



University of  
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# **The Experience of Burnout in Counselling Psychology Trainees: An Interpretative Phenomenological Analysis**

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A thesis submitted to the School of Psychology in partial  
fulfilment of the requirements for the degree of  
Professional Doctorate in Counselling Psychology

University of East London

January 2020

## Acknowledgements

To my participants, thank you for taking the time to kindly share your stories. You have made an important contribution to the field of counselling psychology and the wellbeing of future trainees who choose to embark on this tough but rewarding journey. I hope you have found the process rewarding, and that I have done justice to your voices. Congratulations on surviving your training, and good luck in your future careers and endeavours. Thank you also to everyone who has supported me throughout this project and for helping me to recruit my participants.

To my supervisor, Dr Stelios Gkouskos, thank you for your reassurance, patience, encouragement and no-nonsense approach in times of uncertainty and self-doubt. It is because of your firm but fair guidance that I have found this process hugely rewarding and character-building. Your input has helped me to stay organised, calm and work efficiently, which I will incorporate as part of my development into a counselling psychologist.

To my mum, you have checked my drafts, read my notes, walked in my footsteps and put up with a lot from me. Thank you for being my educator, my rock and everything to me throughout my life. Your unconditional love, encouragement, wisdom and occasional kicks up the proverbial have all been worth it. I love you eternally, and just saying thank you is far from enough.

To my brothers, thank you for making me laugh, keeping me motivated and positive, helping me to build my confidence in public speaking, and for your support, love and guidance over the years. I love you both to bits, and I am forever grateful that you are in my life. I also thank my late grandparents, who could not read and write, but always spoke about the importance of education.

Thank you to everyone in my cohort for your support, humour, shared knowledge and reassurance throughout the three years. It has been a pleasure training alongside you, and I wish you all the best in your future careers. To all of my friends, extended family, personal therapists, supervisors, colleagues and trainees I have met along the way – thank you for being so tolerant over the past three years, for listening to my rants of frustration, and helping me through various clinical, research and personal struggles throughout this journey.

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## List of Abbreviations

<b>APS-R</b>	Almost Perfect Scale – Revised
<b>BPS</b>	British Psychological Society
<b>CBI</b>	Copenhagen Burnout Inventory
<b>CF</b>	Compassion Fatigue
<b>CPTSS</b>	Clinical Psychology Trainee Stress Scale
<b>DSM-5</b>	Diagnostic and Statistical Manual – Fifth Edition
<b>GHQ-12</b>	General Health Questionnaire – Twelfth Version
<b>GT</b>	Grounded Theory
<b>HPCP</b>	Health and Care Professions Council
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICD-11</b>	International Statistical Classification of Diseases and Related Health Problems – Eleventh Edition
<b>IDAS-II</b>	Inventory of Depression of Anxiety Symptoms – Second Version
<b>IPA</b>	Interpretative Phenomenological Analysis
<b>MBI</b>	Maslach Burnout Inventory
<b>NHS</b>	National Health Service
<b>NIOH</b>	National Institute of Occupational Health
<b>PPD</b>	Personal and Professional Development
<b>PUMA</b>	Project on Burnout, Motivation and Job Satisfaction
<b>SCS</b>	Self-Compassion Scale
<b>STS</b>	Secondary Traumatic Stress
<b>TA</b>	Thematic Analysis
<b>UEL</b>	University of East London
<b>UK</b>	United Kingdom
<b>USA</b>	United States of America
<b>VT</b>	Vicarious Trauma

## Abstract

Counselling psychology training consists of many professional, academic and personal demands. Poor management of these demands could lead to burnout and drop out from training (Cornér *et al*, 2017). The current quantitative literature places emphasis on three-dimensional conceptual frameworks of burnout using measures such as the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) and the Copenhagen Burnout Inventory (CBI) (Kristensen *et al*, 2005). The qualitative literature outlined only stressors of counselling psychology training and burnout in qualified counselling psychologists. To address a research gap in how trainees experience burnout, this study was designed to explore burnout as part of a wider context.

