

UNIVERSITY OF KWAZULU-NATAL

**EMOTIONAL STRESSES AND COPING AMONG FIRST YEAR TRAINEE CLINICAL
AND COUNSELLING PSYCHOLOGISTS: A QUALITATIVE STUDY OF STUDENTS'
EXPERIENCES AND PERCEPTIONS.**

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Emotional stresses and coping among first year trainee clinical and counselling psychologists: A qualitative study of students' experiences and perceptions.

Submitted in partial fulfillment for the degree of Masters of Social Science (Clinical Psychology)

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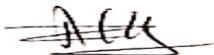
November 2014

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Dedication

My husband, Mahomed Ally, and our children Zahra, Reyhaan and Shahid, for your encouragement, understanding and relentless emotional support through my academic endeavors and especially during the final stages of this thesis.

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I owe my deepest gratitude and sincere thanks to the many people who assisted me with this study.

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My family without whose support, understanding and sacrifice the completion of this thesis would not have been possible.

ABSTRACT

South African clinical and counselling training experiences occur in a context in which dealing with cultural diversity and a range of complex traumatic presenting problems is unavoidable, due to the legacy of the past and ongoing social transformation. Trainee psychologists are exposed to unfamiliar contexts and clients throughout their training process and are thus are confronted with clients whose cultural backgrounds are potentially very different from their own. There are also ethical and pragmatic requirements for trainees to offer services beyond a middle-class and culturally familiar client base. Thus the emotional impact of having to step out of their range of contextually experiential backgrounds as well the experience of intense professional development pertaining to formal supervision, skills development and skills evaluation can result in heightened trainee anxiety and vulnerability towards career specific occupational stress. Such anxiety may potentially disrupt learning and trainees may feel inadequate and this may inhibit their development as clinical or counselling psychologists (Eagle, Haynes & Long, 2007). A review of literature shows that the plight of the South African trainee psychologists is relatively unexplored. South African students are exposed to numerous stressors (Morgan & De Bruin, 2010) and there is a need for further research with regards to the intrinsic stressors that training in psychology present to trainees.

Aim: The aim of this study is to explore the emotional challenges that confront students in their first year of Masters Level training as either Clinical or Counselling psychologists, the particular aspects that prompted personal difficulty for the trainee, why these aspects are particularly difficult for trainees and the mechanisms employed to overcome these difficulties. This research investigated the meaning of these experiences for trainee psychologists in order to determine whether these experiences contributed in any way to their emotional stress and level of coping. Modes of coping strategies employed by trainees as well as the effectiveness of selected coping strategies for the trainee were examined.

Methodology: A qualitative methodological framework was selected in this research as it allowed for the uncovering of underlying and subjective experiences of the emotional stresses experienced by the trainees and the coping strategies that were employed to overcome these stresses. This study uses an interpretive approach guided by an interpretive paradigm which focuses on a detailed examination of the subjective meanings that individuals place on their social and personal world

based on their personal perception or accounts of the phenomena. In this regard an interpretive approach has a particular potency and effectiveness in bringing out the subjects lived experiences and perceptions within a particular context, and can be applied to the study of the shared experiences of trainees. A total of nine clinical/counselling participants comprised the sample for this study. Semi-structured in-depth interviews were conducted with the participants. The interview schedule, based on the literature review and content areas relevant to this study, was compiled to facilitate an open discussion around understanding of trainee experiences. The data from this study were analyzed using thematic analysis to identify recurrent themes and patterns.

Findings: The findings of this study is based on the relevant empirical cognitive-transactional model of stress and coping proposed by Lazarus and Folkman (1984). What has clearly emerged in this study is that the vast majority of the participants interpreted and evaluated the psychology academic training environment as stressful or threatening. Participants identified similar professional, academic and personal sources of stress as a result of the training conditions and experience. The multiple clinical, client-related and academic demands inherent in the professional training process were associated with the sources of stress that were experienced by the trainees. The majority of trainees in this study adopted emotion-focused coping strategies in order to mitigate the demands and realities of the emotional stress they are experiencing in the Masters programme and gain some degree of control over the environment. This research further demonstrated the different meanings (external or internal) attributed to the source of stress experienced by the trainee will evoke different reactions to the same stressor and these results thus suggests support for an interactional perspective of understanding the emotional stresses that are experienced by the trainees. It is thus critical that this process of stress and coping be understood to better understand the obstacles that the trainees face which may impede their professional development process.

Recommendations: A range of pragmatic recommendations are suggested to assist trainees to function adequately and be given the best chance for professional development and growth. These include sensitivity to the needs of trainees and to the stressful challenges faced by the trainees and the implementation of early intervention strategies to target these challenges. The need for on-going informal feedback from trainees as well as providing timeous and thoughtful evaluation and performance feedback, is emphasized as a requirement for the establishment of a climate of mutual

respect and tolerance and to promote less vulnerability in trainees. Other recommendations include introducing additional training programmes addressing issues such as resilience, career options and burnout are important considerations as well as the importance of promoting journaling for critical reflection. The possibility of offering support and therapy groups for trainees is recommended as an important factor for training institutions to consider. Finally, the importance of the need for training providers to actively encourage trainees to take care of themselves both physically and emotionally is included as a recommendation.

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1. A BRIEF OVERVIEW OF THE CONTEXT OF SOUTH AFRICAN PSYCHOLOGY

Psychology cannot be extracted from the socio-economic and socio-historical concerns and inequities that characterize modern societies (Macleod & Howell, 2013). In South Africa the profession of psychology has been inherently bound in the politics of apartheid ideology and colonial oppression; marginalization; elitism; unequal power relations and social control. Theorists have argued that South African psychology has been complicit in the perpetuation of Apartheid ideology (Dawes, 1985 as cited in Macleod & Howell, 2013) and human rights abuses. Under such a political dispensation, underpinned by a structural inaccessibility of psychological services, psychology benefited the white middle-class South Africans to the exclusion of the psychological needs and issues of the majority of impoverished South Africans. Such psychological services were also located in urban hospitals and not in rural communities adding to the inaccessibility to these services by the majority of South Africans. This resulted in major inequities in the distribution and provision of mental health services across South Africa. The fact that South African psychological services were also culturally and linguistically inaccessible to the majority of impoverished South Africans further compounded the problem and promoted the power differential between South Africans. These factors were seen to contribute to the role of psychology in promoting racial classification and oppression (Sher & Long, 2012; Leach et al., 2003; Rock & Hamber, 1994 as cited in Pretorius, 2012). Also it has been argued that there have been no attempts to critically question cultural systems and the bias manifest in gender and race research; that there is an under-representation and marginalization in the profession of black South Africans and black women in particular; and the fact that many people in South Africa still engage in psychological services in a language that is not their first language, holds up as an indictment of South African psychology's poor social and scientific record (Suffla & Seedat, 2004).

Since the demise of apartheid and the election of a democratic government in 1994 South African psychology has undergone extensive transformation. During the apartheid years, the practice of psychology was rarely involved in black communities and the majority of registered psychologists were white middle class South Africans (Seedat, 1990 as cited in Pillay, 2003). Due to different cultural beliefs and practices, the lack of affordability and inaccessibility of psychological services to the majority of the South African population, contributed to a large extent the psychological

profession being unpopular in the black communities. Following the radical social transformation that the country has undergone since 1994, as well as the radical changes introduced in terms of demographic changes to the Professional Board of Psychology as well as the Psychological Association of South Africa, psychologists now have the opportunity to engage in socially relevant work – work that reflect the reality of the circumstances, mental functioning and problems of the majority of South Africans. This creates tremendous practical challenges for psychologists and trainee psychologists to meet both presently and for the future in terms of contributing to the continued progression and positive advancement of psychology in South Africa.

It has been argued that in order to advance South African psychology to serve humanity in a progressive society, “generative psychological theory and productive psychological research” needs to be conducted (Macleod & Howell, 2013, p. 225) that is both relevant and appropriate. In order to do this, it is argued that South African psychology needs to be less congruent to Western frameworks and more aligned to the diverse cultural beliefs of South Africans and people of African ancestry. Psychology in South Africa is strongly based on colonial British psychological practices and thus has a Euro-centric based values and orientation which has little pragmatic relevance in a non-Western Afro-centric worldview (Mpofu, Bakker, et al., 2011 as cited in Pretorius, 2012). The Eurocentric view still focuses on inner pathology or individualistic ‘intrapsychic’ deficit rather than on the broader social and community context. Thus such Eurocentric psychological models need to be questioned critically when applied to a South African setting (Lopez Levers et al., 2011; Muthukrishna & Sam, 2011 as cited in Pretorius, 2012). A call has been made for the development of psychological theory and models that are applicable and relevant to the unique African culture, indigenous psychologies that are also culture-specific and for greater dialogue and engagement between western and non-western frameworks and perspectives (Sher & Long, 2012).

South African psychology also has a poor history of engaging with psychosocial issues such as poverty, lack of opportunity, under privilege and unemployment, etc. There are thus many social problems in South Africa that require psychological intervention such as HIV and Aids, poverty, the failing education system, violent crime, multi-cultural interventions and psychological assessment practices (Leach et al, 2003; Maree, 2011; Marimuthukrishna & Sam, 2011; Pretorius and Bester, 2009 as cited in Pretorius, 2012). In a country as diverse as South Africa, psychological

services need to be accessible to people and be provided across a variety of settings according to the needs of the South African people. A full discussion of these complexities is beyond the scope of this thesis but sufficed to say that this highlights the many challenges that lay ahead for the profession and training of psychologists in South Africa.

It is thus clear that South Africa's discipline of psychology is inherently bound and defined by a history of apartheid, colonial oppression, violent political struggles and resistance which cannot be ignored and against such a backdrop, training of psychologists has come under scrutiny (Ahmed & Pillay, 2004; de la Rey & Ipsier, 2004; Mayekiso et al., 2004 as cited in Sher & Long, 2012). According to Smith, Lobban & O'Loughlin (2013) for a population of approximately 50.5 million South Africans there are currently 5651 registered applied psychologists in South Africa, with 126 of these psychologists working as community service psychologists and 529 psychologists working in the public health sector. The country is thus critically under resourced and also does not have the facilities or infrastructure (due to our apartheid and racialised history) to provide the crucially needed mental health care services (Pillay & Lockhat, 1997). Universities are uniquely placed to embrace and promote the transformation of the larger context. Parallel to the social and structural transformation of the larger context, psychology has to also change and these changes need to be incorporated in the training of psychologists (Pillay, 2003).

It is argued that South African psychology has "yet to fully embrace its social transformation agenda" (Seedat & Suffla, p. 515) and it is further argued that traditional training models need to be reviewed in terms of strategies, curricular and content to be fully applicable and meet the current mental health demands (Pillay & Kriel, 2006). For post-apartheid psychology to be truly relevant, responsive, and accessible to serve the mental health needs of the South African people, trainee psychologists need to be equipped with a repertoire of academic, research, and practical skills but also be able to draw on the ability to reflect and engage critically. Trainee psychologists need to be trained to meet the multiple socio-political transformation challenges and issues facing the psychological profession in this country and many training programmes across universities in the country have embraced the task of producing a new type of graduate (Gibson, Sandenbergh & Swartz, 2001) with a broader focus on the community and society as a whole. In the current practice of psychology, trainees are given the opportunity of gaining exposure to community-oriented work and other initiatives and projects as an answer for South Africa (Pillay, 2003). This

is however no easy task and undergoing such psychological community training as an alternative to individual psychotherapy is emotionally challenging and difficult for the trainees especially those in their first year of training in a Masters course in clinical and counselling psychology (Gibson et al., 2001).

Thus in recognition of the fact that trainee psychologists are intertwined within the socio-political context, and need to apply their skills towards the social liberation of South Africa, professional psychological training can be enormously exacting and stressful for students (Kleintjes & Swart, 1996; Kottler, 2000; Light, 1980 as cited in Gibson et al., 2001). During their first year of professional training students have a very burdensome workload which required them to develop a specific set of complex competencies, needed for the shift towards community psychology programmes, which are very different to the range of academic tasks that students are accustomed to throughout their studies. Although very inexperienced, students have to confidently and professionally deal with their client needs as well as their own painful insecurities over not being fully equipped and experienced enough to do this. Naturally students will also bring their own personal characteristics and psychological issues to the training which contributes to their unique training experience.

Trainees are in a learning process and may feel that they do not possess the necessary skills to engage with such challenges and this may evoke an emotional response to the evocative scope of the work in the profession. Students have to contain their own experiences of learning which is in itself anxiety provoking; within the context of the training programme (Gibson et al., 2001). However for the students, the influence of the South African cultural and socio-economic contexts may be very challenging and sufficiently solid enough to evoke an emotional response. There may also be an unacknowledged pressure placed on students to be committed to changing South African psychology, embracing social transformation and addressing current mental health demands, in spite of the difficulties of this enterprise. Students are required to provide psychological services across cultural and language barriers which they may struggle with during their professional training. Trainees in their first year training are assigned case work based at the University of Kwazulu-Natal's psychological clinic and are also involved in community projects ranging from children's homes, special schools, or non-governmental organizations. Whilst the students may be working under close supervision and in close collaboration with the organizations students need

to plan and provide suitable interventions, based on an evaluation of the needs, which could include consultation, training or support. This creates high levels of anxiety and uncertainty in spite of the structure that the integrated formal programme may provide in practice. Students may feel a sense of disillusionment and alienation and this may be difficult to speak about lest they be seen to be racist (Gibson et al., 2001). This disillusionment and the anxiety evoked by this stressful work and situation may be hidden in the professional program itself.

In South African society, a large percentage of the population in many instances, hold multiple beliefs including medical, non-medical, supernatural, religious, and black magic beliefs as explanations for an illness. These beliefs may be held simultaneously and are often contradictory resulting in individuals consulting both indigenous healers and psychologists. In this case it is very important for a training clinician to build bridges between contrasting healing frameworks (Ivey, 2013) in order to improve health service delivery. This means that trainee psychologists will need to: incorporate multiple approaches to addressing mental health; understand the patient's perspective; explore different dimensions of patient experience; integrate the apparent contradictions between psychological and non-medical or indigenous beliefs; and apply flexibility in the use of diverse strategies to restore and improve psychological health and functioning. These additional challenges may overwhelm and daunt the trainee, which may leave them feeling helpless, unsure, over-burdened and barely skilled to take on such tremendous responsibilities

Moreover in South Africa issues that dominate the social settings include violence, trauma, family issues, drug culture, HIV, abuse, poverty, oppression and all forms of discrimination (Pillay, 2003). There has also been a necessitated need for psychological measures and for professional resource capacities to assist victims and survivors of the sheer gruesomeness of violent crime that is rampant in South Africa (Manyani, 2013). It is not surprising that very often the trainee's personal characteristics interact with the demanding experience of dealing with such trauma. Faced with such possibilities it is not uncommon for trainees to feel anxious, powerless and overwhelmed at the prospect of needing to provide expertise and care in such unfamiliar terrain. In a study conducted by Lesch (1998) as cited in Pillay (2003) on the experiences of trainee psychologists in a community psychology course it was reported that many trainees felt guilty and disillusioned over their relative privilege compared to the clients and recipients of the community they served.

South Africa has been scarred by a long depressive and violent political history and this has continued long after the demise of apartheid and the transition to democracy. In the aim of developing adequately trained psychologists who are able to meet the growing needs of the profession and of the South African society, it is important to recognize the levels of emotional stresses of trainees within the structures of a formal professional training programme. Clinical and counselling trainees have to become intimately involved in the complex traumas and intense struggles in the lives of diverse clients whose cultures and contexts are also largely unfamiliar to the trainee. Due to the severe shortage of mental health workers in South Africa it is imperative that training programmes provide students with the necessary support to help manage the inherent stress that is induced through the arduous training process in the field of psychology within the South African context.

2. LITERATURE REVIEW

2.1 Stress as a psychological problem

The “stress” phenomenon has evolved over the past decades and has multiple meanings used to describe diverse circumstances. The modern concept of stress was largely influenced by the extensive empirical work of Hans Selye (1976) who offered a non-specific definition of stress which was seen as the result of any demand upon the body (Selye, 1976). According to Selye (1976), any demand (mental or somatic) placed on our adaptability will evoke stress. However stress researchers questioned whether it was appropriate to conceptualize stress as a situational reaction factor (to an outside threat) or as an individual reaction (disturbance to the person’s physiological or psychological state).

An alternate understanding of stress was offered by Richard Lazarus (1966, 1984, 1991, 1993) widely recognized as a leader in the field of stress and coping, where stress was considered to be *transactional* and as a result of the outcome of the interaction between the individual and the environment. According to Lazarus (1966) the phenomenon of stress pertains to disturbances in psychological, social and biological functioning caused by unusually demanding, challenging or threatening life situations. Stress brings about substantial and intense mental or somatic effect on the body which has a tremendous influence on behavior. Dissimilar situations and conditions can bring about such a reaction – emotional arousal, fear, pain, fatigue, humiliation, even unexpected success. Due to the fact that an individual’s personality or personal characteristics produce a stressful reaction in response to a situation, according to Lazarus (1966) stress can be defined in terms of transactions between the individual and the situation rather than as a result of either single factor in isolation. Stress is seen as the relationship that an individual has with the environment in that the individual and the environment share a mutually reciprocal relationship (Folkman, 1984). Hence any situation may or may not be stressful, depending on the characteristics of an individual and the meaning that the individual places on the situation (Monat & Lazarus, 1991).

2.1.1 The Cognitive-Transactional theory of stress

The conceptualization of stress and coping in this study is based on the cognitive and transactional oriented theory proposed by Lazarus and his colleagues (Lazarus and Folkman, 1984). The basic

tenets of the theory emphasize the process-oriented and relational meaning that an individual constructs with the stress stimulus from the person-environment relationship which is seen to be dynamic, bi-directional, and constantly changing. Within this model psychological stress is viewed as a specific kind of person and environment interaction or relationship which places internal or external demands on the individual that is cognitively appraised by the individual as exceeding a person's coping resources or as endangering one's well-being in situations that are personally significant (Lazarus & Folkman, 1984). Under comparable external conditions individuals react differently to stressful encounters and this variation is attributable to the differences in cognitive processes between individuals. In their process-oriented model Lazarus and Folkman (1991) position cognitive appraisal, coping and emotion as the centerpiece of their theory. According to the process-oriented model there are two cognitive processes that are seen as critical mediators in the person-environment relationship – primary appraisals and secondary appraisals.

Cognitive appraisal in terms of this model is understood as the evaluative process that takes place whereby an individual categorizes an encounter with respect to its significance on the individual's well-being. An appraisal of a threat is an individual's tendency to cope with the harmful condition which also means that cognitive activity not only underlies a threat but also intervenes between the threat and the coping process. The coping process usually generates an emotional reaction as a result of the process of coping with the threat. According to Lazarus (1966) coping is seen as strategies for dealing with a threat and may involve multiple appraisals. Appraisals are thought to be important because they determine how an individual chooses to cope with the stressor(s). There are three types of primary appraisal, differentiated by the cognitive ability to distinguish between:

- *irrelevant* (a judgment that the person-environment situation impinges on no real implication for well-being, so nothing is to be lost or gained);
- *benign-positive* (has positive significance in that it preserves or enhances well-being and there is no real threat to one's well-being signaling positive consequences); and
- *stressful* (includes harm or loss, threat and challenge to one's well-being).

Of particular interest are stressful appraisals, in *harm or loss* some damage has already been sustained by the individual (physical injury or illness, loss of self-esteem or loss of a loved or significant other). *Threat* concerns an anticipatory harm or loss (not yet taken place but anticipated) and is associated with negative emotions such as anger, resentment and fear; as well as negative

implications for the future. *Challenge* requires the mobilization of coping resources, recognizes the potential for growth or gain from a particular encounter, and is characterized by positive emotions such as excitement and eagerness. According to Folkman (1984) the constructs of threat and challenge appraisals can occur simultaneously are not mutually exclusive and can also be considered separate although related constructs.

Primary appraisals are shaped by diverse person-environment factors. *Secondary appraisal* is a judgment concerning what might and can be done. Secondary appraisal is used to determine whether a particular strategy or set of strategies can be applied most effectively, the resources available for changing the relationship or situation, as well as the consequences in the context of internal or external demands and constraints. Thus with secondary appraisal the social, physical, psychological and material resources available to the individual are assessed in respect of the demands of the particular situation or circumstance. In this way secondary appraisal is an intervening process underlying coping strategy and in this way secondary appraisal is involved with the consequences of any coping action. Primary appraisal may influence the secondary appraisal and vice versa. The primary and secondary appraisal process is not the consequence of lengthy rational deliberation (although this may indeed occur) but occurs largely at the unconscious, automatic level (Folkman, 2011). Appraisals are thus very important to understanding the psychological stress and coping processes.

In his review of the changes in stress theory Lazarus (1993) ascribes a shift in focus as a result of the interest of a variety of applied and academic disciplines. The inclusion of psychological processes and cognition in the stress phenomenon has made the study of stress a lot more complex and significant for psychologists and has particular relevance in understanding the stress and anxiety experienced by the novice psychologist.

2.2 Emotional stress and the Mental Health Profession

Lazarus (1966) describes stress as extreme disturbances of biological and psychological functioning which is brought about by threatening, demanding or damaging life conditions. Lazarus (1966, 1984, 1987, 1991) has emphasized that emotional stress is caused by an interaction and relationship between both intrapsychic processes and environmental factors which alter over

time and situations. Stress is thus usually connoted with a particular emotion such as fear, anxiety, anger and depression (Lazarus, 1966). All professions have the ability to generate stress but undoubtedly the practice of psychology, whilst gratifying, has many demanding and stressful features.

Numerous studies have shown that stress is an inevitable by-product of the therapeutic profession (Craig & Sprang, 2010 as cited in Felton, Coates & Christopher, 2013). Several aspects related to client behaviors, the role and specific personal vulnerabilities are reported as stressful factors by mental health professionals (Jordaan, Spangenberg, Watson & Fouche, 2007). Problematic client behaviors include anger, hostility, lack of client progress, suicidal ideation, physical and verbal abuse, early terminations, client apathy and lack of therapeutic progress (Ackerly, Burnell, Holder & Kurdek, 1988; Deutch, 1984; Farber, 1983; Guy, Brown, Polesta, 1990, 1992; Hellman, Morrison, Abramowitz, 1987 as cited in Kaden, 1998). The role of a clinician or psychotherapist has several characteristics that contribute to the stress felt by the mental health practitioner. Psychologists have to work within the confines of ethical and legal guidelines which govern patient confidentiality, privacy and boundary issues pertaining to dual relationships can restrict autonomous functioning in therapy and contribute to the practitioner's sense of emotional depletion, loneliness and limited social circle (Kaden, 1998).

According to Maslach (1986) as cited in Jordaan et al. (2007) specific vulnerabilities related to mental health professional stress include three dimensions: personal, interpersonal and organizational. At a *personal* level mental health practitioners have reported stresses and occupational hazards such as anxiety, depression, substance abuse, relationship dysfunction, exhaustion, emotional depletion, isolation and suicide ideation (Deutsch, 1985; Mahoney, 1997; Pope & Tabachnick, 1994; Radeke & Mahoney, 2000 as cited in Gilroy, Murra and Carroll, 2002). *Interpersonal* stresses include managing demands from clients and colleagues, managing hostile and aggressive clients, relationship difficulties and client drop outs (Jordaan et al., 2007) *Organizational* stress includes disillusionment and frustration regarding a career choice in the mental health profession as well as the role of managed care in both the de-skilling of the practitioner as well as in the involvement of non-therapeutic matters (Meehan, 1994; Rupert & Baird, 2004 as cited in Jordaan et al., 2007). In the South African context a study conducted on

university students by De Bruin and Taylor (2005) found a strong correlation between different sources of work stress and the personal experience of stress.

According to research conducted by Gilroy et al. (2002) there is a pervasive sense of performance anxiety amongst novice practitioners and found evidence of risk of depression amongst the psychologist population. There has been overwhelming evidence of stress-related problems amongst both psychologists and trainee psychologists (Jordaan et al., 2007). Kumary and Baker (2008) report that trainees in counselling-related professions are particularly vulnerable to stress and burnout due to the multiple academic and clinical demands placed on the students. Such vulnerability to stress is associated exhaustion due to study demands, skeptical attitude towards their studies and feelings of incompetence about whether they are “good enough” (Glickauf-Hughes & Mehlman, 1995 as cited in Kumary & Baker, 2008: p. 19). In 1992, Cushway conducted a large study on clinical psychology trainees where it was reported that 59% of trainee psychologists experienced psychologically-related stress, with four major contributing factors reported as the source of the trainee’s stress. The factors contributing to the students stress were established in the survey as: academic workload, clinical placements, personal stressors, and organization of programme (Kumary & Baker, 2008). Similar findings have been found in studies of counselling psychology trainees (Bor & Watts, 1997; Milton, 2001; Szymanska, 2002 as cited in Kumary & Baker, 2008).

In subsequent studies conducted by Cushway and West (2006) as cited in Morgan and de Bruin (2010) students are confronted on a daily basis with physical, emotional and psychological challenges which leaves them vulnerable to stress and burnout. Research conducted by Morgan and de Bruin (2010) has shown that students face stresses related to academic workload, academic pressures, adjustment to the study environment, financial concerns, romance concerns, and difficulties with time management. This suggests that trainee psychologist distress and psychological stress is not a rare phenomenon. In South Africa the training for clinical and counselling psychology students are also exposed to similar factors, making them very susceptible to stress.

According to theorists such as Lazarus (1999) and Wheaton (1996) as cited in Jordaan et al. (2007) anxiety and depression are the emotional manifestations of psychological stress. It has been suggested by Eagle, Haynes and Long (2007) that training in the field of psychology within the

South African context is demanding, evoking personal anxieties through the challenge of having to learn and train in contexts and with diverse clients who are unfamiliar to the trainee. According to Kottler and Swart (2004) intense periods of depression and anxiety occurs commonly among trainees often due to attempts of protecting themselves from the debilitating effects of mental health activities. Students also grapple with the pressures of academic, personal and clinical training. Indeed the psychological training process involves an intense grappling and negotiation process between personal, social and professional identity and status (Kottler & Swart, 2004). Accordingly entry into psychology training causes disruptions in cognitive and emotional functioning for the trainee, sometimes extending after the training period has lapsed (Kottler & Swart, 2004).

2.3. Trainee anxiety

“Feelings of self-doubt, insecurity, and uncertainty about one’s effectiveness are among the most frequently endorsed and consistently reported hazards of the psychotherapeutic profession, regardless of the experience level of the practitioner” (Mahoney, 1997 as cited in Thériault, Gazzola, & Richardson, 2009: p. 106). High levels of anxiety are a central and pervasive issue during the initial period of training or at the “beginning student” phase (explained in greater detail below) (Rønnestad & Skovholt, 1993). Many trainees experience overwhelming personal and emotional pressures during the early months of their developmental journey (Kottler & Swart, 2004). Whilst the developmental journey for a psychologist is lifelong the commencement of this journey induces much anxiety due to factors such as the personal change and growth that trainees are confronted with, having to interchange with and connect to several clients, the threatening aspects of being constantly evaluated by supervisors and feel incompetent due to the lack of experience to inform behavior (Rønnestad & Skovholt, 1993). Trainees are dependent and vulnerable at the initial student level and are also unable to adequately integrate their personal and professional self.

In the early theorizing of anxiety, theorists such as Freud distinguished “fear” from “anxiety” (Barlow, 2002). Fear was seen as a reaction to a specific and observable danger whilst anxiety was seen as an apprehension as a result of a perceived threat and is without an identifiable and obvious threat. The word ‘*angst*’ was used by Freud to reflect the notion of anxiety without an observable

object. From a classical psychodynamic perspective, to Freud (1926/1959) threats in childhood are stored in deep memory and ‘angst’ was activated in adulthood in a symbolically linked situation in an individual’s present environment. In this way anxiety is linked to early repressed memories at an earlier stage of development such as castration or separation. Anxiety serves to warn of impending danger and results in the recruitment of protective defense mechanisms which protect the integrity of the individual and allows for survival and higher level functioning (Barlow, 2002). In this way anxiety was seen as a psychic reaction to danger.

In the 1980’s Barlow proposed that anxiety was firmly situated within the context of *emotion* in general which highlights the role of emotions in the impressive heritage of the many theorists in emotion (Darwin, 1872; Ekman & Davidson, 1994; Izard, 1994 as cited in Barlow, 2000). Emotion consists of several components and is associated with different affect and feeling states (‘happy’, ‘sad’, ‘anger’, ‘surprise’, ‘frustration’, ‘hope’, ‘joy’) and expressive behaviors which may be seen as an integrated cognitive appraisal system. According to Barlow (2000) the most recent approach to emotion can be characterized as anxiety. Richard Lazarus whose stress and coping model has been adopted in this study also conceptualized a theory of emotion involving cognitive appraisal (Barlow, 2000). Anxiety disorders are essentially regarded as emotional disorders and according to Barlow (2002: p. 64) anxiety can best be characterized as a “cognitive-affective structure within the defensive motivational system”. From this perspective anxiety comprises a high negative affect as a result of a sense of uncontrollability or helplessness at a perceived inability to control, obtain or predict certain desired outcome in a future or upcoming situation or context. In this way anxiety is a future-oriented affect where one experiences apprehension and prepares to cope with a negative situation or event resulting in a chronic state of over-arousal in order to counteract helplessness.

Certain cues or triggers may provoke anxious apprehension and usually when this happens it is associated with heightened state of arousal and negative affect where an individual actively and rationally assesses their capability to cope with the stress. At this stage distortion in cognitive and information processing information occurs as a result of becoming overly clinically aroused, characterized by a shift from external factors towards self-evaluation which then further increases arousal generating further negative affect and anxiety. When sufficiently intense, this process will disrupt attention and performance. According to Barlow (2002) the process of anxiety even if

intense is rarely pathological unless the apprehension becomes chronic. Usually individuals have an inherent tendency to avoid apprehensive anxiety dependent on the intensity and specific triggers of the anxiety. Apprehension and the process of worry over future events may be adaptive under certain circumstances, however if driven by extreme and intense anxiety it may become chronic and uncontrollable. Thus a mix of apprehension and biological and psychological vulnerability predisposes an individual to the state of anxiety (Barlow, 2002).

In the early stages of training trainees face many profound challenges which will trigger a reaction of anxiety resulting in a potential disruption in concentration and performance as is evidenced in the literature on the complex struggles of novice psychologists (Chi, Glaser, & Farr, 1988, as cited in Skovholt et al., 2003). Trainees confronted with the complexities of the South African context and clinical issues, may experience intense levels of anxiety resulting in distorted information processing and hyperactive cognitive processes the outcome of which is diminished control of the therapeutic situation (Rønnestad et al., 2003).

2.4 South African training programmes

In South Africa the aim of Masters level psychology training programmes is to produce students who are equipped with basic diagnostic and assessment skills and who are also able to apply psychological interventions which have a theoretical underpinning. In the South African context the challenges facing practitioners and trainees are unique (as outlined earlier) and trainees are required to work with multicultural, multilingual clients and contexts that they are unfamiliar with, in severely impoverished and under-resourced communities with little access to basic amenities like water, sanitation, basic education and electricity.

First year counselling and clinical psychology training for Masters students studying at the University of KwaZulu-Natal involves three major components: an intense programme of seminars to prepare students for preparation for clinical and counselling work, supplemented by closely supervised work with a restricted number of clients; a research dissertation; and community placements providing health care services to non-governmental, community health care and primary health care clinics. For many students the first year of Masters studies entails their initial exposure to clients. Many theorists are in agreement that there has been significant improvement

in the construction of South African models of training to ensure that the programmes equip trainees with the skills needed to meet the growing health needs of the South African population (Duncan, van Niekerk, de la Rey & Seedat, 2001; Seedat, Duncan & Lazarus, 2001; Suffla, Stevens & Seedat, 2001; Swartz, 1998; Swartz, Gibson & Gelman, 2002 as cited in Kottler & Swart, 2004).

2.4 Emotional stresses for psychologists in training

As emotional stress and anxiety is substantially raised during masters training, this section explores the specific factors that contribute to the high levels of emotional stress experienced by trainees.

2.4.1 Initial client contact

Trainees are ill prepared for the ambiguities that exist in practice and this is most intensely experienced when interacting with clients. The initial contact with the client is a very intense experience for the trainees and interns and easily contributes to an emotional stress rollercoaster and accelerating doubts that they may have in themselves (Skovholt, 2012). As a result of being concerned over their ability to actually manage the counselling interaction, trainees experience an emotional rollercoaster which shifts from feelings of joy, happiness and relief to the depths of worry, despair and dread (Sovholt, 2012). Trainees experience feelings of excitement and inadequacy when entering into a professional role for the first time. The ambiguity and uncertainty of this novel experience results in acute anxiety for the trainee. High levels of anxiety may impact work performance as the trainee tries to moderate the internal and external levels of anxiety that they are experiencing such as an unsteady voice, not knowing what to say to the client and trembling hands (Skovholt, 2012). This emotional roller coaster remains with the trainee for weeks, months and even years and can seriously impact the emotional stress levels of the trainee. According to Nelson and Friedlander (2001) some mature trainees enter into traineeship with prior professional experience and some even having attained substantial clinical experience. However notwithstanding the maturity and prior experience of a trainee, all trainees even the advanced ones will experience a level of difficulty in dealing with the complex process of transitioning from theoretical concepts and theory to practical implementation and dealing with the complex issues in the therapy process (Fontaine, 1994). Therapy processes such as interviewing, assessing and

formulating a treatment for patients are stressful experiences even for advanced trainees (Pica, 1998). It is however important to note that this study concentrated on the traineeship being a novel experience for the individuals who have entered this level of Masters training setting.

2.4.2 Theory-practice gap

According to Skovholt (2012) trainees lack professional experience which makes it very difficult for the trainee as it creates a host of problems for the inexperienced trainee such as selecting the right “winning” theoretical approach to suit the client’s problem. In this way trainees are very hard hit by the gap between their theoretical understanding and putting this into practice. Trainees realize that the world of practice is vastly different to the academic theoretical world and this may result in experiences of intense levels of disillusionment with the adequacy of the training programme and disillusionment with themselves as they rely on the knowledge of others (supervisors, theories, articles, classes) whilst also trying to access theories to spontaneously put into practice (Rønnestad & Skovholt, 1993). Trainees thus have not successfully, at this stage developed an internalized conceptual knowledge to operate from which expert or more experienced practitioners possess (Chi, Glaser & Farr, 1988 as cited in Rønnestad & Orlinsky, 1993).

2.4.3 Interpersonal and Intrapersonal experience

Trainees usually have ‘glamorized expectations’ over their producing wondrous results for their clients. However, trainees do not have an internal scheme that is sufficiently equipped with experience and reflection at this stage to help others. When these expectations are not met then trainees experience feelings of rejection, inadequacy, and incompetence which can result in the trainee becoming very distressed (Skovholt, 2012). Seasoned practitioners make use of their personal experiences and reflections which takes years and years of reflective practice to build (Skovholt, 2012). In this regards Skovholt, 2012 believes that client interaction have the greatest influence on professional development throughout the career span of a practitioner. Studies have shown that gaining experience through client interaction will allow the trainee to move from one level of expertise to another over the passage of time which augments the practitioner’s experience

and perceptions of situations (Benner & Wrubel, 1981 as cited in Skovholt, 2012). For the novice practitioner and trainee self-efficacy will thus be based on gaining experience through unique client interactions.

2.4.4 Supervision

“Thrown into the tumultuous sea of professional practice, novices eagerly seek safety from the unpredictable, powerful, and frightening forces that forces them to quickly envelop the self” (Skovholt, 2012: p. 57). Trainees seek the counsel of their supervisors when they are experiencing emotional and cognitive vulnerability evoked as a result of not knowing what to do. In an international study conducted by Rønnestad and Orlinsky (2005) it was shown that for the trainee, supervision has a tremendous influence on professional development. Thus supervision plays a very crucial role to the trainee at a point of high vulnerability. Trainees become very disillusioned when their supervisor is unable to provide the support they desperately need resulting in the trainee experiencing overwhelming negative emotions of anger, disappointment, neglect and confusion (Skovholt, 2012). Positive and effective supervision experiences are rich and associated with affection, appreciation and adoration. Here the supervisor provides support and guidance to the trainee through the uncertainty.

2.4.5 Trainee evaluation and assessment

Trainees are constantly being scrutinized and evaluated by their supervisors. Rønnestad and Orlinsky (2003) pose the critical question of whether it is possible to evaluate a trainee given that the path of professional development undertaken by the trainee is so ill-defined, unclear and ambiguous. Thus it is difficult to measure the performance standards against which the trainee is being evaluated against. Yet, undeniably professional standards and behavior dictate the need to evaluate trainees. This places trainees in a precarious position of needing to operate and develop in an ambiguous environment, and meeting ill-defined standards under the scrutiny of supervisors whilst feeling unprepared for this.

2.4.6 Regulation and expression of emotion

The regulation and expression of emotion is a very challenging task for trainee psychologists (Rønnestad and Skovholt, 1993). The novice trainee experiences a multitude of emotions, expectations, impressions and uncertainties which can be very demanding for the trainee. In order to regulate their emotions, trainees need to master a specific set of advanced skills which can be very arduous task for a trainee. Some studies have shown that less experienced practitioners, as a result of over-involvement with their clients are prone to burnout and strain (Rønnestad and Skovholt, 1993). Sometimes trainees may become over-involved in the problems of the client getting stuck and preoccupied with the client's problems as a result of their (the trainee's) reaction to the problem. The trainee continues to feel emotionally disturbed outside of the session. According to Hannigan, Edwards and Burnard (2004) trainee clinical psychologists experience significantly higher levels of stress than senior seasoned psychologists mainly as a result of difficulties faced by their clients and professional self-doubt. There is thus a fine line between over-involvement and under-involvement and learning how to regulate their emotions between both types of involvement can be very stressful for the trainee as it takes time and experience to master.

2.4.7 Multicultural counselling

In the context of a multi-cultural South African society psychotherapy has been seen to be inherently bound in the politics of colonial oppression and social control. South Africa is a country with 11 official languages, a history of Apartheid and political oppression, huge historical disparities in education, social and economic problems, and great inequalities in wealth distribution. This makes the practice and provision of mental health services in South Africa hugely unique and complex. It is thus critical for trainee psychologists to be effective in working with clients who are culturally different from them so trainees are required to attend to clients from diverse cultural, racial, language, socio-economic, education, religious and ethnic backgrounds which may be a potent source of emotional stress.

According to Swartz (2013) deeply entrenched racial divisions between communities in South Africa still find expression in the therapeutic space. Trainee psychologists and indeed veteran experienced psychologists as well, have to work in a divided society which is marred by racial and

gender inequality, violence, trauma and crippling poverty. Many trainees are unable to converse to clients in a mother tongue language with the majority of the population groups and have not experienced what it must be like to live without electricity, medical aid, housing and proper running water. This has profound implication on the trainee and heightens the emotional stress experienced and may even experience a deep sense of shame and guilt over their privileged backgrounds and upbringing. As trainees immerse themselves in the worlds of their client and come to terms with the consciousness and recognition of deep differences in constructed subjective experiences between the trainee and client. This shapes every encounter and interaction with the client as clients and trainees alike bring their own unique racial and cultural identities to therapy (Esprey, 2013).

2.5 A model of professional practitioner development

According to Skovholt and Rønnestad (1992) there have been many attempts to understand aspects pertaining to professional growth and developmental stages within the supervision literature. Models of professional growth have been constructed mainly in the 1970's and 1980's by Ard (1973); Friedman & Kaslow (1986); Grater (1985); Longanbill, Hardy, Delworth (1982); Herroid (1989); Hess (1987); Hill, Charles & Reed (1981); Jablon (1987); Littrell, Leeborders and Lorenz (1979); Patton (1986), Stoltenberg (1981); Stoltenberg & Delworth (1987); and Yogev (1982). These models have contributed to the understanding of the development as a theoretical concept as well as the structure, goals of supervision and professional development and growth during training in the field of psychology.

According to Lerner (2013) development in its most basic form refers to change, but in order for development to occur this change has to have a systematic and organized structure to it and also has to be progressive or successive over time. On the other hand other theorists postulated that development occurs when there is a particular sequence or order to the changes (Werner & Kaplan, 1956; Kaplan, 1983; Wener, 1957 as cited in Lerner, 2013). Thus a system that is organized in a very broad or general manner changes to having differentiated and integrated parts that are organized in a hierarchy, then developmental progression is said to have occurred. Whilst there may be disagreement amongst developmental theorists with regards to the definition of the theoretical concept of development, development connotes at the very least a systematic and

successive change in an organization (Lerner, 2013). Interest in studying the training, development and growth of trainee therapists and counselors has emerged from various fields of enquiry such as in studies of professional growth, career development, supervision and developmental psychology (Rønnestad & Skovholt, 2003). According to the research into psychotherapist development conducted by Orlinsky, Botermans and Rønnestad (2001) it has been convincingly demonstrated that interpersonal learning experiences (interaction with clients, supervisors, therapists) was most influential for training therapists in terms of change process and professional development.

This study aims to shed light on some of the emotional stresses and psychological adjustment issues faced by counselling and clinical psychology trainees within a unique South African context in which trainees are confronted by complicated presenting problems in clients and contexts that are culturally diverse and largely unfamiliar to the trainees. Here again it is important to highlight that this study focuses on the clinical / counselling Masters programme being a novel experience for those who have entered this training setting. It is hoped that an understanding of the professional developmental paths of therapists/counselors will help towards addressing the emotional challenges faced by trainees in their professional development. Feelings of self-doubt, frustration, disillusionment, anxiety are a central feature in the development of trainee therapists/counselors (Thériault, Gazzola & Richardson, 2009). In their aim to obtain a more comprehensive conceptualization of the developmental process and of the various changes that therapists/counselors experience throughout their professional lives Rønnestad and Skovholt (2003) propose a six-stage model of professional therapist/counselor development.

The model begins with the “*lay helper phase*” where trainees have not undergone any formal training in therapy or counselling, yet are continually engaged in helping others (friends, family, peers, and people in the community) and providing emotional support to them. Helping at this phase is based on the individuals own personal worldview, beliefs and experience. This phase is marked by boundary problems as trainees may become too involved in others problems and over-identify with others as a result. This phase then evolves into the second stage “*beginning student phase*” marking the beginning of professional training and where students begin to see clients. Whilst trainees may feel a sense of excitement there is also a sense of unnerving as theories, research, supervisors, personal therapy, peers and cultural/social environments all enmesh to

overwhelm the trainee. Many trainees feel vulnerable and unsure of themselves. They begin to question whether they actually possess the necessary characteristics needed for therapy. Moving from lay helper to professional evokes anxiety and apprehension in trainees.

The first client session is a critical incident for the beginner who feels anxiety and confused at the prospect of being responsible for the client's improvement. Trainees find difficulty to concentrating, paying attention and cognitively processing in the session. Straightforward, simple theoretical models and therapy methods are most preferred by trainees allowing them to quickly master and proceed with confidence. However opting for simpler options to simplify tasks may impede professional development (Rønnestad & Skovholt, 2003) whilst an open mind to embrace challenges and complexities will facilitate growth and prevent professional stagnation. Clinical supervision also provokes student anxiety due to the demands of being evaluated whilst also coming to grips with one's shortcomings. In this way training can be very threatening to the student.

The "*advanced student phase*" focuses on nearing the end of the professional training period where the trainee is working as an intern therapist/counselor in an internship or field placement. The challenge for the intern is to work as a professional functioning at a professional level. Many interns set high internalized performance expectations and standards and try and avoid making mistakes, hoping to excel in their work. The supervision relationship is very important in this phase and varies greatly for interns, ranging from positive experiences to ambivalence to conflict (Skovholt, 2012). These supervisory dynamics and high internalized standards whilst being constantly evaluated can be the cause of great tension for the novice. Modeling is also an important element for the advanced trainees who display an eagerness to observe senior practitioners at work (this desire however is not matched by opportunity for the intern).

Phase four "*novice professional phase*" encompasses the first years of professional practice after graduation. Whilst different paths are followed by individuals, most experience this phase of developing professional experience as intense and engaging. In addition Rønnestad and Skovholt (2013) report that new professionals undergo sequential change, firstly trying to confirm the validity of one's training period. Second, facing a period of disillusionment from professional training and the realization that there is so much new to learn. Third is a period of exploration of

self or identity and the acquiring of new professional skills and values. In this phase an open attitude and an eagerness to learn will encourage professional development.

The fifth phase is that of the “*experienced professional*” where the experienced therapist has been in practice for several years and has gained experience working with diverse clients and settings. This phase usually spans across many years. Usually therapists/counselors in this phase have created a professional role that is congruent with their self-identity, personal characteristics and values and beliefs (Skovholt, 2012). This allows the experienced professional to apply their competence in an authentic way. By this phase an integration and consolidation process occurs which allows the professional to hone their skills and build consistency and coherence across the personal and professional self. By now practitioners have achieved a sense of personal boundaries and are better equipped to regulate their involvement with clients. There is also an active separation of professional role from that of a partner, spouse, parent or friend (Rønnestad & Skovholt, 2013). With the acquiring of increasing professional experience there is an active withdrawal from elder professionals such as professors, mentors and supervisors in the lives of experienced professionals. Learning occurs predominantly as the professional reflects on interpersonal experiences in their personal and professional lives.

