/j.1469-5812.2008.00417.x

Noller, P. (1996), What is this thing called love? Defining the love that supports marriage and family. *Personal Relationships, 3*, 97–115. doi:10.1111/j.1475-6811.1996.tb00106.x

Noller, P., & Feeney, J. A. (2002). Communication, relationship concerns, and satisfaction in early marriage. In A. Vangelisti, H. Reis & M. Fitzpatrick (Eds.), *Stability and Change in Relationships* (1st ed.) (pp. 129-155). Cambridge, UK: Cambridge University Press.

Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice, 31*, 710-713. http://dx.doi.org/10.1037/0735-7028.31.6.710

Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care.* New York, NY: The Guilford Press.

Nyklicek, I., & Denollet, J. (2009). Development and evaluation of the balanced index of psychological mindedness (BIPM). *Psychological Assessment*, *21*, 32-44. doi:10.1037/a0014418

Ozbay, R., Johnson D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: Neurobiology to clinical practice. *Psychiatry, 4,* 35-40. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/

Pakenham, K. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: A review of current research and future directions. *Australian Psychologist, 47,* 147-155. doi:10.1111/j.1742-9544.2012.00070.x

Papp, L. M., & Witt, N. L. (2010). Romantic partners' individual coping strategies

and dyadic coping: Implications for relationship functioning. *Journal of*

Family Psychology, 24, 551–559. doi:10.1037/a0020836

Pascual-Leone, A., Wolfe, B. J., & O'Connor, D. (2012). The reported impact of

psychotherapy training: Undergraduate disclosures after a course in

experiential psychotherapy. *Person-Centered & Experiential Psychotherapies,*

11, 152-168. doi:10.1080/14779757.2011.648099

Pascual-Leone, A., Rodriguez-Rubio, B., & Metler, S. (2013). What else are

psychotherapy trainees learning? A qualitative model of students' personal

experiences based on two populations. *Psychotherapy Research, 23*, 578-591.

doi:10.1080/10503307.2013.807379

Patton, M, Q. (1990). Qualitative evaluation and research methods (2nd ed.).

Newbury Park, CA: Sage.

Pica, M. (1998). The ambiguous nature of clinical training and its impact on the

development of student clinicians. *Psychotherapy: Theory, Research,*

Practice, Training, 35, 361-365. doi:10.1037/h0087840

Pirttilä-Backman, A. M. & Kajanne, A. (2001). The development of implicit

epistemologies during early and middle adulthood. *Journal of Adult*

Development, 8, 81-97. doi:1068-0667/01/0400-0081$19.50/0

Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of

self-awareness development for counselling and psychotherapy training.

Counselling Psychology Quarterly, 26, 190-207.

doi:10.1080/09515070.2013.793451

Polson, M., & Nida, R. (1998). Program and trainee lifestyle stress: a survey of

AAMFT student members. *Journal of Marital & Family Therapy*, 24, 95-113.

156

doi:10.1111/j.1752-0606.1998.tb01065.x

Polson, M., & Piercy, F. (1993). The impact of training stress on married family therapy trainees and their families: a focus group study. *Journal of Family Psychotherapy*, *4*(1), 69-93. doi:10.1300/j085V04N01_05

Polson, M., Piercy, F., & Nida, R. (1996). MFT Trainee adjustment to program lifestyle stress: The Taps Scale. *Contemporary Family Therapy, 18*, 405-425. doi:10.1007/BF02197051

Pope, K. S., & Vasquez, M. J. T. (2005). *How to survive and thrive as a therapist: Information, ideas and resources for psychologists in practice.* Washington, DC: American Psychological Association.

Prentice, J. (2001). *Difficulties in the choreography of training in clinical psychology* (Master's dissertation, University of South Africa, Pretoria, South Africa). Retrieved from http://uir.unisa.ac.za/handle/10500/591?show=full

Punzi, E. (2015). 'These are the things I may never learn from books'. Clinical psychology students' experiences of their development of practical wisdom. *Reflective Practice, 16*, 347-360. doi:10.1080/14623943.2015.1023280

Råbu, M., Moltu, C., Binder, P. E., & McLeod, J. (2015): How does practicing psychotherapy affect the personal life of the therapist? A qualitative inquiry of senior therapists' experiences. *Psychotherapy Research*, *26,* 737-749. doi:10.1080/10503307.2015.1065354

Radeke, J. T., & Mahoney, M. J. (2000). Comparing the personal lives of psychotherapists and research psychologists. *Professional Psychology: Research and Practice, 31,* 82-84. doi:10.1037//0735-7028.31.1.82

Rees, C. S., & Maclaine, E. (2016). Concentric circles therapy training: Clinical psychology trainee's reflections on participation in a revised interpersonal

therapy training group. *Australian Psychologist, 51,* 231-237.

doi:10.1111/ap.12167

Regan, P. (2011). *Close relationships.* New York, NY: Routledge.