Eight third-year trainee counselling psychologists were recruited from six universities across London. Data was collected using semi-structured interviews. Interpretative Phenomenological Analysis (IPA) was used to analyse the data. Three superordinate themes emerged: *A perfect storm: the demands of counselling psychology training*, *Treading on shaky foundations*, and *Impact of training on self and others*.

Participants described the training as an extremely demanding endeavour which led to a disconcerting loss of agency and resentment towards the process. Participants often could not gauge their own progress, and they perceived the training environment as hostile towards difficulties and failure. To disguise their feelings of self-doubt, the participants appeared to foster a form of artificial confidence to give the illusion of self-assurance. Other effects of burnout included upheaval in significant relationships, as well as physical and health-related changes. Burnout was characterised as perseverance through unaddressed difficulties, rather than

inability to function. However, participants reported developing greater resilience and self-monitoring to prevent burnout occurring in the future.

Recommendations include normalisation of difficulties and burnout by trainers, and development of literature and workshops for prospective trainees to fully understand the training before embarking on the process. Other areas for future research are also discussed.

# Chapter 1: Literature Review

## 1.1. Overview

This chapter will review the existing literature relevant to the experience of burnout in trainee counselling psychologists. It will start with a synopsis of counselling psychology training, the various definitions, features and causes of burnout, and the susceptibility of the trainee. Two widely used inventories in the quantitative literature on burnout will be critically discussed using relevant studies to outline the limitations of three-dimensional constructs, followed by a review of qualitative literature. The chapter will conclude with the aim and rationale for my study, a discussion of the relevance and contribution to the field of counselling psychology, my research question and an overview of my chosen methodology.

## 1.2. Introduction

In the United Kingdom, counselling psychology is defined as a branch of applied psychology influenced by human science research as well as other disciplines such as counselling, psychotherapy, psychiatry and philosophy (Goodyear *et al*, 2016). According to the Division of Counselling Psychology's Professional Practice Guidelines published by the BPS (British Psychological Society, 2017), the qualities of a counselling psychologist are outlined as follows:

*...engagement with subjectivity and intersubjectivity, values and beliefs; respect of the validity of first person accounts, rejecting the assumption of one single superior way of experiencing, feeling, valuing and knowing; led by practice with a grounding in research; recognition of*

*social contexts and discrimination, and to empower rather than control*

(British Psychological Society, 2017, p. 1-2).

In comparison to clinical psychology, counselling psychologists work with both normal developmental issues and problems associated with physical, emotional and mental disorders (Connolly *et al*, 2014). The focus of counselling psychology is to engage with the subjective experiences of clients in a democratic, non-hierarchical client-therapist relationship (Cooper, 2009). Clients are recognised by counselling psychologists as a socially, relationally and culturally embedded beings (Cooper, 2009), and therapeutic interventions are structured to address the client's personal development and wellbeing, rather than taking a "therapist-as-expert" stance which can include labelling of psychological presentations (Orlans & Van Scoyoc, 2009).

To qualify as a counselling psychologist, trainees are required to understand knowledge in terms of its ontology (the study of being), epistemology (the nature of knowledge), and praxis (clinical application) (Goodyear *et al*, 2016). They are also required to develop a high level of self-awareness through personal development in order to develop an effective therapeutic alliance with a client (Lane & Corrie, 2006). This involves embarking on an ongoing process of evaluating the self in relation to others, including personal biases as a reflective practitioner (Schön, 1983). As counselling psychology training is at a doctoral level, trainee counselling psychologists must also gain competency in producing research that informs professional practice beyond the therapeutic setting (Kasket, 2012) as well as using research to inform practice (Health and Care Professions Council, 2020); this is consistent with the scientist-practitioner model that guides the counselling psychology identity (Bury & Strauss, 2006).

In addition, formulation is considered a key feature of the professional identity of counselling psychology (Challoner & Papayianni, 2018). It is the application of theory to an individual's circumstances to help explain and understand their current experiences and potentially guide therapeutic intervention. In order to formulate effectively, trainees must learn, understand and critically evaluate knowledge and theories in terms of philosophical, social, historical and cultural contexts (Goodyear *et al*, 2016). The trainee must also develop sensitivity to issues relating to social justice, discrimination and unfair treatment of the individual (Cutts, 2013), which may be included in a formulation. An understanding of the tensions and conflicts of counselling psychology's values with predominant frameworks of understanding human distress, such as the medical model and psychiatric classification, in healthcare contexts such as the National Health Service (NHS) is also of key importance (Larsson, Brooks & Loewenthal, 2012). This is particularly important as the NHS is the primary source of clinical experience as a trainee counselling psychologist (British Psychological Society, 2019).