The final phase in the six phase model is the “*senior professional phase*” and practitioners at this stage are regarded by others as seniors in the field (Rønnestad & Skovholt, 2013). Age and experience in the field result in many becoming guides and supervisors to novices in the field. According to Skovholt (2012) there is a major internal battle between the utility of an elaborate internal schema of many hundreds of clinical experience and the boredom that can come from the completion of routine tasks time and time again. Boredom could also be associated with the emotional exhaustion of being surrounded by decades of human suffering and hopelessness. Yet, professionals in this phase remain committed to their professional growth, have high satisfaction in their work, feel competent and remain modest about their accomplishments.

The phase in this model that most applies to the current study is the second phase “the beginning student phase”. Thus the learning process that occurs in this phase is in itself very threatening to the student and invokes anxiety which may have a negative impact on well-being of the trainee. From the perspective of this study, trainees interfacing within South African context face

additional challenges and complexities that may identify further dynamics that may contribute to the experiences and emotional stresses of South African trainees.

2.6 Coping as an integral part of the Cognitive-Transactional Theory of stress

Coping has its roots in several theoretical traditions and formally came into research limelight in the early 1960's along with an escalating interest in stress. The earliest psychoanalytic research conducted, coping was seen as a defense mechanism against managing a threat and as the largely unconscious means by which the ego would reduce anxiety by distorting reality (denial, repression, projection, sublimation, etc.), and in this way making defense mechanisms inherently pathological. Despite this powerful formulation, there was little clinical support for the link between different forms of psychopathology and defense mechanisms. Hierarchical, developmental trait measures of coping were then embraced as a variant to the psychoanalytic conceptualization of coping (Lazarus, 1993). In the late 1970's a major development occurred in the development of coping research in that the hierarchical trait focused approach to coping was abandoned in favor of a *process* approach to coping. From this perspective, coping was seen to alter over time and was dependent on the situation and context in which it occurred.

In recent research coping represents a complex dynamic between unconscious, semi-conscious and conscious strategies. According to Lazarus and Folkman (1984) coping as a process has multiple functions and the context of stressful encounters has an influence on the coping process. Coping is an integral part of the cognitive-transactional theory of stress promulgated by Lazarus and his colleagues (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) concentrate on conscious processes however it is acknowledged that some coping responses may be involuntary with the individual not being aware of the behaviors that are being used to manage stress. There is consensus among theorists that coping refers to an individual's efforts to master demands (seen as conditions of harm, threat or challenge) that are appraised or perceived as exceeding or taxing the resources of the individual (Monat & Lazarus, 1991). Lazarus and Folkman (1984, p. 141) have defined coping as "*constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*". Thus coping occurs as a result of a stressful encounter that evokes cognitive and behavioral efforts that allow the individual to manage (master, tolerate, reduce, minimize) and

reduce the tension or demands (internal or external) created in order to restore equilibrium. This definition of coping differs from the psychoanalytic conceptualization of coping in which intrapsychic defense mechanisms are hierarchically arranged based on the level of internal disorganization they represent. Coping is seen as a regulatory device and the criteria used to determine coping is based on the adherence to reality (Haan, 1977 as cited in Lazarus and Folkman, 1984) thus if a person distorts their inter-subjective reality then they are less successful at coping.

According to the Lazarus and Folkman (1984) model coping is seen as an adaptational process in the stress system in which the cognitive processes of appraisal and coping have a complex, interdependent and dynamic influence on each other. It has also been shown that the type of problem faced and the intensity of the stress experienced influence the relation between coping and the mental health outcome (Aldwin & Revenson, 1987). In this way the coping construct cannot be equated or confounded with predicting a particular coping outcome as coping is associated with the strategy or efforts made by an individual to manage regardless of how well or badly it works. The conceptualization of coping is seen as independent of outcome, is process-oriented and requires contextual analysis of stressful encounters.

2.6.1 Emotion-focused and Problem-focused forms of coping

Lazarus and Folkman (1984) have proposed a taxonomy of coping which emphasizes two major categories of coping strategies, problem-focused and emotion-focused modes. Both functions are recognized as being used in stressful encounters (Kahn, Wolfe, Quinn & Snoek, 1964; Mechanic, 1962 as cited by Folkman, 1984). Problem-focused coping is directed at managing or altering the problem causing the distress and emotion-focused coping is directed at regulating the emotional response or distress to the problem. Emotion-focused forms of coping are generally used in situations where it has been appraised that nothing can be done to change the harmful, threatening or distressing environmental conditions (Lazarus & Folkman, 1984). Both forms of coping are used in varying degrees based on an appraisal of the stressful encounter. According to Lazarus (1993) this conceptualization of coping prevents the confounding of coping with outcomes of stress and concentrates on the management of stress regardless of whether it works or not.

With emotion-focused coping an individual mitigates the stress by changing the relationship that an individual has with the stressor or changing the relational meaning that the individual has with what is happening even though the reality of the actual stressful condition has not changed (Lazarus, 1993). For instance an individual will avoid thinking about the trouble or deny that there is something wrong. Cognitive strategies are employed to gain positive value from the negative events. In this way emotion-focused coping does not alter the threatening or stressful event directly but it changes the way in which the stressful event is attended to, making the person feel better. According to Lazarus (1993) changing the meaning one has with a stressor is a very powerful means of regulating emotions and stress. This strategy of coping lends itself to an interpretation of reality distortion or self-deception and some research has shown that emotion-focused coping could lead to individual distress and is linked to poor adjustment (Fulton & Revenson 1987). Studies conducted in medical populations have however shown that an individual's choice of coping strategy influence emotional outcome and psychological adjustment (Menahagen, 1982; Pearlin, Lieberman, Menahagen, & Mullan, 1981; Pearlin & Schooler, 1978; Pearlin et al., 1981 as cited in Felton & Revenson, 1984). Nevertheless it has been shown that under certain conditions emotion-focused coping, can enhance the individual's perceived control over a situation, and be a more productive coping option especially when nothing can be done to improve or change the situation (Lazarus, 1993).

Problem-focused coping is generally used in stressful encounters which are appraised as changeable and embraces an array of problem-oriented strategies. In this way problem-focused strategies imply objective and analytic processes depending on the type of problem that is being dealt with. For instance an individual will seek information about what to do or by confronting the source of one's troubles. The distinction between emotion-focused and problem-focused coping has received substantial empirical support (Lazarus & Folkman, 1984). Both forms of coping have been shown to influence each other throughout a stressful encounter and can both impede and facilitate each other. Problem-focused coping involves using behaviors that allow for the modification of the stressor through over-riding negative emotions, involving cognitive activity and behavioral efforts that lead to the belief that the situation can be actively controlled or regulated. Whilst emotion-focused coping focuses on regulating one's distressing dysphoric emotional state brought about by a particular situation, with little consideration given to the actual characteristics of the situation and the nature of the threat posed.

Both emotion-focused and problem-focused modes of coping are used by all in complex combinations to cope with the stress depending upon one's personality, the problem situation and an appraisal of the options available to an individual. Much attention has been given to the evaluation of coping mechanisms and to processes that will enhance coping capabilities (Strentz & Auerbach, 1988). According to Strentz and Auerbach (1988) based on previous research findings, there is no clear basis for the effectiveness of either problem-focused or emotion-focused coping over the other. Both problem-focused and emotion-focused coping interventions are used in some measure in every stressful encounter. It was found in studies of concentration camp prisoners and prisoners of war, that individuals who adjusted best were those who used a combination of emotion-focused and problem-focused coping strategies (Brill 1946, Nardini 1962, Schmolly 1984 as cited in Strentz & Auerbach, 1988). Also the extent to which the situation may be controlled by the individual will determine the usefulness of each coping strategy (problem-focused and emotion-focused) (Collins, Baum, & Singer, 1983; Kaloupek & Stoupakis, 1985; Kaloupek, White, & Wong, 1984; Mills & Krantz, 1979 as cited in Strentz & Auerbach, 1988). In this way coping involves a variety of thoughts and acts and these factors play a role in determining what the optimal coping strategy (emotion regulation or problem solving) in a particular situation would be, which will also differ from one point in time to another (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986).

Emotion-focused coping which uses denial, suppression of negative emotions and avoidant mechanisms will be considered primitive and maladaptive by traditional psychological theories (Haan, 1977; Vaillant, 1977 as cited in Felton & Revenson, 1984). Research studies conducted by Lazarus (1986) and Coyne et al. (1981) as cited in Aldwin and Revenson (1987) found that depressed individuals principally differed from non-depressed individuals in their use of emotion-focused rather than problem-focused strategies. Also in the study conducted by Aldwin and Revenson (1987) supported the findings that emotional-focused coping paradoxically led to higher emotional distress. Yet, in a study conducted by Strentz and Auerbach (1988) it was shown that respondents provided with problem-focused training exhibited higher levels of overall distress than individuals who were provided with emotion-focused training. In view of such findings showing a superiority of emotion-focused coping, it was acknowledged that previous studies had shown that the efficacy of emotion-focused coping was found to be more effective for short-term and in situations less amenable to control (Suls & Fletcher, 1985 as cited in Strentz & Auerbach, 1988).

It is not surprising then that other studies have reported an opposite pattern – problem-focused coping decreasing emotional distress and emotion-focused coping increasing distress (Baum, Fleming & Singer, 1983; Marreto, 1982 as cited in Aldwin & Revenson, 1987). Thus no single coping strategy can lay claim to instantaneously solving the problem and restoring equilibrium, rather the effectiveness of different types of coping strategies are based on the stressful encounter faced and the degree of stress that an individual faces (Felton & Revenson, 1984).

Adaption refers to the effectiveness of the coping intervention resulting in an improved adaptational outcome for social, psychological, physical functioning (Lazarus, 1993). According to Chesney et al. (2003) an individual's choice of a coping strategy in a stressful situation is determined by their appraisal of whether the situation is changeable and thus controllable or unchangeable and uncontrollable. In terms of this model, adaptive coping occurs when the coping strategy (problem-focused or emotion-focused) is congruent to the changeability of the stressful situation. Maladaptive coping occurs when emotion-focused interventions are selected to manage stressors in controllable situations or when unchangeable stressors are responded to with problem-focused interventions. Such a mismatch or incongruence of coping has been shown to result in the experience of significant psychological symptoms and emotional distress (Chesney et al., 2003). This then suggests that selected coping strategies appraised on the basis of the stressful situation encountered, modulates the effect of the stressor and impacts adjustment outcomes such as psychosocial stress and emotion (Lazarus & Folkman, 1984, 1988). This research seeks to also understand the coping strategies selected by trainees and the effectiveness of these selected strategies on the trainees' wellbeing during their initial period of training as psychologists.

2.6.2 Coping and Emotion

According to Folkman and Lazarus (1988) there is a dynamic, mutually reciprocal relationship between emotion and coping in that coping and emotion influence each other in stressful situations. From a psychoanalytic perspective emotion plays an adaptive function which serves to signal the need for an intrapsychic behavioral or defensive response to protect the individual or reduce anxiety. According to some theorists (Krohne & Laux, 1982; Spielberger, 1966, 1972; van der Ploeg, Schwarzer & Spielberger, 1984 as cited in Monat & Lazarus, 1991) emotion has been shown to impair adaption by interfering with cognitive processes and functioning underlying the

emotional response particularly with regards to anxiety-related thoughts that impede and interfere with performance (Alpert & Haber, 1960; Child & Waterhouse, 1952, 1953; Sarason, Mandler & Craighill, 1952 as cited in Monat & Lazarus, 1991).

From a process perspective there is a changing character of both emotion and coping in terms of what an individual thinks and does during specific person-environment encounters which differs across encounters (Lazarus & Folkman, 1991). The process begins with an individual first appraising the situation as harmful, threatening or challenging, this appraisal influences coping which in turn changes the person-environment relationship evoking an emotional response. Seen from this perspective, coping is a mediator of the emotional response (Lazarus & Folkman, 1991). In their study Folkman and Lazarus (1991) showed that both problem-focused and emotion-focused coping strategies were related with changes in emotion. This then begs the question can an individual's emotional life improve by addressing deficiencies in their coping strategies? Burgeoning interest in coping in the field of psychology is based on the assumption that coping can make a difference in an individual's psychological well-being.

In novice psychologists appraising, managing and coping style with the emotional stresses and anxiety will influence their professional development and attitude towards hardships experienced during the training period.

2.6.3 Coping and the Mental Health profession

According to Aldwin & Revenson (1987) whilst there may be a relation between coping and mental health outcomes, this does not imply causation in the absence of verified longitudinal data. Most studies in this respect have used cross-sectional designs (Felton & Revenson, 1984; Menaghan, 1982; Pearlin, Lieberman, Menaghan & Mullan, 1981 as cited in Aldwin & Revenson, 1987). Coping has an effect on mental health and well-being along with this it is also very likely that individuals who have a poorer mental health status employ ineffective coping strategies than this in better mental health. Many studies have looked at the coping behaviors of depressive and non-depressive respondents reporting that depressive subjects exhibit different coping strategies than their counterparts (Coyne, Aldwin & Lazarus, 1983; Parker & Brown, 1982 as cited in Aldwin & Revenson, 1987).

It is not however clear whether it is the employment of ineffective coping strategies that cause depression or that individuals select these strategies as a result of the depression. Individuals with poorer mental health experience more stress and may also cope in maladaptive ways, creating a mutually reinforcing causal cycle between maladaptive coping interventions on the one hand and poor mental health on the other (Felton & Revenson, 1984). Maladaptive coping is caused by intense adverse life events and high levels of initial emotional distress, which then further exacerbates the emotional distress and potentially creates problems for the future problem solving strategies. Ineffective coping will lead to adverse effects such as changes in general well-being such as negative emotions, anger, worry and fear, and feelings of tension and being worn out (Cox, Kuk & Leiter, 1993).

For the purposes of this study, the Cognitive-Transactional theory of stress and coping, together with the Six-Stage model of Professional Practitioner Development will provide a conceptual framework within which to work. In combination, this theory and model will inform an understanding of the underlying experiences of novice trainees and how they cope with the emotional stresses during the first semester of Masters studies towards clinical and counselling psychology.

3. RESEARCH METHODOLOGY

3.1 Rationale

In addition to the professional developmental tasks that trainee psychologists are required to master, training within the South African context pose numerous complex challenges for trainee psychologists and psychologists. The majority of psychology trainees both black and white come from predominantly middle-class, urban dwelling backgrounds and begin their training interfacing with multicultural diversity and working with a range of traumatic presenting problems within a context that is marred by the complexities of colonialism, historical racism, violent crime and extreme poverty (Donati & Watts as cited in Eagle, Haynes & Long, 2007). For most trainees such an experience may elicit personal anxieties which may have an impact on the trainee's psychological adjustment and professional development. Thus the combination of working with multicultural diversity, different settings and the emotional stresses evoked through the intense professional development process and learning experiences can create ongoing disturbances and distress in the learning experience of the trainee (Eagle et al., 2007). The plight of Masters psychology trainees during their first year of study within the South African context has been relatively unexplored and needs further investigation. By using the Lazarus and Folkman's (1984) Cognitive-Transactional theory of stress and coping, this study hoped to conceptually explore the emotional struggles of trainee psychologists and the strategies that are adopted to negotiate these stresses. Through Rønnestad and Skovholt's (2003) Professional Practitioner Development model it was hoped that an understanding will be gained around the challenges pertaining to becoming psychotherapists.

This research hoped to stimulate an understanding and a consideration of the plight of the novice trainees which may encourage future trainees to be better equipped and prepared for the prospects and precautions of needing to work outside of their comfort zones and will also highlight the significance of providing support to trainees to better equip them to effectively integrate their early experiences so that this does not taint their development and their view of engaging in community work after attaining qualification (Eagel et al., 2007). This study will also inform training programmes of the systematic need to address the emotional stresses that trainees undergo and will guide programmes in finding ways to mitigate trainee anxiety and emotional stress (Theriat, 2007).

Gazzola & Richardson, 2009). If the early experiences of novice trainees are clearly understood then there is a greater likelihood that the emotional stress and anxiety of trainees can be reduced and normalized, allowing for more positive short-term and long-term consequences for the trainee, “praemonitus, praemunita – forewarned, forearmed” (Skovholt, 2012: p. 33).

3.2 Research objectives

The proposed study has the following objectives:

1. To explore the major emotional challenges experienced by trainees during their first year of psychology masters training.
2. To understand the effect of these challenges on the self and how these affect the professional development of trainees in their newly acquired roles (i.e. health care professionals).
3. To explore the mechanisms employed to overcome these challenges.

3.3 Research questions

What are some of the major emotional challenges experienced by trainees during their first year of clinical and counselling Masters studies?

1. What are some of the major emotional challenges experienced by trainees during their first year of clinical and counselling Masters studies?
2. What coping strategies are employed by the trainees to cope with these challenges?
3. What effect do these challenges have on the self and the professional development of trainees in their newly acquired roles (i.e. health care professionals)?
4. What are some of the gains related to becoming psychotherapists?

3.4 Research design

3.4.1 Qualitative study

Qualitative research involves allowing a researcher to understand the complexity of individual’s lives which is accomplished through inspecting individual perspective in a particular context. This

study is interested in understanding the subjective accounts of psychology trainee experiences within a specific training context and thus due to the need to make sense of, interpret experiences in terms of the meaning that trainees bring to them, a qualitative, interpretive approach will be adopted in this study with the hope to make the world of the trainee more visible to the researcher. This relies on participants' subjective accounts to understand social life and behavior and the meanings individuals attach to their lives. A qualitative approach is an interactive process and allowed the researcher to focus the experiences of the research participants in their natural setting with an attempt to make sense of and interpret their lived experiences in terms of the meanings that are assigned to them (Mertens, 1998). As a result this study will provide descriptive data and detailed accounts of the participant's experiences in their own words.

Qualitative research allows for research to be conducted of the interactions in counselling settings and their meanings for counselors and clients and is also very suited to multicultural research (Morro, Rakasha & Castaneda as cited in Wang, 2008). One very important advantages of using a qualitative study is it gives a complete and detailed description of what one is researching on. For the purposes of this study a comprehensive, complete and detailed description of data was required. From a qualitative research perspective individual experiences cannot be quantified and the complete detailed description gained from qualitative studies was advantageous for the proposed study. Unlike quantitative data which quantify research numerically qualitative data depend on interpretation and critical human science. There is no rigid and confined manner to which research is to be conducted rather research is a more interpretive and subjective process which allows the researcher to be intimately involved and enables exploration of the respondent's experiences and perspectives (Lacey & Luff, 2001).

According to Ward (2008) there is a growing body of psychologists expressing frustration at the restrictive elements of quantitative research. Ward (2008) argues that exploring the process psychotherapy is more congruent to qualitative strategies as quantitative research strategies can be limiting when exploring complex social interaction factors that contribute to successful psychotherapy. Qualitative methods provide rich amounts of empirical data and the researcher encouraged respondents to respond from their own perspectives and experiences and in their own words. A qualitative research design for this study allowed for the presentation of data and findings with thick descriptions or in sufficient detail and with illuminating insights and findings. It also

allowed for the exploration of trainee experiences from the respondents point of view using their own frame of reference and points of view.

3.5 Theoretical framework

This study aims to explore and understand the emotional stresses experienced by trainees and coping strategies employed to overcome these stresses. In order to uncover these underlying and subjective emotional experiences a qualitative methodological framework is employed and this research (Bagozzi, & Exchange, 2006). Qualitative researchers are interested in meaning – how people view and make sense of the world as well as how they experience phenomena (Willig, 2013). They want to understand and describe in rich detail the quality of the human experience in our social world and does not look for variables or causality. This in turn depends on the epistemological position of the researcher. The purpose of interpretive research according to Mcleod (2001) as cited in Wang (2008) is to produce meaning and an understanding and interpretations of human phenomena, within a specific context in which they are lived.

An interpretive analysis thus focuses on a detailed examination of the subjective meanings that individuals place on their social and personal world based on their personal perception or accounts of the phenomena and also allows for a methodical development of descriptive categories from the data obtained. Central to an interpretive researcher is accessing and reflecting on human phenomena within a specific context, and this has a particular potency and effectiveness in bringing out the subjects lived experiences and perceptions from their perspectives and in this way makes the unfamiliar familiar within a particular context (Lester, n.d). In terms of this approach there can be no objective, single or absolute reality that is applicable to all in a universal way. In this study, there is no attempt to produce an objective statement of trainee experiences rather the research is concerned with exploring the trainee's subjective and personal experiences. In this way the researcher will try and access and gain a rich understanding of the trainee's personal world.

According to McLeod (2001) an interpretive paradigm thus focuses on a detailed examination of the subjective meanings that individuals place on their social and personal world based on their personal perception or accounts of the events and also allows for a methodical development of descriptive categories from the data obtained. This process is both a dynamic and interactive

process for the researcher as the researcher is trying to understand and make sense of the research participant's world but cannot do this without reflecting on the researcher's own beliefs, values, thoughts and conceptions. This creates a tricky situation in that the researcher's access to the participant's world is complicated by the researcher's own conceptions (Smith & Osborn, 2003).

This then results in a double interpretation or hermeneutic process – where subjects are trying to understand their experiences and the researcher enters the world studied to make sense of subjects making sense of their world through their experience in it. This is a circular process referred to as the hermeneutic circle where understanding is circular and which has no beginning or end; top or bottom (Maggs-Rapport, 2001). In this way an interpretive framework is very intricately linked to hermeneutics and theories of interpretation (Smith & Osborn, 2003). In this study attempt was made to enter into the experiential world of the participants, get close to their experiences, makes sense of these experiences and to capture their thoughts, feelings and perceptions. In qualitative research the researcher acknowledges their influence on shaping the research process (Willig, 2013). The researcher will thus reflect on how her personal involvement in this particular study will influence and inform the research. The researcher accordingly applies a reflexive approach and goes back and forth between during the process of interpretation and analysis of data. Reflexivity urges the researcher to personally reflect reactions and emotional experiences to gain a better understanding of the research participant which make certain insights and understandings possible.

According to Smith and Osborn (2003) the interpretive approach can be described as having a theoretical alliance with cognitive and social paradigms in terms of their concern with explaining the underlying dynamics of behavior and mental processes. The conceptualization of stress and coping in this study is based on the cognitive and transactional oriented theory proposed by Lazarus and his colleagues (Lazarus and Folkman, 1984). The basic tenets and parameters of the model emphasize the process-oriented and relational meaning that an individual constructs with the stress stimulus from the person-environment relationship (which is seen to be dynamic, bi-directional, and constantly changing), without being methodologically rigid. The transaction-oriented model of Lazarus and Folkman (1984) thus presents an ideal theoretical framework in this study to enable a qualitative exploration of the cognitive appraisals, emotional stresses and coping among trainees with a marginal reliance on theoretical assumptions. The inherent value of

Lazarus and Folkman's (1984) cognitive-transactional model for the purposes of this study is hence a matter of the even distribution it affords between theory-driven and data driven research.

3.6 Validity and trustworthiness of qualitative research

Validity focuses on the credibility of the research and refers to the extent to which the research measures the concepts it aims to measure. Quantitative research is subjected to the criteria of internal and external validity, generalizability, objectivity and reliability (Wang, 2008). The quality of qualitative designed research, which aims to explore, discover and understand, cannot be judged with the same vigor and standards. In order to assess the scientific worth of qualitative research Lincoln and Guba (1985) as cited in Wang (2008) proposed that the criteria of credibility, transferability, dependability and confirmability be used.

Credibility of qualitative data refers to the amount of confidence that can be placed in the data through findings that are substantiated by rich narrative data and through the respondents conceding the reports as an accurate reflection of the phenomenon being studied. For qualitative researchers, due to the uniqueness of individuals, multiple meanings and varying contexts, results cannot be replicated (Alim, 2002). *Dependability* in qualitative research is the methodological parallel to reliability in quantitative studies and refers to the extent to which care is taken to ensure that the research is consistent with the rules and conventions of qualitative research. In this case research questions should be congruent to the research purpose and design. Also other researchers conducting similar research should have comparable data collection methods.

Confirmability refers to the fact that the data has been reflected as accurately as possible in terms of the experiences and perspectives of the respondents. In this way qualitative researchers have the obligation to ensure that their personal biases, prejudices, reactions and values do not influence the collection and interpretation of data (Alim, 2002). Applying reflexivity will ensure that the researcher will observe their own roles in the research process. *Transferability* refers to the generalizability of the qualitative data. Most quantitative studies aim to generalize findings to a wider population. However due to the importance of context in qualitative studies it is exceedingly difficult to transfer results to another context. In this way the goal of qualitative studies is to ensure that the results are conceptually sound for a particular context and group of people, which does not

have to be scientifically or statistically representative. However qualitative results can be generalizable if contextual factors are accounted for by the researcher, replicating research with another population with similar findings will lead to credibility of the research (Alim, 2002). In this way credibility, dependability, confirmability, and transferability comprise the standards against which the rigors of qualitative studies are measured which is aligned to the interpretive phenomenological paradigm.

3.7 Respondents and study site

Non-probability sampling refers to a process whereby the selection of subjects is not determined by the statistical principle of chance (Babbie, 2013). Purposive sampling refers to a process whereby sampling depends on the availability, knowledge of a population and willingness to participate in the research. Interpretive studies are more suitable to smaller studies, using homogenous purposive sampling methods (Smith & Osborne, 2003). In line with the purposes of this study, purposive sampling was used as trainees are of a closely defined group for whom the research question will have particular significance and meaning. According to Kelly (2002), about 6 to 8 participants will suffice for an in-depth study with a homogenous sample.

Convenience sampling was adopted and the selected participants were conveniently available and suited the purposes of the study in that they were at the specified level of study and stage of development. Participants were thus selected irrespective of their gender, age, race, theoretical orientation, and marital status as such boundaries are not relevant to the issue under investigation. Whilst purpose convenience sampling restricts generalizability of the findings, the purpose of this study was not to make general claims to the broader body of trainee psychologists but rather to gain a detailed understanding and perceptions of this particular group. It is thus acknowledged that convenience sampling has implications in terms of generalizing to broader student groups, this will be further commented upon in the limitations section of the paper.

The sample population for this study consisted of Masters students studying clinical or counselling psychology at the University of KwaZulu-Natal during their first year of training (N=9). There were female (n=8) participants and a male (n=1) participant in the study. The participants were

from the Indian (n=3), White (n=3) and Black (n=3) race groups. The age range of the sample comprised respondents in the 20 to 30 age category (n=7), a respondent in the 40 to 50 age category (n=1) and a respondent in the 50 to 60 age category (n=1). Respondents included trainees within the clinical (n=7) and counselling (n=2) psychology streams of the Masters programme. The University of KwaZulu-Natal Applied Psychology Centre was used to access the sample. Letters of informed consent were issued to all prospective participants highlighting the nature and purpose of the study and an assurance of anonymity and confidentiality was provided as per ethical guidelines stipulated by the Post-graduate Research Ethics Committee.

3.8 Procedure

Participants were contacted and selected on the basis of their willingness to participate in the study and to share their experiences and tell their stories openly and honestly. Respondents were given complete assurance of confidentiality and not required to reveal their identity on the informed consent forms to ensure complete anonymity. Participants were made fully aware that participation in the study could be withdrawn at any stage (signaling withdrawal of participation), without any repercussions or prejudice from the researcher. In this way consent was truly informed.

Informed consent forms provided contact information about the researcher and supervisor; outlined confidentiality issues; clearly provided the aims, objectives and importance of the study; and provided the expectations of them should they wish to participate. Participants were made aware that a tape recorder would be used for the interview process and subsequently transcribed verbatim for data analysis and used in a Master's thesis. Each interview took approximately 50 minutes. During the interview researcher recorded field notes of observations, feelings and comments that were regarded as important.

3.9 Data Collection

In terms of the interpretive approach, in order to enter the inner subjective world of the trainee a semi-structured interview technique was applied in this study. A semi-structured interview is a term that refers to context whereby the interviewer has a series of questions that are in a form of

an interview schedule but is only guided by these questions and is able to vary the sequence of questions. Attempt is made to establish rapport with the respondents in line with the purposes of this study. The interviewer has some liberty to probe interesting areas that may arise and ask further questions in response to what are seen as significant replies. In this way the semi-structured interview allows for the establishment of rapport, a greater degree of flexibility in terms of the areas that may be covered and also provides a rich source of data. Smith and Osborn (2003) provide the following tips on interviewing procedures and technique:

- Allowing the respondent to take their time and not to rush them as this allows for detailed and richer information to be obtained;
- Minimal probes should be used to explore an area of interest that has arisen in the interview;
- It is important to ask only one question at a time so as not to confuse the respondent and will also make it easier for the researcher during the analysis process of the transcript;
- Critical to monitor the respondent throughout the interview to assess the effect of the questions on the respondent. Some questions may evoke a threat or distress in the respondent and the role of the researcher is to put the respondent at ease and adopt a non-judgmental approach. The researcher should also be attuned to both verbal and non-verbal cues from the respondent; and
- The researcher should be skilled at providing information that justifies the research – respondents will be more at ease if they believe that the research is being conducted for good purposes, by an ethical researcher who will honor the confidentiality of the interview.

Personal face-to-face interviews were conducted with the respondents at a venue that was most convenient for the individual. Each interview was scheduled for an hour. Venue selection by the respondent allowed the individual a degree of comfort knowing that they could choose a venue that was most comfortable to them. Most respondents were comfortable to conduct the interviews at the Psychology Clinic consultation rooms and thus conducted free from distractions and interruptions. The semi-structured interview allowed the researcher to prepare ahead in terms of what the interview will cover, thereby allowing the researcher to focus more intently on what the respondent is saying. The semi-structured interview also encouraged openness and genuine participation as participants were relaxed in a comfortable environment fostering open and honest disclosure of their personal journey. All interviews conducted were audio-recorded and then

transcribed by the researcher to facilitate accurate and thorough content analysis. Transcriptions were sent to the participants to allow them to read their transcribed interviews and confirm the accuracy of the transcriptions. Once a confirmation was obtained from the participants all audio-recordings were deleted from the recording device.

3.10 Composing the Interview Schedule

The interview schedule was compiled to facilitate an open discussion around understanding of trainee experiences. Based on the literature review the content areas relevant to this study are as follows: (a) the underlying emotional stresses that trainees experience; (b) the effect of these stresses on the self and professional development; (c) the coping strategies implemented to overcome these stresses; and (d) the gains associated with becoming a psychotherapist. These areas were placed in an appropriate and logical sequence in terms of which area would be most logical to begin with, leaving the more reflexive or sensitive areas (the effects of the stresses on self and professional development) to be explored towards the end when the trainee was in a more relaxed and comfortable position. Appropriate questions related to these areas of concern were then prepared as well as possible prompts or probes to follow some of the questions asked. Thus the interview schedule was used to encourage free speech and the questions and probes were used to encourage respondents to reflect upon and share their own subjective personal feelings and experiences.

3.11 Data Analysis

The analysis of qualitative data from the collected text data (interview transcription) is reflexive and interactive and is carried out using thematic or content analysis techniques (Gelo, Braakmann, & Benetka, 2008). This is a descriptive presentation of qualitative data (Newman, 2011) and data will be examined to identify recurrent themes and patterns. Themes capture important meaning about the data in relation to the research question (Braun & Clarke, 2006 as cited in Willig, 2013). Initially the researcher reads the transcripts a number of times, becoming immersed in the data to become familiar with and make meaning of the data. Identifying configuration of meanings (recognizable patterns) is an iterative process and there is a constant meaningful interaction with

the data obtained. Recurrent themes are systematically identified across the data set, then compared, analyzed and then categorized in a coding system using exact terms that participants used (Gelo et al., 2008). The researcher has to rely on coding of the data (line by line) in order to form meaningful themes or categories of meaning (Willig, 2013). This coding method (or grouping of evidence) allows for a comparison of important themes emerging from the participants in order to look at the unity or similarities in the participants' responses (Newman, 2011). Overarching themes and sub themes will be grouped together before they are meaningfully interpreted. These themes are then re-labeled using a higher level of abstraction and labels closer to the researcher's theory and terminology. This allows for a gradual elevation of the levels of abstraction in the description of the data. The obtained data will then be presented. In this study the researcher systematically worked through the obtained qualitative data (transcribed interview scripts) to identify common patterns of meaning, these were then grouped together into categories and then into higher order themes. The themes identified in this research represented the participants' perceptions of the emotional stress experienced and the coping mechanisms that were used to overcome this.

Care will be taken to ensure that the researcher's personal experiences, biases, or potentially stereotypic beliefs will not impact on the participants and their willingness to narrate their experiences openly and honestly. This is important in establishing validity of the study. Interpretive validity is important as the researcher has to resist the temptation to frame respondents' experiences through their own theoretical schemes but to express the data as close as possible to the participants' experiences. In this study, through a process of constant reflection it is ensured that the experiences emanating from the participants' own accounts will be used to generate themes.

3.12 Ethical considerations

Ethical clearance for the study was sought and obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Ethics Committee. Permission to proceed with this study was also sought from the Centre for Applied Psychology at the University of KwaZulu-Natal. According to Webster et al. (2013) ethical considerations are the heart of any research and have become a central

issue in research methods. These authors highlight the following ethical principles as core in guiding research:

- Ensuring that the research is clear and worthwhile;
- That participants are treated with respect and that no unreasonable demands are placed on participants;
- Participation should be based on informed consent and correctness of presentation;
- Participants should be unpressured in taking part in the research. Thus participation should be voluntary and free from any coercion or pressure;
- Avoiding harming participant and any adverse consequences through participation should be avoided; and confidentiality and anonymity should be respected.

Ethical qualitative research is not passive followed, thus the researcher has to actively work hard to understand the perspective of the participant and consider how they would want to be treated. Thus it was important for this researcher to understand the trainees' points of view, and to consider what in their position they would want in terms of the amount of information they would need to participate in the study, steps needed to ensure that their confidentiality will be protected and not compromised in any way and also how they would feel seeing aspects of their accounts in print after their initial consent and the findings of the study. Webster et al. (2013) highlight the importance for the researcher to maintain professional boundaries as it would have been easy for the research participants to be seduced into a comfortable engagement and disclose more than what they had provided consent for and may not be what they expected, given that the researcher is a fellow member of the Masters training programme.

For ethical research professional boundaries need to be maintained and strong qualities of reflexivity is required to ensure that the researcher is clear on their role (Webster et al., 2013). According to Patton (2002: p. 405) as cited in Webster et al. (2013) a qualitative researcher is "neither judge, not therapist nor slab of cold stone". Good data means obtaining rich accounts of experiences and qualitative research has the potential to be unduly intrusive. From an ethical perspective, it is important for the researcher to ensure that questions are linked to the research objectives and is based on what they really need to know (Webster et al., 2013). A core principle of social research is informed consent which means that potential participants need to be provided

with adequate information about the study to enable them to make a decision on whether to participate in the study. Given the objective of this study requires that participants reflect on their own personal experiences, feelings and behaviors, potential adverse consequences were anticipated in advance and strategies implemented before and after the study. Participants were informed in advance the voluntary nature of participation and the confidentiality of the information provided. It was envisaged that knowing this in advance would restrict disclosure as trainees could think about how much information they wanted to volunteer. Additionally arrangements was made with the Student Counselling Center at UKZN should their services be required at any stage. The researcher was alert for any signs of discomfort or potential withdrawal of consent during the research interview.

The informed consent provided in this study was communicated verbally and in writing. The informed consent document provided information about the aim and objectives of the study as well as all contact information and affiliations of researcher and supervisor and an administrative staff member should additional information be required on their rights as participants (Appendix A). During the consent process, the research topic was again explained, the time involved, any potential risks and that there would be benefits from participation was also explained. Permission was also sought from each participant to audio-record the interview for transcribing purposes. Signed consent forms have been kept in a secure location that is accessible by the researcher and research supervisor only. In order to respect and honour the participants, confidentiality and anonymity has been assured as all identifying details have been omitted from the interview transcripts. Informed consent was obtained from each and participants were made aware of their right to withdraw their participation from the study at any stage with no consequences for withdrawal. Participants who have expressed an interest in the findings of this study will be provided with a copy of this dissertation will be provided.

Operating from these ethical guidelines and principles, this study has addressed the requirement to conduct social research using sound ethical practice and adopting an ethical conscience.

3.13 Cost estimates

The total cost of the study was approximately five-hundred rand. These costs included data printing after transcription and printing of the final research project. There was no need to purchase an audio-recorder as this was readily available.

3.14 Limitation of design

Limitations of the methodology can be identified in a lack of generalizability and little opportunity to replicate the study to other populations, however this was not the intention of the study. Exclusive use of interviews as a data collection method may also be identified as a limitation. Interviews reflect participant responses within a particular situation. However the use of semi-structured interview instrument which is also relatively open-ended allowed for the opportunity to probe and thoroughly explore trainee experiences, in this way the respondent responses were relevant and appropriate.

The sample size may be viewed as a limitation. Given the scope and aims of the research, conducting research with eight trainee psychologists was deemed appropriate and adequate as it allows for the research questions to be answered in a greater degree of depth of detail as elicited by a semi-structured interview instrument.

The researcher's influence in the interpretation and analysis of the data, as the co-creator of meaning cannot be ignored. In this regard the interpretation and presentation of results will be approached in a way that the researcher is constantly mindful and cognizant of the impact that the researcher's personal presence has in this research. A process of constant self-reflection and guidance through supervision will be relied upon to ensure that the trainee experiences are objectively brought to the fore and understood from their own subjective perspective. The sampling techniques may also be considered a limitation. The purposive sampling technique used for the purposes of this study makes it very difficult to replicate the findings to other population groups, even in a similar context. However the selected sampling technique is appropriate and aligned to both the theoretical framework and aims of this research. According to Nelson and Friedlander (2001) some mature trainees enter into traineeship with considerable prior professional experience and some even having attained substantial clinical experience. This study concentrated on the traineeship being a novel experience for the individuals who have entered this particular Masters training model.

This study will thus not be able to account for the role of prior professional experience and or trainees who would have attained prior clinical experience working with mentally ill clients in relation to its impact on levels of anxiety and self-confidence.

4. RESULTS AND FINDINGS

The aim of this study is to investigate the underlying emotional stresses, coping strategies used and the overall personal experiences of trainee psychologists in their first year of studies towards clinical and counselling psychology. In this section themes will be highlighted that were identified by the researcher after using thematic analysis to systematically obtain patterns of meaning from the rich qualitative data that was collected in the interviews. According to Braun and Clarke (2006) thematic analysis allows the researcher a certain degree of flexibility from theory and epistemology. However according to Willig (2013) thematic analysis will be meaningless unless it is grounded within a particular theoretical framework and epistemology. Through this process of thematic analysis, and through the conceptual framework that has been adopted in this study, it is hoped that the emotional stresses, experiences and coping mechanisms of the novice trainee will be understood.

According to Braun and Clarke (2006) simply proving an account of the themes, implies a passive process, whereas the researcher plays an active role in identifying the patterns and themes of interest. The researcher actively constructs the themes and creates links between the themes and subthemes as these are understood. In this research the themes that were identified represented connections and relationships between the captured meanings relevant to the participants' perceptions of the emotional stresses that were experienced and the coping mechanisms that were used to overcome this. Attempt was made to capture personal accounts, individual experiences and perceptions of the participants interviewed. Throughout the interpretation and analysis process the researcher was constantly aware of her own influence on the interpretation of the data. The findings and discussion that follows represents an analysis of the of the reviewed themes that have been identified and presented in accordance with the main themes and subthemes that were that are relevant to the research question.

4.1 Demographics

The sample comprised of nine UKZN psychology students (N=9) in their first year of Masters studies towards clinical and counselling psychology. There were female (n=8) participants and a male (n=1) participant in the study. The participants were from the Indian (n=3), White (n=3) and

Black (n=3) race groups. Respondents included trainees within the clinical (n=7) and counselling (n=2) psychology streams of the Masters programme.

4.2 Significant Challenges experienced by the trainees

4.2.1 Professional Development

4.2.1.1 Development of professional competence

According to Johnson (2008), professional competence refers to the ability of a psychologist to conduct their tasks appropriately and effectively. During the training period, development of professional competence is promoted through focus on knowledge, skills and on the development of proficiencies (Elman, Illfelder-Kaye & Robiner, 2005). Development of professional competencies also involves inner processes such as ongoing reflection of personal and professional experiences. In assessing the challenges experienced by trainees in terms of a development of a cohesive sense of professional competence, an analysis of the data revealed that trainees felt uncertain about their own professional abilities and functioning and felt inadequately prepared (in terms of technical skills and clinical knowledge) to provide psychotherapy that would be to the benefit of the client served.

Participant 2: *“I feel that my client is not benefiting as much as I believe they should if I had been able to put more into researching around her problems. Because there really isn’t any time.”*

Participant 5: *“So later on when I ask some of my colleagues, they say well you could have said this just to encourage him – but during therapy I was not aware that I should be saying this. You want to say this, but then you think I am on camera maybe I’m not even supposed to be saying these things – maybe it’s not aligned to the theory that I am using – perhaps I’m not allowed to be encouraging my client.”*

Participant 6: *“I think part of it my assumption of what a therapists role is coming into this course whereby I was under the impression that you should never tell the patient what to do, which there is validity in that, that therefore means that I am hyper vigilant to what I say. I’m afraid of giving away too much so I’d rather give away nothing so that it’s safer.”*

Participant 9: *“Hmmm I think with the uncertainty it was always “am I on the right track?” professionally with the client. At the moment actually I still feel the same with my new client. Although all is good, I feel like I am doing it, going through the process I feel like I am not following a theory as such. I feel like I am going through the process blind and I don’t know if I am on the right track. So professionally I feel like, we are supposed to follow a theory – this is what guides your therapy – but I feel like it has to do a lot with linking practice with theory.”*

4.2.1.2 Clinical supervision, support and feedback

According to Hill et al. (2007) supervision is a major component of a novice trainee’s learnings to become psychologists as it provides support to the trainee and helps them to negotiate and meet the challenges that therapy presents. During the early stages of training, trainees go through a period of anxiety, excitement and dependency on their supervisor (Friedman & Caslow, 1986 as cited by Bruss & Kopala, 1993). This continues until the trainee reaches a point of being more confident and autonomous in their own professional identity. Whilst training of supervisors in the art of providing corrective, difficult feedback to psychology trainees has been highlighted by Johnson et al. (2008) as an important ethical consideration for training institutions, Bruss and Kopala (1993) hold that a supervisor’s primary role is to provide nurturance and promote growth. Supervision can also be a source of “*impingements*” by impeding activity, poorly provided feedback, undue criticism and by imposing values and beliefs on a trainee (Bruss & Kopl, 1993: p. 4).

Overall the data revealed that trainees felt satisfied with the supervision when they experienced supervisory support, positive feedback and guidance from their supervisors. Some trainees reported receiving difficult specific feedback from their supervisors regarding their competence in working with their clients, which whilst stimulating self-reflection for the trainees, also created self-doubt and uneasiness for the trainees.

Participant 6: *“It’s not always nice hearing the things but for me I always know the kind of things she is going to say because I acknowledge the problem. There was rarely a time when I thought that she was not correct and it’s also about not taking it personally. I don’t*

take it personally, it's all about our development, everything negative that's said it's not in a nasty manner, and it's to build you up for one thing."

Participant 8: *"Hmm shew I think supervision has been a challenge for me. Umm it just feels like all your inadequacies comes out in supervision – well that's how it happens for me in supervision.", "Also everything is recorded and your supervisor watches it so at a lot of time I felt that I took it personally when she gave me criticism – I don't know whether it was something on my end or whether it was just her being a bit harsh, so it has been very difficult getting criticism and accepting criticism and also feeling that gap from honour to masters and not enough of building of counselling skills in orientation.", "It has definitely stimulated a lot of self-reflection. I think much more than anything else. Whenever I have supervision it really impacts me and I take so much out of that session."*

Other participants felt that their supervisor could have provided more useful, corrective feedback. This lack of feedback has resulted in uncertainty and generated stress for the novice therapist.

Participant 7: *"It has been okay. Umm I had some challenges here and there but generally it has been okay. I would love if we could have a feedback session for Prof X (in reference to the Head of the Applied Programme) I would absolutely love that – just a frank, mature update."*

Participant 2: *"I think I would have liked a bit more feedback, I always need to know how am I doing because I am quite uncertain about how am I doing with regards our supervision, its fine she will say "that's good" but I would prefer more feedback."*

One trainee reported that whilst their supervisor was seen to very supportive, they viewed the supervisor as having minimal input in terms of fostering their professional growth and development and also expressed concern over the weighted value of the supervisor's evaluation of their competence.

Participant 1: *"My relationship with my supervisor is very very casual he tries to be there by all means. But of late it hasn't been so easy, I meet him for only 10 minutes or so and I am wondering if that will give a true reflection of who I am at the end of the year when everything is being compiled. That is my worry in that I don't spend so much of time with*

him – maybe he feels that we have to be independent, but we have to be given at least an hour of supervision each week – we need their time because I am thinking that they are getting paid.”

According to Skovholt and Ronnestad (2003) feedback to trainees from their supervisors has to be framed in a positive manner. This is so that the trainee feels more confident in their professional abilities and improves their perception of control (Deci et al., 1999; Hunt & Sharpe, 2008; Kashdan & Fincham, 2004 as cited in Gerber & Hoelson, 2011). One trainee in particular reported reacting in a highly negative way to the feedback that provided to her by the supervisor.

Participant 8: “... for example the feelings of inadequacy I felt in supervision – specifically my supervisor said that I was unable to speak a professional language, voice myself appropriately using the professional kind of lingo and then that I found actually made me worse. Just being told that –I found that no even able to voice my opinions properly. That then translated into therapy with me not being able to speak properly with the client and I felt that I regressed in that matter instead of making me feel better. So I felt that it could have been dealt with maybe softer way or you know – I like to take criticism but I think just the way the criticism is dealt out really makes a difference.”