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. W. Duck

(Ed.), *Handbook of personal relationships* (pp. 367-389)*.* Chichester, England:

Wiley.

Robinson, O. C., Wright, G. R. T., & Smith, J. A. (2013). The holistic phase model of

early adult crisis. *Journal of Adult Development, 20,* 27-37.

doi:10.10007/s10804-013-9153-y

Sands, D., & Tennant, M. (2010). Transformative learning in the context of suicide

bereavement. *Adult Education Quarterly, 60,* 99-121.

doi:10.1177/0741713609349932

Scannell, L., & Gifford, R. (2014). Comparing the theories of interpersonal and place

attachment. In L. Manzo & P. Devine-Wright (Eds.), *Place attachment:*

Advances in theory, methods and research (pp. 23-36). New York: Routledge.

Scheinkman, M. (1988). Graduate student marriages: An organizational/interactional

view. *Family Process, 27,* 351-368. doi:10.1111/j.1545-5300.1988.00351.x

Schön, D. (2003). *The reflective practitioner: How professionals think in action.* New

York, NY: Basic Books.

Schrag, C. O. (1994). *Philosophical papers: Betwixt and between.* Albany, NY: State

University of New York Press.

Schwartz-Mette, R. A. (2009). Challenges in addressing graduate student impairment

in academic professional psychology programs. *Ethics & Behavior, 19,* 91-

102. doi:10.1080/10508420902768973

Shaffer, B. A., & Sroufe, L. A. (2005). The developmental and adaptational

implications of generational boundary dissolution: Findings from a

prospective, longitudinal study. *Journal of Emotional Abuse, 5*(2/3), 67-84.

doi:10.1300/J135v05n02_04

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research

projects. *Education for Information, 22*, 63-75. doi:10.3233/EFI-2004-22201

Skovholt, T. M. (2005). The cycle of caring: A model of expertise in the helping

professions. *Journal of Mental Health Counseling*, *27*, 82-93.

Skovholt, T. M., Jennings, L., & Mullenbach, M. (2016). Portrait of the master

therapist: Developmental model of the highly functioning self. In T. M.

Skovholt & L. Jennings (Eds.), *Master therapists: Exploring expertise in*

therapy and counseling (10th ed.) (pp. 125-146). Oxford University Press.

doi:10.1093/med:psych/9780190496586.003.0007

Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor

development. *Journal of Counseling & Development, 70,* 505-515.

doi:10.1002/j.1556-6676.1992.tb01646.x

Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and

therapist. *Journal of Career Development, 30,* 44–58.

doi:10.1023/A:1025125624919

Skovholt, T. M., & Trotter-Mathison, M. (2016). *The Resilient Practitioner: Burnout*

and compassion fatigue prevention and self-care strategies the helping

professions (3rd ed.). Abingdon, UK: Routledge.

Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology:

The philosophy, the methodologies and using hermeneutic phenomenology to

investigate lecturers' experiences of curriculum design. *Quality & Quantity,*

48, 1291-1303. doi:10.1007/s11135-013-9835-3

Sousa, D. (2014). Validation in qualitative research: General aspects and specificities of the descriptive phenomenological method. *Qualitative Research in Psychology, 11*, 211-227, doi:10.1080/14780887.2013.853855

Stevanovic, P. (2011). *Professional and personal lives of psychologists: spillover, family functioning, and life satisfaction.* (Doctoral dissertation). Loyola University, Chicago. Retrieved from http://ecommons.luc.edu/luc_diss/93.