Participant 6: “Not where I felt differently there was a time at the beginning of supervision when I thought that she may be a little nasty and degrading but I use that word very very lightly. On reflection that was a stage thing right at the beginning perhaps that first 2 or 3 supervision sessions. So there was a lot going on, it was me learning where my place is in the relationship. So in the beginning stage it felt a bit harsh and perhaps a bit nasty but it actually wasn't it was about where I was at.”

Another trainee reported that they felt intimidated to approach the supervisor for fear of appearing incompetent.

Participant 3: “It's a professional relationship I completely respect everything she says because she has experience and proven to be bright. But that is also a bit of a hindrance in that I can feel intimidated to talk to her say in-between supervision session something urgent comes up, I feel a bit scared to email her or call her to say this is what has happened. I actually just wait until the next session.”

4.2.1.3 Reactions to Clients

Trainees have entered the Masters training programme with varied levels of experience – some with prior experience working as counsellors, some with experience gained from working in another profession and others who have entered directly from the UKZN honours programme. According to Hill et al. (2007) trainees often struggle to manage their intense reactions to clients. Trainees often get upset when their expectations are not met by the client. Once such trainee expressed anger and frustration at the client being unwilling to explore their problems and being unreceptive of the therapeutic process.

Participant 5: *“I think firstly I have to outline the challenge with my patient, he is a very restricted kind of patient, he is very guarded so most of the time I find myself very upset with him cos I understand where he is coming from I understand his frustrations – I am frustrated because I feel sorry for him... So I tend to get very angry, I feel very disrespected. ... I have been doing as much as I can to build a therapeutic relationship to encourage him to feel free to say what he wants, reinforce the idea of this is ...So I tried everything at times I feel so angry, why is he doing this? Its also just that constant relapse, one day he is fine and next day not.”*

Another trainee described the challenge of intense client interactions due to the client’s complex presenting problems leading to strong counter-transference feeling which left them feeling emotionally exhausted.

Participant 3: *“Mainly the days I see clients, which is the most stressful day of the week. After seeing her I feel emotionally drained... like I’ve run 5 marathons. I get physically exhausted. The session with her takes a lot out of me. It’s the counter-transference.”*

For a novice a client not returning for therapy can be a very distressing experience (Skovholt, 2012). Trainees reported that this aspect was very challenging for them and created more distress when they assess and compare themselves to peers, leaving them with a feeling of being dispirited.

Participant 3: *“My client is notoriously inconsistent so I have had lots of last minute cancellations, she says she is going to pitch and she just doesn’t without cancelling the session. So very frustrating and very tiring to try and arrange. Especially as a new trainee*

you have so many expectations, you feel excited about therapy and gaining the experience. I just feel so let down when she doesn't pitch, so that has been very frustrating ...”

Participant 8: *“... only stressor which is to be expected is clients cancelling and not meeting the number of sessions that I would have loved to be at, at this stage. So I do feel behind and this has added to the stress I suppose but other than that the logistics I have been able to cope with.”*

In a paper that raises concerns over institutional teaching practices being incongruent to the ethos of therapy, Parker (2002: p. 10) states that *“The linearity of university training, then, has consequences for conceptual and cultural issues that may be antithetical to genuine therapeutic practice.”* For one trainee it was a real struggle to work to work with a client when the psychotherapy theoretical skills base (as taught on the programme) was not flexible enough and accordingly not congruent with optimal application to the client from a multi-cultural and African worldview perspective, whilst at the same time battling with an awareness of the requirement of applying ethical as well as evidence-based informed therapeutic practice. This is demonstrated by the excerpt below.

Participant 7: *“It's a bit hectic, you know theory is one thing, studying it is one thing and the context of where you are applying it as well so it is important that it is relevant to what you will be applying as well. That was one challenge that I found especially in my case. So these theories, I actually battled to find the right fit. So I battled to find the right fit because I just felt that other theories just didn't relate you know to a certain extent and to a certain extent they did relate. It is impossible to find a right fit. That was one challenge I found – finding something that would fit. So I was able to understand the whole thing through attachment and all that but then going through the whole set-up, how do you explain this with a Western theory which doesn't talk to that kind of lifestyle...”*

Another trainee expressed struggles with separating herself from the client's process, maintaining therapeutic boundaries and with learning not to let the client problems totally consume her personal time.

Participant 6: *“An awareness of it and monitoring when it happens and why it happens. So for example, with boundaries, umm establishing boundaries with others in the therapy*

context, just identifying where it's been pushed, why it's been pushed my supervisor was a bit helpful there in actually in me considering ways of dealing with those boundaries."

4.2.1.4 Learning and using helping/micro-counselling skills

In most training sites internationally, in order for trainees to acquire psychotherapy skills, training models usually commence with the basic counselling skills with a micro-counselling skills training approach that impart the vital skills needed for psychotherapy (Parker, Bylett, and Leggett, 2013). At the early stage of development micro-counselling skills are central to trainees and can be used to bolster the trainee's confidence and help them to feel more comfortable with providing therapy to their clients (Hill et al., 2007). The findings reveal that novice therapists experienced difficulty formulating these helping skills to aid them in working with their clients competently. Another respondent felt strongly that the micro-counselling training did not focus enough on practical client outcomes and was too narrow in its scope.

Participant 3: *"Other courses like ... Becoming a Therapist, like sure we think of ourselves in hypothetical situations but we talk about it and discuss it but we don't practically address if this happens this is what you should do – it's too theoretical to get anything meaningful out of it for me. I need to have practical understandings."*

Participant 8: *"It was also a huge jump from honours to masters and I think we could have a lot more in honours to prepare us – with regards to assessment, counselling – it could have been much different much more practical. Obviously not making us do therapy – but the counselling skills that we learn is done in the first week of orientation for masters and I do not feel that it was sufficient enough for me. I could have done with many more months of that before jumping straight into therapy – therapy was a bit of a jump for me. There were moments when I felt I had to go back and re-look at the skills we learnt in that first month of orientation before continuing with therapy. So then feelings of not being able to cope and thinking "am I the only one feeling this way?"*

4.2.1.5 Self-perception of incompetence

According to Theriault et al. (2009) a novice therapist's inner experience may be a hindrance during therapy in terms of the various forms of self-awareness such as self-doubt and feelings of incompetence. However research has shown that the link between feelings of incompetence and performance is weak (Johnson, Baker, Kapola, Kiselica & Thompson, 1989; Ridgway & Sharpley, 1990 as cited in Theriault et al., 2009) Many trainees expressed insecurity and uncertainty about their own performance and effectiveness in therapy generating stress for them and affecting their confidence in the therapy sessions. Trainees reported feeling anxious about seeing their clients and being uncertain about what to do in therapy.

Participant 4: *"I think my capacity to do therapy – because I am feeling so much emotional turmoil, I am feeling – "incompetent" is probably not the right word but I am feeling a little bit incompetent and I am also feeling that sometimes my ability to connect to my patients to listen 100% is a little bit compromised and I have to objectively pull myself out and start you know to listen to what my patient is actually saying. If it's a really stressful day and there is too much going on. Or if I had a really bad morning then I need to mentally separate myself which is a skill I've had to learn."*

Participant 7: *"The awareness of the professional aspect came in me questioning myself whether I was being fair to them (clients) in term of what I have not been able to accumulate due to the stresses. So each time when I had those self-talks, self-conversations I realised that it was not going in the positive direction – I am kidding myself and more so am doing injustice to the client. That's where I realised that I was not being optimal to myself and with the client."*

Participant 8: *"Just being aware – it is also reasonable as this is a master's year which is quite intense so this is stuff to be expected. Especially with supervision, realising that this could very well be feelings of inadequacy that were already in me...", "...Even though I have the thoughts in my head, having to voice it out I feel inadequate in my language – you know not being able to express my thoughts adequately. So that has really impacted me there. Sometimes that feeling of inadequacy completely stumbles me and I just go blank – even if I understand the questions being posed I just go blank and I forget the knowledge that is there."*

According to Skovholt (2012), trainees often feel that their post-graduate education has been inadequate, particularly when they first feel this sense inadequacy. From the data trainees felt strongly that the Masters programme was a huge leap from honours and that the honours programme did not adequately train or prepare them for the level of performance required at the Masters level.

Participant 7: *“...You question also – its not an excuse – you question the relevance of honours. How much did honours really prepare us for this? Because its like 2 worlds apart.”*, *“Absolutely that why I’m saying its not even a preparation for this. Its nowhere near this. I just feel that honours should be a continuation. I felt at ease with research – you know the pressure we had with research? We should have had it with everything else, where it should have prepared us for masters. I think in terms of clinical work, we should have started the basics in Honours – not necessarily seeing clients but doing research and mock clinics, do clinical hours with each other. Getting exposure and getting to know what to expect. You see these people for the first time in your life and you don’t know whether you will mishandle them or not – that is a big responsibility. I feel that we should have started this in honours.”*, *“...so the link between honours and masters is quite crucial for me to prepare us for all the work we have and perhaps some of the pressure would not have been felt as much.”*, *“I have spoken to other people from other universities and they have been doing clinical work from 3rd year already. That says a lot – you know volunteer work would serve a lot – you have that understanding and you start formulation at the time. You marry the theory to the client and you come up with the treatment. If you get used to that from when you start, then when you are faced with it in masters then it becomes second nature. So I feel that there is no link to prior levels with no continuation whatsoever.”*

Participant 8: *“... It was also a huge jump from honours to masters and I think we could have a lot more in honours to prepare us – with regards to assessment, counselling – it could have been much different much more practical. Obviously not making us do therapy – but the counselling skills that we learn is done in the first week of orientation for masters and I do not feel that it was sufficient enough for me. I could have done with many more months of that before jumping straight into therapy – therapy was a bit of a jump for me...”*

4.2.1.6 Problems with self-awareness

According to Hill et al. (2007) self-awareness for trainee psychologists include being fully aware of their own feelings and personal reactions, being self-conscious and concern over their therapeutic abilities. From the data it emerged that trainees experiences problems regarding engaging their self-awareness and personal reflexive abilities with one trainee expressing dismay over the emphasis that is placed on self-reflection.

Participant 3: *“I think I was very poor in being aware of these challenges and only through the help of a supervisor was I able to address it, I wasn’t able to pick it up on my own... So my self-awareness has I would regard it as being very poor – it is something I need to work on.”*, *“... Which is terrible as a therapist because you need to be more self-aware that is very important. So that has been the biggest learning curve for me. I thought it was bit of stress and pressure but I didn’t realise it was far deeper than that. So I had no recognition of that at all.”*, *“I actually don’t process, there are no healthy ways that I can think of the way I process my thoughts. Even when I understand okay I am feeling this and what I to do to resolve it is like... I don’t know... I don’t actually do anything. I need to take to the next step and process it and overcoming it.”*

Participant 9: *“... self-reflection, I think its important but I think its over-emphasised. Self-reflection – personally in the sense that I don’t think that we need to self-reflect all the time. There are times when it is important but my honest feeling is that I do not think that it is as important as everyone makes it seem.”*

4.2.2 Academic Challenges

4.2.2.1 Excessive workload and time constraints

According to De Bruin (2005) workload refers to the amount of stress that an individual perceives that they are under, that taxes their ability to cope or be productive as a result of the work that has been allocated to them. In a study conducted by Cahir and Morris (1990) as cited by Vacha-Haase, Davenport and Kerewsky (2004) it was found that the most stressful factors for trainee psychologists was time constraints. Psychology trainees need to cope with a number of tasks that overstretch the skills that have as yet not been properly developed whilst at the same time dealing

with tasks that create time pressures as a result of simultaneous deadlines across various tasks. More than half of the trainees in the study reported experiencing significant levels of distress due to the heavy Masters academic workload as well as the time pressures of simultaneous deadlines. Participants reported poor outcomes including feeling burnt out, reduced performance and efficiency and feeling overwhelmed.

Participant 1: *“Workload there is a lot you don’t have time to do anything really but then you expect this. I wish to some extent that the School or Department had arranged some sort of aid in terms burnout – because when you burnout what do you do?”*

Participant 2: *“I feel that my client is not benefiting as much as I believe they should if I had been able to put more into researching around her problems. Because there really isn’t any time.”, “I am finding that with my written work and my research that I am making mistakes. I think it’s affected my concentration as I am going to bed very late so definitely its impacted that.”*

Participant 3: *“It’s a higher workload that demands you to work consistently. If you don’t focus, the work load will become overwhelming. You have to keep up with the workload if want to have any chance of managing it.”*

Participant 4: *“Umm 2 examples, I would be I was busy concentrating on reading the DSM and the chapters for the psychopathology presentation, community and things like that and I was staying up really late to do that and I was finding that it was just becoming an impossible task. For me I don’t know whether I was reading it slower or not but it was just becoming impossible and now later in the term as I was still busy doing that work all my other work was behind ...Umm and the second thing is, because I haven’t been able to keep up I’m finding that I’m feeling really left behind and that stress that I feel is making me not concentrate properly and I hear what someone else’s done and I feel really left behind and overwhelmed...”, “That’s the most frustrating part – so I want to learn and I want to do all these things. But Im feeling limited, because I want to read and do all these things but I am always having to sacrifice certain things at the expense of others and that’s what stressing me.”*

Participant 7: *“From the academic side I feel everything was squashed into the same time – we do a lot of things at the same time. But having said that I have my own weaknesses which do not really help the situation. I am a huge procrastinator and that has played its own part as well. So planning was not done well. I think I didn’t know what to anticipate from the course maybe until when reality hit, which was the beginning of June when I started feeling the impact of everything.”*

Participant 9: *“...also the work load - there are certain things that I want to focus on that I want to work on but I don’t have time to do that. I don’t have time to read up my own stuff that I feel is important.”*

4.2.2.2 Managing uncertainty

According to Gerber and Hoelson (2011) South African psychologists are required to practice in an extremely multifaceted and complex context which places demands on training institutions in terms of the quality of psychology trainee produced regarding the requisite skills and qualities that are required. Trainees are required to acquire numerous complex skills in order to function effectively. A major stress experienced by trainee psychologists is the uncertainty that is generated as a result of the nature of the professional work that is expected of them (Skovholt & Ronnestad, 2003 as cited in Gerber and Hoelson, 2011). In a study conducted by Hannigan et al. (2004) higher levels of emotional exhaustion was associated with lower levels of role clarity. From the data it emerged that trainees were experiencing stress related problems as a result of difficulty experienced in dealing with the uncertainty during their training. This has resulted in confusion and emotional exhaustion for the trainees.

Participant 1: *“I would say the structure of the course, it is not structured you know there is a lot of laissez faire in it and for some of us and for me especially I work well with structure but when there is not so much supervision, not so much hold your hands, it gets a bit tricky. So for me that has been the most challenging thing for me.”, “to talk about structure – I want it to be very clear what is expected of me. Of course it had been very clear and I want to know what is it I am supposed to do and to know how I am being supported. These two things just the support and knowing what you are expected to do is*

very important for me.”, “Because at some point I have been able to control everything but now its like I’m just in this ambiguous situation and what do I do now?”

Participant 2: *“Yes I think its very difficult because quite a few of our lectures get changed around and quite a few things get changed around and for example, if something has been cancelled which there are quite a few that are, we could’ve instead of stressing how to get clients in we could’ve actually put clients in those times.”*

Participant 5: *“I think the most challenging thing was the experience intensity of the programme and amount of time that we have as well as support, like structured guidance and all that. So for me it feels like, especially if you look at my research due date and structure so you can have an idea of what we are working towards and all that, really made things go off.”*

Participant 7: *“Maybe its structured but now but I think its important for us to know exactly what we will be doing from day 1 until the last day I will appreciate that. I am unstructured so I need structure for me to say “get yourself together this is what you need to do”. If I don’t know what we are doing, when then it just throws me out. It actually exposes me in that I am not able to plan. If they structure it better it will make my life easier so that I am able to plan my life around that...”*

Participant 8: *“Umm also with regards to not being informed about everything so there was certain uncertainty and ambiguity around a lot of things – like our presentations, for a lot of people and for me personally was really confusing.”*

4.2.2.3 Application of theory into practice

According to Ridley and Mollen (2010) during the first few months of psychological training when trainees are tasked with reconciling their microskills and their knowledge of theories, much uncertainty and frustration set in. Trainees in this study reported significant struggles with translating theory into practice and how theory is meant to emerge or stem from practice.

Participant 2: *“I’m still confused with that to be quite honest I feel like I need much more practice with that. I feel like I am floundering a bit. I feel that gains are not there yet. But*

I'm feeling "wooden "and I don't feel comfortable with the theoretical understandings yet.", "I just think that I am getting confused because I need to exactly know which theory is which and if I am getting it confused with one or the other – let's say in therapeutic process. Because we are learning we have done one specific therapy – I am doing CBT because we are formulating that way. Maybe I am not becoming familiar with another because I am not using that practically, I am not using it so I don't know how to do it and I'm unfamiliar with it. I think I need to know more. But I don't know how much more you can add to this course that's the thing – there is a limit so we are going to have to do it ourselves but I'm just kind of hoping that we will get to practice it in internship or something. I just feel that I'm not there yet"

Participant 3: *"I don't know for me the only way I can breach that gap is to keep practicing practically and eventually gain the necessary experience to handle the situation. I don't think any amount of reading theory will help me to apply this practically.", "Major challenge is applying the theory into a practical setting. We have all the basics of understanding what needs to be done but actually applying it has not been very useful or helpful at all."*

Participant 5: *"But then again in terms of applying the theory in my therapy case I have been struggling with diagnosing my patient so understanding exactly what the patient is presenting on but there are so many things going on at the same time which implicates my DSM diagnosis and obviously this is my first experience of ever having to diagnose, so its so difficult and I just feel like I am losing myself. What I am most worried about is that I may be losing my patient at the same time."*

Participant 6: *"... but the techniques around therapy modalities, you know we get taught theoretically but not practically how to actually do anything its quite challenging trying you learn how to actually put it into practice while at the same time not letting your client know that you don't really know what you are doing."*

Another trainee reported that having too much to do and not enough time impacted her ability to apply the theory in practice.

Participant 8: *“I think the biggest challenge would be with regards to time. We have got all the theory now but preparing for a session which we have to do in our own time – so in addition to all the course work that we have to do. We have to prepare all and apply all these theory into our assessments or out therapy. So that has been a challenge with regards to having enough of time to do it.”*

4.2.2.4 Feedback on academic performance

According to Johnson et al. (2008) it is a very important APA (American Psychological Association) ethical principle for psychologists to render accurate evaluations and assessments on those that they teach and train whilst also providing timely feedback. In a training environment, trainees are constantly under examination both in terms of their personalities and in terms of their competencies and skills. Evaluation pressures may be exacerbated when competency criteria are perceived by trainees to be ambiguous, unclear or undefined (Bruss & Kopala, 1993). Trainees reported a lack of academic performance feedback which has left them with a heightened sense of insecurity and uncertainty as demonstrated by the excerpts below.

Participant 2: *“Perhaps I would also like to have more of an idea of how I’m doing along the course. The fact is that its kind of up to us, I think I would like more feedback.”*, *“Because I need to know if I am on the right path or do I need to work harder or am I pushing myself excessively.”*

Participant 5: *“So when you don’t have the proper guidance as to if you are on the right track, when you don’t get constructive feedback as to whether you are on the right track. Its like you are just left to find your own way. Which again obviously is expected, we are masters students we are expected to work autonomously but then again you just sort of need that professional guidance, to know if I am doing the right things and to feel confident as well in terms of understanding my own abilities so that I can trust myself, like you know that you can do this and you are on the right track.”*, *“At this point I don’t have any feedback whether I am on the right track in terms of marks and we have done presentations and write-ups but we have had no feedback. But I trust in myself, I have put a lot of effort and I’ve been dedicated and I trust that it will pay off.”*

Participant 8: *“Also you want to keep you level of work high you don’t want to do something quickly and get it over and done with – you also have to be aware of the level that you are being assessed on and not wanting to let yourself down as well. So I think it would be really nice if we had our marks to get an idea of how we are doing.”*

Participant 9: *“Academically I don’t know how I’m doing, we are never told how our marks are, we get no feedback.”*, *“Not getting results really worries me I feel like we should get some sort of feedback. The workload is hectic as I said.”*

4.3.3 Contextual Emotional Distress

4.3.3.1 Emotional distress in relation to self

In a summary of the research conducted by Cushway and Tyler (1996) as cited in Hannigan et al. (2004) it was reported that trainee clinical psychologists experience significant levels of distress. As trainees begin to face the demands and responsibilities of their first year of training through personal experience, they are often left physically exhausted and anxious leading to a *“neglect of physical needs and various somatic complaints”* (Bruss & Kopala, 1993: p. 3). From the data reviewed, trainees have found the Masters in Psychology training programme very demanding and stress-provoking, reporting a significant level of distress associated with the nature of work required in the profession. Reported responses to the stress have been a noticeable deterioration of physical health, marked somatic complaints and feelings of tiredness and exhaustion as demonstrated by the excerpts below.

Participant 1: *“The only thing I regret though is people warning me that my physical status is going to deteriorate as I keep going.”*, *“Yes I did burnout. I burnt out. My back, I couldn’t sit straight, I couldn’t do anything I had muscle tension and I had knots – anything that you can think of. I couldn’t move and this is like 3 weeks back”*

Participant 2: *“I think it’s impacted my health as I started having heart palpitations, so I’ve been for an ECG and for thyroid check and nothing is the problem. They saying that they can’t find what the problem is, and they saying that its clearly stress so the stress has had to have impacted...”*, *“I was feeling exhausted so when I had the ECG it was quite a relief, it was like “okay you are not having a heart attack” and then she said to me “lets*

talk about your stress” so clearly I had to watch myself”, “ I think because I am exhausted, going to bed late. I think I am exhausted and I’m making mistakes. I am not the kind of person that normally makes mistakes. And I’m finding that I am making mistakes.”

Participant 4: *“... it becomes overwhelming if you are thinking that you are not coping at all. In fact I was admitted last week for 2 day which is why I wasn’t at varsity, because my whole neck spasm and my whole arm went numb so that’s why I wasn’t at varsity.”*

Participant 5: *“(sigh) It’s been like first 3 months it was really intense and it really hit me hard because I remember this one Sunday I couldn’t wake up and I was really sick sick sick... and there couldn’t have been any other reason besides I would just say burnout because they even had to call an ambulance for me at residence because I couldn’t wake up, I was crying the whole time. You know those back pains and shoulder pains I told you about, so it was just that and I couldn’t move and obviously the stress was just there and I had been working really hard. You know like your first presentation and all those things, I think I was going through that and I was so stressed. And obviously it just hit me.”, “It was very scary and even now there is so much that has changed in my health you know just this year alone, I don’t know whether it is in my head or what but I am just realizing that I am sick all the time, today I am sick, the next day I am sick, just sick all the time.. It’s just physical sickness and pains, I feel that my heart is beating so fast it feels like I am going to have a heart attack. It just feels like it’s all in my head! It’s just stress...”*

4.3.3.2 Emotional distress in relation to family and/or extended family

Trainees with families and children reported high levels of stress due to the complexity of having multiple roles to play – that of being a parent, a spouse, or both whilst also being a student. They also reported their concerns over not being adequately take care of their familial needs, leading to feelings of guilt and a sense of despair.

Participant 2: *“ It also has elements of personal also, as I think that having a child at school and having a family make it added stress because they need to live, if I was single it would just be myself and it wouldn’t be a concern but I think being married, you know your husband and I have certain commitments to my family as well.”*

Participant 5: “...you just cant stop worrying it’s this workload plus there’s the family, its so much.”, “Exactly, that’s been more stressful you know I’ve been neglecting him cos then when I go home I’m not going home to spend time with him I’m going home to do things that I am meant to do and just get on with my stuff and I don’t stay with him. Its really depressing and its so painful. But again I knew what I was getting myself into.”, “... its painful for me as a parent cos he shouldn’t be going through this. Sometimes I beat myself up, there are times when we just want to strive but then its like neglecting them.”

Participant 7: “I’ll speak more of my personal experiences as a mother, as a wife and as a student as well. From the family side, things have been very hectic, juggling with school and family. So it have been very hectic and I have neglected some of my responsibilities as a result.”

4.3.3.3 Emotional distress in relation to social interactions

Trainees also reported that the stresses experienced as a result of their training commitments affected their social interactions and friendships. One trainee also reported having to change their lifestyle in order to suit the demands of the programme.

Participant 3: “... So ya it has had an emotional effect on me, even my friends can tell that I have become more moody and frustrated.”

Participant 6: “ It makes me feel quite angry and resentful at times and as a result sometimes I would rather isolate myself and not tell them what I am going through because I feel that the implicit judgment in their responses will be there. It definitely does not make it any easier having a support system that does not fully understand what I am going through but it’s just one of those things.”

Participant 8: “Just noticing my own behaviour. Certain things have been triggered in me due to the stress. Like I find that I snap more which is not me and I’m starting to notice these things and I don’t like it where I can sometimes snap at people – it feels horrible because you are aware of it and know that this is not how I really am. The stress is just

bringing this out of me.”, “Yes interpersonal relationships in terms of family, friends and even people on campus.”

Participant 9: *“... But I do regroup, I will take a chill time. Not with my friends, my friends have been completely left out of my life, really I’m serious.”*

4.3.3.4 Exacerbation of inherent emotional difficulties

Some trainees felt that the sequential Masters training process was a significant source of stress that exacerbated their own emotional difficulties particularly those with existing emotional challenges. However in spite of the intense exacerbation of their emotional difficulties, trainees reported positively and felt that they had derived tremendous benefit from having learnt a great deal from these experiences.

Participant 2: *“I think it’s a bit of both really but I think the reason why these courses are so difficult to get into is because they are aware of the how challenging it is and when I think about it and go back to the interview process I think that why they are so hard, you clearly have to be a very resilient person to actually go through this whole process because it is so tough. But I think that it does definitely exacerbate what you have inside, I am normally an anxious person so this has really increased my anxiety. I was aware of this beforehand, I have always been aware of my anxiety.”*

Participant 4: *“I think that it has exacerbated my own emotional difficulties to a degree. I am a very anxious person I did have GAD (generalized anxiety disorder) before and it was under control and this last couple weeks it definitely has come out again. I had to employ all the CBT strategies that I did before to my own life now so that I could cope better. So it’s probably a bit of both.”*

Participant 8: *“Yes that is so hard for me to deal with so would have to go with the process having exacerbated my own emotional problems. It has definitely brought out stuff for me but I would not say it is a negative for me.”*

Participant 9: *“I think it did increase my inherent stresses. I am quite anxious and with this training and everything that we have to do – role plays to the hospital to the work – just everything. It brings out more than usual. So it’s a bit of both really.”*

Most trainees felt strongly that the emotional distress experienced, whilst evoking their own inherent emotional difficulties, needed to be accommodated as part of their professional training process and contributed positively to their own personal self-awareness and personal growth as professionals.

Participant 1: *“For me I would say I believe that I am what I am because of my experiences so the emotional rollercoaster and the emotional turmoil it happened because I had to be refined.”*, *“It was not exacerbating for me so much as it was a healing process.”*

Participant 3: *“For me that dealing with all these emotional stresses is what this year is meant to be. Exposing us to these crazy emotional stresses was for us to understand, discover, and experience these emotional stresses so that we are prepared as psychotherapists in the future.”*

Participant 4: *“Shew gosh at the beginning I didn’t think about it, but reflecting on it now...I think it’s definitely made me stronger, I think this is a big process and if we can get through this we can get through most things in life, is my philosophy anyways. And yaa in general the disorganization and uncertainty around everything had made me realize that it’s okay to be like that sometimes it’s not the end of the world. I probably would not have realized that had it not been through this course. Because previously I had everything 100% now I have learnt that it can’t always be like that.”*

Participant 6: *“think its part of training and development I say that quite lightly as it’s not exclusive to this career and this field of psychology where one needs to build this into your profession. I don’t think that the training worsened my personal anxieties, I say not as there is reflection and an awareness that goes with it at this stage so its been thought of and conceptualized in the sense of this profession and not in the sense of my personal weaknesses and vulnerabilities. So I think directing and projecting it onto something else has made it easier.”*

Trainees also felt strongly that having to embrace the emotional challenges was an inherent part of the training and professional development process, and as such was embraced as it was felt that it has helped them to advance professionally and become more prepared to work as better therapists.

Participant 1: *“If I know the pain and I can feel it I will be able to help someone else who is feeling the pain.”*

Participant 2: *“Yaa I mean its such a privilege we have wonderful teachers teaching us and wonderful resources and wonderful people around us I mean Prof X (in reference to the Head of the Applied Programme), to have somebody with that sort of knowledge teaching us is unbelievable I don’t think of any university will have anybody better than him – to me this is such privilege and to have somebody like Prof Y (in reference to the Deputy Head of the School of Psychology).”*

Participant 3: *“I have grown as a person through these experiences in the last 6 months I have learnt more than I have in the last 20 years – its been an incredible journey. Many downs and ups but I feel I have matured and have a much more realistic world view. I feel that I ready to continue developing in this profession.”*

Participant 6: *“I think identifying and understanding that it is part of you will eventually be and I mean any emotional reaction that one has to anything is never useless and everything is valuable for your professional development as we work in a field that largely deals with emotion.”*

Participant 7: *“I think we need this, as uncomfortable as it is, it makes you grow. You absolutely need this to put you to the test. So if you are able to handle it absolutely. For me you absolutely need this. If you don’t survive then you are not ready. If you do survive, good for you.”*

Participant 9: *“Umm its part of it – you can’t do any form of education without the stresses. So I think regardless of the amount of work there will be stress. It is part of the process. There is no way that you could do this without the stress. Unless you really don’t care and*

then you wouldn't be here. I think if you care enough and you want to be here you are going to feel that stress. You just got to deal with it."

4.3 Countenance measures adopted by trainees

4.3.1 Self-reflection

4.3.1.1 Journaling

According to Wigg, Cushway and Neal (2011) there has been mounting pressure on psychology training programmes (clinical programmes in particular) to produce reflective trainees and practitioners. Journaling is generally used by psychology trainees to "process their experiences and become more reflective" (Hill et al., 2007: p. 3). Journaling is also used by trainees to process their thoughts and feelings that may emerge during seminar classes, supervision sessions and during psychotherapy. The respondents who were committed to self-reflection felt that journaling really helped them to process their reactions and understand their own personal issues.

Participant 1: *"I reflect everyday but I might skip my journal entries now and again when I remember I go back and put everything down. It's really really helpful."*, *"...I sit back and I reflect a lot so for me its more like when I go back and reflect."*

Participant 5: *"Well to cope with this situation, what I tried to do was after my sessions, was mostly my journaling and what I have tried to do after the session I will go and watch my dvd and reflect, look at my counter-transferences and why was I upset so that I know, cos he needs me so much. So I look to see could he have noticed that I was getting upset..."*, *"Yaa it really helps me to reflect and to self-manage things on how I managed or handled things without having to go and speak to somebody which may not be as helpful as my own insights."*

However, the majority of the respondents reported that whilst self-reflection was important to them, they had suspended journaling due to the arduous demands that the programme placed on them and also seeing little intrinsic value and benefit in doing this.

Participant 2: *"I stopped journaling, completely stopped. I just thought to myself that to be quite honest I need to be doing other things and I completely stopped journaling so when*

the work load started getting heavier, I thought this journaling will just have to go out the window.”

Participant 4: *“oooh journaling hmm if I had done it, it would have helped a lot (laugh). But yes when I was doing it, it helped. Unfortunately that has been neglected a bit.”*

Participant 6: *“There is journaling but the journaling does not really deal with anything emotional, it’s very much done for the sake of having to be done. I’m not doing it because I want to and I’m not writing what I truly would write in a sense of what you call a journal.”*

Participant 7: *“With journaling I have been very bad, it is actually not my style. I am not good with putting my emotions on paper.”*

Participant 8: *“It is really non-existent at the moment – it was a really time-consuming task in itself. I didn’t feel it be really beneficial and would have felt that it was more beneficial if my supervisor had been checking up on the journal that would have given me the motivation to do it and also I would have felt that I was getting something out of it – having someone to reflect on what I had said and give me feedback on it. And also address the issues that are there. But other than that, it was just me doing it for myself I didn’t really find much value in it. Rather than putting it onto paper I would rather so an speak to somebody about it.”*

Participant 9: *“I was doing so well with my journaling, I had actually quite a lot of journaling from 2 months and then I stopped because things got too hectic. I can only hope that they don’t want to look at it as I have only done it for 2 months or something. I have stopped as it is adding to my pile of stuff of what’s important now.”*

4.3.1.2 Peer consultations

Peer consultation includes elements of peer support and feedback and contributes to positive sharing experiences experienced by novice trainee (Gerber & Hoelson, 2011). Respondents felt that supportive peer relationships and consultations assisted with their own self understandings and self-awareness, provided a sense of commonality and also aided with the development of their professional abilities and identities.

Participant 2: *“but I also have two people who have been through M1 as well, so I talk to them often, we have a WhatsApp support each other group, and it’s been right from the beginning the first person is doing her community service now and she would give us steps and would say what is stressful and I would send messages to say that I was so exhausted. So we have a group of people who have been through it or are doing it. So I am M1, the other is M2 and the other is serving her community service, so we keep in contact and that is really I find supportive and we talk about what’s happening and tell each other what not to stress about that it will be fine. So it find that its really good.”*

Participant 3: *“I do talk to my peers, not in terms of details that would identify my client but generally in terms of what we are experiencing. I would speak to my peers, supervisors...”*

Participant 7: *“I do speak a lot with other people – that does help to gain insight and sort of help you check whether you are still on the right path. I would ensure that whatever I decide to take out of their advice, I consult with my supervisor because you don’t want to appear as though you don’t trust them as well. Talking with your peers helps. You share experiences, you share notes – at times they are similar and again professionally you have to do what is best for your client...”*

Participant 8: *“Umm speaking to friends – feels much better voicing it out and it helps having somebody understand what you are going through. Then whether your feelings are rational or irrational – just having somebody to relate to it, it immediately eases the tension. Once the obstacle has been realised it may be seen as a lot more catastrophic in your mind at that moment and you feel much more at ease after this. Just having people to talk to...”*

Participant 9: *“Mainly through talking to other people – obviously not the details as it is confidential. Mainly to other trainees I will often speak about my cases as it is almost like group supervision or peer supervision – obviously I maintain confidentiality but I do manage things when something happens – like when I called you to find out what was going on because that stressed me out a lot and once I spoke to you I was fine. So I think that is a big help – so it’s more like reflecting with somebody else.”*

4.3.1.3 Professional psychotherapy

Due to the stress of the profession, personal therapy for trainees has been regarded as serving very important purposes – it helps trainees develop insights into their psychological blind spots to be more reflective, promotes professional development and promotes psychological well-being (Wigg, Cushway & Neal, 2011). According to Gerber & Hoelson (2011) personal therapy can stimulate professional reflection and self-reflection for trainees due to the experience of working out personal difficulties and understanding how these impact on therapeutic practice. Trainees reported that personal therapy has been useful in helping them understand how personal issues impact practice and in helping them work out their personal and professional difficulties.

Participant 4: *“Yes I have been in therapy for many years so I try to go intermittently but I haven’t been as regular – in fact I haven’t been in the last month which is quite neglectful of me I was meant to go.”*, *“...Thats the principle, we have to attend therapy, so I think I need to go back (to therapy) I just have to make it a ‘must’ because it becomes overwhelming if you are thinking that you are not coping at all. In fact I was admitted last week for 2 day which is why I wasn’t at varsity, because my whole neck spasm and my whole arm went numb so that’s why I wasn’t at varsity.*

Participant 5: *“I am undergoing on-going therapy at the university student counselling center which has been helpful but there was a day when my therapist wasn’t available and things were building up building up but yaa she is there now and I have seen her again.”*, *“Its helping and because it also has to do with my own relationship with my son so I just have to deal with that. So therapy is helpful for both aspects.”*

Participant 6: *“ Umm more so on a personal level and how that impacted in the therapy session and I think that’s where the importance of personal therapy was actually highlighted for me where you actually see that your own difficulties and challenges you have personally do come up in the therapy room and they actually impact how you deal with the patient and how you understand their problem in terms of yourself.”*

4.3.1.4 Professional Supervision

According to the Health Professions Act (56 of 1974) the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) provides guidance for the profession of psychology and serves to protect the public (Foxcroft and Roodt, 2005). This includes as a key focus, the scope of the profession of psychology and the responsibilities and duties and or functions of practitioners within the context of mental health care in South Africa. According to the HPCSA regulations, a professional supervisor has to be currently registered on the appropriate HPCSA register, must have been in independent practice for a minimum of three years and free from any pending professional conduct enquiry against their name. According to Gerber and Hoelson (2011), supervision within the training context should encourage greater self-reflection. Trainees reported that supervision was really helpful in coping with the stresses and anxieties that arose for them. Trainees particularly valued the support, encouragement and positive feedback which fostered confidence and influenced their work with clients. At the same time trainees also appreciated constructive feedback from their supervisors which helped them explore deeper issues and stimulated self-reflection. The support and feedback from clinical supervisors also helped trainees cope with uncertainty.

Participant 3: *“I think I am very lucky to have the supervisor that I have, she is external supervisor I don’t want to mention her name but she has been brilliant in helping me identify stuff that I didn’t know. My own counter-transference and my own going down the wrong path – she will set it straight.”*

Participant 4: *“Well from my side it is a great relationship she is very open and honest she is able to say something that could be said in a horrible way, in a nice way. So if make a mistake she could say “you are so silly, why did you do that?” and really shout at me and make a big thing about it which I am very appreciative. Also she shares a lot of books with me and she is very hands on and very supportive and containing.”*, *“It has definitely been one of the best supervision experiences of my life.”*

Participant 6: *“It’s not always nice hearing the things but for me I always know the kind of things she is going to say because I acknowledge the problem. There was rarely a time when I thought that she was not correct and it’s also about not taking it personally. I don’t take it personally, it’s all about our development, everything negative that’s said it’s not*

in a nasty manner, and it's to build you up for one thing.”, “*...She would look at the larger picture and put it into perspective for me. And having somebody as knowledgeable as her has really been a huge benefit.*”

Participant 8: “*It has definitely stimulated a lot of self-reflection. I think much more than anything else. Whenever I have supervision it really impacts me and I take so much out of that session.*”

4.3.2 Affirming Self-talk

According to Hill et al. (2007) trainees engage in positive self-talk in order to regulate and manage their own internal processes such as feelings of anxiety and concerns over the effectiveness of their therapeutic abilities. The data in this study revealed that trainees regularly engaged in affirming and positive self-talks as an internal dialogue to acknowledge and manage their internal anxieties, reflect on their performance and enhance their own personal effectiveness.

Participant 1: “*It took me a while to be cognizant that I have an internal dialogue now I am not afraid to ask what is going on. I have learnt to trust my gut instinct sometimes you feel that the atmosphere is tense when you feel its tense, acknowledge it. When you don't acknowledge it then you have conflicts with everyone in the environment. So acknowledge it and then ask yourself, so what now? So for me it's a process, its becoming easier.*”

Participant 4: “*Yaa I have a way of calming down. In certain instances I say to myself, you have to calm down. You are making a big thing out of nothing if something doesn't work out it's okay. Umm which has taken many years of therapy to teach myself that.*”

Participant 7: “*The awareness of the professional aspect came in me questioning myself whether I was being fair to them (clients) in term of what I have not been able to accumulate due to the stresses. So each time when I had those self-talks, self-conversations I realized that it was not going in the positive direction – I am kidding myself and more so am doing injustice to the client. That's where I realized that I was not being optimal to myself and with the client.*”

4.3.3 Time management and administrative responsibilities of clinical sessions

Trainees reported no difficulties in adequately managing the overall administrative and time management logistics of client sessions. It was also felt that effective and timeous management of the logistics for sessions afforded them time prepare for the client which helped alleviate the stress and anxiety felt prior to the therapeutic encounter.

Participant 1: *“For me its easy on Mondays I identify what it is I will be using for the session...For me the logistics around it I don’t think its complicated because I get to do my own stuff and in that way its much easier. For me the logistics around it I don’t think it’s complicated because I get to do my own stuff and in that way its much easier.”*

Participant 3: *“I always start with a phone call to the client and arrange a session for the next Wednesday let say then I book the room if its done a week in advance then its not usually a problem...If the therapy is at 2pm I will be here at 1pm. I’ll come in and set up the room, move the chairs around, make sure everything is fine...”*

Participant 6: *“Logistically I think it’s very important that we are prepared for our client especially at this stage where we are training. Where there is a sense of anxiety on the client’s side that you are not a professional so for me it has been very important to ensure that I am here on campus on time at least an hour before and if possible if the room is available then to ensure that the that the room is set up in that hour before, if not then at least in the half hour before. I don’t want the client to walk in and I am not prepared. It also makes you feel a lot more confident knowing that everything is set up, you don’t want to be flustered.”*

Trainees reported that planning, adequate preparation in advance and working consistently helped them cope with managing both their clinical sessions with their client as well as with the academic workload demands.

Participant 1: *“I’m thinking just being on the ball every single time – I get to do everything as it comes in. So its much easier if you do something now than if you do it 3 months later...”*

Participant 2: *“Its something going on at the back of my head, a little voice based on the advice they had given me to keep on it. The voice saying “Work consistently, work consistently, work consistently”.*

Participant 4: *“Planning and being early I found reduced a lot of my stress. I found that being early then I have time to make provision for what’s going on.”, “Umm with my clients I would set a structure for the session, so I do CBT so it is quite structured. So going in with a plan helps to focus me a bit better and just calming down. Yaa I’ve had to learn to actually calm myself down otherwise I get anxious or overwhelmed.”*

Participant 5: *“First 2 sessions were challenging, you are ready but maybe 10 minutes before I had set up but just that anxiety what I had to tell myself that if the session is at 2pm then I am sitting in my chair by 1:30 practicing, even going through my introduction in the 30 minutes before the session so that things can just flow.”*

Participant 6: *Well I plan, which often does not go according to plan but at least if I have the plan and I know that I am meant to be done by Tuesday and I’m sitting on Thursday then I know I have to start stressing. It definitely helps having a personal timeline of when I should get things done so that I can monitor myself and that’s been the main way that I have done it. Also prioritizing and not jumping because I find when I jump from one thing to the next, you end up not doing anything productive. So prioritizing and focusing on that one thing until it’s pretty much complete before jumping on the next.”*

4.3.4 Developing and furthering theoretical knowledge

In a study looking at the ways trainees coped with uncertainty, Gerber and Hoelson (2011: p. 11) it was found that theoretical knowledge for trainees involves “engaging in theoretical preparation, building personal theories and relying on theory to deal with professional uncertainty”. From the data it merged that using theoretical knowledge surfaced as a way to cope with during the challenges faced in professional training. Trainees engaged in reading literature in preparation for their therapeutic practice and to expand their knowledge and also surfing the internet to advance their learnings on certain topics, as evident in the quotations below.

Participant 1: *“So far so good it hasn’t been much of a challenge because I have got time to sit and read things through. The more I get to read the more I get to learn...”*

Participant 6: *“... in terms of the gap between theory and practice, it’s still a large challenge so I wouldn’t say I’ve coped with it, but the way that I have been attempting to cope with it which has basically been to increase knowledge which again works at a theoretical level but things like videos and a lot googling which does not actually help but anyways...”*

Participant 7: *“I think reading specifically for my client- finding as much information as I can to be informed of how I can better help them...”*

4.3.5 Influence of Spirituality

A study conducted by Shafranske & Malony (1990) whilst acknowledging that research suggests that psychologists in general do not have religious affiliations, found that the participating psychologists considered religious issues and spirituality as relevant to their work in clinical practice. From the data it emerged that two trainees held strong religious beliefs as part of their personal identity. Two of the trainees subscribed to their religious and spiritual belief systems as a countenance mechanism that also served as a self-reflective strategy. This was perceived as enabling and assisted them in maintaining a sense of hope and guidance with regard to their personal and professional development.

Participant 6: *“Largely it’s been my own self-reflection and in saying my own self-reflection has been dependent on my religion, as I said I am quite religious and I talk to God quite often and. I wait on what gets said to me. You can question whether it’s your own voice or whether it’s another but even if it’s my own voice it’s the reflected back version...”, “Two elements that come out there for me, the one is that it strengthened my ability to cope because my way of coping is turning to my source of strength which is religion and through this increased pressure it’s helped me to lean more on what I find as a coping mechanism...”*

Participant 7: *“I am very spiritual – I have conversations with God...”, “I think so, to be sensitive about the situation. I pray for my patients to be honest with you. I ask Him to guide them. I can’t do everything. When I go to sessions, I ask for guidance. When I am in the session I ask for guidance. When I am blind when there are things that cannot be said you know I ask for that guidance. So that helps...”*

4.3.6 Consequential Discountenance Mechanisms

4.3.6.1 Substance use / abuse

Two trainees reported a high increase in their alcohol and cigarette usage (quantity and frequency) as an overall result of the demands of the programme and the levels of stress experienced.

Participant 3: *“I have the incredibly maladaptive and destructive ones which has been a noticeable increase in my alcohol and cigarette intake...”, “Its been a noticeable steady increase. I don’t think its at a point of being excessive it not like daily usage or anything like that. But if I compare it to a year ago doing honours, then those stresses are nothing compared to what I am doing now. On a really stressful day I can have 30 cigarettes. Normal day I will have 5.”*

Participant 9: *“I was actually cutting down and I bought an electric cigarette and I was doing so well and this year started and that all went out the window. So it has increased, not like hectic amount – say from smoking 6 to 10. That’s almost 50% but anyway!”*

4.3.6.2 Sleep deprivation

Two trainees reported depriving themselves of sleep as a coping mechanism which effectively impacted their overall performance and functioning but felt that sleeping less was the only (maladaptive) way of managing the demands of the programme.

Participant 1: *“For me at some point where I started sleeping 3 hours, 2 hours, 1 hour so I tried by all means to push it up to 4 hours. So I’m going to try and make it stick to 4 hours of sleep each night...I think if I have slept for 7 hours, then I have lost 3 hours! Will I be*

able to do this, will I cope? I don't want to be asking myself questions "will I? will I?" so as I get to study and I just want to hit it so that I haven't lost time in doing that."

Participant 2: *"I know, but I hear a voice advising at least if you get 6 hours of sleep you will be fine (laugh) so I think that 5 hours is fine.", "... I try sleeping more but if I had to get something out its just not working, I think I must get a decent night's sleep but it doesn't always work that way there is always something like a presentation the next day you don't always end up sleeping or sleeping at a decent time...", Its so easy to get lost in the mix of things and to think that I am striving to accomplish this master's degree and at the same time I am not sleeping – what the point really, because I am going to be dead at the end of the day...because I am not sleeping"*

4.3.6.3 Procrastination

According to Pychyl and Flett (2012) procrastination results in maladjustment and can result in profound distress in individuals and severe consequences in terms of their professional careers and physical health. Two trainees described their procrastinations as serious issues related to their self-regulation failures and as an internal weakness creating much impairment for them on the programme.

Participant 2: *"I think if I could start all over again I think I would plan it differently, I think I procrastinate a lot, if I had known I think I would not have been that much of a perfectionist."*

Participant 3: *"In that sense there has been lots of challenges like I still like to use my "last minute-do-everything" strategy and for the paper that was due the other day, I started on the morning that we had to hand it in. It went like for 6 hours where I didn't look up from my screen and my brain was fried and it was a terrible experience. Its getting bad and I need to try work consistently."*

Participant 4: *"Yes to procrastinate really and yaa when I feel overwhelmed and I feel like I am not coping then I call my mom and have a good cry."*

Participant 7: *“I would say my weaknesses (procrastination) would be my maladaptive behaviours I would think because if I had snapped out of it sooner I could have managed better.” “...I won’t lie, you know when I said procrastination... I don’t immediately get into things and get going. I have to respond to the shock, if I don’t understand it I bury my head...then when the pressure starts mounting then I do something about it. So at times I respond in a non-favorable way to pressure. This year I felt like I was exposed (laugh) my weaknesses had been exposed in a not so nice way because of the demands of the course. Its just studying, studying, studying and if you don’t it eventually catches up.”*

Procrastination also led to a trainee dropping one of her modules as demonstrated in the excerpt below.

Participant 7: *“So going back, all along I have not really been studying – then when I had to apply myself that’s when I realised that this is not right. For somebody at this level, I am just not doing this right. So that when I decided of drop one of my modules – I dropped Clinical Practice because I just felt I wasn’t giving it all that I was capable of. So I will roll it over next year and continue with the rest. Actually I wanted to pull out the plug...”*

4.4 Advancements and Gains in development as a trainee

4.4.1 Professional growth

According to Elman, Illfelder-Kaye and Robiner (2005) as trainees move through their professional training their professional self-identity will begin to crystallize and this will secure their identity as a psychologist.

Participant 1: *“Professionally I am growing because I’m learning to see myself as just me. Initially it was more of, I am doing this because of 1 2 3 4 5 but now I am looking at it and seeing the growth that I have experienced from just starting from the first role play I had to right now. I look and I go “wow”.”*

Participant 5: *“At the end of the day you think I have been given this opportunity because I am capable. So its just again, it makes me feel confident about myself, cos its already 6 months down the line and I keep on going and I’m working hard and I can see a*

professional developing – I am developing so much and I am really appreciating every opportunity that I am getting. I am getting stronger and stronger each and every day.”

Participant 8: *“I have, I mean I would never have thought that I would have been here right now. Last year if you told me about masters – I don’t think I would have come so far in just a half year mark. So definitely – from the beginning of not knowing if I would even know what to say in a therapy session to having actually completed a case is mind-blowing.”*

One trainee remarked feeling inspired by other psychologists who advanced an Afro-centric approach and understandings to psychotherapeutic practice and expressed a sense of embracing this as part of her professional development.

Participant 7: *“Yaa definitely, I think my responsibility from what I’ve learnt is that now that I know that there is a disconnect now I have to make that connect. Now it’s my responsibility as a professional, if I think there is this disconnect – if you feel something strongly about it then make it work. If you can’t then you go with whatever is available. For me it’s a huge challenge. For me I am inspired by Sally Johns – that was a highlight for me. For a White person who has been exposed to Western traditions her whole life and opening herself to African way of doing things. At time they are custodians of those African practices and believes in it – she practices it on a daily basis and it’s huge. That is a paradigm shift and for me that was huge!”*

One counselling trainee remarked over the professional gains made as a result of their exposure to the clinical programme and observing the nature of the clinical work.

Participant 4: *“Shew leaps and bounds I think, you know in all the bad there is good. I’ve only ever done trauma counselling before so I know really know any different and seeing a patient with panic disorder is not something that I would normally see. Umm and I get exposed to what all the clinical students are seeing which is awesome, which in a counselling programme u wouldn’t. Hearing the stories and so on. So professionally from that perspective, hugely. The experience and the exposure has been incredible.”*

4.4.2 Theoretical skills acquired

Trainees reported having experienced huge gains in their theoretical skills and abilities in that the programme really advanced their theoretical knowledge, helped them make sense of the therapeutic process and provided them with a personal sense of mastery.

Participant 2: *“Yaa absolutely its extraordinary. I mean the things I have learnt now, its everything things that I’ve learnt about myself as well. Its really been amazing so far. I have learnt so much and the problem is the more you learn the more you want to learn. So it kind of sparks your interest, to me its like its increased my curiosity about what else is out there.”*

Participant 4: *“...We have learnt so much and there is still so much to learn.”*

Participant 6: *“Yes, its one of the things that I have always loved about psychology is that it is a continuous growth and there is a lot of learning involved and you don’t reach an end point ever which I like. That is one of the things that drew me to this is that there is no one way of thinking it is very eclectic but at the same time it is very theoretical and intense.”*

Participant 9: *“Yaa that’s a big one because there was a lot that I didn’t know when I started here I’m being honest. I think in case presentations I am learning even more seeing all the stuff – its an eye-opener for me. I am still learning – I don’t know half of what I should but its getting there.”, “Wow I have learned a lot – knowledge wise I feel like I have gained so much...”*

4.4.2 Personal progression

Despite the challenges experienced by the trainees, trainees described positive changes and experienced major personal growth and enhancement during these early stages of training resulting from the rich experiences on the programme. For some trainees the experiences in training allowed for emotional reflection which helped improve their emotional functioning.

Participant 1: *“But despite it seeming worse, it is very encouraging to be able to just notice such differences within yourself – it is really chaotic within myself. For me I think I am learning to cope better with the stress.”, “So for me it’s like to try not to feel more because*

I am a very impulsive, emotional, dysregulated person you know (laugh). The good thing it about it is that I am working on it - it is about working on my emotion regulation so right now that is what I am doing.”

Participant 5: *“When you look at it, we are getting somewhere, I’ve learnt that there is so much that I’ve gained and even personally as a person I have learnt from my own therapy, you have to go and read literature, you know it just helps me to understand myself, my family, the people around me.”*

Participant 6: *“For one thing reduced level of anxiety in dealing with others the human reaction. Right at the beginning of this course I was very anxious about that about engaging in this human relationship, and this was largely around my own personal issues that I had. But I think the experience and the reflection of what I am actually like has made me feel more at ease in working with another person.”*

Participant 7: *“I have been grateful to have been through this journey – I wouldn’t have it any other way I must say. It helped me to push my boundaries in so many ways. I am facing my demons – for a lack of a better word. I am learning to deal with my weaknesses head on. So there is one thing that I am trying to do – corrective emotional experience as Lecturer C said. So I am trying to correct those weaknesses that I have so that I can better manage my time. Better manage my emotions... better manage whatever I can’t balance at the moment, so being exposed has been good. I faced that reality which meant for me that I cannot necessarily go help somebody if I am not helping myself. So in a process when I am helping other people, I have to help myself. In a way of self-caring, go back to the basics, trying to be in touch with myself and my weaknesses. From that aspect that has helped me a lot.”*

4.4.3 Self-efficacy as developing psychotherapists

Trainees also reported feeling more confident and that their own abilities as therapists had increased as a result of their work with clients. Whilst trainees still reported a continuous struggle between alternating feelings of competence and self-doubt, overall they reported feeling more

confident with their clients, less anxious and more comfortable in the sessions as the semester progressed.

Participant 2: *“I must say that I did question that a lot. I look at some of my videos and I think and feel very incompetent many of the times, but I’ve only had one client so working as a therapist with the client, when you see a shift you think “my gosh they are starting to think differently” and you think wow, its not me its part of the process and actually makes you want to feel that maybe if you can just facilitate that and make somebody think slightly differently about what their life is like, it is possible, makes me think that it may be possible to do this and create a change in somebody’s life. So there is a lot of questions in the beginning and you start thinking “why did I ask that?” So its actually rewarding and started feeling more comfortable.”*

Participant 3: *“I must say that I am more confident. The idea of conducting intake interview was initially terrifying and to think I could change people’s lives - but now I think I can engage meaningfully with clients.”, “It makes me feel good about myself. It’s a booster to my own ego emotional state (jovial) that I am actually doing something good that’s actually helping someone. And ya it build my confidence and makes me feel that I am developing as a therapist.”*

Participant 7: *“Only when I have confidence can I say that I have 100% control. It is growing no doubt about that. Now I can say, “Now I am getting this”.*

Participant 9: *“... I have gained so much – the process on therapy methods and most confidence in myself is a big one because I am not a very confident person but when I started the process I just felt that I had to do this... Confidence is a big one – its still building but its getting there.”*

4.4.4 Self-Attribution

Trainees reported self-attribution towards capacity in developing a therapeutic alliance with clients by being able to connect and build rapport with their clients as the semester progressed. Trainees

learned that with practice, they were able to manage their emotional reactions and anxieties with the client which resulted in a better ability to connect with their clients.

Participant 1: *“Definitely, yes I have. Connection with my client...I feel transitioned from a point of feeling so inadequate to a point where I am saying ‘what is it that I can do for this person’ I have transitioned from the ‘not so knowing MI’ to ‘at least I know something’. I am striving to learn more. I hope I don’t get to the ‘I know I know’ part.”*

Participant 3: *“...The idea of conducting intake interview was initially terrifying and to think I could change people’s lives - but now I think I can engage meaningfully with clients.”*

Participant 9: *“It was tough initially. I am now more comfortable. For me I am easily able to build rapport with people in general. In session I found it difficult but this last client I found the rapport very easy. Connecting with clients is getting easier – it is building. So the more we do it the easier it gets.”*

5. DISCUSSION

According to Bruss and Kopala (1993), the process of becoming a psychologist is a complex and arduous one and trainees undergo tremendous personal and professional transformations. This research provides some account of the emotional stresses that trainees may experience as well as countenance measures against the adverse effects of the stressors experienced as a result of the training that they undertake towards becoming psychologists. The findings of this study corroborates the evidence in literature that training as a novice therapist is a demanding and stress provoking process. Feelings of self-doubt, frustration, disillusionment, performance anxiety are a central feature in the development of trainee psychotherapists / counselors (Thériault, Gazzola & Richardson, 2009). In the process of developing their professional identity and competence (with its associated skills and knowledge) most of the findings of the emotional stresses and experiences that trainees undergo, as expounded in the previous section, have been described in the literature relating to psychotherapy.

The cognitive-transactional model of stress and coping proposed by Lazarus and Folkman (1984) has been utilized in a substantial amount of stress literature and research and has provided an insightful framework for the interpretation of the findings of this research. According to Lazarus and colleagues the presence of stress for an individual holds less importance than how the individual appraises and copes with this stress (Perrewé & Zellars, 1999). So the cognitive-transactional model of stress states that the behavioral response and characteristics of an individual are a result of a complex and dynamic relationship between the environmental (socio-cultural situation) demands or stresses that are placed on an individual and the individual's psychological capacity to effectively respond to these demands. This cognitive-transactional model of the stress process includes a primary appraisal of the stressor (an assessment of how significant the environmental stressor is to the well-being of the individual) and a secondary appraisal which is an intervening process (the individual's system of capabilities) that produces the behavioral response to the stress that is observed.

If an individual finds themselves in a threatening situation and has a perception that they are unable to cope effectively with the situation then this generates the potential for an emotional response to these circumstances particularly if the situation is appraised by the individual as being harmful, involving a threat or loss, or as a challenge to the individual's sense of well-being (Lehman, 1972).

The Lazarus and Folkman cognitive-transactional model proposes that stress is as a result of the dynamic interaction between the individual characteristics and the situational circumstances. Trainees will experience stress when they determine that they are incapable of responding effectively to the demands that are placed on them. This is then allows them to engage in the secondary appraisal or coping process in order to alter the harm, loss or threat that they are feeling and to create a more positive environment. Thus coping occurs as a result of a stressful encounter that evokes cognitive and behavioral efforts to allow the individual to manage (master, tolerate) and reduce the tension or demands (internal or external) created in order to restore equilibrium.

5.1 Primary Appraisal process

In terms of the components of the cognitive-transactional model the *Primary appraisal process* is the appraisal the individual makes of the environment to determine if it is stressful or not. Lazarus (2000) asserts that individuals are very subjective about what they pay attention to in terms of their appraisals this is usually because the environmental stimuli are ambiguous. So in this way due to individual differences in goals and beliefs what may be perceived as threatening for one individual may not be for another. According to the literature an individual will make this interpretation based on their own needs and beliefs and whether they have a stake in the situation (Perrewé & Zellars, 1999). To the extent that the stressors are perceived by the respondents as placing demands on their individual capacities to respond effectively to these demands, and thus creating a desire to obtain resolution, such a condition will become a stressor. It is clear that the vast majority of trainees in this study, in terms of the primary appraisal process, interpreted and evaluated the psychology academic training environment as stressful or threatening. This is due to the fact that the training process is a strongly held commitment for the trainees and is stressful as it threatens a long-term commitment towards a professional goal.

5.1.1 Primary sources of stress experienced by trainees

According to the cognitive-transactional model of stress when trainees appraise that they have a vested concern in the outcome of their performance and when the tasks that they are required to perform is so demanding that it exceeds their personal resources, then this combination is likely to

create high emotional stress for the trainee (Smith & Lazarus, 1990 as cited in Perrewé and Zellars, 1999). Participants identified similar professional, academic and personal sources of stress as a result of the training conditions and experience. High levels of stress was reported relating to personal self-expectations (perceptions of self-doubt and feeling of incompetence) around their professional development as developing psychotherapists. Trainees who perceived themselves as not having adequately developed a cohesive sense of professional competence felt uncertain about their own professional abilities and functioning, and felt inadequately prepared (in terms of technical skills and clinical knowledge) to provide psychotherapy that would be beneficial to the client (e.g. “I feel like I am going through the process blind and I don’t know if I am on the right track”).

5.1.2 Excessive workload

Psychology trainees need to cope with a number of tasks that overstretch the skills that have as yet not been properly developed whilst at the same time dealing with tasks that create time pressures as a result of simultaneous deadlines across various tasks. In a quantitative study looking at the stress levels of 287 clinical psychologist trainees, the findings suggest that trainee health professionals experience significant amount of stress associated with being students such as examinations, time pressures and work overload (Cushway, 1992). The findings in this study suggest that trainees were susceptible to high levels of stress due to perceiving the Masters academic workload as being excessive (too much to do in available time) (e.g. If you don’t focus, the work load will become overwhelming. You have to keep up with the workload if want to have any chance of managing it”); as challenging (the demanding skills and knowledge components of the programme); and stressful due to the time pressures of simultaneous deadlines.

More than half of the trainees in the study reported experiencing significant levels of distress due to the intense academic workload as well as the time pressures of simultaneous deadlines. This is also consistent with the findings of the study conducted by Cahir and Morris (1990) as cited by Vacha-Haase, Davenport and Kerewsky (2004) where it was found that the most stressful factors for trainee psychologists was time constraints. Furthermore, participants reported negative outcomes as a result of the effects of the excessive stress on their personal and professional effectiveness including feeling burnt out, reduced performance and efficiency and feeling

overwhelmed. Lazarus (2000) asserts that individuals are very subjective about what they pay attention to in terms of their appraisals this is usually because the environmental stimuli are ambiguous. So in this way due to individual differences in goals and beliefs what may be perceived as threatening for one individual may not be for another. According to the literature an individual will make this interpretation based on their own needs and beliefs and whether they have a stake in the situation (Perrewé & Zellars, 1999). To the extent that the stressors are perceived by the respondents as placing demands on their individual capacities to respond effectively to these demands, and thus creating a desire to obtain resolution, such a condition will become a stressor. Hence within the Lazarus and Folkman (1984) conceptualization model trainees in this study appraised the perceived the workload demands of the programme as stressful.

5.1.3 Emotional distress

Most research conducted on levels of stress in the mental health profession has focused on qualified practitioners (Pakenham & Stafford-Brown, 2012). However there is limited research into the experience of stress at the trainee level. According to Pakenham & Stafford-Brown (2012) there has been one published quantitative study conducted by Cushway (1992) that has examined the levels of stress experienced by trainee psychologists. In a summary of the research conducted by Cushway and Tyler (1996) as cited in Hannigan et al. (2004) it was reported that trainee clinical psychologists experience significant levels of psychological distress related to self-doubt and personal expectations. Rønnestad and Skovholt (2003) have also reported consistent findings that novice therapists were especially vulnerable to stress whilst undergoing professional training. This findings of this study support trainees reported a significant level of emotional distress associated with the demands and responsibilities that the training programme placed on their personal capabilities (e.g. “I haven’t been able to keep up and that stress that I feel is making me not concentrate properly. I feel really left behind and overwhelmed”). Hence consistent with the stress and coping framework provided by Lazarus and Folkman (1984) trainees in this study appraised the demands placed on them by the training programme as contributing to the elevated levels of emotional distress that was experienced.

5.1.4 Professional growth

The reality of conducting therapy and the skill set required in order to build their proficiency in conducting psychotherapy is another source of stress for trainees (Pakenham & Stafford-Brown, 2012). Rønnestad and Skovholt (2003) highlight the various changes that novice therapists undergo throughout their professional lives from a professional practitioner development perspective, in their six-stage model of professional therapist/counselor development. During the second stage “*beginning student phase*” marking the beginning of professional training and where students begin to see clients, evidence in literature submits that trainee psychologists will have difficulty regarding vacillating feelings between competence and incompetence on the one hand and feelings of confidence and self-doubt on the other, which will improve as their confidence in their own abilities grow through their work with clients (Orlinsky & Rønnestad, 2005).

The findings of this study reveal that trainees felt uncertain about their own professional abilities and functioning and felt inadequately prepared (in terms of technical skills and clinical knowledge) to provide psychotherapy that would be to the benefit of the client served (e.g. “I feel like I am going through the process blind and I don’t know if I am on the right track. So professionally I feel like, we are supposed to follow a theory – this is what guides your therapy – but I feel like it has to do a lot with linking practice with theory”). Hence in terms of the primary appraisal process as conceptualized by Lazarus-Folkman (1984), trainees in this study appraised the process of developing their expertise as psychotherapists and attaining professional mastery as one of the main stressors experienced. However Elman, Illfelder-Kaye and Robiner (2005) assert that as trainees move through their professional training their professional self-identity will begin to crystallize and this will secure their identity as a psychologist. This is consistent with the findings in this study where trainees reported feeling less anxious in their therapeutic work with clients as the semester progressed.

5.2 Secondary Appraisal process

The cognitive-transactional model further proposes that trainees will engage in a secondary appraisal process in order to change the conditions that are being perceived as threatening. This secondary intervening process (based on an individual’s evaluation of the challenges of the situation) underlies the coping strategies that are selected and according to Lazarus and Folkman

(1984) this involves a constant reappraisal and changes of cognition and behavior in order to cope or manage the stressful internal or external demands that are placed on the individual. Thus according to this model, coping is depicted as serving two predominant functions - managing or altering the problem causing the distress (problem-focused coping) and regulating the emotional response or distress to the problem (emotion-focused coping). According to Lazarus (1993) adaptive coping refers to the effectiveness of the coping intervention resulting in an improved adaptational outcome for social, psychological, physical functioning. The cognitive-transactional model further depicts coping as taking into account the dimension of causality – that is, whether the source of stress is internal or external. According to Chesney et al. (2003) an individual's choice of a coping strategy in a stressful situation is determined by their appraisal of whether the situation is changeable and thus controllable or unchangeable and uncontrollable. Adaptive coping occurs when the coping strategy (problem-focused or emotion-focused) is congruent to the changeability of the stressful situation.

5.2.1 Emotion-focused coping

With emotion-focused coping individuals alter the meaning of a situation thereby avoiding thinking about the trouble or deny that there is something wrong. Emotion-focused coping occurs when an individual mitigates the stress by changing the relationship that an individual has with the stressor or changing the relational meaning that the individual has with what is happening even though the reality of the actual stressful condition has not changed (Lazarus, 1993). Cognitive strategies are thus employed to gain positive value from the negative events. It has been shown that under certain conditions emotion-focused coping, can enhance the individual's perceived control over a situation, and be a more productive coping option especially when nothing can be done to improve or change the situation (Lazarus, 1993).

5.2.1.1 External attributions

The majority of the trainees in this study (N = 6) reported using emotion-focused coping strategies due to a recognition that there was little that they could do to change the demands of the situation and the trainees reported having accepted this situation (e.g. "I have been grateful to have been

through this journey – I wouldn't have it any other way I must say. It helped me to push my boundaries in so many ways"). The findings of this study also suggest that the majority of trainees attribute their stress to *external* factors such as the framework of the training (lack of structure), lack of performance feedback from lecturers, to the time line of the programme where there are simultaneous deadlines and to the ambiguity inherent in the training process and therapeutic practice (e.g. "I would say the structure of the course, it is not structured you know there is a lot of laissez faire in it and for some of us and for me especially I work well with structure" and "you don't have the proper guidance as to if you are on the right track"). From the data trainees also attributed their difficulties to the inadequacy of their post-graduate education which they felt strongly did not adequately train or prepare them for the level of performance required at the Masters level (e.g. "You question the relevance of honours. How much did honours really prepare us for this? Because it's like two worlds apart."). These external attributions that the trainees make for the academic challenges that they are experiencing are likely to result in emotional coping responses as they try to gain some degree of control over their environment.

5.2.1.2 Perceived uncertainty and ambiguity

According to Pica as cited in Pakenham & Stafford-Brown (2012) ambiguity is one the main stressors experienced by trainee clinical psychologists. Further, Skovholt & Ronnestad, 2003 as cited in Gerber and Hoelson (2011) comment that a major stress experienced by trainee psychologists is the uncertainty that is generated as a result of the nature of the professional work that is expected of them. This is consistent with the findings of this study and trainees who were experiencing intense levels of stress frequently reported feelings of frustration and difficulties with coping with the perceived uncertainty and ambiguity encountered on the training programme (e.g. "If I don't know what we are doing, when then it just throws me out. It actually exposes me in that I am not able to plan. If they structure it better it will make my life easier so that I am able to plan my life around that"). Thus in terms of the cognitive-transactional the ambiguity faced by the trainee psychologists were appraised as external and suggest that the trainees employed emotionally focused coping strategies in order to deal that taxing training environment.

5.2.1.3 Professional gains

According to Lazarus (1993) it has been shown that under certain conditions emotion-focused coping can enhance the individual's perceived control over a situation, and be a more productive coping option especially when nothing can be done to improve or change the situation. Studies have shown that the efficacy of emotion-focused coping was found to be more effective for short-term and in situations less amenable to control (Suls & Fletcher, 1985 as cited in Strentz & Auerbach, 1988). This was demonstrated by the findings in this study where adopting an emotion-focused coping strategy assisted the majority of trainees in re-apprising the perceived uncontrollable environment. The findings show, consistent with an emotion-focused coping strategy, in an effort to escape the stressors experienced that trainees focused on the tremendous gains they reported to have made towards their professional development, the personal growth experienced, their growing confidence with clients, and their improved therapeutic abilities within the psychotherapeutic process (e.g. "Absolutely its extraordinary. I mean the things I have learnt now, it's everything things that I've learnt about myself as well. It's really been amazing so far" and "Shew leaps and bounds I think, you know in all the bad there is good."). Hence the majority of trainees focused on the positive aspects of the programme in order to enhance their sense of control over the distress felt in an ambiguous and uncontrollable training situation.

5.3.1 Problem-focused coping

Problem-focused coping is generally used in stressful encounters which are appraised as changeable or controllable and embraces an array of problem-oriented strategies. Trainees who reported feeling some degrees of control over their stressful training situation, reported using objective problem-solving coping techniques such as time management and planning in order to exert an element of control of the situation. However the findings also reveal that those who attributed their stress to *controllable* internal factors reported using coping interventions that did not enhance their ability to cope with the stressful training environment. This demonstrates the vast array of thoughts and acts that need be considered as factors in determining the effectiveness of selecting a coping strategy and also supports the findings in literature that the effectiveness of different types of coping strategies are based on the stressful encounter faced and the degree of stress that an individual faces (Felton & Revenson, 1984).

5.3.1.1 Taking control

According to Fulton and Revenson (1987) problem-focused coping involves using behaviors that allow for the modification of the stressor through over-riding negative emotions, involving cognitive activity and behavioral efforts that lead to the belief that the situation can be actively controlled or regulated. Trainees in this study reported working harder, planning and preparing in advance, and changing their own behavior in order to exhibit greater effort to cope with the demands of the workload and programme requirements (e.g. “Planning and being early I found reduced a lot of my stress”). Also trainees seeking social support from friends, peers and family for contributory advice, information or assistance helped the trainees cope more effectively (e.g. “I will often speak about my cases as it is almost like group supervision or peer supervision”).

Trainees also used objective and analytic processes such as seeking information from their professional supervisors about what to do (e.g. “She (supervisor) would look at the larger picture and put it into perspective for me. And having somebody as knowledgeable as her has really been a huge benefit.”); and by confronting the source of their troubles (e.g. “I’ve learnt that there is so much that I’ve gained and even personally as a person I have learnt from my own therapy, you have to go and read literature”). Consistent with the findings in literature (Fulton & Revenson, 1987), it was demonstrated that adopting problem-focused strategies allowed the trainees in this study to apply objective and analytic processes and this enabled them to manage and regulate the demands and rigors of the Masters programme.

5.3.1.1 Internal attributions

In their study Folkman and Lazarus (1991) showed that both problem-focused and emotion-focused coping strategies were related with changes in emotion. According to Theriault et al. (2009) during initial training a novice therapist’s inner experience may be a hindrance in terms of the various forms of self-awareness such as self-doubt and feelings of incompetence. These feelings of self-doubt can have significant negative impact on trainee psychologists (Pakenham & Stafford-Brown, 2012). As demonstrated by the findings in this study trainees who attributed their stress to controllable *internal* attributional factors such as perceiving the stress as an outcome of procrastination which was impacting their ability to self-regulate and initiate motivational behaviors; or due to a lack of effort; and to perceptions of own incompetence (which have caused

them to fall behind in their work), demonstrated the use of self-blame and self-doubt impacting their ability to effectively cope with the situation, causing significant stress for the training psychologist (e.g. “I am just not doing this right”). These trainees reported experiencing higher levels of emotional distress (e.g. “Actually I wanted to pull out the plug”). Hence problem-focused coping strategies adopted by trainees (who attributed their stress to internal controllable factors), led to high levels of distress being experienced by the trainees.

5.3 Maladaptive coping

Maladaptive coping occurs when emotion-focused interventions are selected to manage stressors in controllable situations or when unchangeable stressors are responded to with problem-focused interventions. Such a mismatch or incongruence of coping has been shown to result in the experience of significant psychological symptoms and emotional distress (Chesney et al., 2003). This then suggests that selected coping strategies appraised on the basis of the stressful situation encountered, modulates the effect of the stressor and impacts adjustment outcomes such as psychosocial stress and emotion (Lazarus & Folkman, 1984, 1988).

Trainees thus evaluate what is happening to their well-being and how they are coping with this. This matching process between the appraisal of the stress and coping will influence the amount of psychological stress that they experience and the intensity or severity of this stress. Trainees reported poor skills in handling the stressors thereby exhausting their personal capacities to function effectively, reporting signs of stress such as feeling burnt out, overwhelmed and as impacting their academic performance and efficiency (e.g. “It’s just physical sickness and pains, I feel that my heart is beating so fast it feels like I am going to have a heart attack. It just feels like it’s all in my head! It’s just stress”.) The majority of participants reported a noticeable deterioration of physical health, marked somatic complaints, feelings of tiredness, exhaustion and other signs such as mood changes or becoming irritable with others and becoming socially withdrawn from their friends and families (e.g. “it has had an emotional effect on me, even my friends can tell that I have become more moody and frustrated”).

According to Jordaan et al. (2007) there is a strong correlation between avoidance and disengagement coping strategies and psychological impairment within the profession of

psychology thus indicating a less effective coping strategy. One trainee in this study reported having to drop a module as an escape or disengagement coping technique, due to procrastination resulting in an inability to activate motivational behaviors towards her studies (e.g. “I dropped Clinical Practice because I just felt I wasn’t giving it all that I was capable of”). The findings of increased use of substance (e.g. “I have incredibly maladaptive and destructive (coping) ones which has been a noticeable increase in my alcohol and cigarette intake”) and sleep deprivation (e.g. “For me at some point where I started sleeping 3 hours, 2 hours, 1 hour”) used by the trainees to manage their high levels of anxiety and stress also implied less effective coping strategies.

5.4 Goodness of fit

Based on previous research findings, there is no clear basis for the effectiveness of either problem-focused or emotion-focused coping over the other (Strentz and Auerbach, 1988). Both problem-focused and emotion-focused coping interventions are used in some measure in every stressful encounter. However under a stressful condition an individual may experience different emotions at different stages during the encounter and use more than one coping mechanism as the situation is re-appraised by the individual. According to Folkman, Lazarus, Dunkel-Schetter, DeLongis and Gruen (1986) coping involves a variety of thoughts and acts and these factors play a role in determining what the optimal coping strategy in a particular situation would be, which will also differ from one point in time to another. This research demonstrates the different meanings (external or internal) attributed to the source of stress experienced by the trainee will evoke different reactions to the same stressor and these results thus suggests support for an interactional perspective of understanding the emotional stresses that are experienced by the trainees.

Ultimately the goodness of fit between how a trainee appraises the demands of the situation and their ensuing coping strategy or response will determine the effectiveness of their coping efforts. The majority of trainees in this study perceived that the coping techniques they had adopted thus far had been successful in helping them feel capable of implementing countenance measures that allowed them to accomplish their performance tasks and goals. Finally the effects of emotional stress on coping should not be underestimated and trainees should be assisted in understanding their own individual appraisal process during the anxiety provoking and demanding Masters

training programme and how this affects their coping alternatives and choices which in turn is responsible for generating the emotions that the trainees feel.

6. CONCLUSION AND RECOMMENDATIONS

6.2 Conclusion

According to the cognitive-transactional model of stress and coping individuals experience stress when the demands of a situation exceeds their capabilities to effectively respond to this. Training to be a psychologist can be stress provoking if trainees believe that they do not have the individual capacities needed to effectively cope with the demands that are placed on them.

This study has shown that trainee psychologists experience the Masters training programme as a demanding and stress provoking process. The multiple clinical, client-related and academic demands inherent in the professional training process were associated with the sources of stress that were experienced by the trainees. The absence of adequate support for trainees experiencing stress induced as a result of the training could be seen as an active contributor to the stresses experienced by the trainees. There was no noticeable differences noticed in the reported stresses experienced between the counselling and clinical psychology samples of trainees. One of the main features of the study was the very high reported levels of personal distress associated with the perceived demands of the training process. This process thereby exacerbated the inherent emotional difficulties of some of the trainees and to this extent it is important to question whether or not the programme exposes the students to an undue levels of stress leaving trainees very vulnerable but at the same time stimulating some degree of resilience.

The cognitive-transactional model of stress and coping proposed by Lazarus and Folkman (1984) has provided an insightful framework for the interpretation of the findings of this research and it is hoped the findings of this study will contribute to the debates about the process of stress and coping that trainees experience during the course of their training. Understanding the individual cognitive, appraisal and emotional elements influencing this process is really important when trying to understand the complexity of trainee stresses and coping. It is clear that trainees have a conferred interest in performing well to secure their future careers and in managing the negative stresses that they are experiencing. The majority of trainees in this study adopted emotion-focused coping strategies in order to mitigate the demands and realities of the emotional stress they are experiencing in the Masters programme and gain some degree of control over the environment. As demonstrated by this research the different meanings attributed to the source of stress experienced

by the trainee will evoke different reactions to the same stressor. It is also important to appreciate that trainees are not passive entities but are able to influence and manipulate their environments as well and these results thus suggests support for an interactional perspective of understanding the emotional stresses that are experienced by the trainees. It is thus critical that this process of stress and coping be understood to better understand the obstacles that the trainees face which may impede their professional development process. In order to assist trainees to function adequately and be given the best chance for growth, these stressful challenges need to the target of early intervention especially during the crucial early stages of training.

6.2 Recommendations

Training institutions together with supervisors and lecturers providing training can be seen as the “*holding environment*” that facilitates the development of trainees (Winnicott, 1965 as cited in Bruss and Kopala, 1993: p. 688). It is thus very important for the training environment to be sensitive to the needs of trainees. Ongoing informal feedback could be obtained from trainees in an allocated seminar to encourage open feedback and attend to the changing needs of the trainees. In order to establish a climate of mutual respect and tolerance, evaluation and performance feedback should be provided to trainees timeously and in a thoughtful, constructive manner to promote nurturance and less vulnerability in trainees.

Other training programmes could also be introduced onto the programme that addresses issues such as burn-out, career options, resilience and self-esteem in order to socialize the trainees into the profession. Training providers could also explore the possibility of introducing support groups and therapy groups to students by other professionals who are not connected with the programme to help facilitate the issues that trainees experience within a safe and supportive atmosphere. Journaling has been shown in literature to be a very effective learning tool in helping the trainees to process learnings and challenges of their training process and client work (Wright, 2005 as cited in Turner et al., 2008). Supervisors and lecturers should encourage trainees to record these as journal entries and then discussed, critically reflected upon and advanced during seminars and supervision.

Finally, training providers need to actively encourage trainees to take care of themselves both physically and emotionally by helping students set healthy limits and realistic goals and expectations.

6.3 Limitations

The findings of this study is limited as it only focused on the experiences of 9 trainees and such a small sample size does not allow for generalizations and as such is limited in terms of its applicability to other organizations or training institutions. The role and effect of the researcher in the study cannot be ignored due to the possibility of bias at various stages of the research. Also the researcher has tried to describe the experiences of trainees but it is important to acknowledge that it is not possible to obtain a full account of the experiences of the research participants at a particular point moment and as such whilst every attempt was made to capture the experiences of the trainees, it is not possible to represent every challenge, learning or experience fully in this study.

6.4 Personal reflections

Sharing a common bond with the Masters trainees, it was important for the researcher to reflect on her own role and position of influence in this research. Throughout the interview process it was easy to fall into adopting a role of quasi-counselling (Patton, 2002 as cited in Webster et al., 2013) and this required strong reflexivity to ensure that the boundaries on the researcher role was maintained appropriately. The combination of a small sample size and the fact that the researcher is a fellow member of the Masters class, holding relationships with the students, issues around confidentiality was raised particularly about personal accounts and about potential identifiability in reporting. It was important to recognize the proximity of the relationship between the researcher and participant – interview process required participants to reflect on their personal experiences, feelings and behaviors. The researcher was very aware that the trust and the rapport established with the participants made it difficult for participants to limit what they would be volunteering. The researcher made every attempt to ensure that the research participants were not compromised in any way. It was also important for the researcher, after having gone through such personal

subject matter, to leave the participants with a sense of well-being after the interview. From an ethical perspective, the researcher was alert for any signs of discomfort or potential withdrawal of consent during the research interview. The researcher had to be constantly aware of her own experiences in the Masters training process and through a process of constant reflexivity was careful not let her own personal experiences, feeling and ideas taint the accuracy of the experiences being captured.

6.5 Recommendations for future research

There have not been many studies within the South African context that have investigated the emotional stress and coping among novice therapists during the early stages of their first year of Masters training in clinical and counselling psychology. This thus indicates a general gap in literature relating to stress management interventions designed for trainee psychologists especially during the crucial early stages training where the trainees are relatively incapable of responding effectively to the stresses that are faced with.

It is also suggested that future studies further explore what the outcome of emotional stresses and coping strategies are and what individual qualities influenced the stress that trainees experience. This will provide an understanding of the countenance measures needed to prepare trainees to function and grow effectively within the profession in the South African context. Another area of possible research would be to explore the influence of the Masters training process on the development of the trainee's professional identity from a professional development perspective.

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APPENDIX A

INFORMED CONSENT FORM

Dear Potential Participant,

I am currently a postgraduate student pursuing my master's degree in clinical psychology at the University of KwaZulu-Natal, Howard College in Durban. In order to complete these studies I am required to undertake research, my study seeks to investigate the underlying emotional stresses, coping strategies used and overall personal experiences of trainee psychologists in their first year of studies towards clinical and counseling psychology. The title for this study is: "*Emotional stresses and coping among first year trainee clinical and counseling psychologists: A qualitative study of students' experiences and perceptions*".

This research hopes to stimulate an understanding and a consideration of the plight of the novice trainees. If the early experiences of novice trainees are clearly understood then there is a greater likelihood that the emotional stress and anxiety of trainees can be reduced and normalized, allowing for more positive short-term and long-term consequences for the trainee. To be eligible to participate in this study you need to be: **a)** a Masters student studying towards clinical or counselling psychology; **b)** a psychology trainee in your first year of Masters studies. Ethical clearance for this study has been obtained from the University of KwaZulu-Natal's Ethical Committee and Mr. Sachet Valjee will supervise this project. You are requested to participate in this research which entails an interview likely to take approximately an hour. The interview will be recorded and then transcribed for accuracy in the transcription process. Your permission will be sought to audio-record the interview.

Please note that all participant information as well as the information obtained from your interview will be kept completely confidential and anonymous. All identifying information linking you to the study will be concealed with the use of pseudonyms. You will be provided with a copy of your transcribed interview, and if requested the research findings and recommendations will be made available to you. The data will be published and confidentiality will be ensured as no personal or identifiable information will be mentioned in the research findings. In this way you are assured that the information you provide will not be associated with you in anyway. All research data and confidential information related to this study will be kept for a period of five years in a secure location by arrangement with School of Psychology and my supervisor. After a period of five years has lapsed, all information will be shredded.

Although your participation in this research will be greatly appreciated, you are in no way obligated to participate in this study. Your participation in this study is strictly voluntary. You may choose to withdraw your participation at any stage without any negative repercussions or prejudice. Should you agree to participate in this study, I kindly request that you return this informed consent form to me within 7 days. If you agree to participate then you will be contacted to arrange a time for the interview that is most suitable for you.

If you wish to be informed about the findings of the study, please inform the researcher. For more information, you may consult the researcher and the supervisor at the contact address provided below. Your time and assistance in this study is greatly appreciated.

Yours sincerely,

Researcher: Zenat Ally
University of Kwazulu-Natal
Howard College
School of Psychology
Durban
Email: allyzenat@gmail.com

Supervisor: Sachet Valjee
University of Kwazulu-Natal
Howard College
School of Psychology
Durban
Email: valjees@ukzn.ac.za

If you wish to obtain information on your rights as a participant, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 360 3587, and email on ximbap@ukzn.ac.za.

APPENDIX B

DECLARATION

I (Full names of participant) hereby confirm that I understand the contents of the introductory letter and understand the nature of the research project. I consent to participating in this research and understand that the interview will be audio-taped.

I understand that I am at liberty to withdraw my participation from the project at any time, should I so desire. I understand that my name and personal details will not be included in the report, and that anonymity and confidentiality will be maintained by destroying the audio recording and transcripts once the research is completed.

I hereby **consent** / **do not consent** to have this interview recorded.

SIGNATURE OF PARTICIPANT

DATE

.....

.....

If you wish to obtain information on your rights as a participant, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 360 3587.

APPENDIX C

INSTRUMENT:

SEMI-STRUCTURED INTERVIEW

1. What are some of the specific major challenges you have experienced thus far related to training to becoming a professional psychologist within your scope of practice?

2. How did these challenges impact you *professionally* in terms of:

- working with clients,
- preparing for supervision, and
- managing the clinical session (reactions to clients, interviewing, assessment and treatment)

3. How did these challenges impact you *academically* in terms of:

- coping with workload,
- nature of the work,
- process of learning,
- applying theoretical concepts, and
- the supervision evaluation process

4. How did these challenges impact you *personally* in terms of emotional stresses and anxiety that you may or may not have felt?

5. How would you describe your awareness of these challenges at a:

- professional level?
- academic level?
- personal level?

6. What were some of the strategies you employed to overcome the obstacles you experienced with:

- Working professionally with clients,
- Academic progress, and
- Emotional stresses and anxiety that you may or may not have felt

Adaptive: Positive self talk, journals, focus on helping the client, preparation and logistics (practice the skills needed for the introductory session with client, set up the interview venue early), writing and reflecting on journals to reflect and process their own reactions and feelings, relationship with supervisor

7. What factors did you take into account when you decided on these strategies? Who did you involve in helping you make this decision?

8. In relation to the professional, academic and emotional challenges identified were there any maladaptive thoughts and behaviors that you entertained or acted upon?

9. Reflecting on your experiences and ways of handling the challenges you faced, do you think that the coping strategies you adopted helped you to adequately:

- Develop professionally?
- Perform academically?
- Manage emotional stresses?

10. In retrospect, what could you have done differently that would have assisted you in coping more effectively? Do you have any insights, regrets and/or recommendations?

11. How did you experience subjectively integrating these emotional challenges as part of your learning and professional development?

12. Did you feel that you had to accommodate emotional distress as a process of your professional training or do you see the training process as a factor that exacerbated your emotional difficulties?

13. What do you feel are some of the gains that have made in your overall learning and professional development?

Probes: Using theoretical skills training, feeling about self becoming a therapist, confidence in abilities, professional development, connection with clients.

APPENDIX D

INTERVIEW TRANSCRIPTS

Research participant 1

Interviewer: Thank you very much for agreeing to participate in this research study, really appreciate your time.

Respondent: Yaa no problem.

Interviewer: What have been some of the specific major challenges that you have experienced thus far relating to your training to becoming a psychotherapist?

Respondent: Umm broadly I would say the structure of the course, it is not structured you know there is a lot of laissez faire in it and for some of us and for me especially I work well with structure but when there is not so much supervision, not so much hold your hands, it gets a bit tricky. So for me that has been the most challenging thing for me.

Interviewer: So the lack of structure then?

Respondent: Yes that is the one thing that irks me the most. I would have been able to get somewhere but it is based on you know as and when you can do it and with a person who is not so well disciplined it is a challenge to get to do some of these things.

Interviewer: How did this specific challenge around the lack of structure impact you professionally in terms of when you are having to work with your clients, in terms of preparing for supervision and even managing your clinical sessions?

Respondent: The course is specific in terms of we know when we need to attend class and at what specific times, the thing is communication – for me the element of communication is the one thing that is frustrating because you know that there is no one to communicate to. For me it's a challenge when I need help and when I need assistance I can't really get help because there is no one there. So the whole thing of having to follow people around and everything is just too tiring for me. So for me I will resort to waiting in my corner until somebody steps in and do something about it.

Interviewer: How has that impacted then on working with your clients?

Respondent: Umm I wouldn't say it has trickled to my clients, because when it comes to my client work I get to be on top of my game. I read, I do everything the best way I can. For me just meeting deadlines and stuff, I need motivation to be asked "how far are you?" Not just go and do something and not know where I am. The reason why it is different with my clients is that I value them because it is somebody else's life, so that one I can't really compromise. I insist on seeing my supervisor.

Interviewer: So the challenge of a lack of structure then does not impact when it comes to your clients, so then what have been the challenges for you in terms of your client work?

Respondent: Maybe the only challenge has been me not being able to speak Zulu. My client doesn't speak Zulu, so that's all I can think of.

Interviewer: What about the theory – practice gap. Like applying theories and interventions has that posed any challenges?

Respondent: So far so good it hasn't been much of a challenge because I have got time to sit and read things through. The more I get to read the more I get to learn. So in terms of application, at first I struggled a lot. Before we did play therapy and stuff it was like okay I am dealing with this case so how is it that I will be able to tackle this case. I wasn't given the rationale of why to use directive so it's a like a slow process to "get it" and you are looking for literature on directive and you don't really know what is it that I am really doing because there is nobody who really hold hand and tell you to go and do this. I go but "what is the rationale behind this?" So that has been the one thing that I have been struggling with. But now since the whole play therapy thing it has been a whole lot easier for me because I know this is how I look at it. The other challenge though has been to be expected to do something before having had any kind of exposure to it. When you are just thrown there and told to do something.

Interviewer: Like what would you say?