Stevanovic, P., & Rupert, P. A. (2009). Work–family spillover and life satisfaction among professional psychologists. *Professional Psychology: Research and Practice, 40*, 62–68. doi:10.1037/a0012538

Stevens-Long, J., Schapiro, S. A., & McClintock, C. (2012). Passionate scholars: Transformative learning in doctoral education. *Adult Education Quarterly, 62,* 180-198. doi:10.1177/041713611402046

Sun, S. W., Bell, N. J., Feng, D., & Avery, A. W. (2000). A longitudinal analysis of parental bonds and relational competencies during the college years. *International Journal of Adolescence and Youth, 8*, 149-181. doi:10.1080/02673843.2000.9747849

Sutcliffe, A., Dunbar, R., Binder, J., & Arrow, H. (2012). Relationships and the social brain: Integrating psychological and evolutionary perspectives. *British Journal of Psychology*, *103*, 149–168. doi:10.1111/j.2044-8295.2011.02061.x.

Syed, M., & Seiffge-Krenke, I. (2013). Personality development from adolescence to emerging adulthood: Linking trajectories of ego development to the family context and identity formation. *Journal of Personality and Social Psychology, 104*, 371-384. http://dx.doi.org/10.1037/a0030070

Taylor, E. W. (2007). An update of transformative learning theory: A critical review of the empirical research (1999-2005). *International Journal of Lifelong*

Education, 95, 173-191. doi:10.1080/02601370701219475

Taylor, E. W. (2008). Transformative learning theory. *New Directions for Adult and Continuing Education, 119,* 5-15. doi:10.1002/ace.301

Taylor, E. W., & Cranton, P. (2012). Reflecting back and looking forward. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 555-574). San Francisco, CA: Jossey-Bass.

Taylor, E. W., & Snyder, M. J. (2012). A critical review of research on transformative learning theory, 2006-2010. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 37-55). San Francisco, CA: Jossey-Bass.

Taylor, K., & Elias, D. (2012). Transformative learning: A developmental perspective. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 147-161). San Francisco, CA: Jossey-Bass.

Taylor, S. E. (2012). Social support: A review. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology* (189-214). doi:10.1093/oxfordhb/9780195342819.013.0009

Terre Blanche, M., Kelly, K., & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 271-284). Cape Town, South Africa: Juta and Company.

Thoits, P. A. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, (Extra Issue), 53–79. doi: doi:10.2307/2626957

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and

mental health. *Journal of Health and Social Behavior*, 52, 45-161.

doi:10.1177/0022146510395592

Thompson, N. & Pascal, J. (2012). Developing critically reflective practice. *Reflective

Practice, 13*, 311-325. doi:10.1080/14623943.2012.657795

Thoreson, R., Nathan, P., Skorina, J., & Kilburg, R. (1983). The alcoholic

psychologist: issues, problems, and implications for the professional.

Professional Psychology: Research and Practice, 14, 670–684.

doi:http://dx.doi.org/10.1037/0735-7028.14.5.670

Thornton, A., Orbuch, T. L., & Axinn, W. G. (1995). Parent-child relationships

during the transition to adulthood. *Journal of Family Issues*, *16*, 538-564.

doi:10.1177/019251395016005003

Tirpak, D. M., & Lee, S. S. (2012). Navigating peer-to-peer multiple relationships in

professional psychology programs. *Training and Education in Professional

Psychology, 6,* 135-141. doi:10.1037/a0029234

Tomassini, M., & Zanazzi, S. (2014). Reflexivity and self-development of

competencies as key drivers in individuals' learning and career paths: Cases

from Italy. *Research in Comparative and International Education, 9,* 301-312.

http://dx.doi.org/10.2304/rcie.2014.9.3.301

Tompkins, K. A., Brecht, K., Tucker, B., Neander, L. L., & Swift, J. K. (2016). Who

matters most? The contribution of faculty, student-peers, and outside support

in predicting graduate student satisfaction. *Training and Education in

Professional Psychology, 10,* 102-108. doi:10.1037/tep0000115

Toseland, R. & Rivas, R. (2013). *An introduction to group work practice* (7th ed.).

Harlow, UK: Pearson.

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*, 80-96. doi:10.1177/1473325010368316

Troll, L. E., & Fingerman, K. L. (1996). Connections between parents and their adult children. In C. Magai & S. McFadden (Eds.), *Handbook of emotion, adult development, and aging* (pp. 185-205). San Diego, CA: Academic Press.

Truell, R. (2001). The stresses of learning counselling: Six recent graduates comment on their personal experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology Quarterly, 14*(1), 67-89. doi:10.1080/09515070110059133

Urdang, E. (2010). Awareness of self – A critical tool. *Social Work Education, 29,* 523-538. doi:10.1080/02615470903164950

Van der Riet, M., & Durrheim, K. (2006). Putting design into practice: Writing and evaluating research proposals. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 80-111). Cape Town, South Africa: Juta and Company.