Respondent: Like assessments – we haven't done assessments and you are thrown into the deep end, you grapple and try to do everything that you can. But I understand that its because the first experience is always the one that makes a lasting impression on a person. The thing is I wish we had some kind of structure because I don't deal so well without structure.

Interviewer: In terms of managing your clinical session in terms of interviewing, intake assessment, treatment modalities. Any challenges for you in that respect?

Respondent: The challenge was to interview somebody who is very little because it is very different from everything else, like the older clients. But when you are dealing with kids you have to be very sensitive and you don't know the extent that you are reducing your client to be a baby. So that was my challenge. But now I think I've learnt to relate on that level because when I get in there I am a child myself, I allow myself to be a child.

Interviewer: So working with a child clinically has been a bit of a challenge for you?

Respondent: Yaa working with a child from the onset has been challenging. Now it's me and this child in this room and I have to do something about it, but what do I do you know. My first interview I just thought "what am I doing?"

Interviewer: In terms of the challenges that impact you academically in terms of coping with the work load, nature of the work and the process of the learning. Have there been any challenges there for you?

Respondent: Workload there is a lot you don't have time to do anything really but then you expect this. I wish to some extent that the School or Department had arranged some sort of aid in terms of burnout – because when you burnout what do you do?

Interviewer: Are you saying the workload is so tremendous that it leads to burnout?

Respondent: I've already passed the burnout stage, now I'm trying to reassess and re-evaluate if I can do it without having to tire myself out. It boils down to us not having a structure. If I had a structure then it would have been much easier.

Interviewer: What structure do you need from an academic perspective?

Respondent: Hmm for me to talk about structure – I want it to be very clear what is expected of me. Of course it had been very clear and I want to know what is it I am supposed to do and to know how I am being supported. These 2 things just the support and knowing what you are expected to do is very important for me. So If I know what I am doing and I have no support then it defies the whole purpose. Its like every single time you look for somebody in the department

they are not there. There is no one here really. I understand that we are not babies and they are not here to baby us but we do need the constant support. Like *Lecturer A* asked us the other time what we were struggling with, and I am very fortunate to have him as my supervisor I must say, but there are things that I do not want to talk to him about as my supervisor because I do not want to be perceived in a bad light or anything like that. So the thing is there is no support per se. Even if you were to look at our classes, there is the whole power dynamics playing out when you looking at addressing the lecturers it's like "oh my God I am not going to do it" you know and things like that. You know we should be relating to lecturers in a sense, okay we are not at the level of being peers with them as professors and respected academics, but they should be lecturing us to reach to their level. So the power differentials and this that its not so easy for me.

Interviewer: So lecturers are almost unapproachable.

Respondent: Yaa it's the whole demeanor, for me its difficult.

Interviewer: Okay and what about the process the learning here.

Respondent: Umm the process of learning – if I look back at how much I have learnt – I have had to read so many books in such a short period of time. Do I even remember the books?

Interviewer: So then the challenge there is for you in terms of the process of learning has been the volume of reading?

Respondent: No, no its just rushing through things. Proper learning from the way I understand it is being able to take time to look at things. For me its just like its "Go, go, go, go!" if I was presenting on generalized anxiety disorders, it shouldn't be from my point or it shouldn't just be a seminar – we should take time to just go over the stuff and not feel like "I have to read for *your* presentation tomorrow" it shouldn't feel like a job, you should be enjoying it. But where it becomes like okay "I am reading, somebody is going to present and I don't kind of like this" so what do you say, what do you do? So the learning process is individual, but its sort of detached from everything honestly.

Interviewer: In terms of the supervision evaluation process any challenges for you in that regard? Knowing that you are being evaluated all the time, has that posed any challenges for you academically (knowing your theory, going into the sessions prepared)?

Respondent: Yaa for me I don't know, I think now that you say that, I should look back and try and see...but to some extent it always feels like I am driving my own car and its really going on a straight path. The supervision process it is nice that you don't have a person that intimidates you, you need a person that engages you, challenges you. You need a person basically who understands or has a very recent experience of being a student themselves. Cos I just feel that most of the supervisors have lost touch with being a student. And just because they have been doing it with students over and over again it becomes like "its just another student".

Interviewer: How did these challenges impact you personally in terms of any emotional stresses and anxieties that you may or may not have felt?

Respondent: Master class M1 is very anxiety provoking, its never a time when you are just sitting and not thinking anything. You are always thinking, "What am I doing next? What am I doing next?" So for me its been more of an anxiety provoking thing. I come prepared, and I know what I am going to say but the moment I look at everybody I just think "yikes" for me its not a matter of not being able to address people but it's a matter of me worrying too much. Because at some point I have been able to control everything but now its like I'm just in this ambiguous situation and what do I do now?

Interviewer: How did you become aware of the challenges at a professional level? What created an awareness for you?

Respondent: What created an awareness for me? I sit back and I reflect a lot so for me its more like when I go back and reflect. So I go "okay I am spotting differences here there" so what next do I do? So its more about reflection.

Interviewer: And in terms of your academic challenges, how did you become aware of these challenges?

Respondent: The fact that I had a lot to do – I was juggling 50 balls at the same time. These 50 balls you cant sustain because you are just trying to juggle so many things. But then again I don't think we should be looking at the doom and gloom of it because they wouldn't call it M1 and they wouldn't say its hard the way they say it is – I've always been told its difficult. But to some extent there has to be some support.

Interviewer: And in terms of a personal level – how did you become aware of the emotional anxieties?

Respondent: I feel it (chuckle) I feel it in my heart, I feel it.

Interviewer: You referred to burnout earlier...

Respondent: Yes I did burnout. I burnt out. My back, I couldn't sit straight, I couldn't do anything I had muscle tension and I had knots – anything that you can think of. I couldn't move and this is like 3 weeks back... and for me...

Interviewer: So for you it was physiological?

Respondent: Yes it was physiological, I just wanted to go home, I was home sick and just wanted to go home. I was thinking I should go home right now. Then I'm thinking everybody is so composed here, I can't say anything right now.

Interviewer: So just the stress of that...

Respondent: Yaa for me you don't want to seem like you are so vulnerable and you don't want to seem like you are so gullible in the eyes of everyone else. But then again there comes a time when you are sitting all alone and you think I have so much to do and so little time. So for me when I suffered my burnout I am very lucky because I have friends in my residence I was able to manage. I couldn't do anything for myself Thursday, Friday, Saturday and Sunday. Until I decided I am going to go for a massage – I went for a Chinese massage and they worked on my knots. That helped. So for me its physiological. When I hear my body complain, then I know this is not it.

Interviewer: Then what are some of the strategies that you put into place to help you work professionally with your clients?

Respondent: For me I've set aside Mondays and Wednesdays are times for me to do my case work because I know I get tempted to leave everything for the last day and then I go "I didn't touch this, I didn't touch that". Also just in terms of that I don't have much support in terms of my academia like when it comes to research, I put down days I set aside for that. So it becomes more of I have it slotted on my timetable. So my life is pretty much a timetable.

Interviewer: So you plan it out. In terms of your logistics and preparation for the actual session what strategies do you use to feel more equipped, prepared and in control of the session?

Respondent: For me its easy on Mondays I identify what it is I will be using for the session. On Wednesday I start cutting out whatever I have to. For me the logistics around it I don't think its complicated because I get to do my own stuff and in that way its much easier.

Interviewer: And in terms of your academic progress, what strategies did you put into place to help you cope?

Respondent: Im thinking just being on the ball every single time – I get to do everything as it comes in. So its much easier if you do something now than if you do it 3 months later. 3 months later its like you don't have the mojo for it cos there is so much going on. It is easier to do things as and when they come. For me that's the notion I will adopt throughout the remaining term.

Interviewer: And in terms of the emotional stresses and anxieties that you have felt what strategies di you put into place to cope and overcome those?

Respondent: You know if I was anxious at home, I would immediately call my mom. Right now if I am anxious I am all alone. So that is the worst thing for me right now. But despite it seeming worse, it is very encouraging to be able to just notice such differences within yourself – it is really chaotic within myself. For me I think I am learning to cope better with the stress.

Interviewer: How did you do that, cope better?

Respondent: I was told by *Prof X (in reference to the Head of the Applied Programme)*, he told me this “when you feel more that's when you think less”. So for me its like to try not to feel more because I am a very impulsive, emotional, dysregulated person you know (laugh). The good thing it about it is that I am working on it - it is about working on my emotion regulation so right now that is what I am doing.

Interviewer: And what about reflecting, and in terms of journaling to reflect and process your feelings, has that helped or have you done that?

Respondent: I reflect everyday but I might skip my journal entries now and again when I remember I go back and put everything down. Its really really helpful. I grew up with a book, I've

always written so its not been a challenge for me but sometimes you just loose track – you come back after a week or 2 weeks. Please don't find that book...(laugh)

Interviewer: How do you process your own feelings?

Respondent: I learning to process my feelings. Earlier I would just feel them. Right now its more like “okay this is happening to me, okay what is going on right now?” So for me its starting to take on a very a different shape – I used to be very reactive. Anything would happen I cry or get angry anything really. For now for me its been a journey now I am able to go “what is going on and does it warrant for you to feel this way right now?” If not what do about it, do I keep quiet or what do I do. So for me I am getting to be very passive about things even about the things that I used to be negative about. So I have seen a big change in myself...

Interviewer: Do you use positive self-talk at all to help you to regulate your emotions?

Respondent: Yep in my mind. It took me a while to be cognizant that I have an internal dialogue now I am not afraid to ask what is going on. I have learnt to trust my gut instinct sometimes you feel that the atmosphere is tense when you feel its tense, acknowledge it. When you don't acknowledge it then you have conflicts with everyone in the environment. So acknowledge it and then ask yourself, so what now? So for me it's a process, its becoming easier.

Interviewer: How would you describe your relationship with your supervisor?

Respondent: My relationship with my supervisor is very very casual he tries to be there by all means. But of late it hasn't been so easy, I meet him for only 10 minutes or so and I am wondering if that will give a true reflection of who I am at the end of the year when everything is being compiled. That is my worry in that I don't spend so much of time with him – maybe he feels that we have to be independent, but we have to be given at least an hour of supervision each week – we need their time because I am thinking that they are getting paid. I would like to believe that he is doing his level best to assist me. Because he does ask me “have you done this, have you done that?”.

Interviewer: What factors did you take into account when you came up with these strategies? Did you come up with this on your own or did you speak to others?

Respondent: When it comes to things about me I hardly consult people about those issues. Reasons being I don't want to be pointing finger and saying that the reason that this failed me is because you told me to do this. For me its I look at where I am and then start doing different things. If something, like a burnout triggers me to have a backache or whatever – then I have to re-visit how I do things. Starting from do I eat right? Its so easy to get lost in the mix of things and to think that I am striving to accomplish this master's degree and at the same time I am not sleeping – what the point really, because I am going to be dead at the end of the day...because I am not sleeping. At some point I do have help you know in terms of encouraging me like you know telling me “you know you have to sleep” or need this and this. For me advise doesn't kick in, I am more of a intrinsically motivated person, so externally I will be like “yaa okay” and it will compel me to do something but then it has to feel right to me.

Interviewer: In relation to these professional, academic and emotional challenges where there any maladaptive behaviours or thoughts that you entertained or acted upon? I know you mentioned that you are sleeping too well, will that be adaptive or maladaptive for you?

Respondent: Okay well that depends on what is going on. I would say that my system is getting used to it – at first I would fall asleep and I would try and catch up. I love reading in such a way that I will remember everything that I have read. I just don't go through stuff I want to understand. I want to be able to, when I see it I want to go “oh is that what I learnt about”. For me at some point where I started sleeping 3 hours, 2 hours, 1 hour so I tried by all means to push it up to 4 hours. So I'm going to try and make it stick to 4 hours of sleep each night, when I am not well rested – that what Saturdays and Sundays are for sleeping (light-hearted). I think if I have slept for 7 hours, then I have lost 3 hours! Will I be able to do this, will I cope. I don't want to be asking myself questions “will I will I” so as I get to study and I just want to hit it so that I haven't lost time in doing that.

Interviewer: Any maladaptive thoughts that you have?

Respondent: Umm no

Interviewer: Would you say that the strategies you used are they more problem-solving strategies or are they more emotional strategies that they use?

Respondent: For me its mixture, its both – both help with my emotion regulation. My way of coping my coping mechanism making it easier to adapt. So its been a bit of both. The emotional component of it I’m learning to listen to myself and I am learning to trust my gut instinct – that seems to be working out for me.

Interviewer: Just reflecting on the way you have managed all the challenges that you have faced so far would you say that the coping strategies you adopted, helped you to cope professionally?

Respondent: Definitely, certainly. I can imagine myself being a reactive person. In a session I can be reactive about it or I can imagine right now everything that I am doing and trying not to do and it hits me you know then that would be a problem. So for me it is to prevent anything that would endanger me so I am trying to take the other person out of the picture. If I am whole then I can be for another person. So for now I am trying to deal with myself. Professionally I am growing because I’m learning to see myself as just me. Initially it was more of, I am doing this because of 1 2 3 4 5 but now I am looking at it and seeing the growth that I have experienced from just starting from the first role play I had to right now. I look and I go “wow”.

Interviewer: And in terms of your performance academically?

Respondent: I don’t know how I am performing academically.. It would be nice to have that.. one of the things talking about structure. It would be nice to know how much you got for your presentation. It will be nice to know.

Interviewer: But do you think that the strategies that you put into place helped you to deliver academically?

Respondent: Nah, no.

Interviewer: Do you think that your strategies are ineffective in that sense?

Respondent: I just believe that the structure is ineffective.

Interviewer: So your strategies are effective then?

Respondent: My strategies are very effective because I have used them and gotten “top top” grades so I cant go they are not working for me. I know which times are my most optima – when

everybody is sleeping then I make it my best – that is my optimum level. My strategy is working for me in terms of am I able to retain and learn and be able to apply whatever it is that I was studying. The one thing that I like about this programme is that it is not just theory – you have a chance to practice it. Slowly but surely I am gaining confidence in that I can do this and I one of the persons that hate mistakes so much – just precision I have to be precise. So no I have learnt to adjust that.

Interviewer: That perfectionism?

Respondent: Yaa learning to adjust that, sometimes I feel that I am too lose in terms of adjusting it.

Interviewer: And in terms of managing your emotional stresses, do you think that you strategies have been effective in that sense?

Respondent: No, that's why I had burn out. Hence I learnt a lot – a lot of things went through my mind prior to that period and without processing them, then one thing led to another and another and then the burnout. So I am slowly but surely trying to recoup and recover from that.

Interviewer: So in retrospect what would you have done differently to help you cope better?

Respondent: I would have processed my emotions instead of waiting, looking, trying to think that everything is okay. First to acknowledge then take it from there.

Interviewer: Any regrets that you may have about entering the programme?

Respondent: Every day I look forward to doing something different, sometime I don't want to do this but never have I ever at any point doubted my presence, my existence. Just being here is quite surreal for me but I have never doubted it.

Interviewer: Any insights or recommendations to people entering the programme?

Respondent: They should know how to plan, poor planning brings everything down. Just learning how to plan your time. I am a victim of not knowing how to properly plan. Slowly but surely I will get there. So anybody getting into the programme I would say plan well and be keen on reading, being interested in applying yourself, because if you are interested in applying yourself it makes it

much easier. They should be prepared for neglectful relationship between student and lecturer. And then self-care is very important.

Interviewer: Yes self-care is so important. How did you experience having to embrace these challenges as part of your professional training?

Respondent: For me I would say I believe that I am what I am because of my experiences so the emotional rollercoaster and the emotional turmoil it happened because I had to be refined. I tend to have this very naïve way of looking at things – you gold has to go through the process 1000 times before it is refined. So me as a helper, I am supposed to be broken first for me to be able to help someone. If I know the pain and I can feel it I will be able to help someone else who is feeling the pain. So for me being able to recognize where I am emotionally helps...

Interviewer: It makes you a better helper...

Respondent: Yes it does.

Interviewer: How did you feel having to accommodate this emotional distress as part of the process of your professional training or did you see the training as a factor that exacerbated your own emotional challenges?

Respondent: It was not exacerbating for me so much as it was a healing process. So for me it wasn't gloomy it was more of "okay so here you are, this is what is happening are you going to hide me in you or are you going to take me out" If I de-stress then there is so much I can do – even before I came to Durban I had a huge bag of emotions and I needed to toss out – so I say "yes that happened to you" you have insight and new way of understanding things. It hasn't exacerbated anything in fact it has led me to be more in touch with myself. The only thing I regret though is people warning me that my physical status is going to deteriorate as I keep going. I am thinking is there anything I can do, has everyone gone through this or maybe there is a reason why we have to go through so much, there is so much you can take as a human being but you can't be placed in a situation where you cannot do it. As long as you have enough motivation.

Interviewer: then its doable.

Respondent: Yes its doable.

Interviewer: What do you feel are some of the gains that you have made towards becoming a psychotherapist?

Respondent: I am building networks, imagine I am in my country right now and I am able to call South Africa and say “hey guys I need this test”. For me its been a gain, an experience - there is so many dynamics that I have noticed within our group and yet we embrace each other. And for me I’d like to say I am a “global citizen” as a global citizen it just emphasizes the point and makes me want to live in such diversity – there is so much of diversity in our class – we have African students, Indian students, White students – for me its been an experience. I’ve been to school with White people but now its like everyone is here. Just the personal relationships - that we get to relate to each other has been so significant. I am not from here for me its been significant – my class has been my support so being able to do this and that so my family is not here so my class is definitely going to be here.

Interviewer: Have you grown professionally? You spoke about your connection with the clients?

Respondent: Definitely, yes I have. Connection with my client – my client loves me in terms of, I feel transitioned from a point of feeling so inadequate to a point where I am saying “what is it that I can do for this person” I have transitioned from the “not so knowing M1” to “at least I know something”. I am striving to learn more. I hope I don’t get to the “I know I know” part.

Interviewer: And your own thoughts and feelings about your self becoming a psychologist?

Respondent: I will make one helluva good psychologist! (laugh). To some extent I have wondered from here where do I go? Where am I going, its not so clear cut.

Interviewer: Of becoming a psychologist?

Respondent: No, I mean after this programme – do I want to stay in a clinical setting, what is it that I want to do. I have seen Glenda work and stuff and I think I wouldn’t mind being a play therapist.

Interviewer: So its opened up your avenues...

Respondent: One of my colleagues always says “you just want to do everything”. Its true, its so fascinating. In me being interested in all these things its best not to lose track of what it is that I

like – it still remains open. What will I do next, what is my next move from here in terms of my PhD and so on?

Interviewer: And in terms of using your theoretical skills training. Do you think there was gains in that sense?

Respondent: After the presentation I will tell you (laughing). To be surrounded by people, you see their... I don't know how to say it... But you know that this person is CBT, this person is psychodynamic. The people that is quite obvious for you to see that they really got in their hands its really amazing. When it comes to me though... I think "where am I". I don't want to believe that I am CBT – even though there is so many things that point towards it, I am not interested.

Interviewer: So its helped you gain perspective.

Respondent: Its so scary because I haven't really tried to look at it... I've never really liked it (CBT) but it is something we use every day. I have never used CBT. When people said to me "choose a theory" I ran to psychodynamic theory to try and stay away from CBT. So hopefully I will get a proper supervisor – Lucinda has a view that is very different. She is CBT but her techniques are very very peculiar.

Interviewer: So perhaps you are exploring more eclectic approaches?

Respondent: But there is so much of confusion around being an eclectic. People will say where are you and what do you say "I am an eclectic I believe from borrowing from A and B" that's the problem.

Interviewer: I think that its also like either you adopt a generalist attitude or specialize in a certain area. Its either you stay in a box or become broad that a big debate...But ya.. Thank you so much for your time I know how tired you are and really appreciate this.

Respondent: Cool it was a huge pleasure man.

Research participant 2

Interviewer: Thank you very much for your time, really appreciate your participation on this study given how hectic a time it is for all of us.

Respondent: Pleasure

Interviewer: Just in terms of your M1 year so far what have been some of the specific major challenges that you feel stand out for you in terms of your training to become a psychotherapist?

Respondent: I think time management that has been one of the most difficult things. When I say time management I don't mean personally I think to get to the volume of the stuff we are doing in and to fit it in and try and get it out in time is quite stressful.

-Interviewer: So in terms of your professional development would you say your time management also impacted on your ability to handle your client commitments, mastering the work and work load outputs that are required? Is there time management in respect to that or does it also have elements of personal aspect to it?

Respondent: It also has elements of personal also, as I think that having a child at school and having a family make it added stress because they need to live, if I was single it would just be myself and it wouldn't be a concern but I think being married, you know your husband and I have certain commitments to my family as well.

Interviewer: So your challenges around time management, how did it impact you professionally? Here I'm talking about working with your clients professionally.

Respondent: I think because I am exhausted, going to bed late. I think I am exhausted and I'm making mistakes. I am not the kind of person that normally makes mistakes. And I'm finding that I am making mistakes.

Interviewer: Is that in your clinical sessions?

Respondent: No not with my clients, I am finding that with my written work and my research that I am making mistakes. I think it's affected my concentration as I am going to bed very late so definitely its impacted that.

Interviewer: So in terms of managing your clinical sessions, time management around that has it impacted at all, just in terms of logistics around assessment, interviewing, treatment, booking clients and so on.

Respondent: Yes I think its very difficult because quite a few of our lectures get changed around and quite a few things get changed around and for example, if something has been cancelled which there are quite a few that are, we could've instead of stressing how to get clients in we could've actually put clients in those times. I think quite a lot has been shifted around and times have been moved and I think it would have been really helpful to have had... umm on Friday for example I am trying to rush through a client from 8am to 9am as I have to pretty much be out by 9am because we are starting. But if I'd known about today, we were supposed to do stuff today I could have actually seen clients today had I known. Its actually just thrown it all around. So trying to see two clients a day and trying to squash them in.

Interviewer: Yes and adding to the stress. So in terms of academically, the stresses around coping with the workload, implementing treatment modalities and the process of learning, how have you found that?

Respondent: I think the problem is that we don't actually have time to reflect on what we are doing. I think its like, I don't think there is actually time to really read around topics. It will be nice to actually just have more time to be able to read read umm about for example I would have liked to have read more about a client's domestic violence and spouse abuse. I would have loved to have done more readings on that but actually I don't have time. I feel that my client is not benefiting as much as I believe they should if I had been able to put more into researching around her problems. Because there really isn't any time.

Interviewer: In terms of the process of learning in the M1 year, the seminars and work load. Interaction and engagement in class in terms of the work being taught. How has that been for you?

Respondent: I think everything in that sense has all been fantastic.

Interviewer: And the nature of the work that we have been doing, how have you found that?

Respondent: I think that what we've been doing is fantastic and it covering pretty much everything that I hoped for so far. Understand that there is possibly a bit more that I would have liked to have

done like psychological assessments but that also depends on your client as well, I haven't really had anybody to practice on but apart from that its actually been amazing, been fantastic.

Interviewer: And the work load notwithstanding the time demands on you do you think that the work load is manageable? Has that created any challenges for you?

Respondent: Look it's a lot, but then I went into it knowing that it was going to be a lot. I mean I didn't actually have a problem handing my essay in on time, really I could have. I had managed my time accordingly. So I think I would have been able to meet the commitments with difficulty but I would have been able to do that. So ya I knew it was going to be a lot you know. It is a lot so I was kind of prepared for it its not like I was unprepared. So you know its going to be a lot right from the beginning just put your head down and go for it.

Interviewer: Okay, in terms of the supervision evaluation process. How have you felt that?

Respondent: I think I would have liked a bit more feedback, I always need to know how am I doing because I am quite uncertain about how am I doing with regards our supervision, its fine she will say "that's good" but I would prefer more feedback. Perhaps I would also like to have more of an idea of how I'm doing along the course. The fact is that its kind of up to us, I think I would like more feedback.

Interviewer: Why is that important for you?

Respondent: Because I need to know if I am on the right path or do I need to work harder or am I pushing myself excessively.

Interviewer: What is your sense in terms of how you are managing and coping at this point with everything that needs to be done?

Respondent: I have so much going on in my life, so its hard to judge and take it out of the equation because I have other commitments as well.

Interviewer: Yes it must be difficult having so much going on. How have these professional, academic and personal stressors impacted you personally in terms of the emotional stresses and anxieties that you may or may not have felt?

Respondent: I think it's impacted my health as I started having heart palpitations, so I've been for an ECG and for thyroid check and nothing is the problem. They saying that they can't find what the problem is, and they saying that its clearly stress so the stress has had to have impacted. You try to live a healthy life physically like eating right but I'm not getting enough sleep. So I think that in itself impacts what on you are doing. It's difficult, it's also difficult with my son, as he has a lot of work to do and studies for exams. With regards to my relationship with my husband it's a problem, it's actually a problem. He keeps on standing in front of me and saying "it's me, you know I'm here, do you remember me?"

Interviewer: And you saying that you are not sleeping as well and you have all these demands on you as well, its no wonder that you are having all these stressful symptoms. Is that scaring you, how do you feel about that?

Respondent: You know I'm just thinking that.. I think my main concern is not so much there are a few stresses about next year, so jumping back a bit.. it stresses me that none of us know about internships which I think would've been nice to actually have known about because we don't really know, apart from the one application pack that we received from Cape Town, we kind of need to know because firstly we have the hurdle of passing the exam which is extremely stressful. Secondly we got to, we need kind of have an idea of what is going to happen next year. If I find that I do get an internship I think that I would be as stressed because I think its more working towards and exam.. I don't know what it is. I think although you need to get through internship and they say it's a lot of work but in terms of ... I don't know...its almost as geared towards exam you know.. you have to pass that otherwise nothing happens, if you don't pass that, that's it. I don't know if that it, but I think that in itself creates a huge stress. So its unknown – what are we doing next year?

Interviewer: So for you its exam stress and internship.

Respondent: Yes its getting over that then do I get an internship? It also that uncertainty that is also creating a lot of stress.

Interviewer: And it's the impact on your time and wanting feedback..

Respondent: Yes

Interviewer: Your awareness of these challenges how would you describe your awareness of these challenges at a professional level, professionally in terms of your development as a psychotherapist?

Respondent: I'm not sure I understand you...

Interviewer: What was it that created the awareness for you of your challenges professionally in terms of your client interactions?

Respondent: On a client level I think I would sometimes go back over the session and I'd think "if only I had done more work on CBT" if I had time to go and read the three books I think perhaps I would have been able to perhaps have some more ideas. So it would give you more ideas that I can use in my counselling sessions, if after the session that I think if only I had a little bit more of an idea of what it is that I was doing.

Interviewer: So its your reflection after the session that creates this awareness. Was this through your personal reflection or through your supervision process?

Respondent: Personal but supervision also does helps because she may have come up with something and I think I possibly would have known that had I read more about it instead of rushing this whole thing out. I feel like its a bit like a factory, I am churning this things out without engaging too much in the process, its like getting it out fast. Pretty much like a factory process, churning it out fast to keep up.

Interviewer: Does that worry you as you feel like you are losing a bit of the quality that's a stressor for you?

Respondent: Ya I think that definitely it, definitely. Somebody who has been through the process before has said to me "have you been cured of perfectionism yet?" You know she said that M1 will do that to you (laugh).

Interviewer: (jovially) there is a lot of truth to that.

Respondent: I went and re-printed my case study because I read it and thought that I had some errors in here, I would never have had errors in before. You know I'm thinking this is not me,

having all these errors. Then I'm thinking "do I care anymore, just hand it in" get it all out and hopefully I'll pass.

Interviewer: In terms of your awareness of these challenges at an academic level – work load and the demands placed on us from academic learning perspective, how did you become aware of these challenges?

Respondent: Umm I'm just trying to think about that. I think its just ...just repeat that

Interviewer: How did you become aware of the challenges that you face at an academic level – around the nature of the work, the process of learning, coping with the workload and applying theoretical concepts?

Respondent: I think that the challenges are in for example lets say in formulating. The challenge for me going through all of these things, although we have had some basic outline I felt that I would have liked more, rather than looking at everybody's case studies I would have liked more guidance on how do you formulate CBT, I don't even know if everybody is doing it correct Im sort of following all the different readings and that sort of thing which may or may not have made sense to me. I think I would have liked more like somebody going "so if we did it CBT way we would do it this way". I feel like although its our own discovery learning I think I would have liked a little bit more and I think I realized that when I don't know, its taken me a long time to try and figure out how do I formulate it this way or African Psychology which is foreign to me is like "okay where am I going to start" where sometimes you would have a little bit more of a guidance, so it more like "you are doing African Psychology find your own resources". I suppose we should but I find that particularly challenging especially African Psychology was difficult. At the end of the day I enjoyed doing it do you know, but it takes a lot of time when you are going in cold almost. So it takes that much more time to actually get through stuff. Last year before you did anything you were given a presentation before you did anything whereas I find this year its not really that way. Its like "watch a movie then formulate" but we have not had any feedback. So I would've like if they said do it yourself but lets go through it afterwards.

Interviewer: More direct applications..

Respondent: Yaa and then feedback afterwards. I feel that we doing it ourselves but where the feedback is.

Interviewer: Like there is a step missing

Respondent: Yaa

Interviewer: And in terms of your awareness at a personal level, you have already mentioned your ECG that you had done, would that have been your awareness of your stress levels at a personal level?

Respondent: I did think it was something else. I started to get nervous, thinking I was having a heart attack or something. I've had panic attacks in my life before so I know so I thought this was not a panic attack I know that. Umm I was feeling exhausted so when I had the ECG it was quite a relief, it was like "okay you are not having a heart attack" and then she said to me "lets talk about your stress" so clearly I had to watch myself, I had to take a step back and say if I work for an hour, I must go and take a run and go and do something you know.

Interviewer: That leads directly to my next question around coping mechanisms that you adopted, so on a personal level in terms of your personal stresses would you say exercising?

Respondent: Yaa so I had to be careful about certain things and I try sleeping more but if I had to get something out its just not working, I think I must get a decent night's sleep but it doesn't always work that way there is always something like a presentation the next day you don't always end up sleeping or sleeping at a decent time. I am trying to be careful about what I eat, how I sleep and I drink lots of Lucozade.

Interviewer: Has that effectively helped with your emotional stresses and your anxiety?

Respondent: I have a hobby which is something I do on Wednesday nights and Saturday mornings, I just to said my family that even if we do take-out but I'm going to be going to these things because I need to because I don't its going to be a problem.

Interviewer: Have you engage in journaling or positive self-talk strategies to help?

Respondent: I stopped journaling, completely stopped. I just thought to myself that to be quite honest I need to be doing other things and I completely stopped journaling so when the work load started getting heavier, I thought this journaling will just have to go out the window. Not so much self-talk but my son is really good goes “mom stop now” I do that to him and will tell him because he is writing his exam “go and get some fresh air now” or “go out for fresh air and get some lunch” or something like that. So we almost kind of check each other which is good. It is something I used to do to him and he is now doing to me. So I make sure that I do. I used to exercise five times a week but I cut it down to three but I do get to it because I think its important, so I haven’t stopped doing other things. And I will see a friend if a friend calls me, I have not stopped seeing friends.

Interviewer: If you are not journaling how then do you reflect and process your reactions and your feelings?

Respondent: I do self-talk. I also talk to my family, obviously not about cases but I do talk to them about how I’m feeling and how I’m going, even if bores them (jest) so I do talk about that.

Interviewer: And that helps you with your reflection?

Respondent: It does, but I also have two people who have been through M1 as well, so I talk to them often, we have a WhatsApp support each other group, and it’s been right from the beginning the first person is doing her community service now and she would give us steps and would say what is stressful and I would send messages to say that I was so exhausted. So we have a group of people who have been through it or are doing it. So I am M1, the other is M2 and the other is serving her community service, so we keep in contact and that is really I find supportive and we talk about what’s happening and tell each other what not to stress about that it will be fine. So it find that its really good.

Interviewer: That kind of support will definitely help.

Respondent: Yes I find it fantastic because even though we speak to each other here, we are all going through the same stresses so it can be more stressful. But it is quite useful for people who have been through the process.

Interviewer: It helps to speak to somebody who has been through it to give you insights to motivate you and help get through those tough moments.

Respondent: Yes and they keep on saying that year goes very fast just remember that.

Interviewer: In terms of reflecting on your client sessions, how do you manage to do that? Do you create boundaries where you are not taking stuff with you home?

Respondent: I can definitely create boundaries, because I did work with child abuse (kids abused) and that was hectic, and that was hard not to. So I find that easier now as I only have one client and even though it's a case where there has been abuse, it's a problem I don't take it home with me so its a something you can get used to, I have realized that it doesn't help at all to do that.

Interviewer: In terms of your strategies implemented in terms of your own professional development as a therapist. What strategies did you put into place to overcome some of the stresses that you experienced and you mentioned issues around time management vis-à-vis all the other demands you have?

Respondent: Umm I started to realize that I cannot be the way that I used to be, where I would spend hours working on one paragraph, so I realized I can't do that anymore. So I've realized that I've actually had to change the way I am with regards to trying to absorb as quick as I can, I have now learnt from last year that I can skim read. I have learnt to do that really well and I can get through a document really quickly. So that is something that has been built up from last year and just learning to read the important parts is helpful at least you are getting the basics of whatever it is you are supposed to be understanding.

Interviewer: In terms of your logistics around your client sessions, managing venue bookings, telephone calls and you said that there has been so many changes to our scheduling, surely that has impacted on how you schedule your clients, what did you do to overcome those challenges?

Respondent: I think that also goes back to time management, for example – I was supposed to call a client last week but I couldn't so I just have to make sure that I keep on top of things so I try to see two clients a week, so you have to keep that end goal of 25 sessions in mind and try and work how to get to it because I don't want added pressure towards the end. To stop that pressure towards the end you have to make sure that you work consistently and if something goes wrong and gets cancelled then you have to double up the one week. So that's the only way to do it so you

have to keep that in mind. It makes it more difficult but you have to learn to adjust very quickly and make a plan very quickly.

Interviewer: And in terms of your academic stressors, was it also exactly that – time management and doubling up? How did you manage with coping around your work load?

Respondent: Look its been tough but as I said before if somebody gives me a deadline I need to make sure I work towards that deadline. Its only when somebody pops something in like “quickly do this community thing” (sigh) that I find very difficult because it throws your schedule out a bit.

Interviewer: How do you cope with that?

Respondent: Its been really stressful for example we had to get the community thing out and there were 3 of us and basically I knew that if I didn't do it nobody was going to do it, I just got up early one morning, stuck my head down and worked non-stop. I mean it was exhausting I didn't even go to the toilet. But I knew that if I didn't do it, it was one of those large sections, but I thought hat it doesn't matter if you are in a group, if one person doesn't do it we will all get let down. I am not the kind of person that finds it hard to work in a group because I cant leave it to the last minute because I am responsible too. So I would rather just give it to me and I will do it unfortunately and I will just ensure that everybody does the rest afterwards. So it kind of worked out. But when somebody throws something like that in the middle when you have other things to turn out, I found that very difficult. Because you had almost timed your things to ensure that you get them out on time and suddenly “oh by the way” here just pop this community project thing and you must all go and do write ups and that wasn't in the plan of our initial task list. And I actually think that its very unfair. We knew we were going to do a community project but I don't think anybody realized it was like that.

Interviewer: In terms of the academic workload, preparing for seminars, were there any strategies that you had to keep yourself prepared for all the engagement we had in our seminars and the readings that we needed to over in order to do that?

Respondent: I'm just thinking, not really. You can't have a slack day, its just got be consistent work. That's a problem because I don't take a day off. So I take some time off, but I will feel very guilty taking a whole day off. Because I will think “what will happen if”. If I had to write 12 pages

today (like our peer needs to do in order to hand in her assignment today) I would be freaking by now, its already stressful I couldn't write 12 pages now, sometimes it takes me 2 days to write 1 page to get the information to put on. Maybe she has the information but to me that would be added stress. To me from the advice I get from my WhatsApp group, the one thing you must do is make sure that you work consistently – then its very do-able, and that the one thing they stress consistently.

Interviewer: So in deciding on these strategies was it informed largely by your support group and was there any aspect of your own self-reflection that went into it?

Respondent: Well if it was my own I was only my own I would have panicked and thought let me do it in a few weeks and get it over and done with so that I don't get too stressed out, which would have been impossible. Its something going on at the back of my head, a little voice based on the advice they had given me to keep on it. The voice saying “Work consistently, work consistently, work consistently”.

Interviewer: So that drives your behavior and driving your strategies that you implement in order to cope?

Respondent: I try to get equal times to certain things like I'll say I haven't worked on African Psychology for a while so let me work on that. If I hadn't done it in a week then I will think “oh heck” so if I haven't done it then let me at least do a paragraph so at least I feel like I am working consistently but on each one, so I wont just do one thing and try and get that out the way

Interviewer: So you work on different aspects at the same time, but you won't finish one project at a time. You overlap the areas that you need to, to try and get to everything but within a framework of consistency.

Respondent: Yaa yes yes.

Interviewer: In relation to all these challenges that you experienced where there any maladaptive thoughts or behaviours that your entertained or acted upon?

Respondent: Yaa have a good drink, I am stress out where is the bottle? (laugh). No Im just joking but when say that I have mostly have more than one drink and I have thought to myself, which is

not at all healthy, so I'm going to actually take my laptop to my bed and lie on my bed instead of working at my desk. So I've ended up a few hours being in my bed with my computer and that is not something that is too healthy at all. Also not sleeping...

Interviewer: So your maladaptive behavior is not sleeping. How much of sleep do you get a night then?

Respondent: 5 hours...I go to bed at 1:30am

Interviewer: That is difficult to sustain

Respondent: I know, but I hear a voice advising at least if you get 6 hours of sleep you will be fine (laugh) so I think that 5 hours is fine.

Interviewer: With the holiday coming up, will you get some sleep?

Respondent: Yes but I want to slot in clients and work on my research, just have to put my head down and work. I was planning to finish at the end of the year but I don't think I will, my support group remind me that second semester is much more difficult. So that got me thinking well maybe I is there something that I can start preparing in the holidays so that I am not so stressed in the second semester.

Interviewer: And there is the build up to the exams...that is a huge factor and also as you mentioned the internship and whether we will secure placements is another stressor.

Respondent: aha yes

Interviewer: Reflecting on our experiences on the way you handled your stress do you think that your coping strategies helped you to adequately cope with your academic, professional and emotional stresses?

Respondent: I think if I could start all over again I think I would plan it differently, I think I procrastinate a lot, if I had known I think I would not have been that much of a perfectionist.

Interviewer: Is that in terms of you developing professionally or in terms of your academic work?

Respondent: I think both – it sort of overlaps, I would think is it that important? All you are basically trying to do is pass the year you are not looking for a high mark I'm just looking for a pass. I must forget that.

Interviewer: Is that not added pressure?

Respondent: Yes my whole life I have been somebody who has tried to get a decent mark you know and if I got a bad mark it used to really freak me out so now I just really want to pass. If had to do it again I would have thought its not that important, put out decent work it doesn't have to be perfect.

Interviewer: If you had to reflect on the strategies you employed in terms of your emotional stresses – you have your personal support group and you have your family that you speak to...

Respondent: Its been great but I'm still stressed out but I don't see how I could done anything more than I have done, maybe sleep more...(laugh). So I'm not sure how I would've handled that differently, because that's a difficult one.

Interviewer: Do you have any regrets or recommendations for others coming into the programme.

Respondent: Regrets... I think I should have actually been more strict on myself regards my health and I think it kind of spiraled out of control and then I think that I would've said to myself "that's it" like put a time limit on things – like when I go to bed. I think would have been a lot more strict with myself regards my health. My mind just doesn't switch off though I think "I should've out this line in there" so its hard to go to sleep. One thing I have changed is that I don't get a chance to read the newspapers so before going to be I glance over the newspapers because I find that it distracts me, because I think "have I referenced correctly or done that section correctly" so reading the newspaper for a few minutes before going to sleep even if I am tired to stop myself from thinking.

Interviewer: So it's a distraction from your thoughts on your academic work to get your mind off that?

Respondent: Yes so it doesn't take me half an hour to stop my thoughts, I can go to bed straight away. So putting some of those things in place will actually be beneficial if had known what the work load was going to be I mean I did know but about how taxing it was going to be.

Interviewer: How did you experience embracing all these emotional challenges as part of your professional development?

Respondent: I freaked out (laugh) I think I've got around saying to myself sometimes "is this actually worth it" what am I doing at my age doing this, I must be out of my head... I think its also quite difficult being an older person as well because I don't know I think you have more resilience when you are younger, sleep wise. I think about when I was younger when I could stay awake all night and go to parties and things. I am sure that health-wise when you are older and you get less sleep, I don't know... I don't seem to have the stamina... I am so jealous of your younger peers... I think if I could party and enjoy myself like he does it would be so relaxing. He has this thing of "you only live one" I think why can't I be more like that. I think to myself to just enjoy it, because you need to enjoy it while you are doing it. Its almost as though we don't have time to enjoy it.

Interviewer: Enjoy the process more..

Respondent: Yaa I mean its such a privilege we have wonderful teachers teaching us and wonderful resources and wonderful people around us I mean *Prof X (in reference to the Head of the Applied Programme)*, to have somebody with that sort of knowledge teaching us is unbelievable I don't think of any university will have anybody better than him – to me this is such privilege and to have somebody like *Prof Y (in reference to the Head of the School of Psychology)*. I've not had time to smell the roses as I go along – enjoy what you have around you because it will all be gone and you will be left thinking why didn't I use what was there. I would actually like to take time to actually do that.

Interviewer: In terms of your reflection on whether this is what you want to do...

Respondent: I think its just the study part. If I was younger I would go and be a psychiatrist, I am so fascinated with working with people with mental health disorder and to be making a different. So its not like the line of work, I am thinking the whole exam route and then I think "why am doing this"

Interviewer: So why do you do it?

Respondent: I wanted to change careers and I wanted to be a clinical psychologist so the end result is yes but just the assignments and exams...

Interviewer: So the alternative of just continuing doing something that you are not happy doing is too bleak to contemplate?

Respondent: Yes exactly, but why didn't I think of this a few years ago (laugh) why didn't I start this earlier

Interviewer: No regrets though

Respondent: No never. My husband doesn't see this ever ending – he thinks I will do a PhD after this but I do see an end.

Interviewer: So accommodating this distress, did you see this as a process of your professional training that we were required to embrace these challenges or do you think of it as a factor that exacerbated your own emotional difficulties.

Respondent: I think it's a bit of both really but I think the reason why these courses are so difficult to get into is because they are aware of the how challenging it is and when I think about it and go back to the interview process I think that why they are so hard, you clearly have to be a very resilient person to actually go through this whole process because it is so tough. But I think that it does definitely exacerbate what you have inside, I am normally an anxious person so this has really increased my anxiety. I was aware of this beforehand, I have always been aware of my anxiety.

Interviewer: And your panic..

Respondent: Yes and I've always been an anxious person so I've had to be aware of this and monitor it, when you are tired and when its stressful it can get out of control so it definitely does exacerbate it.

Interviewer: But you are managing to keep it under control?

Respondent: (Laugh) can I tell you at the end of the year, when you come to see me during your ward rounds?

Interviewer: What do you think are the gains you have made in this journey to becoming a psychotherapist?

Respondent: I think if you think that you can handle an M1 course with all the things that are going on, with all the stresses I think prepares you for actually working in a clinical setting, so you know what I mean? It can be quite stressful working with kids who have been abused but when I think you have to learn to be able to handle your stresses. So I think in that way it kind of prepares you. You can see how far you can be pushed and to see if you can handle monitoring it and you need to watch your health that's why I went for the ECG to see if its really stress related. If something is wrong you have to go have it checked out. You have to know how far you can be pushed.

Interviewer: Do you think some of the gains include you becoming a psychotherapist? Just in terms of your own development as a therapist do you feel you made gains in that regards?

Respondent: Yaa absolutely its extraordinary. I mean the things I have learnt now, its everything things that I've learnt about myself as well. Its really been amazing so far. I have learnt so much and the problem is the more you learn the more you want to learn. So it kind of sparks your interest, to me its like its increased my curiosity about what else is out there. So its like sparks and added interest in like borderline personality. Its just such fascinating work! I have to control myself asking questions in class, there are so many questions that I want to ask – I feel like I need to know more about this. You learn so much its amazing.

Interviewer: In terms of your own self confidence as a therapist, do you feel that gains have been made in that sense.

Respondent: I must say that I did question that a lot. I look at some of my videos and I think and feel very incompetent many of the times, but I've only had one client so working as a therapist with the client, when you see a shift you think "my gosh they are starting to think differently" and you think wow, its not me its part of the process and actually makes you want to feel that maybe if you can just facilitate that and make somebody think slightly differently about what their life is like, it is possible, makes me think that it may be possible to do this and create a change in somebody's life. So there is a lot of questions in the beginning and you start thinking "why did I ask that?" So its actually rewarding and started feeling more comfortable.

Interviewer: In terms of the theoretical gains, have you grown in terms of theoretical application and formulation, treatment modalities?

Respondent: I'm still confused with that to be quite honest I feel like I need much more practice with that. I feel like I am floundering a bit. I feel that gains are not there yet. But I'm feeling "wooden" and I don't feel comfortable with the theoretical understandings yet.

Interviewer: Is that because you feel that you have to be completely au fait with the therapies – your perfectionistic side?

Respondent: I just think that I am getting confused because I need to exactly know which theory is which and if I am getting it confused with one or the other – let's say in therapeutic process. Because we are learning we have done one specific therapy – I am doing CBT because we are formulating that way. Maybe I am not becoming familiar with another because I am not using that practically, I am not using it so I don't know how to do it and I'm unfamiliar with it. I think I need to know more. But I don't know how much more you can add to this course that's the thing – there is a limit so we are going to have to do it ourselves but I'm just kind of hoping that we will get to practice it in internship or something. I just feel that it's not there yet.

Interviewer: So it's the stress around it not being concrete and around the lack of opportunity to implement and practice all these different aspects so you know that I can grow on this therapy and the next. We don't have the experience as yet and it's natural for us to feel that way.

Respondent: Ya that's really it.

Interviewer: Thank you so much for your valuable participation in this and for your honest input.

Respondent: That's cool, you are most welcome.

Research participant 3

Interviewer: Thank you so much for your time and participation in this study. I know how busy a time it is for all of us.

Respondent: No problem at all.

Interviewer: What have been some of the specific major challenges that you have experienced in your training to become a psychotherapist?

Respondent: Major challenge is applying the theory into a practical setting. We have all the basics of understanding what needs to be done but actually applying it has not been very useful or helpful at all. I have my client on my therapy case I'm dealing with the application for the first time and I don't know how to deal with it, I have to use my judgment and hope for the best. And the practical application had not been easy. In terms of the work load I suppose it is manageable but I haven't been managing my time very well so I have been procrastinating which has been a big downfall.

Interviewer: So your time management has that extended to other aspects as well, what you are saying around the theory-practice gap is around your professional development.

Respondent: Aha

Interviewer: Then in terms of your academic work load and deliverables do you feel that your time management difficulties has affected this area as well?

Respondent: I think it has affected my academic work and deliverables. I have always been lazy and procrastinating student. But this year unfortunately you will just fall behind there is no catch-up option. So ya

Interviewer: So professionally you spoke about the theory-practice gap but what about working with your clients and in terms of your supervision, has there been any challenges in those areas as well?

Respondent: I think I am very lucky to have the supervisor that I have, she is external supervisor I don't want to mention her name but she has been brilliant in helping me identify stuff that I didn't know. My own counter-transference and my own going down the wrong path – she will set it straight. So she has been brilliant in this regards. So supervision has been one of the better parts for me.

Interviewer: So no challenges then..

Respondent: There has been challenges in actually just time to see each other because she is external and I am here we have to work out our timetable and she has to travel quite far to get

here so physically arranging the time has been limiting we haven't been able to meet as often as we would like.

Interviewer: In terms of your clinical sessions, in terms of setting this up for your client session. Have there been any challenges in that regards?

Respondent: Yes there have. My client is notoriously inconsistent so I have had lots of last minute cancellations, she says she is going to pitch and she just doesn't without cancelling the session. So very frustrating and very tiring to try and arrange. Especially as a new trainee you have so many expectations, you feel excited about therapy and gaining the experience. I just feel so let down when she doesn't pitch, so that has been very frustrating yaa.

Interviewer: Academically you have mentioned the time limitations aspects. Just coping with the work load or in terms of the learning process itself the way we are taught.

Respondent: In that sense there has been lots of challenges like I still like to use my "last minute-do-everything" strategy and for the paper that was due the other day, I started on the morning that we had to hand it in. It went like for 6 hours where I didn't look up from my screen and my brain was fried and it was a terrible experience. Its getting bad and I need to try work consistently.

Interviewer: Because of the work load?

Respondent: It's a higher workload that demands you to work consistently. If you don't focus, the work load will become overwhelming. You have to keep up with the workload if want to have any chance of managing it.

Interviewer: And in terms of the nature of the work and the process of learning, has that posed any challenges?

Respondent: The actual course work itself.. the one course presented by Lucinda on CBT and report writing – I thought that that was really great and I learnt significant stuff there. Other courses like psychological assessment, even though *Lecturer A* is a great lecturer I feel like I have learnt absolutely nothing in those courses, nothing meaningful, it hasn't really changed the way of my thinking. Like Becoming a Therapist, like sure we think of ourselves in hypothetical situations but we talk about it and discuss it but we don't practically address if this happens this is what you

should do – its too theoretical to get anything meaningful out of it for me. I need to have practical understandings.

Interviewer: In terms of personally any emotional stresses and anxieties that you may or may not have felt

Respondent: I have felt overwhelmed. Again in terms of my client I have felt severe counter transference from my client, I find myself getting incredibly frustrated and not just in the session but outside in my normal world as well. Getting anxious and frustrated – only after dealing with it with my supervisor did I realize that it was me feeling the counter-transference. So ya it has had an emotional effect on me, even my friends can tell that I have become more moody and frustrated.

Interviewer: So the impact of the challenge that you experience in your psychotherapy has been around your own interpersonal relations?

Respondent: Yaa it has really impacted my interpersonal relations. But now that I have begun to identify it I can start to work on it but it has taken its toll. Also all the pressure and stress that we have and family stress to do well in masters – it just makes it harder to give off your best with all the extra pressure and feeling of being pushed and pulled in every direction. So emotionally it has been a bit of a rollercoaster year. I try to relax when I can but....

Interviewer: How would you describe your awareness of these challenges at a professional level? So managing your times, that therapeutic relationship around you developing your skills to become a therapist, how did you become aware of these challenges?

Respondent: I think I was very poor in being aware of these challenges and only through the help of a supervisor was I able to address it, I wasn't able to pick it up on my own. My whole line of thinking was so focused on my client, I didn't think of anything else or about me. So my self-awareness has I would regard it as being very poor – it is something I need to work on.

Interviewer: So how did you become aware of your academic challenges?

Respondent: Our work load is significant but I don't find it particularly challenging I feel like its easy work, it just takes a lot of time. Like its not something I put much thought on, its something

you got to do. I know will be able to do it and get it out in time. There is no excitement or enthusiasm going into the task.

Interviewer: So you are saying the challenges around your time management limitations and procrastinations as such around your work, is because you are being under-stimulated?

Respondent: With the theoretical work, defiantly yes. There is time to do the work and when I have time I just choose not to do the work because its something I know I will be bored doing.

Interviewer: And on a personal level, the challenges that you experienced personally, how did you become aware of it – was it purely through your interpersonal interactions or how else did you become aware of it?

Respondent: Actually I only became aware when other people started noticing it in me. Which is terrible as a therapist because you need to be more self-aware that is very important. So that has been the biggest learning curve for me. I thought it was bit of stress and pressure but I didn't realise it was far deeper than that. So I had no recognition of that at all.

Interviewer: In terms of the coping mechanisms or strategies that you put into place to overcome challenges you felt in working professionally with clients what did you do?

Respondent: I do talk to my peers, not in terms of details that would identify my client but generally in terms of what we are experiencing. I would speak to my peers, supervisors. Even with the roommate that I stay with obviously without giving any details away, he is a good listener and lately I speak about how I am feeling frustrated or annoyed. And that really helps because I know this guy for a long time so his opinion I can trust and I value.

Interviewer: So how then does that help with closing that theory-practice gap that you said that battled with?

Respondent: I don't know for me the only way I can breach that gap is to keep practicing practically and eventually gain the necessary experience to handle the situation. I don't think any amount of reading theory will help me to apply this practically.

Interviewer: So your strategy then is to get more exposure.

Respondent: Yes to get as much exposure as I possibly can.

Interviewer: And in terms of your academic progress what strategies did you put into place to help you be more effective in this regards?

Respondent: My overall strategy is do what I need to in order to just complete the academic work there is no overall goal – whether I get 90% or 51% doesn't really affect me.. What I want to get out of this year academically is to pass and to get as much practical skills as I can to be a therapist. Obviously I need to be aware of all the theories behind because you will need to use that but I like I just don't have very high academic goals this year at all in terms of what marks I want to achieve.

Interviewer: And in terms of your own emotional stresses and anxieties what strategies did you put into place to help you cope?

Respondent: I have the incredibly maladaptive and destructive ones which has been a noticeable increase in my alcohol and cigarette intake. Try and relax more, sit and talk to friends and family more. I try and be sociable as I can so that I feel normal. That reinforces that Im actually ok and that I am normal.

Interviewer: So in terms of your strategies would you say that you adopt a more emotional approach to regulate your behavior or would you say that its more of a problem management type approach?

Respondent: Definitely emotional there is no problem-management at all. I think problem-management would be better for my situation but....

Interviewer: Do you ever engage in positive self-talk seeing as you do lean towards more the emotional strategies of coping?

Respondent: I often do say to myself “you can do this” and “you got this” you know. I have good beliefs that I can do what I need to. I have good belief in myself that I have the capability to perform whatever task that I need to do. Whenever I am stressed I just go out and think “what is it that I need to do”.

Interviewer: Do you journal to reflect on your feelings at all?

Respondent: No I don't. I do speak to my roommate about how I am feeling so that is like an on-going journal but nothing written down.

Interviewer: So how do you process your own reactions and feelings?

Respondent: I actually don't, there are no healthy ways that I can think of the way I process my thoughts. Even when I understand okay I am feeling this and what I to do to resolve it is like.. I don't know .. I don't actually do anything. I need to take to the next step and process it and overcoming it.

Interviewer: In terms just in terms of your client preparations and logistics around that have there been any strategies that you employ? What do you do in preparation for your clinical session? Do you get here on time? How do you manage your bookings and telephone calls etc. and also the counselling skills to actually do the therapy? Do you have a plan, do you practice beforehand?

Respondent: I always start with a phone call to the client and arrange a session for the next Wednesday let say then I book the room if its done a week in advance then its not usually a problem and then 2 days before I see my client – on that Monday I will call again to confirm with the client. In the case I have my client is very inconsistent, even after confirmation they have cancelled. But let's assume that they do come for therapy. If the therapy is at 2pm I will be here at 1pm. I'll come in and set up the room, move the chairs around, make sure everything is fine. Then I spend some time reading again through the file, just to make sure I know exactly where we ended off and what I want to do. That's pretty much the way I prepare for the client.

Interviewer: And in terms of the session itself, the therapy?

Respondent: I usually have a plan of what I want to start off doing in the therapy. So I start with the last thing we spoke about and what I want to bring up. But the thing with my client she likes to jump around a lot in what she wants to talk about. So in spite of having a clear idea of where to start, 20 minutes into therapy she goes into a completely different angle that I hadn't anticipated. The way I handle it is that I will focus on what I want to focus on and whatever new information is brought up we will discuss it in the session and the following session we will start discussing that again. The plan of action kind of stops 20 minutes into the session and the next 40 minutes is

on something I hadn't anticipated and hopefully I will find a way to link that back to other issues that she has talked about. Try and find the connection between the things.

Interviewer: That must be quite challenging hey.

Respondent: It is its worrying how many of these connections I miss, its only when I look at the video afterwards then do I realize why didn't I see that this is related to that? In the heat of the moment you will often miss it. But I try and raise it in the session like "you know you said this in your 3rd session and this happened in your 1st session" so I do find a way of making up those missed connections.

Interviewer: How does that make you feel as a therapist?

Respondent: It makes me feel good about myself. It's a booster to my own ego emotional state (jovial) that I am actually doing something good that's actually helping someone. And ya it build my confidence and makes me feel that I am developing as a therapist.

Interviewer: Yes in terms of your skill set.

Respondent: Yes building up that tool kit.

Interviewer: And in terms of your relationship with your supervisor, you said that a lot of your insights are gained as a result of your sessions with her, how would you describe the relationship you have with your supervisor?

Respondent: It's a professional relationship I completely respect everything she says because she has experience and proven to be bright. But that is also a bit of a hindrance in that I can feel intimidated to talk to her say in-between supervision session something urgent comes up, I feel a bit scared to email her or call her to say this is what has happened. I actually just wait until the next session.

Interviewer: Why is that?

Respondent: No sure I think that even though that is not how she would react, the impression I have of her is that she expects me to know what to do in the situation. I feel embarrassed to ask her for something I'm sure she will find so simple. I just feel like I need to resolve it myself.

Interviewer: So how you cope with that is to process it on your own.

Respondent: I try to do what I can and I will bring it up in the next supervision session. But if its an urgent thing it is just not a healthy way of waiting and prolonging it when you lose track of what to say also. I really find her intimidating to approach.

Interviewer: And what factors did you take into account to help you to overcome these stressors? Did you speak to somebody about it? Was it through your own self-reflection? How did you come about these strategies?

Respondent: Experience – I know what has worked and what hasn't. Also talking to friends hearing what they have done. It more like a trail-and-error type of way.

Interviewer: In relation to your academic, professional and personal challenges were there any maladaptive thoughts or behaviors that you entertained or acted upon?

Respondent: The cigarettes and alcohol I spoke about earlier.

Interviewer: You are perhaps medicating aspects of your emotional stresses and anxieties with the alcohol or not?

Respondent: It is pure avoidance, there is so much going on I can't say just keep on working. When I get home I can't not think about it – I always think about stuff. When I start thinking about stuff, I start having a few drinks.

Interviewer: To switch off?

Respondent: Even though it doesn't even help, it doesn't stop me from thinking I still have the same thoughts. Maybe psychologically I am finding an alternate way of venting off the feelings that I have. Take out my frustration on a dart board at home as well (jovial)

Interviewer: Has it been really excessive or have you managed to control it?

Respondent: Its been a noticeable steady increase. I don't think its at a point of being excessive it not like daily usage or anything like that. But if I compare it to a year ago doing honors, then those stresses are nothing compared to what I am doing now. On a really stressful day I can have 30 cigarettes. Normal day I will have 5.

Interviewer: What would be a typical stressful day for you.

Respondent: Mainly the days I see clients that is the most stressful day of the week. After seeing her I feel emotionally drained... like I've run 5 marathons. I get physically exhausted. The session with her takes a lot out of me. It's the counter-transference.

Interviewer: So how do you cope with this?

Respondent: I go home smoke, take a bath, couple of beers and sleep.

Interviewer: And that helps?

Respondent: Not in the slightest but its what I do – its become a ritual way of dealing with it.

Interviewer: Just reflecting on these experiences that you have had the way you handled these challenges, do you think there could have adopted different coping strategies to help you cope more effectively?

Respondent: I think having much healthier ways of dealing with stress would have affected my academics. So instead of adopting these maladaptive ways of coping I could have exercised, gone to gym. I could then been able to better approach other tasks in my life. Eating healthier and keeping healthier would definitely impact my academic performance.

Interviewer: In terms of your professional development, were there things you could have done differently?

Respondent: Yes, taking better self-care. When things go wrong instead of avoiding it or numbing it – have more of an awareness of these problems. Address it earlier with better self-care.

Interviewer: And you own personal self-reflection and processing? Do you think having better self-insights will help cope more effectively?

Respondent: I think I need to develop more self-insights. The more I practice I hope it better develops and the more I try it. In a few years when I don't have a supervisor, I have to have the self-insights to be more aware of my own counter-transference issues. I need to reflect more and think about why am I feeling this way.

Interviewer: In managing your own emotional stresses – you mentioned a healthy diet, exercising – do you think that will contribute towards coping with your emotional stresses more effectively?

Respondent: Yes definitely. I also have health stresses contributing to this. I am type I diabetic – always have my health concerns always at the back of my mind. Finding a way to minimize all these factors and have healthier ways of dealing with the stresses will help in all aspects.

Interviewer: In retrospect what would you have done differently to help you cope more effectively?

Respondent: To be honest I would be in personal therapy once a week. I honestly think that outside of the academic work, if I had my own therapist to talk to – its about all these things in my world which help me gain self-insights which I lack.

Interviewer: To unravel certain aspects for you.

Respondent: Yes, it is something I regret not doing at the beginning of the year.

Interviewer: Any recommendations for trainees coming into the programme?

Respondent: Get as much practical work experience as you can – work at Child line etc. you cannot enter the programme blindly you must have a basic understanding of what to expect. If you enter with no concept it will hit you head on. The emotional stress that you experience will overwhelm you. This year is not something you can explain, you have to experience. No amount of theory will help you with that. Be open to the idea that people are going to react the way you expect them to be and you have to be open to that and expect that.

Interviewer: You are referring to clients?

Respondent: Yes, clients will surprise you and you have to have a very open way of thinking. So gaining prior exposure will help you cope with that. Make sure you have a clear research project aim because if you don't, you will fall behind. Have a research project because I think that is one of the things that will hold many of us back.

Interviewer: How did you experience embracing these emotional challenges as part of the training towards becoming a psychotherapist?

Interviewer: I have grown as a person through these experiences in the last 6 months I have learnt more than I have in the last 20 years – its been an incredible journey. Many downs and ups but I feel I have matured and have a much more realistic world view. I feel that I ready to continue developing in this profession.

Interviewer: So no regrets?

Respondent: None at all.

Interviewer: Do you feel that you had to accommodate this emotional distress as part of your emotional training or did you see the training process as a factor that exacerbated your own emotional stresses?

Respondent: For me that dealing with all these emotional stresses is what this year is meant to be. Exposing us to these crazy emotional stresses was for us to understand, discover, and experience these emotional stresses so that we are prepared as psychotherapists in the future.

Interviewer: So you see it as part of your training

Respondent: Yaa

Interviewer: So you don't see it as you having inherent emotional difficulties which were then brought out.

Respondent: I think I have inherent emotional difficulties that were brought out, but again I think this is part of the training. If they don't come out now they will come out at some future point in time with the client and you rather deal with it now than later.

Interviewer: What do you think are some of the gains you have made on this journey to becoming a psychotherapist? In terms of your confidence with clients and using your theoretical skills training and so on.

Respondent: I must say that I am more confident. The idea of conducting intake interview was initially terrifying and to think I could change people's lives - but now I think I can engage meaningfully with clients. I think I am open to whatever they have to say to me and provide them

with meaningful responses. I feel confident that I will be able to give people the therapy they require. I am happy about that.

Interviewer: So you think you have grown professionally.

Respondent: Yes professionally and personally – I feel that I am a lot more mature and responsible than I was. I am more sure of myself. Despite all the craziness that is going around I feel like I have a better sense of who I am.

Interviewer: And your feelings about your self becoming a therapist?

Respondent: Sometimes I ask myself why the hell am I doing this. But the reward you get from this profession isn't great – you get frustrated by clients and get turned away but I love the challenge of exploring something unpredictable always something new every day and that challenge of trying to understand that it is what keeps me motivated.

Interviewer: Thank you so much for your time again, really appreciate it.

Respondent: Are we done? Already. No problem.

Research participant 4

Interviewer: Thank you so much, really appreciate you making time to participate in this study from a counselling perspective.

Respondent: Sure, it's cool no problem at all.

Interviewer: What have been some of your specific major challenges in your training to become a counselling psychologist?

Respondent: Umm the main challenge for me was time management, I found that has been a big challenge for me. I am a person who works hard to get good marks and I take my time and work quite slowly which is not necessarily a good trait so I've had to learn to adjust to work a lot quicker and not necessarily do it to 100% but just kinda get on with it and do what I need to do to get through the work. Umm and due to that I'm finding that I am getting a lack of sleep, I put on a lot

of weight, I am stressing umm not eating properly as well. I live on my own so I'm self-sufficient so I have to manage all of the in-between. So that has been my biggest challenges.

Interviewer: In terms of your time management and being so stressed, how has that impacted you professionally in terms of working with your clients, preparing for supervision, managing your clinical sessions in terms of therapy, how has your stressors impacted that aspect – your professional development?

Respondent: Personally I found that on days that I have a lot of work due, I prepare for my client but I am not as prepared as I'd like to be. Ummm I also found it's been a struggle finding clients and I took a second client and I found that because of the work I have been kind of delaying things because you have so much of other work due and you don't not want to give it your best, so you rather delay the client by a week or not start a new case because you don't want to upset a client by cancelling, delaying or you rather just don't start. So that's been a big problem for me cos my supervisor is expecting me to take another client and I am not coping with the work load, so it's kind of a big vicious circle. So I've said that I have to dedicate my holidays to catching up with the new client.

Interviewer: Has this compromised your professional development?

Respondent: Yes, hugely. Definitely. The other problem that I'm having is that the other students seem to be getting quite good placements and at my placement I'm not getting good experience, I'm finding it very limited. Umm it started out good at the beginning of the year and not the supervisor seems to be busy all the time and disinterested – you know arriving late for work. Today for example I was there at 8am and waited until 9:15am and no one was there so I had to leave. Umm so I'm not getting hours which is really concerning me.

Interviewer: And this added to all the stress factors you are experiencing, adds to your challenges. How have these challenges affected your academic work – in terms of your work load, the nature of the work we are studying and the process of learning and the application of all our theoretical concepts?

Respondent: Umm 2 examples, 1 would be I was busy concentrating on reading the DSM and the chapters for the psychopathology presentation, community and things like that and I was staying

up really late to do that and I was finding that it was just becoming an impossible task. For me I don't know whether I was reading it slower or not but it was just becoming impossible and now later in the term as I was still busy doing that work all my other work was behind Ummm so I feel that the essay I handed in was really not good quality definitely not my piece of work. In fact I am really worried about passing it, so I might have to go and chat to *Prof X (in reference to the Head of the Applied Programme)*. Umm and the second thing is, because I haven't been able to keep up I'm finding that I'm feeling really left behind and that stress that I feel is making me not concentrate properly and I hear what someone else's done and I feel really left behind and overwhelmed....and I'm going to cry (emotional)

Interviewer: (gently) Are you not putting too much pressure on yourself? You always make valuable contributions in class and always know what is going on work wise. You have never come across from a perspective that you are behind. In fact one would have that perception of other students at time, but never you. Are you not putting too much pressure on yourself?

Respondent: I probably am, I like to keep up with what's going on and I think I've neglected my own therapy because of all the stuff we have going on, all the work load. That the principle, we have to attend therapy, so I think I need to go back (to therapy) I just have to make it a "must" because it becomes overwhelming if you are thinking that you are not coping at all. In fact I was admitted last week for 2 day which is why I wasn't at varsity, because my whole neck spasm and my whole arm went numb so that's why I wasn't at varsity.

Interviewer: Oh so sorry to hear, what was the cause of that? Was it all stress-related?

Respondent: Yaa I got big migraine which caused my neck to spasm and I pinched a nerve in my neck which caused a fall out in my arm so yaa I was in hospital for just a couple of hours and they gave me medication and physiotherapy and x-rays. But I am okay now I'm just on the medication.

Interviewer: So clearly this stress has impacted you so much, it's been an emotional and physiological response as well.

Respondent: Hm yaa it's been a big adjustment as well from last year to this year. Although I am a bit older but I am also still adjusting, it's been a big gap for me I think.

Interviewer: I think yes it is a very big leap from honours to masters and I have such strong admiration for you, you have created such a strong positive impression and don't for a second think that you come across as an incompetent masters student, far from – you come across as really knowing your stuff and of being really passionate for what you are doing.

Respondent: That's the most frustrating part – so I want to learn and I want to do all these things. But I'm feeling limited, because I want to read and do all these things but I am always having to sacrifice certain things at the expense of others and that's what stressing me.

Interviewer: You want to do everything in a quality way but then there is actually just so much that you actually have to sacrifice some of that quality and your natural style or inclination doesn't allow that...

Respondent: Yaa (laugh) I want to get 100%. Exactly.

Interviewer: I have such respect for you and I think it's shared with the class.

Respondent: Thank you, I am just going to keep going and take a bit of a break in the holidays.

Interviewer: Yes we definitely need the break, because shew it's been a huge adjustment. Are you okay, are you fine to go on with the interview?

Respondent: Yes I'm fine I promise!

Interviewer: So we spoke about your personal challenges in terms of the anxiety that this has created for you. Would you like to add anything to that in terms of the stress impacting you personally that you feel that we have covered?

Respondent: No, the biggest thing is self-care. I have neglected that to a large degree. I had to give that up, I am also very self-conscious and I have put on a lot of weight and that's been a big thing for me. Just that personally.

Interviewer: How would you describe your awareness of these challenges at a professional level? In terms of your developing to become a therapist – so how did you become aware of these challenges impacting you at this level?

Respondent: I think my capacity to do therapy – because I am feeling so much emotional turmoil, I am feeling – “incompetent” is probably not the right word but I am feeling a little bit incompetent and I am also feeling that sometimes my ability to connect to my patients to listen 100% is a little bit compromised and I have to objectively pull myself out and start you know to listen to what my patient is actually saying. If it’s a really stressful day and there is too much going on. Or if I had a really bad morning then I need to mentally separate myself which is a skill I’ve had to learn. So yaa that would be it.

Interviewer: So you became aware of it through that self-reflection and the constraints it placed on you in the therapeutic environment.

Respondent: Yes

Interviewer: So academically, how did you become aware of the challenge at this level?

Respondent: When I was falling behind that was the biggest thing for me, particularly the last 2 weeks when all this work has been due. I have been working consistently but I only got to a certain point and got to 10 pages and now in this last week when I have had to do the other 10, it’s almost been like a mission with everything else that is due – community etc. That has been an awareness for me. Yaa due dates (chuckling).

Interviewer: And personally, has it been the health problems?

Respondent: Definitely the health problems.

Interviewer: What have been some of the coping strategies that you put into place to overcome your obstacles with regards to working with your client professionally?

Respondent: Umm with my clients I would set a structure for the session, so I do CBT so it is quite structured. So going in with a plan helps to focus me a bit better and just calming down. Yaa I’ve had to learn to actually calm myself down otherwise I get anxious or overwhelmed.

Interviewer: So would you say that you employed a more problem-solving strategy to help you cope?

Respondent: Yes definitely, whenever I am stressed that is my go-to so it's kind of have a plan and stick to the plan.

Interviewer: So in terms of your academic progress what did you do to overcome the obstacles encountered on that level?

Respondent: I would just have to work very hard, yaa there has been disappointments and I if I do badly in this essay it will be one of the first times that I have ever failed something but I think it's been a learning curve, something I've had to learn. Well what's the worse that can happen, it's probably not the end of the world (chuckles) I can make it up somewhere else.

Interviewer: Just that assignment was a huge learning curve for all us we did not know whether we were on the right track or not but it was undoubtedly a tremendous learning curve learning about African psychology and that perspective.

Respondent: Yes definitely!

Interviewer: And in terms of the emotional stresses that you felt, what strategies have you used to overcome the challenges you felt personally?

Respondent: I am staying with my mom since I got sick, she has been quite worried so I stayed with her. So she has just helped me, it's cooking dinner and doing washing in-between that has been a big thing. You suddenly wake up and there is no clothes and you didn't even realise you know – it's just been so busy.

Interviewer: So that relieved a lot of your stress.

Respondent: My boyfriend has also been a big support. When I am stressed I just call him and have a big cry.

Interviewer: Any other strategies – you mom and your boyfriend are a big part for you coping. Anything else. You mentioned therapy.

Respondent: Yes I have been in therapy for many years so I try to go intermittently but I haven't been as regular – in fact I haven't been in the last month which is quite neglectful of me I was meant to go.

Interviewer: And in terms of journaling and personal reflections have that helped in any way.

Respondent: (gasp) Oooh journaling hmm if I had done it, it would have helped a lot (laugh). But yes when I was doing it, it helped. Unfortunately that has been neglected a bit. The other saving grace has been Ntombi (clinical supervisor) she has been very supportive and helpful. *Lecturer A* has also been very helpful to me. When I am anxious she will tell me to “calm down, you will be fine”. My supervisor is very supportive.

Interviewer: How would you describe your relationship with your supervisor? I know you said that she is very supportive and provides you with good direction.

Respondent: Well from my side it is a great relationship she is very open and honest she is able to say something that could be said in a horrible way, in a nice way. So if make a mistake she could say “you are so silly, why did you do that?” and really shout at me and make a big thing about it which I am very appreciative. Also she shares a lot of books with me and she is very hands on and very supportive and containing.

Interviewer: And very encouraging and she does it in a way that gives you positive affirmation and a positive experience for you.

Respondent: It has definitely been one of the best supervision experiences of my life.

Interviewer: And have you ever used positive self-talk to encourage yourself?

Respondent: Yaa I have in a way of calming down. In certain instances I say to myself, you have to calm down. You are making a big thing out of nothing if something doesn't work out it's okay. Umm which has taken many years of therapy to teach myself that.

Interviewer: Just around the logistics of your clinical sessions – venue bookings, setting up etc. How did you manage that so that you coped with the session better?

Respondent: That is another thing that I have been battling with, just staying on that side (Ballito) traveling here I have to allow 45mins to get here if there is traffic and I still need half an hour to prepare in the room so for me it's an hour and a half episode before I can see the client. Umm so it's taking some time getting used to but it's been fine just the process of what to do and so on took a bit of getting used to. But other than that it's been fine.

Interviewer: So you make sure you are here on time and everything is set up so everything so go into your session with a calm disposition.

Respondent: Definitely

Interviewer: What factors did you take into account when you came up with these strategies? Did you speak to anybody? Or did it emanate from yourself based on your own self-reflection?

Respondent: Umm a lot of it was when I was chatting to my boyfriend he's a doctor and his life is also very time-consuming. Therapy has also been a big one, in therapy a lot of reflection I think.

Interviewer: And that helps you a lot with your problem-solving.

Respondent: Yes definitely

Interviewer: So you speak to your boyfriend and speak to your therapist (when you do) and then in your mind you have a clearer idea of what to do?

Respondent: Yaa they give me some tips and they may not be directly applicable but I kind of take of take what they are saying and apply it in my own way if that makes sense. So ways of learning and techniques of studying and so forth. I kind of listened to their advice and made it my own in a way.

Interviewer: And you feel better after that?

Respondent: Yes once I have a plan then I feel better after that.

Interviewer: In connect to the challenges we spoke about – the emotional, professional and academic – have there been any maladaptive thoughts and behaviors that you entertained or acted upon?

Respondent: Yes, ummm the one at the moment is that I am not going to get through everything...that is a big one for me especially with my research, as I need to get on with that – so that's a big cloud hanging over my head. Umm with regards to other people's case studies and I will think "aah I didn't do that" you know that perhaps mine is not as good. You know those are all examples. So I've had to adapt to that. It's been okay I just say to myself that it's not the end of the world, I have to move forward we don't have time to sit and ponder about it.

Interviewer: How is that maladaptive for you?

Respondent: I think in the beginning it was maladaptive, I found a way around it now. Because I was becoming preoccupied with it then I would think umm “oh gosh mine is not as good” when I looked at another peer’s presentation and I think “gosh mine is not as good” so that’s just one example. But then I realized we are covering different areas and we are all looking for different things. It was irrelevant to do that.. but for at least 2 days I sat and pondered whether mine was good enough and yaa.

Interviewer: Jus the realization that we have different focus areas with our clients helped. Any maladaptive behaviors?

Respondent: Umm yaa comfort eating. When I am really upset then I will have a biscuit and some tea. I will find a thousand reasons why I should go and chat to somebody or the phone is a big one – I have to stop that asking everyone what is going on tomorrow or whatever.

Interviewer: So it’s all the distractions that you create to procrastinate.

Respondent: Yes to procrastinate really and yaa when I feel overwhelmed and I feel like I am not coping then I call my mom and have a good cry.

Interviewer: And reflecting on these experiences do you feel that your coping strategies that you implemented helped you to develop professionally?

Respondent: In a way I guess..

Interviewer: You said you coming here on time, logistically making all the arrangements, have a plan for the session – do you think all of those strategies helped you develop professionally?

Respondent: Yes definitely, yes all that and planning and making notes after sessions is a big thing – I had to learn to do that. Progress versus process notes. I think the biggest thing has been the time management which I have learnt and put into place that will see me through.

Interviewer: What strategy did you use time-management wise to help your academic performance?

Respondent: Planning and being early I found reduced a lot of my stress. I found that being early then I have time to make provision for what's going on.

Interviewer: So is that planning early or is it just arriving early?

Respondent: Both but more literally arriving early – like if I see my client and I plan a day before it generally requires an x amount of time unless it's assessments. Literally arriving early because sometimes that computers don't work or that the camera wasn't working and I had to change, so lucky I was early cos if I had arrived on time it would've been a disaster.

Interviewer: And in terms of coping with your emotional stresses – you speaking to your mom and to your boyfriend and supervision. Have those strategies helped to reduce your emotional anxieties and stresses?

Respondent: Umm yeah definitely as I said a few of them are maladaptive but in the end I think I've taken from them what was good and I continue to apply that in the long run.

Interviewer: In retrospect what would you have done to help you to cope more effectively?

Respondent: I think I would have read but not as intensively as I did. Because I could probably have learnt the same amount no matter how intense I read, and I would have done the physical work a lot sooner. Out exams are in September and I probably could have read a lot of all that now. Even though it's nice to know, I should have concentrated on the work to be handed in. I think that would have taken a lot of stress off me. Umm yaa I anticipated everything being very big and it has been – but perhaps not as devastating as I made it out to be in the beginning.

Interviewer: Do you have any insights, regrets or recommendations for people coming into the programme?

Respondent: I think the biggest thing in the beginning is the DSM – and going in from counselling I have never really done psychopathology so for me that was a whole new ball game. So ya from a counselling perspective read the DSM in advance and start your research as soon as possible. That would be my 2 biggest recommendations. Even if you don't get ethical clearance so you just make changes it's not the end of the world.

Interviewer: Any regrets?

Respondent: No not particularly. I think choosing a really good placement would have been good – because I chose this placement thinking that it would be awesome and yaa not that it's not, it's just not mind-blowing. Umm whereas other students are seeing therapy cases and doing assessments and things.

Interviewer: Is there nowhere else for you to go to at the moment placement wise?

Respondent: No there isn't and I don't want to complain as I am worried it won't reflect well on me so I don't really have an option at the moment.

Interviewer: How did you experience having to embrace these emotional challenges as part of your professional training towards becoming a psychotherapist?

Respondent: Shew gosh at the beginning I didn't think about it, but reflecting on it now... I think it's definitely made me stronger, I think this is a big process and if we can get through this we can get through most things in life, is my philosophy anyways. And yaa in general the disorganisation and uncertainty around everything had made me realise that it's okay to be like that sometimes it's not the end of the world. I probably would not have realised that had it not been through this course. Because previously I had everything 100% now I have learnt that it can't always be like that.

Interviewer: So it's grown you in different areas and stretched your own personal abilities.

Respondent: Yeah definitely. And also physically as well. I have always been healthy and exercise and do this and do that. I think I have realised that it's okay to be a bit chubby considering what I'm doing at the moment – that for me has been the biggest thing.

Interviewer: Did you feel that you had to accommodate this emotional distress as a process of your professional training or do you think that the training has exacerbated your own emotional difficulties?

Respondent: I think that it has exacerbated my own emotional difficulties to a degree. I am a very anxious person I did have GAD (generalised anxiety disorder) before and it was under control and this last couple weeks it definitely has come out again. I had to employ all the CBT strategies that I did before to my own life now so that I could cope better. So it's probably a bit of both.

Interviewer: So you have better control over it now and more aware of it.

Respondent: Yes yaa. Having done therapy before.

Interviewer: What are some of the gains you feel you have made towards becoming a psychotherapist?

Respondent: Shew leaps and bounds I think, you know in all the bad there is good. I've only ever done trauma counselling before so I know really know any different and seeing a patient with panic disorder is not something that I would normally see. Umm and I get exposed to what all the clinical students are seeing which is awesome, which in a counselling programme u wouldn't. Hearing the stories and so on. So professionally from that perspective, hugely. The experience and the exposure has been incredible.

Interviewer: and you feel more confident?

Respondent: Definitely yaa and also academically – the professors are so wise. They share so much with us and the books...

Interviewer: And your theory and skills development and theoretical skill applications.

Respondent: Yaa definitely it is easy to know the theory but to apply it has been a brand new thing to me. I have been very lucky with Ntombi in that regards. It's been a big step.

Interviewer: In terms of your connection with your clients

Respondent: Yaa I think that it is almost automatic – but the counselling skill just to listen properly and not to jump to conclusions is another thing where I hear somebody's story and I have already made up the end. I have to now have an open mind and just listen accurately that has been a big thing.

Interviewer: And your own feelings about yourself as a therapist?

Respondent: Umm they waver depending on my stress some days I think everything is going to be fine and I will be fine then other days I am very stressed, I think "oh gosh why am I doing this, am I actually going to make this" and yaa so it waxes and wanes but overall through all of this, being a therapist has definitely added to my competency. We have learnt so much and there is still so much to learn.

Interviewer: Thank you so much for your time and for being so open and honest. I hope this didn't place you under more emotional strain.

Respondent: No not at all, I promise I am fine. Huge pleasure. Thank you!

Research participant 5

Interviewer: Thank you so much for your participation in this study, I know there is a lot going on at the moment.

Respondent: No problem at all.

Interviewer: What have been some of the specific major challenges that you have experienced with regards to your training to becoming a psychotherapist?

Respondent: I think the most challenging thing was the experience intensity of the programme and amount of time that we have as well as support, like structured guidance and all that. So for me it feels like, especially if you look at my research due date and structure so you can have an idea of what we are working towards and all that, really made things go off.

Interviewer: So in terms of working professionally with your clients, your supervision and managing your clinical sessions, what do you think were some of your major challenges in that regards.

Respondent: Well again, we are doing everything at the same time and you just have to manage your time well because at one point you have to see your cases and go for supervision. If you are unable to get a time with your supervisor for supervision, then you have to wait, postpone your cases and then you could planned something and then there's classes in between. So for me its maybe time that affects me.

Interviewer: In terms of academic challenges in terms of coping with the work load around the nature of the work and the process that they us through in terms of our learning, what were some of the challenges for you in that regard?

Respondent: I guess in terms of academically the content is quite good, its quite relevant and you can see that its helped me to grow, but in terms of again ... what can I say.. hmm challenges.. challenges..(thinking)

Interviewer: Think about the work load and learning process and the application of theory in the clinical sessions, how did you find all of that? I mean you already have prior masters experience how is this academic workload for you?

Respondent: Well this time around, in terms of the theories that we are learning, it is very applicable you can apply them depending on the case that you have at hand. So when you don't have the proper guidance as to are you on the right track, when you don't get constructive feedback as to whether you are on the right track. Its like you are just left to find your own way. Which again obviously is expected, we are masters students we are expected to work autonomously but then again you just sort of need that professional guidance, to know if I am doing the right things and to feel confident as well in terms of understanding my own abilities so that I can trust myself, like you know what you can do this and you are on the right track. But then again in terms of applying the theory in my therapy case I have been struggling with diagnosing my patient so understanding exactly what the patient is presenting on but there are so many things going on at the same time which implicates my DSM diagnosis and obviously this is my first experience of ever having to diagnose, so its so difficult and I just feel like I am losing myself. What I am most worried about is that I may be losing my patient at the same time.

Interviewer: Do you think that the academic workload prepares you for the application?

Respondent: I don't really think it really prepares you, I don't think it prepares you.. I think you just have to find yourself, everything is going on at the same time. You know like this will be applicable, this will not be applicable but we need to... so I don't think it does.

Interviewer: Just in terms of the learning process the seminars and work, how has that posed any sort of challenges for you? Like how we are meant to learn through seminal work, engagement and so on.

Respondent: I think that has been very useful, its been very instrumental thing to me... we have to do our own readings, we have to come prepared. So we already know what we are doing when

we get to class unlike undergraduate level when you are not certain what will be done in class. When you get to class its easier if you didn't understand your readings you get to discuss things and share ideas, we all bring our different research articles and all those things. In particular in the psychopathology class, that is very well structured and very helpful to me as a developing psychotherapist.

Interviewer: It also gives you good structure which is what I am sensing you saying, that you need a little bit more structure and a bit more guidance around whether we are on the right track. Are you talking about in terms of our output or guidance in terms of our clinical sessions? In terms of our assignments and work produced or are you referring to more guidance in terms of our clinical sessions and supervision?

Respondent: That would be mostly be in terms of academic not in terms of supervision, but around research part and ya.

Interviewer: Okay so also the thesis part

Respondent: Yaa. In terms of cases as much as there are those challenges that you will be facing, when your supervisor is not available or even your own patient is not available, so those are just the challenges but other than that I was referring to.

Interviewer: How did these challenges impact you personally in terms of any emotional anxieties it may or may not have created for you?

Respondent: (sigh) its been like first 3 months it was really intense and it really hit me hard because I remember this one Sunday I couldn't wake up and I was really sick sick sick... and there couldn't have been any other reason besides I would just say burnout because they even had to call an ambulance for me at residence because I couldn't wake up, I was crying the whole time. You know those back pains and shoulder pains I told you about, so it was just that and I couldn't move and obviously the stress was just there and I had been working really hard. You know like your first presentation and all those things, I think I was going through that and I was so stressed. And obviously it just hit me.

Interviewer: And what happened then, did you end up in hospital?

Respondent: Paramedics told me that if they take me to hospital they will be wasting my time since I didn't have medical aid and it was a Sunday and they were sure that it was stress related so they said I wouldn't get much help. They advised me that I rather go for a massage or just to do something to relax, leave my books aside.

Interviewer: I can't even imagine what that must have been like for you, just going through that must have been quite scary.

Respondent: It was very scary and even now there is so much that has changed in my health you know just this year alone, I don't know whether it is in my head or what but I am just realizing that I am sick all the time, today I am sick, the next day I am sick, just sick all the time.. Its just physical sickness and pains, I feel that my heart is beating so fast it feels like I am going to have a heart attack. It just feels like its all in my head! It just stress...

Interviewer: Would you say its stress-related somatic symptoms and panic symptoms that you are experiencing?

Respondent: Yes definitely! Sometimes I think oh my gosh am I going to be.. um I just worry that I may be I may be institutionalized but I know its not that bad but then again "oh my gosh oh my gosh" what if this happens.. you just cant stop worrying it's this workload plus there's the family, its so much.

Interviewer: Plus you have a son.

Respondent: Exactly, that's been more stressful you know I've been neglecting him cos then when I go home I'm not going home to spend time with him I'm going home to do things that I am meant to do and just get on with my stuff and I don't stay with him. Its really depressing and its so painful. But again I knew what I was getting myself into.

Interviewer: You know why you are doing this, you have this goal in mind.

Respondent: Yaa its just a matter of time and he will have me for the rest of his life. I'm just glad he understands, its painful for me as a parent cos he shouldn't be going through this. Sometimes I beat myself up, there are times when we just want to strive but then its like neglecting them.

Interviewer: But you are doing this to create a better future for yourself and for him.

Respondent: Of course! Especially for him.

Interviewer: How was your awareness of these challenges, how did you become aware of the challenges in terms of your professional development, becoming a professional therapist – you mentioned time-management and around everything happening at the same time and having to juggle motherhood. How did you become aware of these challenges?

Respondent: In terms of time management, I came aware when I look at my to-do list and realize that there is still so much to do. Personally I have put so much time in my work, I come here in the morning and leave nearly the next day you know at 2am in the morning but still its like I don't know what I am doing cos you find not much has been done but I have been here the whole day you know. I don't have time to go to the gym anymore, I bring food and leave it in the fridge here at the clinic but still the work is just there just there just there...

Interviewer: So your awareness is based on a conscious knowledge of what needs to be done.

Respondent: Yaa just what needs to be done and what have I done and what I still need to achieve to complete.

Interviewer: So your awareness of challenges in terms of your academic level and workload, is it the same?

Respondent: In the academic aspects, you sit around discussing with your class mates and then they discussing this and you say “I didn't know that where did you get that from?” they go like but “we talked about it and it was in this reading” it feels like I read that article or something that was prescribed but it feels like I just read for the sake of reading it then didn't stay in my mind obviously because when you don't have time you just have to do the reading and so then it becomes unhealthy cos if you are going to be doing things for the sake of doing it because you are going to class then it is not going to be beneficial for the long-term.

Interviewer: In terms of your awareness at a personal level – your stress-related somatic symptoms that you experienced, would you say that was your awareness? Have there been other areas that made you aware of the personal stresses that you are going through?

Respondent: I think its also my mood swings, I have been very moody, obviously it is related to the somatic stress and all those things but I have really been moody. I have really been avoiding spending time with people that are here because I know that I may just say the wrong thing or I may not say what they want to hear because I just don't have the time and I just don't want to feel to be expecting too much from people. Rather than expect that you going to understand that I am not available understand that rather don't come speak to me now. I'd rather just not go home and rather not go somewhere, I'd rather just be by myself you know cos I'm mostly here I don't even go to residence – I don't want people to be coming and knocking at my door. Yaa so its been that as well.

Interviewer: So you see a definite shift in your behavior and in your interpersonal relationships as well.

Respondent: Yes and it was really unexpected, I really felt when I came I said to myself that I have to enjoy this year and make the most of it, I'm a student again but oh no it's the worst but in a good way (laugh). When you look at it, we are getting somewhere, I've learnt that there is so much that I've gained and even personally as a person I have learnt from my own therapy, you have to go and read literature, you know it just helps me to understand myself, my family, the people around me.

Interviewer: So you have gained a lot.

Respondent: Yes I have gained a lot and I am very happy.

Interviewer: What are some of the strategies you put into place to overcome the challenged you experienced working professionally as a novice therapist with your clients?

Respondent: I think firstly I have to outline the challenge with my patient, he is a very restricted kind of patient, he is very guarded so most of the time I find myself very upset with him cos I understand where he is coming from I understand his frustrations – I am frustrated because I feel sorry for him like “dude you have to look at it this way you have to understand that you need help” and he keeps on saying that he doesn't need help and I know he has so much of potential in life but he just won't make use of the therapy. So I tend to get very angry, I feel very disrespected. I am the kind of person that really wants to feel respected, and he just coming in and sitting anyhow,

fold his hands... I have been doing as much as I can to build a therapeutic relationship to encourage him to feel free to say what he wants, reinforce the idea of this is confidential just because your parents are paying – I know he was very preoccupied with the idea that he don't trust me seeing as his parents are always there for the sessions. So I tried everything at times I feel so angry, why is he doing this? Its also just that constant relapse, one day he is fine and next day not.