Viljoen, D. J., Beukes, R.B.I., & Louw, D. A. (1999). An evaluation of the training of psychologists at the University of the Free State. *South African Journal of Psychology, 29*, 201-215. doi:10.1177/008124639902900406

Walsh, R. (2011). Lifestyle and mental health. *American Psychologist, 66,* 579-592. doi:10.1037/a0021769

Wassenaar, D. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 60-79). Cape Town, South Africa: Juta and Company.

Waterman, A. S. (1982). Identity development from adolescence to adulthood: An

extension of theory and a review of research. *Developmental Psychology, 18,* 342–358. doi:10.1037/0012-1649.18.3.341.

Wilding, C., & Whiteford, G. (2005). Phenomenological research: An exploration of conceptual, theoretical, and practical issues. *OTJR: Occupation, Participation and Health, 25,* 98-104. doi:10.1177/153944920502500303

Wilks, S. E. (2008). Resilience amid academic stress: The moderating impact of social support among social work students. *Advances in Social Work, 9,* 106-125. Retrieved from

https://journals.iupui.edu/index.php/advancesinsocialwork/article/view/51/195

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead, UK: Open University Press.

Woodside, M., Oberman, A. H., Cole, K. G., & Carruth, E. K. (2007). Learning to be a counselor: A prepracticum point of view. *Counselor Education & Supervision, 47,* 14-28. doi:10.1002/j.1556-6978.2007.tb00035.x

Woodward, N. S., Keville, S., & Conlan, L. M. (2015). The buds and shoots of what I've grown to become: The development of reflective practice in trainee clinical psychologists. *Reflective Practice, 16,* 777-789. doi:10.1080/14623943.2015.1095728

Zur, O. (1994). Psychotherapists and their families: The effect of clinical practice on individual and family dynamics. *Psychotherapy in Private Practice, 13* (1), 69-95. doi:10.1300/J294v13n01

Appendix A – Participant information sheet

Faculty of Humanities
Department of Psychology

Dear Clinical Psychology Trainee

My name is Joanne Gouveia and I am a clinical psychology Master's student at the University of Pretoria. As part of my Master's degree, I am conducting research entitled:

Exploring the impact of clinical psychology training on the close personal relationships of students

Purpose

The purpose of the study is to explore trainee psychologists perceptions of the impact of clinical psychology training on their close personal relationships. Part of the broader aim of this research is to identify ways in which trainee psychologists could be better supported in the training context.

Research Procedure

If you choose to take part this will entail one 60-90 minute face-to-face interview at a time and place convenient to you. The interview involves exploring your notions of changes in your close personal relationships (what has changed and how) during your training. The goal is to explore how you think your clinical psychology training contributed to those changes and the resulting outcome/s of these changes.

Voluntary Participation

Participation is entirely voluntary and you will not be advantaged or disadvantaged in any way for choosing to participate or not to participate in this study. You are under no obligation to answer questions that cause discomfort and you are free to end the interview or withdraw from the study at any time.

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Psychology

Confidentiality

All information gained from the interview will be kept strictly confidential. Interviews are to be recorded with your permission. The audio files and transcripts will be password protected and labeled with pseudonyms to protect your identity. As the researcher I am the only individual that will have direct access to this material.

Risks and Benefits

There is a possibility that talking about your experiences as a trainee psychologist and its impact on your close relationships could elicit distress. If you feel that you need assistance please contact:

- Student Support (located next to the Student Centre and opposite Tukkiewerf entrance Tel: 012 420 2333 Office Hours: 07:30 - 15:30).

If it is not possible for you to access this resource, I will put you in touch with a trained clinical psychologist who will provide free counselling.

Dissemination

The research will be written up as a Master's dissertation and followed up with a journal article. In this process your confidentiality will be maintained through the use of pseudonyms. The interview transcript, the research report, as well as any publication emanating from the research can be made available to you upon completion of the review process. If you are interested you are welcome to contact me regarding these documents.

If you have any further questions or concerns please feel free to contact me or my supervisor (details below).

Joanne Gouveia   Supervisor: Ahmed Riaz Mohamed
082 604 5593   012 420 4006
wiggly@global.co.za   ahmed.mohamed@up.ac.za

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Appendix B – Informed consent

**Faculty of Humanities
Department of Psychology**

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Exploring the impact of clinical psychology training on the close
personal relationships of students

Researcher: Joanne Gouveia

Please read this form carefully and feel free to ask any questions you may have before
deciding whether or not to participate in this study.