Interviewer: Do you think that this affected the way you saw yourself as a therapist?

Respondent: My anger towards him?

Interviewer: Just generally your experience with this client, how did that reflect on the way you see yourself as a therapist.

Respondent: It reflected on me in the sense that I wanted what was best for him so for him not to see this or even try, that other part of me who wanted to help him, will get so frustrated. I would get so annoyed why you are doing this, I also felt that as a professional I was not supposed to give direct what I think and I said to myself positive reinforcement and all that, cos you should be doing so much of that. So later on when I ask some of my colleagues, they say well you could have said this just to encourage him – but during therapy I was not aware that I should be saying this. You want to say this, but then you think I am on camera maybe I'm not even supposed to be saying these things – maybe its not aligned to the theory that I am using – perhaps I'm not allowed to be encouraging my client. So its just those aspects...

Interviewer: Those areas of uncertainty as to how direct the sessions.

Respondent: and the extent to how you actually... For him its been encouraging and making him aware that there is so much, its not his fault. But obviously you don't want to say "its not your fault" and then he goes and disrespects his parents or do what-ever.

Interviewer: So how did you overcome all of this? Obviously you have a personal annoyance and frustration at the way the direction that therapy was going and the reaction you were getting from your client. What strategies did you put into place to help you to cope with this situation?

Respondent: Well to cope with this situation, what I tried to do was after my sessions, was mostly my journaling and what I have tried to do after the session I will go and watch my dvd and reflect,

look at my counter-transferences and why was I upset so that I know, cos he needs me so much. So I look to see could he have noticed that I was getting upset. One of the strategies was to go and view my dvd, journal it and then to reflect what was happening and I would just ask a colleague to come view my video, get their advice and ask them what they thought – then I work on it on my next session.

Interviewer: Okay so just logistically in terms of planning your sessions, where there any strategies you put into place to make sure that everything went smoothly, from planning your therapy sessions and all of that.

Respondent: In terms of my therapy sessions I prepare. In terms of the set up I do that half an hour before. First 2 sessions were challenging, you are ready but maybe 10 minutes before I had set up but just that anxiety what I had to tell myself that if the session is at 2pm then I am sitting in my chair by 1:30 practicing, even going through my introduction in the 30 minutes before the session so that things can just flow.

Interviewer: And you will feel more prepared and more confident into the session.

Respondent: Yaa

Interviewer: In terms of your academic progress what have been some of the strategies you put into place to help you overcome the challenges you felt in that area?

Respondent: Again its been my to-do list. I had a diary for myself and a huge calendar that I drew for myself but it did not work. So I think I had to change my work spaces so I had to alternate – so one day I will be at the library the whole day. If I'm here (at the clinic) I find that I might get disturbed there is also those temptations to sit around and join others in conversations, whereas I don't have time. So I realized that I was spending too much time in one work space, by the 3rd or 4th day I found that not much was getting done as I had gotten so used to that work space. So I had to alternate my work spaces – so its 1 day the library, the next my res and the 3rd day at the clinic.

Interviewer: So the change of setting helped you.

Respondent: Yes it does and recently it really has.

Interviewer: In terms of your emotional stresses and anxieties have you put any strategies into place to help with that?

Respondent: I am undergoing on-going therapy at the university student counselling centre which has been helpful but there was a day when my therapist wasn't available and things were building up building up but yaa she is there now and I have seen her again.

Interviewer: So is that helping?

Respondent: Its helping and because it also has to do with my own relationship with my son so I just have to deal with that. So therapy is helpful for both aspects.

Interviewer: What factors did you take into account when you put these strategies into place?

Respondent: It was definitely like, "oh my gosh I can't get any extensions" (laugh) I have to get through the year and I have to learn as much as I can and I cannot deprive myself, there is so much that I have put into this and you know.

Interviewer: Did you consult anybody or speak to anybody about this? Like what can I do about this issue that I have?

Respondent: Not really, I did mention it to my therapist and she just threw ideas there and there but she didn't really go into it much because it wasn't so much of a concern when we spoke about it ya but other than that its been my own ideas of what I need to do for myself.

Interviewer: And you are driven purely from all your academic deliverables?

Respondent: Yes

Interviewer: In relation to your academic, professional and personal challenges that we have spoken about and identifies, were there any maladaptive thoughts and behaviors that you entertained or acted upon?

Respondent: I guess just where I have to shut other people out, where I don't want anybody near me. Its not helping me and its destroying the relationships that I worked so hard to build.

Interviewer: So just in terms of your interpersonal relationships and also isolating yourself.

Respondent: Yes

Interviewer: Reflecting on how you coped with your stresses, do you feel that your coping strategies helped you to develop professionally?

Respondent: I believe it has cos it is working, although its not that perfect I think I am managing better than before. The stress levels are still there but at least I know that I am getting things done. I am also aware if certain things are not the way I want them to be then it means that I need to try other strategies and do other things. So they are working.

Interviewer: In terms of your performance academically?

Respondent: At this point I don't have any feedback whether I am on the right track in terms of marks and we have done presentations and write-ups but we have had no feedback. But I trust in myself, I have put a lot of effort and I've been dedicated and I trust that it will pay off.

Interviewer: In terms of your supervision and evaluation. Have you obtained feedback on your performance in your clinical sessions?

Respondent: My supervisor has been very happy with my progress in therapy and in term of my assessments done. The feedback has been quite positive, he has been quite encouraging, so when it comes to that I think I am on the right track. Its just in terms of the modules we are doing that I am not sure.

Interviewer: Strategies in terms of your emotional stresses, do you think that your isolation and moving away from everybody, is that helping you coping effectively?

Respondent: It really does, I don't want to really be dealing with having had some outburst with somebody and at least I know I just have to deal with myself and that I will deal with in my own therapy.

Interviewer: In retrospect is there anything you could have done differently to help you cope better? Any insights or regrets?

Respondent: I don't think there is anything beyond what I could have done so I think I am doing really well, in terms of my strategies as they are working for me individually as a person. But also

going back to relationships, I think it has affected certain of my relationships so that where I wish I could have explained what was happening, apologize at times. I feel its childish at times...

Interviewer: Do you have nay recommendations to people entering the programme?

Respondent: They really have to be ready personally and academically. For me it really helped that I already had my first masters or I would have really struggled. So they have to be dedicated and really hard working and be ready to give up most of their time. Make use of personal therapy which for me has been very helpful.

Interviewer: And your journaling

Respondent: Yaa it really helps me to reflect and to self-manage things on how I managed or handled things without having to go and speak to somebody which may not be as helpful as my own insights.

Interviewer: How did you experience having to embrace these challenges as part of your professional training because these were brought on you because of entry into this programme?

Respondent: At the end of the day you think I have been given this opportunity because I am capable. So its just again, it makes me feel confident about myself, cos its already 6 months down the line and I keep on going and I'm working hard and I can see professional developing – I am developing so much and I am really appreciating every opportunity that I am getting. I am getting stronger and stronger each and every day.

Interviewer: So in that aspect so you are happy to embrace this as part of your professional development.

Respondent: Yes you tell yourself that there will be challenges especially logistical ones.

Interviewer: How did you find having to accommodate emotional distress as part of the professional training or do you feel that the training process as a factor that exacerbated your emotional anxieties?

Respondent: I think it did bring out my own anxieties, obviously if I wasn't in this programme I would not have to take so much time out from everything else so in that respect my emotional

stresses have been brought out by my academic workload. However in terms of my therapy case, I have learnt so much and it has helped me understand myself and my relationships with my family. So that has helped me more than anything.

Interviewer: So it exacerbate the inherent emotional problems that you had in terms of the panic symptoms and the worry and anxiety that you feel but you feel there are gains made as well.

Respondent: Yaa it has helped me to heal.

Interviewer: So in terms of gains as a psychotherapist you feel that it helped you understand yourself better as an individual and as a therapist

Respondent: Yes

Interviewer: What other gains have you made in this journey so far? In terms of your theoretical skills that you built up, your ability to connect with your clients in terms of your ability to start implementing treatment. Do you feel more confident now?

Respondent: Yaa well, at this point this had been the most busiest time, when we are doing our case presentations so I've had to put a lot of time in my therapy case and I think I have learnt so much. Obviously that process alone, you had to be insightful and involved all the time, just think all the time. So I have been able to realize and learn perhaps about the different dilemmas in the case and this brought out certain skills that I have which I didn't know that I have. Therapy allows you apply it and I'm using CBT at the moment and its not as easy as it sounds – not just changing negative thoughts when you are dealing with a person.

Interviewer: So you feel more confident in your capabilities then?

Respondent: At this point I feel I am getting somewhere compared to 3-4 months ago, I am happy but again I realized so much while I was doing my write-up so much that I had missed out during my sessions with my patient and even different ways I could have handled things and it has been an eye-opener and I am learning each and every session.

Interviewer: Thank you very much for sharing your experiences your challenges and giving me insights into how you have experienced it all.

Respondent: Pleasure, thank you.

Research participant 6

Interviewer: What have some of the major challenges you have experienced in your training towards becoming a psychotherapist? Some of the major challenges that you can think of.

Respondent: I think I have mentioned this before but the techniques around therapy modalities, you know we get taught theoretically but not practically how to actually do anything its quite challenging trying you learn how to actually put it into practice while at the same time not letting your client know that you don't really know what you are doing. Um what else, I think definitely obviously the work load because everybody knows it is a huge jump from what honours level is expected to do. Umm and also I think taking on therapy and learning how to distance yourself and when to stop thinking about your client without it consuming you.

Interviewer: You mean like creating boundaries into your personal time.

Respondent: Not with the client it's about yourself with the client because sometimes you are given all these problems and its learning, negotiating when you put them aside and focus on yourself rather than focus on those problems.

Interviewer: So you have said that professionally, the challenges you have experienced has been the treatment-practice gap.

Respondent: Yes.

Interviewer: Have there been other challenges for you professionally in terms of preparing for supervision, working with your clients and managing your clinical sessions.

Respondent: Um preparing for supervision, no that hasn't been a challenge because I think when you are working with a client you are continuously preparing anyways so it's not additional supervision. What was the additional aspects you asked about?

Interviewer: It was working with your clients and managing your clinical sessions.

Respondent: Umm I haven't found that challenging. Besides the fact that you know when we are given an outline of the course and the structure, no real recognition is made of the amount of time required for the practical element in terms of seeing clients and in terms of the preparation that goes into that.

Interviewer: Okay, and just in terms of your reaction to the clients, your interviewing, assessment and treatment has that posed any aspect of a challenge to you?

Respondent: Um ya obviously at this stage there is a lot of anxiety, so from my side since it is completely new, it's a brand new identity one is forming. So it is challenging and at the same time it was a lot easier than I thought it would be. I found it quite natural. There is that element of being 'wooden' though especially in the first few sessions with anyone knew but I think this is to be expected with any human encounter someone that you don't know.

Interviewer: And then just in terms of the academic work load you mentioned that it was quite tremendous and it is a huge jump from honours to masters, please comment in terms of the process of learning, the application of theoretical concepts which again speaks to the theory-application gap and around the nature of the work, did these elements pose anything of a challenge to you?

Respondent: Umm no, apart from it's on a different level and the workload is more, I think it is necessary, so having said that it is just natural things we have to grasp and find our way out of because I don't see how you can achieve what needs to be done in terms of academic knowledge without the amount of pressure that we have.

Interviewer: So we have to endure the pressure but it does definitely contribute towards your professional development.

Respondent: Yes exactly

Interviewer: When working with clients as well you need to be doing all that academic work.

Respondent: Even in your skills in reading, all of that advances and it.. I'm finding it difficult to explain what I am trying to say but with the frequency and amount of work that we do and the pace with which we do it at I am finding it easier to navigate to do more with less time. I hope you know what I am trying to say with that.

Interviewer: I do get what you are saying.

Respondent: Which is a valuable skill to have in practice.

Interviewer: It's also about knowing how to cope with the demands on your time and with being stretched so thin across so many aspects of the programme.

Respondent: Yes

Interviewer: Just in terms of the process of learning how did you experience that? In terms of the seminars, the process of learning, the way we are being taught and so forth.

Respondent: I love it. I prefer to learn in a seminar format, I don't learn well with a powerpoint at the front and no discussion going around. Umm so it works brilliantly I like the interaction.

Interviewer: Just personally in terms of the emotional stresses and anxieties that you may or may not have felt. I know you mentioned that it's difficult to stop taking your clients home with you. Have there been any personal anxieties, personal stresses that you have experienced?

Respondent: Umm in what sort of way, what do you mean by that?

Interviewer: Have you been challenged personally in terms of your own mechanisms to cope as a result of the training process and what it has brought to you?

Respondent: Two elements that come out there for me, the one is that it strengthened my ability to cope because my way of coping is turning to my source of strength which is religion and through this increased pressure it's helped me to lean more on what I find as a coping mechanism. I found that not that its unmanageable it's just that things are happening all at the same time. If they could stretch it out in a better way, that would be preferable but it actually made me stronger in terms of how I cope.

Interviewer: So it's increased your resilience?

Respondent: Yes ya.

Interviewer: In terms of how you were able to manage all the different demands?

Respondent: Yes

Interviewer: Okay, so how aware were you of these challenges at an academic, professional and personal level. Were you consciously aware of all of these challenges that were going on for you?

Respondent: Umm more so on a personal level and how that impacted in the therapy session and I think that's where the importance of personal therapy was actually highlighted for me where you actually see that your own difficulties and challenges you have personally do come up in the therapy room and they actually impact how you deal with the patient and how you understand their problem in terms of yourself.

Interviewer: So then you said that you relied on therapy, did that help you and what did it bring to you?

Respondent: Umm to be honest the therapy did not help me purely because I don't think it was the appropriate therapy which was here at the counselling center. I don't think they are really equipped to deal with anything other than exam stress and things like that. I think it also makes it difficult for them knowing that we are master's students that we are quite psychologically aware so we do a bit of their job for them but perhaps in the wrong way because we are not being objective we are manipulating it, but ya it did help me but I think with the right therapist it would in the sense of working through my own personal difficulties that I have so that they don't impact on me being a therapist.

Interviewer: So what did you do then to overcome those personal challenges?

Respondent: An awareness of it and monitoring when it happens and why it happens. So for example, with boundaries, umm establishing boundaries with others in the therapy context, just identifying where it's been pushed, why it's been pushed my supervisor was a bit helpful there in actually in me considering ways of dealing with those boundaries.

Interviewer: So your supervisor was quite instrumental then?

Respondent: To a minimal degree, because she did make it clear that supervision is not therapy, so she just highlights it and then leaves it up to me.

Interviewer: So she highlights this and you internalize it and then go through the process of self-reflection?

Respondent: Yes

Interviewer: Okay then just in terms of coping strategies used, what would you say were some of the coping strategies you used in overcoming some of the professional development challenges which was around the theory-practice gap, clinical sessions and implementing the treatment modalities in therapy? What were the coping mechanisms that you used to make you more effective in what you were doing?

Respondent: I don't know if this answers your question, but in terms of the gap between theory and practice, it's still a large challenge so I wouldn't say I've coped with it, but the way that I have been attempting to cope with it which has basically been to increase knowledge which again works at a theoretical level but things like videos and a lot googling which does not actually help but anyways...

Interviewer: Are these adaptive for you in terms of formulating your strategies to cope with these challenges

Respondent: Yaa it's very helpful watch videos in terms of how things are supposed to be done.

Interviewer: In terms of your academic progress what were some of the coping mechanisms that you employed, please tell me a bit about that.

Respondent: Umm I haven't given much thought because I actually just do it so I don't know if really if I can call that a coping mechanism.

Interviewer: So how do you get your work out in time? What is it that you do?

Respondent: Well I plan, which often does not go according to plan but at least if I have the plan and I know that I am meant to be done by Tuesday and I'm sitting on Thursday then I know I have to start stressing. It definitely helps having a personal timeline of when I should get things done so that I can monitor myself and that's been the main way that I have done it. Also prioritizing and not jumping because I find when I jump from one thing to the next, you end up not doing anything productive. So prioritizing and focusing on that one thing until it's pretty much complete before jumping on the next.

Interviewer: So then the assignment and delivery deadlines you factor that into account, create your timelines and that's how you effectively manage with the academic challenges.

Respondent: Yes

Interviewer: So in preparation for seminars how did you cope with all the work that needed to be done?

Respondent: It's all about managing, because if you are continuously doing what needs to be done regularly on time you will find that it's okay to cope. For me this year to be honest hasn't been too stressful – I mean it's been a huge jump and it's been a lot of learning and experience but it hasn't been particularly stressful except for this period right now. Throughout the year preparing for seminars for some reason in the first month there was a lot of reading involved in preparation for our seminars, it was manageable I didn't struggle with that. But just because now everything is due at the same time it just makes it difficult.

Interviewer: So how were you managing with all of the things happening at the same time and then attending to your client issues? How did you cope with that?

Respondent: Quite difficult, here on campus it's not that bad because supervision is another one of those things that has to be done and in order to have supervision done you have to ensure that you have looked at your clients and what's happened in the previous session and start thinking about what's happening next. So that has been challenging but it's easier than the hospital where seeing clients at the hospital is an additional burden. I often hope that clients wouldn't pitch and they do. I think it helps having supervision regularly once a week to push me to look at preparing for a client.

Interviewer: So tell me a bit about the hospital, why is that stressful for you?

Respondent: I think part of it is that I don't get supervision on it. At the hospital there hasn't been anything yet and obviously there are a lot of questions that I have and I can't bring it to my supervisor here on campus and ask her about a patient that I am seeing at the hospital. So in that aspect it's a lot of uncertainty, not sure what I'm supposed to do especially given the short number of periods trying to be the most effective in the shortest amount of time.

Interviewer: Are you not supervised at all at the hospital?

Respondent: There is a supervisor I just haven't had any sessions with her.

Interviewer: So typically what would happen at the hospital? You are allocated a client and then you would do an intake is it?

Respondent: No its therapy, so the client comes in once a week when I am there at the same time each week. I have been to the ward for one or two other clients but that has just been for screening whether they need to go to psychiatry or whether they can be discharged. But other than that there is only one regular therapy.

Interviewer: So how do you proceed with therapy, you are not receiving supervision, how do you cope with that?

Respondent: I got resources from others in class, my client is grieving and one of our class member's patients is also grieving so we chat and share resources amongst each other and learn that way.

Interviewer: Just in terms of emotional stresses and anxieties that you may or may not have felt, how did you cope with that, apart from the spirituality that you mentioned? Is there an aspect of journaling that you have undertaken?

Respondent: There is journaling but the journaling does not really deal with anything emotional, it's very much done for the sake of having to be done. I'm not doing it because I want to and I'm not writing what I truly would write in a sense of what you call a journal.

Interviewer: Why is that though?

Respondent: Probably the anger of having another thing to do so I just do it which links to the time that we don't have to do it. There is also always that anxiety about whether this journal is going to be summoned and looked at and it's something that personal and if I am talking about things that I feel very vulnerable about then I obviously would not want others to look through it. So there is uncertainty as to whether it will ever be looked at, some people say it would I don't think it would.

Interviewer: How then do you do your own personal reflection?

Respondent: Whenever I have free time to think. Personally I reflect quite often I'm very aware of things that happen. I do it when I'm driving or when I'm walking to my car on campus, so it's something that comes naturally personally. Although in the therapy room I find it quite challenging. I suppose I don't go into a lot of depth with it because obviously we begin to resist so that where therapy would be beneficial but I do reflect naturally and I do so minimally in my journal but most of the time I'm quite tired when I write it so most of the time I write it for the sake of writing it on that day.

Interviewer: So you said that in therapy it's difficult for you to reflect. Tell me a about those difficulties.

Respondent: I think part of it my assumption of what a therapists role is coming into this course whereby I was under the impression that you should never tell the patient what to do which there is validity in that, that therefore means that I am hyper vigilant to what I say. I'm afraid of giving away too much so I'd rather give away nothing so that it's safer.

Interviewer: So you don't give much out but how then do you process what is going on in the session?

Respondent: That's where it becomes difficult in the session, it is a skill and I have been developing it and as a result it has made me feel more comfortable in the room to be safe enough to reflect. As much as we tell the patients that it is a safe place for them, we also need to feel safe in it as well with our thoughts and ideas. So a lot of it was done initially by looking at my videos and reflecting afterwards back to myself which obviously means that you miss quite a lot of what could be done in the room but it is a skill that is being developed and I am starting to feel safer in the environment and more confident that I know what I am saying as well.

Interviewer: With viewing your videos and with supervision, it does give you a lot of insights and prepares you for better learnings in the next session.

Respondent: A lot especially as my supervisor watches every video and writes down exhaustive notes about what I should have done instead of that.

Interviewer: That's very positive to receive such in-depth feedback. How do you process the constructive and positive elements of her feedback?

Respondent: It's not always nice hearing the things but for me I always know the kind of things she is going to say because I acknowledge the problem. There was rarely a time when I thought that she was not correct and it's also about not taking it personally. I don't take it personally, it's all about our development, everything negative that's said it's not in a nasty manner, and it's to build you up for one thing. Another thing is that if you are doing this for 5 years, 20 years or 50 years when an outsider looks at your style there will always be a constructive criticism so it's helpful seeing how another person sees it so that I can either step back and acknowledge that that is a weakness or strengthen my belief that it is actually my way of relating and it's not necessarily problematic.

Interviewer: Has there ever been a time when you felt differently to what you supervisor has said?

Respondent: Not where I felt differently there was a time at the beginning of supervision when I thought that she may be a little nasty and degrading but I use that word very very lightly. On reflection that was a stage thing right at the beginning perhaps that first 2 or 3 supervision sessions. So there was a lot going on, it was me learning where my place is in the relationship. So in the beginning stage it felt a bit harsh and perhaps a bit nasty but it actually wasn't it was about where I was at.

Interviewer: So you were able to process your reactions to that?

Respondent: Not immediately but later yes.

Interviewer: Tell me about that process.

Respondent: Well I think a lot of it was firstly hearing that a fellow class member (we were both supervised by same supervisor) was experiencing the same anxieties as I was so that helped in the sense of knowing that it wasn't a personal attack on me. Secondly once I got to see her level of commitment in the case as much as I was did I start to realize that she was as invested as I was all for the betterment of the client and doing things are helpful and beneficial to the end goals.

Interviewer: I just want to pick up on the boundary issue that you brought up earlier. How do you react to that and personally and how do you stop it from interfering with you personally?

Respondent: In terms of the boundary, it's really with my client's father, whom I saw in a clinical setting during the intake, as I felt he was quite forceful and pushing boundaries. Part of what's made it difficult for me not having the boundary is the demographic of what he represents for me and the fact that he is the same age as my father so there was the challenge of dealing with some of my own issues that I have with the way my father relates. Again I think an awareness of that has made it easier – an awareness from myself as well as from my supervisor so that I learn that it's happening so that I know where to put the boundaries up but initially it was a shock. I needed to get over this for my client as I will need to work with the father in the room in the therapy setting for psycho-education intervention. So it's about me putting aside my anxieties and understanding that it won't be fair on the client if I don't do it or if I don't like him or he pushes me or something.

Interviewer: How does that make you feel? Do you feel stronger as a therapist coming to this realization?

Respondent: I think so, yes. Stronger as a therapist and stronger as a person. In order for you to put your boundaries up it takes a huge amount of belief in yourself and strength. If you are confident enough in yourself to know where you stand you are able to put the boundaries up. So putting the boundaries up also does the converse it makes me realize that I am confident and strong.

Interviewer: And creating your own limits so that you are not pushed beyond those limits.

Respondent: Yes it's still a challenge but ya.

Interviewer: Tell me about your relationship with your supervisor currently. I know you spoke about initially what it was like, obviously it has been a journey. What is it like now?

Respondent: Currently very good, will be very sad when we end off. It hasn't been a personal relationship in any way, it's been largely professional and she has kept it that way. I think her consistency has also been something that has been big thing for me in that, times when I was feeling anxious about myself and there were some sessions when I thought I did awful and I battled to watch the videos it would take me triple the amount of time and she would look at it from a

different way and she would be consistent. She would look at the larger picture and put it into perspective for me. And having somebody as knowledgeable as her has really been a huge benefit.

Interviewer: She is also objective and did not allow the subjective aspects to interfere with the supervision process and what I am hearing you say is that that was valuable to you

Respondent: Yes

Interviewer: In terms of preparation and logistics around meeting your clients, how did you cope with that? What did you put into place in terms of adequate preparation to meet with your client?

Respondent: Logistically I think it's very important that we are prepared for our client especially at this stage where we are training. Where there is a sense of anxiety on the client's side that you are not a professional so for me it has been very important to ensure that I am here on campus on time at least an hour before and if possible if the room is available then to ensure that the that the room is set up in that hour before, if not then at least in the half hour before. I don't want the client to walk in and I am not prepared. It also makes you feel a lot more confident knowing that everything is set up, you don't want to be flustered.

Interviewer: So being on time and being prepared definitely then gets you into the right mind-set for your therapy.

Respondent: Yes definitely

Interviewer: What factors did you take into account when you were drawing on your strategies or your plans to help you to cope with all these multi-levelled stresses that we undergo? Was there somebody you spoke to that helped you, did you do your own self-reflection? How did you come about these strategies?

Respondent: Largely it's been my own self-reflection and in saying my own self-reflection has been dependent on my religion, as I said I am quite religious and I talk to God quite often and. I wait on what gets said to me. You can question whether it's your own voice or whether it's another but even if it's my own voice it's the reflected back version so there has been minimal talking to others. And that is also largely because I don't have many others in my personal life that have experienced anything similar to this level so I don't feel that they are able to relate.

Interviewer: So your spirituality is then a very big factor for you in terms of coping. What I also hear you saying is that you are influenced or inspired by your beliefs and you believe that your ability to cope and the strategies you selected has been directly as a result of your spirituality and your belief system.

Respondent: Yes it is a very big factor. Yes it has.

Interviewer: How do you know which the best way to proceed is? Do you look for signs or do things just fall into place?

Respondent: It's a bit of things fall into place, I don't look for signs. I trust myself a lot and I trust what I feel is right and what I feel should be done. I rely on what feels right.

Interviewer: So then your spirituality gives you that internal sense of peace and satisfaction and confidence to take the right decisions in yourself.

Respondent: Yes, yes that's correct.

Interviewer: In relation to the professional, academic and personal challenges that you identified did you ever find at any time that you had any maladaptive thoughts or behaviors that you entertained or acted upon?

Respondent: How do you mean?

Interviewer: Did you ever feel that you coped in a maladaptive way? Or behaved in a maladaptive way at any point?

Respondent: Not that I can think of and probably because I reason that it wasn't maladaptive. There are times when the pressure of this creeps into your personal life but there hasn't been any maladaptive behaviors that I can think of but there probably is.

Interviewer: Reflecting on your experiences of handling your challenges, do you think that the coping strategies you adopted were adequate to develop professionally?

Respondent: I think they were and largely because as you pointed out because it made me feel confident within myself. Having a sense of confidence and strength in what you are doing definitely pulls you through those darker periods where things feel like they are overwhelming,

that sense that you are here and good enough. And I say this like I practice it but that sense of you having a purpose definitely pulls me out of the potentially the dark places of this work.

Interviewer: I hear that. Do you think that the strategies you developed helped you to perform academically?

Respondent: Yes, because academically a lot of it is dependent on preparation a lot of it is dependent on managing time and my coping strategy that I employ in terms of my spirituality feeds a lot into that in a sense that there is a larger awareness that I am here and I wouldn't have been put here in this place if I am not able to cope with it and so it does help knowing that.

Interviewer: Do you feel that you had supports from family, friends around you that added to your ability to cope?

Respondent: Minimally, and it's felt very inconsistent. I think again it's about the misunderstanding on their part about the intensity of what gets done in this year. There is often a bit of sarcasm that I am working because I want to work and that I am sitting and "reading" and put exclamation marks in the air. At times that has been very frustrating because you would want those around you and who love you to empathize and to understand what you are going through. But I suppose they would never really be able to as they are never really in what we are in at the moment.

Interviewer: I hear you rationalizing that experience, but how does that make you feel and how do you cope with that?

Respondent: It makes me feel quite angry and resentful at times and as a result sometimes I would rather isolate myself and not tell them what I am going through because I feel that the implicit judgment in their responses will be there. It definitely does not make it any easier having a support system that does not fully understand what I am going through but it's just one of those things.

Interviewer: You have found ways of drawing your strength in other ways – your spirituality and your inner strength.

Respondent: Yes

Interviewer: Do you feel that the coping mechanisms that you have adopted (spirituality, inner reflection etc.) helped you to cope effectively with your emotional anxieties and stresses?

Respondent: It did, even before this course there has always a sense, I have an older sister, of wanting to be like her and be part of her group. When I was younger and there was a difference between her and I mainly because we are two totally different people and so even as a young child I drew on my own spirituality to get through the isolation that I was feeling at those periods which a lot of it was related to academic and educational.

Interviewer: In retrospect is there anything that you would have done differently to help you cope more effectively?

Respondent: I think that even though I had a timeline, perhaps I needed to have been done sooner that it was done, I probably only start working on things the month before they are due versus if I had started them right at the beginning that would have been better and more manageable.

Interviewer: Any regrets, insights or recommendations for people coming into the programme?

Respondent: I think definitely knowing why you are here is important I know that I've had discussions with others and they question or they are not entirely sure that this is their career. I can see the weakness in this. If you don't have that sense of why you are here why you are doing this career when you get to the most difficult parts it is not going to pull you through and that's what really pulled me through. Besides spirituality it's the broader sense of why I am here doing this course and what I want to achieve with it has pulled me up. So I would say to anybody before engaging even in first year psychology is knowing what you want to do and why you want to do it and constantly being aware of this.

Interviewer: It is important to draw on this and hold onto that through the tough times. How did you experience embracing the emotional challenges as part of your professional development?

Respondent: I think identifying and understanding that it is part of you will eventually be and I mean any emotional reaction that one has to anything is never useless and everything is valuable for your professional development as we work in a field that largely deals with emotion.

Interviewer: So you felt it was valuable.

Respondent: Yes.

Interviewer: How did you find having to accommodate the emotional distress as part of your professional training? Do you think that that having that emotional distress that that in itself was a factor that exacerbated your own personal emotional difficulties or did you think of it as part of the training and development process?

Respondent: I think its part of training and development I say that quite lightly as it's not exclusive to this career and this field of psychology where one needs to build this into your profession. I don't think that the training worsened my personal anxieties, I say not as there is reflection and an awareness that goes with it at this stage so its been thought of and conceptualized in the sense of this profession and not in the sense of my personal weaknesses and vulnerabilities. So I think directing and projecting it onto something else has made it easier.

Interviewer: So the training has not exacerbated your own emotional anxieties and difficulties.

Respondent: No but it has highlighted a lot that has been forgotten but in a new light.

Interviewer: So you embrace it in the light of growing yourself and understanding who you are and contributing to what it is that you are doing.

Respondent: Yes

Interviewer: What are some of the gains you have made in this journey towards becoming a psychotherapist?

Respondent: For one thing reduced level of anxiety in dealing with others the human reaction. Right at the beginning of this course I was very anxious about that about engaging in this human relationship, and this was largely around my own personal issues that I had. But I think the experience and the reflection of what I am actually like has made me feel more at ease in working with another person. Definitely the skills in terms of time management and having to negotiate your time to fit the needs of everything that needs to be done is a valuable lesson that any profession needs. But particularly so this one where you need to constantly keep up with what the client is bringing and you need to constantly keep up with what's new.

Interviewer: So what I am hearing you say that is that it has helped you with your connection with your clients, its helped you grow your time management skills and planning around it and also you grew in confidence in terms of your own abilities as a therapist.

Respondent: Yes, indeed, although I may shatter when I get my results back from all my assignments.

Interviewer: Also the theoretical skills training, you have mentioned this a few times in that it helped grow you professionally as a therapist in terms of the immense growth that comes with training towards becoming a psychotherapist. It is incredible in that sense.

Respondent: Yes, its one of the things that I have always loved about psychology is that it is a continuous growth and there is a lot of learning involved and you don't reach an end point ever which I like. That is one of the things that drew me to this is that there is no one way of thinking it is very eclectic but at the same time it is very theoretical and intense.

Interviewer: Thank you so much for your valuable participation in this study.

Respondent: It was an absolute pleasure.

Research participant 7

Interviewer: Thank you for your time and for agreeing to participate in my research study.

Respondent: Sure.

Interviewer: What have been some of the specific major challenges that you have experienced so far in your training to be a counselling psychologist?

Respondent: I'll speak more of my personal experiences as a mother, as a wife and as a student as well. From the family side, things have been very hectic, juggling with school and family. So it have been very hectic and I have neglected some of my responsibilities as a result. From the academic side I feel everything was squashed into the same time – we do a lot of things at the same time. But having said that I have my own weaknesses which do not really help the situation. I am a huge procrastinator and that has played its own part as well. So planning was not done well. I

think I didn't know what to anticipate from the course maybe until when reality hit, which was the beginning of June when I started feeling the impact of everything. My son was going to write his exams then I had to help him to prepare for the exams – that when I realised that things are not good. So going back, all along I have not really been studying – then when I had to apply myself that's when I realised that this is not right. For somebody at this level, I am just not doing this right. So that when I decided to drop one of my modules – I dropped Clinical Practice because I just felt I wasn't giving it all that I was capable of. So I will roll it over next year and continue with the rest. Actually I wanted to pull out the plug...

Interviewer: Leave the programme completely?

Respondent: Yes but *Prof X (in reference to the Head of the Applied Programme)* helped me take this decision. So just weighing the 2 – compromising my kids I just thought that it was not worth it. I sat down with my husband and I just felt that it was not worth it. So he didn't have a problem with that. Spoke to *Prof X (in reference to the Head of the Applied Programme)* and he didn't think it was a good idea to compromise since we are now mid-year already. So he suggested that I drop 1 or 2 courses but still continue with the rest. SO far I have been a bit relaxed and have tried to take it easy.

Interviewer: Its taken off a lot of the pressure.

Respondent: Yaa a bit. I have learnt that I have to balance the whole thing, the balancing act has not been easy at all and the pressure... I mean I would study until the wee hours of the morning because I don't have time. You sort of prepare for tomorrow you don't prepare for the next month or months to come. I am not that type of person so that is my biggest weakness. So with Masters you have to have time management – that is of essence. I ferry my kids around – my husband is literally not around the whole week so I do everything, so that on its own has its own stresses...

Interviewer: So it's a lot of the juggling act, the planning and time management issues

Respondent: And the kids will not tell you until the very last minute when its due (chuckling) and I go "oooh ok so now .."

Interviewer: And you being on your own and having to handle full academic and kids

Respondent: Picking them up, making sure that they sleep, the bathing routine.. its everything.. it's the preparation in the evening and the same thing in the morning. Somebody forgets something else, somebody is in a mood...so yaa its all that (chuckling).

Interviewer: Continuously everyday...(light hearted)

Respondent: Yaa every day. Absolutely.

Interviewer: How do you think that these challenges impacted you professionally in terms of working with your clients, managing your clinical sessions and preparing for supervision?

Respondent: I would say its more, I don't want to blame somebody else but I think the structure of the Master – it could be done better. In terms of preparing it does affect that a lot. Me not managing my time will absolutely impact on the preparation.

Interviewer: To see your clients..?

Respondent: To see my clients or to prepare for supervision. So in a way it's a ripple effect. I don't prepare and I am under prepared for the next part. But the part of seeing clients I am always on the ball. You know trying to do my best. Trying to gain that understanding. It does have its impact at times, when you don't know what to do especially when you have a client who is so young and the relatives don't know what to do as well, so you have to navigate to help this individual. So my first case was a bit of a limbo for me, but I was getting there until they terminated.

Interviewer: In terms of managing your clinical sessions – in terms of assessments and treatment modalities.

Respondent: That I found a bit of a challenge. I did one assessment with the guardian of the child. That was a bit of a challenge – you know they are Zulu and I had to translate and make sure that I don't compromise the validity and reliability of the instrument that I was using. Also using the instrument for the first time and not really understanding it so that had an impact on the whole thing. But I managed to sort of get around it.

Interviewer: okay. So how did these challenges impact you academically – you already did allude to it earlier – your procrastination and structure of the course. Everything happening at the same

time, you also said that in June you started feeling the pressure mounting. How did all of these challenges impact you in terms of coping with your work load and in terms of the nature of work that we are meant to study and in terms of the process of learning – we are learning all these theoretical stuff and then we have to apply it?

Respondent: It's a bit hectic, you know theory is one thing, studying it is one thing and the context of where you are applying it as well so it is important that it is relevant to what you will be applying as well. That was one challenge that I found especially in my case. So these theories, I actually battled to find the right fit. So I battled to find the right fit because I just felt that other theories just didn't relate you know to a certain extent and to a certain extent they did relate. It is impossible to find a right fit. That was one challenge I found – finding something that would fit. So I was able to understand the whole thing through attachment and all that but then going through the whole set-up, how do you explain this with a Western theory which doesn't talk to that kind of lifestyle. So in terms of your attachment theories yes, I was able to know it sort of gelled quite nicely but explaining the set-up – in the African set-up we adopt each other. If the child does not have a mother, somebody else will adopt that child.

Interviewer: Its collective ...

Respondent: Absolutely and that attachment will automatically come through because that is how things are done. It was an interesting formulation at the same time because it stretched me to go out of my comfort zone. You have to think out of the box – challenge the theory and at the same time, using it.

Interviewer: Apply it...

Respondent: That was very interesting, it is a pity that I didn't present – I would have loved to have gotten feedback on it.

Interviewer: Sounds so interesting and just what you are going through in terms of understanding applies and fits.

Respondent: You sort of customize it, not change it to the situation and not changing the situation at the same time. But trying to see that it can fit this way or it doesn't fit completely. So that what I did and hopefully Luvuyo wont chop my head off (laugh).

Interviewer: And in terms of the workload?

Respondent: Zee I won't lie, you know when I said procrastination – yesterday when I presented on ADHD – it felt so strange because there was so much that I could relate to what I was talking about and I get a shock – I don't immediately get into things and get going. I have to respond to the shock, if I don't understand it I bury my head...then when the pressure starts mounting then I do something about it. So at times I respond in a non-favorable way to pressure. This year I felt like I was exposed (laugh) my weaknesses had been exposed in a not so nice way because of the demands of the course. Its just studying, studying, studying and if you don't it eventually catches up.

Interviewer: Yes you have to be consistent, you can't miss a beat...

Respondent: Absolutely. If you do you will feel the pinch sooner or later.

Interviewer: In terms of the process of learning that we went through?

Respondent: That was chock-a-block that was hectic. Everyday has its own issues and you have psychopathology that you have to prepare for – you have to read an article, you have to read everybody else's task – so you have to prepare for everyone else's. Above all that you have to study for everything else. So that has been a bit of a challenge. You question also – its not an excuse – you question the relevance of honours. How much did honours really prepare us for this? Because its like 2 worlds apart.

Interviewer: It's a big leap as well.

Respondent: Absolutely that why I'm saying its not even a preparation for this. Its nowhere near this. I just feel that honours should be a continuation. I felt at ease with research – you know the pressure we had with research? We should have had it with everything else, where it should have prepared us for masters. I think in terms of clinical work, we should have started the basics in Honours – not necessarily seeing clients but doing research and mock clinics, do clinical hours with each other. Getting exposure and getting to know what to expect. You see these people for the first time in your life and you don't know whether you will mishandle them or not – that is a big responsibility. I feel that we should have started this in honours.

Interviewer: That we should have graduated – because we are just thrown into it.

Respondent: And be prepared and know how you will apply it in reality. Because I know what we did in Monique's (honours lecturer for Counselling and Therapeutics) class – I enjoyed it but it was far from reality so the link between honours and masters is quite crucial for me to prepare us for all the work we have and perhaps some of the pressure would not have been felt as much.

Interviewer: Its like a disconnect almost between what was done then and what is expected of us now.

Respondent: Absolutely! There is no link whatsoever. Its like you are coming into something that you have not done previously so I would love to have such a continuation. I have spoken to other people from other universities and they have been doing clinical work from 3rd year already. That says a lot – you know volunteer work would serve a lot – you have that understanding and you start formulation at the time. You marry the theory to the client and you come up with the treatment. If you get used to that from when you start, then when you are faced with it in masters then it becomes second nature. So I feel that there is no link to prior levels with no continuation whatsoever.

Interviewer: Okay. You have touched on this already but how did these challenges impact you, in terms of the emotional stress or anxieties that you may or may not have felt.

Respondent: I have been grateful to have been through this journey – I wouldn't have it any other way I must say. It helped me to push my boundaries in so many ways. I am facing my demons – for a lack of a better word. I am learning to deal with my weaknesses head on. So there is one thing that I am trying to do – corrective emotional experience as *Lecturer C* said. So I am trying to correct those weaknesses that I have so that I can better manage my time. Better manage my emotions... better manage whatever I can't balance at the moment, so being exposed has been good. I faced that reality which meant for me that I cannot necessarily go help somebody if I am not helping myself. So in a process when I am helping other people, I have to help myself. In a way of self-caring, go back to the basics, trying to be in touch with myself and my weaknesses. From that aspect that has helped me a lot.

Interviewer: Can you comment specifically on the anxieties and emotional stresses that you felt?

Respondent: The anxieties – the whole decision to drop a module was based on the anxieties that I felt. As much as it was bad anxieties, I sort of relaxed and looked at the situation without being emotional and anxious. I felt that if I didn't do that I wouldn't be doing justice to myself. So that decision was based on the experiences rather than on the emotions. So the anxieties and the emotions came for quite a while but then I realized I'm in denial, that I actually wasn't doing anything about this. So I kept on going and saying "you will be fine, you will be fine" until it was too late. So those emotions have been there and I would throw them under the carpet at times to convince myself that "you will cope" and eventually that just was not happening.

Interviewer: How would you describe your awareness of these challenges at a professional level? In terms of your clients and dealing with your clinical sessions?

Respondent: The aware of the professional aspect came in me questioning myself whether I was being fair to them (clients) in term of what I have not been able to accumulate due to the stresses. So each time when I had those self-talks, self-conversations I realized that it was not going in the positive direction – I am kidding myself and more so am doing injustice to the client. That's where I realized that I was not being optimal to myself and with the client.

Interviewer: Your awareness at an academic level?

Respondent: At the academic level I felt that I was not – and this was a huge part of it – that I was not getting to the level that I wanted. So comparing myself to the standards that were expected of me and where I am – it was just too different – so I felt that I was not doing myself justice. This whole decision besides my personal experiences from home that was the biggest for me. Knowing myself that I couldn't go out there and serve somebody whilst I feel that I am lacking academically. So my home experiences took the time plus the lack of planning and all that, took the time off from me being able to absorb the work and bring myself up to the standards where I felt I needed to be.

Interviewer: On a personal level – your awareness here. I know you said that put your head down and self-talk. When did the awareness arise for you that you were not coping personally?

Respondent: I knew from May that things were not good. I knew that for a fact. But I felt like I was still in control. You sort of think "ok things are not that bad" but then you realise that things

are piling up more than anything. But you are unconsciously deciding not to acknowledge that. I felt that I was unconsciously not acknowledging it but I would think that I would be fine but then reality would hit me and then I would bury my head in the sand. So it was me fighting with myself.

Interviewer: What are some of the strategies that you employed to overcome the challenges that you experiences when working professionally with your clients?

Respondent: I think reading specifically for my client- finding as much information as I can to be informed of how I can better help them. I just felt that, I am not anti DSM but I just felt that the African perspective of things is not told enough, is not ... how do I put it? When you go and present a case, the case is not explained enough because the theories do not go there. There is so much that we can talk about in terms of explaining African realities...

Interviewer: The African worldview...

Respondent: Yes right. What people go through and their experiences – that was one of my biggest challenges. I found myself asking – how would I explain this without doing injustice to both the academic side and to the client.

Interviewer: So in your session you were thinking all this?

Respondent: Because you know that, it is their way of life, when reality faces you, you just have to make a plan, and you need to survive. That's the decision they made and this child found herself in a situation and how do I explain it academically for it to make sense and for me to help this child. I could have easily have worked the western side but it would not have served any purpose to this child. Another thing she did not communicate in English and that was a biggest challenge and besides not communicating in English, she just did not want to talk. But she was a lovely child, there was potential and I could see that she was opening up, she was smiling and that was good enough for me. At the same you need to be informed, you need to have theoretical bases in terms of how you are going to help this child to heal you know.

Interviewer: So for you there was an almost incongruence between you understanding her worldview and them applying theoretical treatment to that.

Respondent: Yes that is my opinion, I could be wrong because somebody could be doing something else differently and get the solution possibly. But I wanted this child to feel safe in her environment because already she had adjustment issues – so you didn't want to push her to another level where she may not identify with so I did not want to introduce something that she was not exposed to.

Interviewer: Something that was foreign to her.

Respondent: Yes. Because she had gone through so many changes in a short period of time and I needed to be sensitive as well in terms of how I approached the whole thing. It was an assessment but I needed to come up with something to gain her trust – trust was a big thing for her.

Interviewer: What strategies did you put into place to overcome the obstacles you experienced at an academic level?

Respondent: Umm I had a lot of conversations with my supervisor, we spoke all the time and I kept him in the loop at all times in terms of the challenges that I was experiencing. He was always supportive but the ball was always in my court. At the end of the day I was in control. So I think that was one step I took in terms of support. At the end of the day I had to make that decision.

Interviewer: In terms of the strategies you used to overcome your emotional stresses and anxieties?