Purpose

This research aims to explore trainee psychologists perceptions of the impact of clinical
psychology training on their close personal relationships. This involves exploring your
notions of changes in your close personal relationships (what has changed and how)
during your training. The goal is to try and understand how you think your clinical
psychology training contributed to those changes and the resulting outcome/s. Part of the
broader aim of this research is to identify ways in which trainee psychologists could be
better supported in the training context.

Research Procedures

Participation entails one 60-90 minute face-to-face interview in which you will be asked
about your perception of the impact of clinical psychology training on your close
relationships. The interview will be recorded (with your permission) and transcribed by
the researcher for the purposes of anaylsis.

Benefits to Participants

Participation may provide a reflective space for thinking about the impact of your clinical
psychology training on your close personal relationships and add to already developing
insight and self -awareness.

Potential Risks to Participants

There is a possibility that talking about your experiences as a trainee psychologist and its
impact on your close relationships could be an emotional experience**.** Participation may
also provide an opportunity to reflect on the impact your clinical psychology training has
had on your close personal relationships and enhance insight and self-awareness in
relationships.

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Confidentiality

All information provided in the interview will be kept strictly confidential. The audio files and transcripts will be password protected and labeled with pseudonyms to protect your identity and will only be directly accessible by the researcher. Interview data will be securely stored in the Department of Psychology for 15 years.

Voluntary Participation

Participation is entirely voluntary and no person will be advantaged or disadvantaged in any way for choosing to participate or not to participate in this study. You are under no obligation to answer questions that cause discomfort and you are free to end the interview or withdraw from the study at any time. Any information about you will be destroyed if you choose to withdraw.

Dissemination of Results

Insights gained from you and other participants will be used in writing a qualitative research dissertation, which will be available to read after the examination process. Findings may also be published in academic journals and used for possible future research. Though direct quotes from you may be used, your identity will be protected through the use of a pseudonym and no other identifying information will be included.

Future Research

Interview data may also be used for possible future research.

Contacts and Questions

If you have any further questions or concerns please feel free to contact me or my supervisor:

Researcher: Joanne Gouveia - 082 604 5593 email: wiggly@global.co.za

Supervisor: Ahmed Riaz Mohamed - 012 420 4006 or

                email: ahmed.mohamed@up.ac.za

Statement of Consent

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to participate in this research study.

Participant's Signature   Place   Date

Researcher's Signature   Place   Date

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Appendix C - Interview schedule

1. Reflecting on your first year of clinical master's training could you describe how it has impacted your CPR? Can you give an example/s to illustrate these effects?

1.1 How has clinical psychology training affected your relationship with your partner/spouse? Can you give an example/s to illustrate these effects?

1.2 How has clinical psychology training affected your relationship with family members? Can you give an example/s to illustrate these effects?

1.2.1 Explain how the changes in patterns of relating may be different or similar to early ways of being in your family.

1.3 How has clinical psychology training affected your relationship with friends? Can you give an example/s to illustrate these effects?

2. Are there particular incidents or events during your training that stand out for you as having an impact on your CPR?

3. What feelings accompany the conversations/events/experiences you've mentioned?

4. How do you understand (make sense of) the impact of the training on your relationships?

5. How have you coped with the impact of clinical master's training on your CPR?

5.1 What has helped you manage the impact of training on your CPR?

5.2 What has made the impact of training on your CPR difficult to manage?

6. How do you think (or in what ways has) the clinical master's training benefitted you in terms of coping with the effect of training on your CPR?

6.1 How have you changed during the course of your training? What effect have these personal changes had on your CPR?

Appendix D – Ethical approval

11 May 2016

Dear Prof Maree

Project:	Exploring the impact of clinical psychology on the personal relationships of students
Researcher:	J Gouveia
Supervisor:	Dr AR Mohamed
Department:	Psychology
Reference Number:	12239242 (GW20160414HS)

I am pleased to be able to inform you that the above application was **approved** by the **Research Ethics Committee** on 5 May 2016 and by the Dean of Humanities on 10 May 2016. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

Prof MME Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:tracey.andrew@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr R Fasselt; Ms KT Govinder; Dr E Johnson; Dr C Panebianco; Dr C Puttergill; Dr D Reyburn; Prof GM Spies; Prof E Taljard; Ms B Tsebe; Dr E van der Klashorst; Mr V Sithole