Respondent: I tried to go for therapy at the clinic here at student counselling, but I felt that it was not at my level. As you said not congruent – this was just not at my level. I felt that it was not a solution to what I felt I needed. Not that she (therapist) wasn't helpful – she was in terms of making me see things through different eyes. In terms of the emotional assurance, emotional experiences – the new emotional experiences that I needed – not necessarily so.

Interviewer: You mentioned earlier positive self-talk. You said that you speak to yourself and have these pep talks with yourself. Was that also employed as part of your strategy?

Respondent: You know I think so. I tried to gauge if I was being rational or not. I compare myself and say if somebody had the same experience, am I being emotional about it – is there anything that is contributing to this whole situation besides how I think, how I feel I should deal with the

whole thing. So I think it was – especially if your talk to other people. At the end of the day the decision lies with you. So you sort of take everything, and this is the reality – what do you do with it. So I think that helped me a lot, learning to talk to myself. I sort of have tried to be objective – and look at the situation. At times it doesn't help and times it really does. I'm learning to put my defenses down and then think. So on that it is helping a lot.

Interviewer: In terms of journaling, have you used that to reflect on your feelings and process your reactions.

Respondent: With journaling I have been very bad, it is actually not my style. I am not good with putting my emotions on paper.

Interviewer: How then do you process your feelings and reactions?

Respondent: I am very spiritual – I have conversations with God. SO after sessions with my client, when I sit down I write my experiences that I have had so immediately after seeing my client, I will document what I felt and what where my counter-transferences – most of the time they are there. At UKZN I was seeing this patient, I was seeing her for about three times and she is going through a lot and she could easily be my daughter as well. That is where I had a lot of counter transference and those self-talks really helped.

Interviewer: So it was the self-talk and the spirituality that helped?

Respondent: I think so, to be sensitive about the situation. I pray for my patients to be honest with you. I ask Him to guide them. I can't do everything. When I go to sessions, I ask for guidance. When I am in the session I ask for guidance. When I am blind when there are things that cannot be said you know I ask for that guidance. So that helps. So reflecting in terms of writing I sort of talk of the experiences there but not necessarily how I felt. I self-engage myself with how I could have handled it and sometimes you think “oh shucks I shouldn't have said that” so you go back and reflect – I could have done this better, that type of a thing.

Interviewer: That comes with a lot of self-awareness.

Respondent: Yes and a lot of experience. Experience will teach you what not to do next time. I am learning to just listen and to shut my mouth. I am trying not to talk and let the client talk – at

times you will feel compelled to say something, I have tried to retrain myself unless it becomes uncomfortable.

Interviewer: And in term of your logistics and preparation for your session – how do you do that? Preparing for the session, making sure you are here on time, bookings and all that.

Respondent: That had been absolutely fine. I think that way we have been handling it, our appointments have been perfect, if someone has booked the room earlier and you want I, you just talk to them – so that has been very good.

Interviewer: So you feel that you prepare adequately and you set up on time.

Respondent: Sometimes not, u realize it once you make that boo-boo. Maybe the video didn't record the whole session and that type of thing. I think the prep side of things does go well. I've never been late.

Interviewer: In terms of your relationship with your supervisor, how has that been?

Respondent: It has been okay. Umm I had some challenges here and there but generally it has been okay. I would love if we could have a feedback session for *Prof X (in reference to the Head of the Applied Programme)* I would absolutely love that – just a frank, mature update.

Interviewer: What factors did you take into account when you decided on the strategies that you used? Did you speak to people, did it come from within?

Respondent: I do speak a lot with other people – that does help to gain insight and sort of help you check whether you are still on the right path. I would ensure that whatever I decide to take out of their advice, I consult with my supervisor because you don't want to appear as though you don't trust them as well. Talking with your peers helps. You share experiences, you share notes – at times they are similar and again professionally you have to do what is best for your client. Research – I don't take advice from other people as that's it – you have to apply yourself and research this.

Interviewer: So would you say you apply a more problem-solving kind of approach or more emotional approach towards the strategies that you put into place to help you cope.

Respondent: I would say for example of assessment – at the time when we did assessment I was not so familiar with the assessment. My peers advice did influence me in terms of what I used, but still adaptive or adaption was needed for this child for us to ascertain whether they were able to adapt into the new environment or not so I felt that it was definitely relevant. SO once I obtain their advice I would read up and research to ensure that it was the right thing to do.

Interviewer: So then it was problem-solving. Because you will take it, then check the evidence ..

Respondent: So it will be informed by evidence as well so I will get that information and then validate it.

Interviewer: So in relation to the professional, academic and personal challenges that you identified, where there any maladaptive thoughts and behaviours that you entertained or acted upon?

Respondent: From where I sit it is very difficult. From somebody else's point of view I am sure they would see it differently.

Interviewer: But in terms of your own perception, would you say you entertained any maladaptive thoughts and behaviours?

Respondent: I would say my weaknesses would be my maladaptive behaviours I would think because if I had snapped out of it sooner I could have managed better.

Interviewer: So you are saying that your maladaptive behaviour was your procrastination?

Respondent: I think so because that is the crux of the matter for me at this point in time.

Interviewer: Was that self-sabotage in a way?

Respondent: No not really, its something that I've always had.

Interviewer: So its habitual, your temperament or trait

Respondent: Yaa it's a not so nice trait that I have that this year has exposed. So I've always had it. If I could trade it I would (chuckles).

Interviewer: So reflecting on your experiences and the way you handled your challenges, do you think that the coping strategies you used helped you to develop professionally?

Respondent: I feel that I could have done more I feel that I could still so much more. I would have loved to have done more to help myself cope under the circumstances.

Interviewer: So are you saying that your strategies did not work for you.

Respondent: Yes I don't think that they worked for me. If they did, I wouldn't be here, I would have made different decisions.

Interviewer: In terms of performing academically?

Respondent: That's a very controversial one. Its dependent of someone else's assessment of me.

Interviewer: But your own perception in terms of how you managed your academic work?

Respondent: Not where I want to be which is why I needed to drop the module. I got the standards that I have put for myself and I don't think that I am there.

Interviewer: Would you say the same for the management of your emotional stresses and anxieties? Or do you think your coping strategies were effective?

Respondent: Under the circumstances I am trying to survive.

Interviewer: So they helped you in terms of coping.

Respondent: I think emotional maturity is one of the most important traits to have especially in this environment. There are so many emotions and at times we are not careful, they might be taken out in a not so constructive way, not intentionally.

Interviewer: Because of the pressure...

Respondent: Yaa because of the pressure you are not thinking you just go with it and then u do and the consequences are not right and you think "oops I should have done better". But because of the pressures it is bound to happen. So I am anticipating this will happen to other people. When this happens I know I think it's a matter of saying it happens but going forward I must cope much better.

Interviewer: That leads into my next question. In t what would you have done differently to help you to cope more effectively?

Respondent: I think it goes back to planning – that is the crux of the matter obviously something's are beyond one's control but I think if you do your part the rest will fall into place. If you go through with the planning, if it doesn't work according to your plan you sort of adjust your plan and move on.

Interviewer: Any insights or regrets that you may have?

Respondent: Absolutely no regrets. The only regret that I have is my family if anything. If I could change the situation I would absolutely change that part of the whole thing. But from what I have learnt so far I will not trade it for anything.

Interviewer: Any recommendations coming into the programme?

Respondent: I now know why people are not told what to expect and what not to expect because if you tell somebody what happens here, you actually might dissuading them not to come. I understand it now that I am here I would want others to be prepared. Maybe its structured but now but I think its important for us to know exactly what we will be doing from day 1 until the last day I will appreciate that. I am unstructured so I need structure for me to say “get yourself together this is what you need to do”. If I don't know what we are doing, when then it just throws me out. It actually exposes me in that I am not able to plan. If they structure it better it will make my life easier so that I am able to plan my life around that. One thing that I can use as an example – we don't know what is going on for Community, so you think, “we will know tomorrow” and when we know tomorrow – but we don't know in advance. I would love if possible even if it does change at least we know okay that round about this time, this happens.

Interviewer: A broad framework of what is expected of us.

Respondent: Absolutely, that would absolutely help. This time of the year, we do these presentation. Whatever you are doing, make sure that you get everything else out of the way so you don't feel the pressure that will really help.

Interviewer: How did you feel embracing these emotional challenges as part of your professional development?

Respondent: I think we need this, as uncomfortable as it is, it makes you grow. You absolutely need this to put you to the test. So if you are able to handle it absolutely. For me you absolutely need this. If you don't survive then you are not ready. If you do survive, good for you.

Interviewer: How did you feel having to accommodate this emotional distress as part of your professional training or did you feel that the training process was a factor that exacerbated your own emotional difficulties?

Respondent: Zee what I have learnt is that don't blame a situation before you look into yourself, so you must think what part did I play, first. I think its more if I didn't handle it well then what is it that I could've done. So obviously if you haven't handled it well, then the emotions and anxieties are exacerbated.

Interviewer: So when you don't handle it well then the emotions are exacerbated, I see.

Respondent: So if you do handle it handle it well then good. But if you feel like you are not in control then obviously it will just make it worst.

Interviewer: So in your situation then...

Respondent: The fact that I didn't handle the whole thing as I wanted then absolutely.

Interviewer: What are some of the gains you have made towards becoming a psychotherapist?

Respondent: Knowing myself better, absolutely. I am dealing with my own issues. You put on this front and then you realise that you are actually killing yourself. So you deal with that, you go to the most uncomfortable places to deal with yourself and that's where I am at the moment.

Interviewer: And gains in terms of confidence in your abilities.

Respondent: Only when I have confidence can I say that I have 100% control. It is growing no doubt about that. Now I can say, "Now I am getting this".

Interviewer: In terms of your connection with your clients?

Respondent: There is this one client who is at the back of my mind – I have this elderly client who requested therapist. But unfortunately I had to terminate because I think it was going legal. She was actually wanted by the police and I think she was hoping to build a case and I was just not ready to put myself in a situation where I would be expected to appear in court. I terminated because I didn't trust how the whole thing was going. But I would have loved to have worked with the client, I could have made a huge difference in her life, not change her but show her that she is worth more than what other people think of her. Because I so much potential in her, I believed in her so much.

Interviewer: So from what you are saying that you have a tremendous sense of your own professional development as a therapist?

Respondent: You need to trust your instinct to make a difference in somebody else's life. Although I was scared to get involved in this case. She also said that she was diagnosed with a personality disorder and that just rang bells for me. But at the end of the day I just thought that those are labels at the end of the day and does not define people and who they are. The weakness of us psychologist is that we tend to want to bring people down using those labels and you don't see the person but the label and you attach the person to that label. And she had been labelled and was living with that label you know. For some reason up to now she just sticks out for m.

Interviewer: Because it wasn't finished perhaps..

Respondent: Absolutely, unfinished business.

Interviewer: In terms of using the theoretical skills training, any gains made there for you? I know you said there was a disconnect for you applying theory to a case, but was there any gains made for you?

Respondent: Yaa definitely, I think my responsibility from what I've learnt is that now that I know that there is a disconnect now I have to make that connect. Now its my responsibility as a professional, if I think there is this disconnect – if you feel something strongly about it then make it work. If you can't then you go with whatever is available. For me it's a huge challenge. For me I am inspired by Sally Johns – that was a highlight for me. For a White person who has been exposed to Western traditions her whole life and opening herself to African way of doing things.

At time they are custodians of those African practices and believes in it – she practices it on a daily basis and its huge. That is a paradigm shift and for me that was huge!

Interviewer: Fantastic. Thank you so much for your time again.

Respondent: Pleasure I really enjoyed this, thank you.

Interviewer: I did too, you come from such a deep sense of perspective and you have done a lot of introspection and you have a lot of self-awareness. Your emotional maturity also definitely comes through. Thank you, you have processed a lot and this was very valuable.

Respondent: Pleasure.

Research participant 8

Interviewer: Thank you very much for your participation in this study.

Respondent: No problem at all.

Interviewer: What have been some of the specific major challenges that you have experienced in your training to be a psychotherapist.

Respondent: Hmm shew I think supervision has been a challenge for me. Umm it just feels like all your inadequacies comes out in supervision – well that’s how it happens for me in supervision. It was also a huge jump from honours to masters and I think we could have a lot more in honours to prepare us – with regards to assessment, counselling – it could have been much different much more practical. Obviously not making us do therapy – but the counselling skills that we learn is done in the first week of orientation for masters and I do not feel that it was sufficient enough for me. I could have done with many more months of that before jumping straight into therapy – therapy was a bit of a jump for me. There were moments when I felt I had to go back and re-look at the skills we learnt in that first month of orientation before continuing with therapy. So then feelings of not being able to cope and thinking “am I the only one feeling this way?” Also everything is recorded and your supervisor watches it so at a lot of time I felt that I took it personally when she gave me criticism – I don’t know whether it was something on my end or

whether it was just her being a bit harsh, so it has been very difficult getting criticism and accepting criticism and also feeling that gap from honours to masters and not enough of building of counselling skills in orientation.

Interviewer: How did these challenges impact you professionally in terms of how you worked with your clients, prepared for supervision and also in terms of how you managed your clinical sessions?

Respondent: It has impacted me negatively in certain aspects – for example the feelings of inadequacy I felt in supervision – specifically my supervisor said that I was unable to speak a professional language, voice myself appropriately using the professional kind of lingo and then that I found actually made me worse. Just being told that –I found that no even able to voice my opinions properly. That then translated into therapy with me not being able to speak properly with the client and I felt that I regressed in that matter instead of making me feel better. So I felt that it could have been dealt with maybe softer way or you know – I like to take criticism but I think just the way the criticism is dealt out really makes a difference.

Interviewer: So this impacted your own professional development because what you are saying is that you then actually started to doubt yourself.

Respondent: Yes, I this then transferred into classes when I found that I wasn't able to voice myself out as much as I would like to because I was consciously aware that someone had noticed this and that someone was actually my supervisor and that was really noticeable to me. Umm and then other aspects – you know we have a conversational tone and need to transition into a professional tone when doing therapy or assessment – that comes with experience and learning how to do that switch. I find that naturally I can relate to a person and converse with them but then transitioning into a professional tone is something I am getting used to but when it happens in therapy I am so much more aware of it.

Interviewer: You think in terms of managing your clinical sessions itself – like assessments and doing your treatment has it impacted that?

Respondent: Umm beside what I have said already about me noticing it I don't think its impacted the sessions itself in a very hectic way.

Interviewer: So you still manage to implement your treatment, assessment and all of that.

Respondent: It hasn't completely stumbled me, no.

Interviewer: How did the challenges you mentioned at the outset impact you academically in terms of coping with the workload that we have in terms of the nature of the work and in term of the process of learning that we go through.

Respondent: Academically it would be voicing myself in class discussions. Even though I have the thoughts in my head, having to voice it out I feel inadequate in my language – you know not being able to express my thoughts adequately. So that has really impacted me there. Sometimes that feeling of inadequacy completely stumbles me and I just go blank – even if I understand the questions being posed I just go blank and I forget the knowledge that is there.

Interviewer: Is that directly related to the feedback that you received?

Respondent: The feelings that I got from that supervision just elevated the feelings – I think maybe the feelings were already there in me and that triggered feelings of inadequacy.

Interviewer: And also from the sense that you are being formally evaluated.

Respondent: Yes that is what makes it so much more impactful is knowing that you are continuously being assessed by this person. So it places so much more weight on what she says.

Interviewer: How did you kind the workload?

Respondent: The workload has been a challenge but it is something that I find acceptable for masters level. You expect going in that it is going to be hectic. I found that lecturers have been very accommodating with us and our times and our stresses and knowing that we are new to this. It has been stressful when things are due and you have lots to do but other than that I have managed to cope so far with everything.

Interviewer: In terms of applying theoretical concepts – the practice-theory gap that we all have in our first therapy, how did you find this? We course are learning a lot of theory and then have to apply this clinically in our sessions.

Respondent: I think the biggest challenge would be with regards to time. We have got all the theory now but preparing for a session which we have to do in our own time – so in addition to all the course work that we have to do. We have to prepare all and apply all these theory into our assessments or out therapy. So that has been a challenge with regards to having enough of time to do it.

Interviewer: So is time more of the challenge rather than actually applying the theory.

Respondent: I think that is right – with enough of time you will be able to make that link between theory and practice and how to apply this into a session. Its just the time that's been a stumbling block.

Interviewer: And challenges that impacted you personally in terms of the emotional stresses and anxieties that you may or may not have felt.

Respondent: Again why I keep coming back to supervision is because it's the only intimate assessment or feedback we get head-on just individual assessment you get from someone. In class sessions we don't get such direct individual assessments.

Interviewer: And we haven't received any academic feedback in terms of how we are performing so far.

Respondent: Yes so that directly affects you. I don't want to blame this at all on my supervisor, I love interacting with my supervisor and am very fond of her. The thing is I don't know if its just me who takes criticism personally umm or what. But emotionally it has affected me personally. I have been quite alert, been doubting myself and quite a few times I have felt rock bottom and broken down and even doubted whether I am suitable for this field and whether I will actually get to the point where you feel are adequate enough in your therapy sessions, in the assessments and just in the way that you carry yourself. Cos a lot of things are not theoretical, it is stuff you have to acquire – experience you have to acquire. So emotionally it did impact me I really did feel it also not having enough time for family. I have younger siblings and they have really voiced themselves – and it hurts me because I am somebody who always accommodates people especially family, they are always first for me. So hearing that from them – when you are in a bad mood and

have had a tough day that just adds on completely because you don't want to hear your little baby sister telling you "you have no time for me anymore" so that really just adds to everything.

Interviewer: Adding to your turmoil.

Respondent: Exactly.

Interviewer: How would you describe your awareness of these challenges at a professional level?

Respondent: Just being aware – it is also reasonable as this is a master's year which is quite intense so this is stuff to be expected. Especially with supervision, realizing that this could very well be feelings of inadequacy that were already in me. So a lot of self-insights and self-reflection I would say into why I am experiencing these feelings – because I would first look to myself before trying to proportion blame to anybody else. So I am used to self-awareness and reflection.

Interviewer: In terms of your professional development.

Respondent: Yes right in terms of that. Why am I feeling this way at this time and trying to look at it from that point of view.

Interviewer: An awareness at an academic level – in terms of workload and deadline and nature of work learnt. Was there anything that raised that awareness of the challenges for you at an academic level?

Respondent: Umm I would say that it was quite expected at a masters level that I will be going through this so I think once you are in that intense period – when you know you have a lot of deadlines everything is hectic then you are quite stressed out. But now that I passed that I feel better. I feel academically fine although I have no sense of how I have actually done- that gives a lot of stress.

Interviewer: So when there is a lot happening at the same time then it is stressful and this creates awareness at an academic level.

Respondent: Also you want to keep you level of work high you don't want to do something quickly and get it over and done with – you also have to be aware of the level that you are being

assessed on and not wanting to let yourself down as well. So I think it would be really nice if we had our marks to get an idea of how we are doing.

Interviewer: Your awareness of these challenges at a personal level – you mentioned your siblings and your own self-reflection. Do you feel that there have times when you responded emotionally or experienced anxieties that created awareness for you?

Respondent: Just noticing my own behaviour. Certain things have been triggered in me due to the stress. Like I find that I snap more which is not me and I'm starting to notice these things and I don't like it where I can sometimes snap at people – it feels horrible because you are aware of it and know that this is not how I really am. The stress is just bringing this out of me.

Interviewer: So awareness for you was in terms of your interpersonal relationships.

Respondent: Yes interpersonal relationships in terms of family, friends and even people on campus.

Interviewer: What have been some of the strategies you used to overcome the obstacles you experienced in terms of working with your clients professionally?

Respondent: Honestly just block out everything else that is happening and as soon as you get into the room to then just focus on the client and the situation and that you are in this space now. So whether there is anything that is going on outside, a deadline or whatever, that there and when you are in therapy everything else is cut off.

Interviewer: And prior to the session what is it that you do?

Respondent: Prep yourself up – beyond just prepping yourself for the session itself, it is prepping yourself mentally so you know that this is what I am going to do. You say “Ok fine I am going to forget what is going on” and just focusing emotionally and mentally in terms of the session itself.

Interviewer: In terms of the logistics around the venue bookings, bookings with the client itself, how did you manage yourself in that regards?

Respondent: I have been quite fine with booking of clients and venue bookings – only stressor which is to be expected is clients cancelling and not meeting the number of sessions that I would

have loved to be at, at this stage. So I do feel behind and this has added to the stress I suppose but other than that the logistics I have been able to cope with.

Interviewer: So to ensure that you are here on time and set up in time – how do you do that?

Respondent: I set up at least half an hour before so that you know you have done everything in advance and not leaving that to the last minute.

Interviewer: That must also help with the session itself. In terms of your awareness of your academic progress what mechanisms have you put into place to help you to cope?

Respondent: Shew I just worked harder, time management. So just allocating more time and using time more wisely. And making much more out of the time I have allocated.

Interviewer: What did you do to help you overcome the emotional stresses and anxieties that you may have felt?

Respondent: Umm speaking to friends – feels much better voicing it out and it helps having somebody understand what you are going through. Then whether your feelings are rational or irrational – just having somebody to relate to it, it immediately eases the tension. Once the obstacle has been realized it may be seen as a lot more catastrophic in your mind at that moment and you feel much more at ease after this. Just having people to talk to. Spending time with my family- I spend a lot of time with my sisters and all of that has helped to ease my stresses. Taking time out when your mind is completely stressed out – I just take that space.

Interviewer: What about reflecting on your feelings – have you been journaling to help process your thoughts and feelings.

Respondent: It is really non-existent at the moment – it was a really time-consuming task in itself. I didn't feel it be really beneficial and would have felt that it was more beneficial if my supervisor had been checking up on the journal that would have given me the motivation to do it and also I would have felt that I was getting something out of it – having someone to reflect on what I had said and give me feedback on it. And also address the issues that are there. But other than that, it was just me doing it for myself I didn't really find much value in it. Rather than putting it onto paper I would rather so an speak to somebody about it.

Interviewer: So how then did you process your own feelings and reactions?

Respondent: Just self-reflection. Better self-reflection than putting it onto paper because I found it really time consuming and I would rather spend that time doing academic work.

Interviewer: Did you ever engage in positive self-talk and affirmation?

Respondent: No

Interviewer: I know you have spoken about your supervisor and you mentioned that you have a good relationship with her, tell me a bit about your relationship with your supervisor.

Respondent: Its been a very rocky relationship from my side not hers. At times I felt that I had not been understood by her so a lot of times our views would clash and I would just feel as if she didn't really get what I was saying to her in that moment. The person that I am – I would never correct that or voice that –I would listen to her because I know that she is a professional and I am here to absorb as much information out of her and learn from her. But I think she misinterpreted that from me, as me just accepting whatever I have to say. She didn't take it as me respecting her and knowing that there is so much experience that I could benefit from, so whatever she would say I would really consider and not just immediately listen and respond to it. So there were a lot of times that I felt misunderstood – just that clash. But other than that she has been so helpful with regards to feedback on written work – I did an assessment report and I got a lot of feedback in preparing the report and that was really beneficial and I'm sure very time-consuming for her. But with self-criticism she has given that a few times obviously and it was really beneficial at the end it was just the way that it was delivered that it was harsh. But in hindsight, when you look back at it then you are able to take the good out of it but in that moment it is a little bit hectic.

Interviewer: It has I guess also created opportunity for you to be aware of your own reactions to it. Because I sense that it has impacted you and you are questioning where it has come from

Respondent: It has definitely stimulated a lot of self-reflection. I think much more than anything else. Whenever I have supervision it really impacts me and I take so much out of that session.

Interviewer: What factors did you take into account when you decided on these strategies? Who did you involve, if you did, to help you make those decisions?

Respondent: I don't think I went to anybody, it was just adaptive coping.

Interviewer: Would you say that your coping strategies are more problem-solving oriented or more emotional oriented?

Respondent: Gosh I don't know but I would first have said problem-solving. Yaa its problem solving.

Interviewer: In relation to these challenges at an academic, professional and personal level were there any maladaptive thoughts and behaviours that you entertained or acted upon?

Respondent: I think the only time I felt concern for myself is when I would go home and literally cry about. But I didn't have any dysfunctional thoughts or actions.

Interviewer: Reflecting on your experiences and the way you handled all these challenges do you think that the coping strategies that you used, helped you to develop professionally?

Respondent: I think that there are certain strategies that I need to probably think about adjusting. Overall they have been helpful. Like social support is a strategy that works well for me and I'd like to keep. But coming into a therapy room and avoiding and shutting everything else I don't know how adaptive or beneficial that will be for me in the longer-run. Maybe I will need to deal with what I am going through and come into the session with a clear mind – rather than blocking it out. So certain strategies I will need to re-look.

Interviewer: And the strategies that you adopted to help you cope academically – you mentioned planning and time-management – do you feel that it has been adequate for you to have achieved academically?

Respondent: I think that I have produced work so far that I am proud – whatever I have done with my coping I think it has worked.

Interviewer: In terms of the strategies that you used to manage your emotional stresses – do you feel they have been effective?

Respondent: I think this I need to work on (chuckling) but so far its been working for me. I think it has been working (giggle).

Interviewer: In retrospect, what would you have done to help you cope more effectively?

Respondent: Less procrastination perhaps (giggle). I don't know if I actually procrastinate because I feel that I am always working. So I feel that maybe I am not time-managing correctly because the amount of work I get done in the amount of time doesn't feel like the amount that I should have. Or it could be that I have high expectations of myself. So there is a lot that I need to think of and I always feel that if I could have don't more in that time than I actually do. But then it comes down to how much of work we actually have. So there is a lot of pressure that I actually put on myself. More than on anybody in my life I put a lot pressure on myself and I have high expectations of myself and I don't know why that is (laugh).

Interviewer: Something to think more about perhaps (light hearted). Any regrets so far?

Respondent: At times you doubt if you can do this, but that has been so minimal, I really love what I do. So I have no regrets about being in the programme itself.

Interviewer: What recommendations do you have for those coming into the programme?

Respondent: Take a good break before you start (laugh) because you need to really relaxed and prepared mentally and I would not suggest coming straight out of honours which is what I did because you have had an exhaustive year already and you are quite fatigued and that holiday you have after honours is not enough to prepare you mentally for it. More than anything else you need to be mentally prepared, you need to be strong willed and ready for what you know will be a hectic programme. So that is a recommendation. Also time management from day 1 so that you are on top of everything, don't ever lax don't ever waste time – whenever you have time make use of it.

Interviewer: So work consistently then.

Respondent: Yes work consistently from day 1.

Interviewer: How did you experience having to embrace these emotional anxieties as part of your learning?

Respondent: I defiantly feel that I have embraced it as part of the learning. I knew that I was not feeling this way because of something else. So I felt that it was part of the process.

Interviewer: Did you feel that you had to accommodate these emotional distresses as part of your professional training or did you see the training process as a factor that exacerbated your own emotional difficulties.

Respondent: That is a difficult one, it really is. I am unsure myself at the moment. I feel that it could be part of the professional process but then what makes me doubt that it is because I feel I have always had these feelings of inadequacy – I have always been an achievement driven, high achiever and then that stems from something – as we have learnt. This stems from feelings of inadequacy. So the process could be exacerbating feelings that I have in me which is something that I am very aware of – even in supervision – why do I take this so personally – why can't I handle criticism in this way. Or I take it and then I go home and I beat myself up about it because I am so achievement oriented and I want to be the best that I can.

Interviewer: You want to be perfect...

Respondent: Yes that is so hard for me to deal with so would have to go with the process having exacerbated my own emotional problems. It has definitely brought out stuff for me but I would not say it is a negative for me.

Interviewer: Well it has brought on so much of self-awareness for you. What have been some of the gains you feel you have made towards becoming a psychotherapist?

Respondent: It is really building my character as an individual. It is sculpting it completely because you are so much more aware of yourself as a person when there are people around you, when you are interacting with the family. In your interactions with people you are so much more aware of the impact that it has and how you conduct yourself.

Interviewer: So its grown you personally. And in terms of confidence in your own abilities?

Respondent: I think that is a work in progress, it is building slowly. Having a first client almost complete, that did give a sense of complete fulfilment – I really felt that client satisfaction. It also gives you the motivation to keep going. So confidence is growing slowly.

Interviewer: In terms of theoretical skills training?

Respondent: I am building that slowly now where the intervention part is coming up for me.

Interviewer: You feel that is a gain for you?

Respondent: I would say yes.

Interviewer: In terms of your connection with clients?

Respondent: You feel much more confident knowing that you have that background and that you know how to apply it too. You feel more confident and prepared for your client because you know what you are conducting in therapy.

Interviewer: And do you think you have grown professionally?

Respondent: I think I am still growing.

Interviewer: Have you felt the gain?

Respondent: I have, I mean I would never have thought that I would have been here right now. Last year if you told me about masters – I don't think I would have come so far in just a half year mark. So definitely – from the beginning of not knowing if I would even know what to say in a therapy session to having actually completed a case is mind-blowing.

Interviewer: How do you feel about yourself becoming a psychotherapist?

Respondent: I am really optimistic about the future, so so optimistic – cos you look at all the stumbling blocks, the emotional turmoil, the stress and everything and you feel so awesome when you are at the end. So positive and optimistic.

Interviewer: Thank you so much for your time and participation once again.

Respondent: No problem at all.

Research participant 9

Interviewer: Thank you for your valued participation in this study

Respondent: No problem.

Interviewer: What have been some of the specific major challenges that you have experienced in your training to become a psychologist?

Respondent: Well, major challenges. I think initially was role-playing that was at the beginning of the year for me I found that was just uncomfortable for me, I don't like being on camera that kind of thing. It puts pressure on me when I am trying to do what I am supposed to do and build a relationship and ask the right questions when you have this camera on your face. So that was a big thing for me. Umm also with regards to not being informed about everything so there was certain uncertainty and ambiguity around a lot of things – like our presentations, for a lot of people and for me personally was really confusing.

Interviewer: So the uncertainty, ambiguity, and the whole role playing exercises – how did these pose challenges for you on a professional level? In terms of how you worked with your clients, preparing for your supervision, preparing for your client engagements, how did that pose challenges for you?

Respondent: Hmmm I think with the uncertainty it was always “am I on the right track?” professionally with the client. At the moment actually I still feel the same with my new client. Although all is good, I feel like I am doing it, going the process I feel like I am not following a theory as such. I feel like I am going through the process blind and I don't know if I am on the right track. So professionally I feel like, we are supposed to follow a theory – this is what guides your therapy – but I feel like it has to do a lot with linking practice with theory.

Interviewer: In terms of preparing for your supervision in terms of what you plan to do with your client. Did that impact at all?

Respondent: Yaa that's actually been okay because my supervisor has been quite great and she has been making me formulate right from the beginning. From session 1 with my first I had to formulate, regardless of whether how little information I've had, so its helped because in each session with her we will discuss the formulation, she will make her suggestions, I will make mine. It helps a lot. So that part, its been good.

Interviewer: How did your specific challenges (ambiguity, uncertainty) you experienced impact you academically? Just in terms of coping with the work load, the process of learning, the nature of the work that we are exposed to and so forth,

Respondent: Academically I don't know how I'm doing, we are never told how our marks are, we get no feedback. But the work load is hard but it is manageable. I found that my thesis is my biggest thing. I haven't found time to do it and when we went the HPCSA meeting, he didn't seem to think that it was a big problem but I find that it is a big problem for me to get through this with everything else that we have to do. I think the workload is tough and its stressful but it is manageable. We are pulling our hair out most of the time but we can do it.

Interviewer: And in term of the process of learning, any challenges in that respect for you?

Respondent: Yes and no, I mean its difficult to say cos we have seminar sessions but there are a lot of things that they could emphasize more or they leave out which you know would be important for us to know and also the work load - there are certain things that I want to focus on that I want to work on but I don't have time to do that. I don't have time to read up my own stuff that I feel is important.

Interviewer: You mentioned this earlier about the theory – practice gap. How has that been for you, any challenges in that respect?

Respondent: Umm so far, since I have had challenges getting a client – I have had 2 assessment cases so with that, it was challenging assessment wise you know we haven't been taught too much about assessments with *Lecturer A* but we have done some work. So that has been a challenge. I got through that. With therapy that has been a big one for me. That is my current case and I actually haven't formulated yet so hmmm it is difficult. I speak to my supervisor and she is great and I she says “try it, if it doesn't work move on”.

Interviewer: In terms of the supervision evaluation process, being evaluated – any challenges in that respect for you?

Respondent: I actually haven't even thought about that. I don't think it will be because I have a good relationship with my supervisor and I think I am on the right track, she keeps saying that I

am on the right track, so no real challenge here. I know other people have had challenges, I will just say that “on the record” (laugh)

Interviewer: How did these challenges impact you personally in terms of emotional stresses and anxieties that you may or may not have felt?

Respondent: Ummm I am a very anxious person in general, so I get stressed out about a lot of things and I get worried about a lot of things so for some reason I have been maintaining myself here but I get really stressed and I do feel it but I think I handle it well. Emotionally, I don’t handle stress well but I have managed so far but I don’t have a life outside of this, so this is my current focus. I think if I had to juggle a whole lot of other things it might impact me more in that regard. But at this moment I am getting by.

Interviewer: How would you describe your awareness of these challenges at a professional level?

Respondent: Professionally, probably actually sitting in the session because often I would be sitting there thinking am I doing this right, once again I look at the camera, and then thinking am I doing the right thing, saying the right thing, you know what I mean? I often think am I doing the right thing because I think maybe other people are on the right track and I’m not. Also, in supervision I have become aware of things that my supervisor will let me know or I’ll bring it up?

Interviewer: How did you become aware of the challenges academically?

Respondent: Not getting results really worries me I feel like we should get some sort of feedback. The workload is hectic as I said.

Interviewer: But awareness of this academically – was there any disruptions for you or did you find the work excessive and things like that...

Respondent: Umm I think it is a lot, but every time I think that then I think “we are at masters level” so technically we should be able to cope and I kind of go with that and I think if everybody else can do it I can do it. If there is a deadline, I work best under pressure so I meet the deadline even if I am working all night. I tend to be good with that kind of stuff.

Interviewer: And personally, how did you become aware of your emotional stress and anxiety?

Respondent: Umm maybe I am blocking it out or something. Repressing all those horrible feelings (jovial). I think I give myself a break so if I am feeling it and if I feel that I am stressing too much and I can't cope or I can't do it then I take a break.

Interviewer: Tell me about that – when you are stressing too much and when you feel that you can't cope. What have been some of your experiences in that sense?

Respondent: I think its when we have been given a whole lot at one time I find it difficult to do multiple things in one day. So I tend to like to focus. So if I have the African Psychology essay and I have my presentation I can't work on both – I tend to focus on one but when I start to get stressed then I try to do everything on one day and then I'm like "I'm done I can't do this anymore". But I do regroup, I will take a chill time. Not with my friends, my friends have been completely left out of my life, really I'm serious.

Interviewer: What have been some of the strategies that you employed to overcome the challenges you experienced working with your clients professionally?

Respondent: Umm I think the biggest challenge working professionally, would be my current case.

Interviewer: So what did you do?

Respondent: I didn't avoid it, I think it's a case of putting the client first – all my clients have been children or teenagers. So for me its been the parents that have tried to get involved a lot and I try put the client first and I try to maintain confidentiality and I try and express that to them which to me is being professional. I don't know how to actually explain it. My current client is very bubbly and talkative and I find myself getting into that relaxed, very casual conversation with her and I do realize it and then I step back and bring it to a therapeutic relationship and I will challenge her or confront her about something.

Interviewer: What do you think allows you to do that? Is it your awareness and preparation beforehand?

Respondent: No I think its just me just realizing – that I am getting to casual.

Interviewer: Its your own professional ability that you track.

Respondent: Yes that is exactly it!

Interviewer: So your strategy is to track your own progress. Through the session with your client. So tell me how do you plan for your session – venue, phoning and ensuring that you are prepared for the session etc.

Respondent: It is probably my anxiety, if I am anxious about seeing the client I will set up way in advance unless we are late in one of our classes. So I will set up way in advance and I usually stand and wait in the waiting room, I don't know if that is professional or not but I am anxious. I will tell them to come and ask the parent to please stay outside. I usually get collateral from the parent – I am speaking about 1 client it's a current case. When the dad brought her, I asked him to please come in so that I could inform him in front of her that “this is confidential – if she is going to harm herself or something I will tell you”.

Interviewer: So its managing the boundaries carefully then and ensuring that everything is well managed. In terms of your emotional anxieties and stresses what strategies have you implemented to help you with that?

Respondent: I haven't done anything I know we are supposed to see a psychologist or something and I haven't had the time to be honest – like I was saying I can manage what I have don't give me too much. That for me is trying to manage my own anxieties by seeing another psychologist and doing my dissertation is too much for me – I can't take that. I am not seeing a psychologist at the moment – maybe I will get to that I don't know. The only thing I can do – my chill time is watching TV, going for a drive or doing something that is completely separate from work that's how I handle all my emotional stress – its having “me time” and “loved one's time” my animals and that kind of stuff.

Interviewer: In terms of journaling, have you done that to process your feelings and reflections.

Respondent: I was doing so well with my journaling Zee, I had actually quite a lot of journaling from 2 months and then I stopped because things got too hectic. I can only hope that they don't want to look at it as I have only done it for 2 months or something. I have stopped as it is adding to my pile of stuff of what's important now.

Interviewer: How then do you process and self-reflect?

Respondent: Umm I hate self-reflection, I think its important but I think its over-emphasized. Self-reflection – personally in the sense that I don’t think that we need to self-reflect all the time. There are times when it is important but my honest feeling is that I do not think that it is as important as everyone makes it seem.

Interviewer: But then how then do you process your reactions and feelings?

Respondent: Mainly through talking to other people – obviously not the details as it is confidential. Mainly to other trainees I will often speak about my cases as it is almost like group supervision or peer supervision – obviously I maintain confidentiality but I do manage things when something happens – like when I called you to find out what was going on because that stressed me out a lot and once I spoke to you I was fine. So I think that is a big help – so its more like reflecting with somebody else.

Interviewer: So you process your anxiety through bouncing it off somebody else. You get their perspective and you internalize that?

Respondent: Yaa and my supervisor. So if there is any issue I will speak about it or raise with my supervisor – like that incident I spoke to you about. My supervisor told me not to worry that we will meet on Thursday to talk and I am happy with that. If I can have somebody to talk to – supervision is important for me. Peer supervision as well.

Interviewer: Do you ever use positive self-talk? Like self-affirmation and that sort of thing.

Respondent: Yes I do but sometimes I can be quite negative like “oh my gosh I am not going to get through”. I actually tend to be more negative until I’ve actually done it then I feel better especially if I’ve done well and accomplished it. So I then think “so I can do it” so yaa.

Interviewer: You have spoken about your good relationship with your supervisor, can you tell me a little bit about that.

Respondent: You know I’ve heard so much about other people’s experiences with their supervisors and I am actually scared to get another supervisor. She has been so great – its actually just her she just has that aura about her. She is honestly great – if you are sitting with her she listens, she can criticize but the whole time that she has supervised me she has guided me in the

right direction. I do all the work, she doesn't help you to formulate. In the beginning I was like "why isn't she helping me with this" but then I learnt and when I formulated she said "good you are doing well, have you thought about this" and I message her. We have a group supervision on WhatsApp – for when there is any issue or if we need to change the time. She is very accommodating and its been great.

Interviewer: What factors did you take into account when decided on these strategies – have you spoken to other people about it or was it just through your own processing?

Respondent: Its just how I am, its probably not a good quality as a psychologist – but I do speak about my cases but without divulging the details and not to friends or family. But for me that helps me the best I get other people's opinions – may get to consider other things that I hadn't thought about or if I am feeling anxious about it or if I have done something wrong, its like they reassure me and tell me to do this or to do that. So I like speaking about my cases.

Interviewer: Do you think you adopt a more problem-solving coping mechanisms or emotional coping mechanisms?

Respondent: I actually don't know. I would say an emotional coping style because I am quite an emotional kind of person. I feel a lot of feelings and I have to deal with it. I feel intense feelings, it is like extremes for me. If I feel something I feel it hard. So with regards to counter-transference or whatever if I feel something I would need to speak about it or it would bug me and bug me. So I would say emotional strategies of coping rather than straight problem-solving or a mix of both.

Interviewer: Depends on what it is?

Respondent: Yes may it does depend on what it is. If it is more personal – it would be emotional. If it is work related or professionally – then its problem-solving.

Interviewer: In relation to these challenges that we have spoken about – where there any maladaptive behaviours or thoughts that you entertained or acted upon?

Respondent: I don't think so, but I guess I tend to be quite negative about myself but I think I have always been like that and I think I deal with it. I always think "I am not as good as everybody

else” I think that a lot, I feel more “crappy” than everybody else in the class. I do also tend to smoke more when I am under stress. I don’t drink so that doesn’t come into play.

Interviewer: So by how much would you say your smoking has increased?

Respondent: I was actually cutting down and I bought an electric cigarette and I was doing so well and this year started and that all went out the window. So it has increased, not like hectic amount – say from smoking 6 to 10. That’s almost 50% but anyway...

Interviewer: Reflecting on how you managed the challenges you faced. Do you feel that the coping strategies that you adopted were effective in helping you to develop professionally?

Respondent: Yes I think so. Especially with talking to other people. Even though seeing a psychologist thing hasn’t happened. It does help me as I get other people’s opinions – professional and trainee opinions. I am very much like that I like to gather information from a whole lot of people and then make my decision.

Interviewer: In terms of effectively handling your academic challenges?

Respondent: I think so, also speaking to so many people – I gather information ask people what they think and then I take my decision. It has helped me.

Interviewer: And in terms of managing your emotional stresses do you think it was effective the way you handled it?

Respondent: Umm I actually don’t know. I don’t usually speak about my emotions and personal stuff with everyone here. Personal stuff I talk to my family so it does help. I don’t know, I don’t think I deal with it, I just leave it.... Oh my gosh I need therapy Zee (laugh). We don’t have time to deal with our own emotions really. Well I don’t think I have time with my own personal stuff cos I have too much work and clients and so on. Right now too much is happening to deal with my personal issues.

Interviewer: Is that effective or maladaptive for you?

Respondent: That would be maladaptive for me right now...but its adaptive at the same time. You could look at it both ways. It helps me to focus and do my work.

Interviewer: In retrospect do you think you would've done things differently to help you cope with your stress?

Respondent: Not really hey to be honest – I could do the whole see a therapist thing. I really did want to – so that could help with to deal with the emotional and personal things that are going on in my life that is not related here but otherwise I think I try and cope as well as I can and it has helped so far.

Interviewer: So no regrets then..?

Respondent: No looking back, no regrets.

Interviewer: And do you have any insights or recommendations to people coming into the programme?

Respondent: I would say start the thesis at the beginning of the year. Because once you get into things there is no time to even think about it. Also work work work... somebody told me that I should work every night of the week, focus focus focus and have a break in the weekends. I don't do that I work in the week, in the nights and in the weekends because I feel I need to in order to cope. I need to give myself a break, so that would be something. Talk to your peers, talk to your supervisors get advice from people. I try if I need *Prof X (in reference to the Head of the Applied Programme), Lecturer A, Lecturer B* those are the main ones I will speak to – I will ask them if I need something.

Interviewer: How did you experience having to embrace these emotional challenges as part of your professional development?

Respondent: Umm its part of it – you can't do any form of education without the stresses. So I think regardless of the amount of work there will be stress. It is part of the process. There is no way that you could do this without the stress. Unless you really don't care and then you wouldn't be here. I think if you care enough and you want to be here you are going to feel that stress. You just got to deal with it.

Interviewer: What does it do for you?

Respondent: It pushes me as I work best under pressure. Like if I am feeling really anxious then I need to sort it out now and do the work now so that I can relieve the stress. The stress is because of the work, so if I do it get it done then I feel relieved.

Interviewer: Do you feel that you had to accommodate this emotional distress as a process as part of the professional training or do you think the training process as a factor that exacerbated your own emotional stresses.

Respondent: I think it did increase my inherent stresses. I am quite anxious and with this training and everything that we have to do – role plays to the hospital to the work – just everything. It brings out more than usual. So it's a bit of both really.

Interviewer: Like when you said you have to go through the stress process...

Respondent: Yes because it is part of the process you can't do it without the stress. This specific programme is quite intense. They shove a lot of stuff into one year it puts a lot of pressure on a person.

Interviewer: What are some of the gains that you feel that you made towards becoming a psychotherapist?

Respondent: Wow I have learned a lot – knowledge wise I feel like I have gained so much – the process on therapy methods and most confidence in myself is a big one because I am not a very confident person but when I started the process I just felt that I had to do this. In the beginning I didn't want to answer stuff. But as you go along *Prof X (in reference to the Head of the Applied Programme)* is going to say "Uri what do you think?" Confidence is a big one – its still building but its getting there.

Interviewer: In terms of your theoretical skills

Respondent: Yaa that's a big one because there was a lot that I didn't know when I started here I'm being honest. I think in case presentations I am learning even more seeing all the stuff – its an eye-opener for me. I am still learning – I don't know half of what I should but its getting there.

Interviewer: In terms of your connection with your clients – any gains there?

Respondent: It was tough initially. I am now more comfortable. For me I am easily able to build rapport with people in general. In session I found it difficult but this last client I found the rapport very easy. Connecting with clients is getting easier – it is building. So the more we do it the easier it gets.

Interviewer: That's it, thank you so much for your time, I really appreciate it. I know it's been a long day for you.

Respondent: Huge pleasure. Thank you.