The requirements of counselling psychology training are likely to create numerous demands for the trainee. However, the demands of training can create significant professional and personal pressures. For example, trainees must find their own clinical placements as well as being responsible for ensuring they are suitable for the training requirements. This can involve many hours of commuting and competition from trainees of other psychology disciplines (Kumary & Baker, 2008). Some trainees may have to work in paid employment because the training is often funded by the trainee's own expenditure without any recourse to student finance (Kumary & Baker, 2008; Galbraith, 2016). In addition, some trainees have reported feeling unsupported by their training institution (Galbraith, 2016) and in supervision (Cornér,

Löfström & Pyhältö, 2017) when struggling to cope with the pressures of training (Schwartz-Mette, 2009; Skovholt & Rønnestad, 2003). Doctoral-level academia is generally characterised by a competitive and high-achieving environment (Carson, Bartneck & Voges, 2013). In such an environment, students may feel under pressure to hide their difficulties from sources of potential help and support (Furham, 1983). In counselling psychology training, the pressures of switching between student, researcher and therapist roles and their associated changes in dynamics and levels of competence can accumulate (Schwartz-Mette, 2009). This may cause trainees to doubt their own abilities and achievements in each role (Cushway, 1992; Millon, Millon & Antoni, 1986) – this is known as “*impostor syndrome*” (Clance & Imes, 1978; Badali & Habra, 2003). As a result, trainees may feel their achievements are fortuitous rather than a product of their own efforts, which can be argued to affect the development of their self-confidence and autonomy as practitioners.

Trainees must also embark on a process of bringing implicit values, constructs, responses, patterns and choices into awareness through personal therapy and other means (Johns, 2012). In order to monitor fitness to practice, regular reflection and review of practice is encouraged, as well as recording the value of such reflections, and remaining open-minded to alternative ways of practicing (Health and Care Professions Council, 2019a). However, conflict in personal relationships may occur from changes in the trainee brought about by personal development (Seashore, 1975; Kottler, 1993; Clifford, 2010; Thorne & Dryden, 1991). Some trainees may lose significant relationships during training for various reasons, but others could improve in quality as trainees develop themselves (Truell, 2001). It could be argued that although personal development in counselling psychology training is an essential

commitment for ethical practice, it can create significant personal upheaval for the trainee, which can affect their performance and motivation on the training.

The above practical and personal challenges appear to be an inevitable part of counselling psychology training. But if trainees have difficulty in managing the stressful aspects of training, they may struggle to engage with their learning or practice effectively or ethically (Everall & Paulson, 2004). Burnout may occur which can lead to depression in the long-term if unaddressed (Bianchi, Schonfeld & Laurent, 2017), and trainees may drop out from training programmes (Cornér *et al*, 2017). In the next section, I will outline the most common definitions of burnout in the literature and the potential consequences for trainee counselling psychologists.

### **1.3. Definitions, causes and consequences of burnout**

#### **1.3.1. Primary definitions of burnout**

The psychoanalyst Herbert Freudenberger first introduced the concept of burnout in 1974. Following observations of volunteers at a drug rehabilitation clinic, he defined burnout as *“to fail, wear out, or become exhausted by making excessive demands on energy, strength and resources”* (Freudenberger, 1974, p. 159). In 1981, social psychologists Christina Maslach and Susan E. Jackson published the findings of a five-year qualitative study of healthcare workers in hospitals to build upon the earlier research. Data was collected through interviews and observations, which led to a revised definition of burnout as follows: *“...a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people work’ of some kind”* (Maslach & Jackson, 1981, p. 99). Since then, a three-dimensional theoretical model of burnout was developed, and the definition has been revised again to include individuals who do not work in the health care professions: *“...a prolonged*



*response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.”* (Maslach & Leiter, 2016, p.103).

Burnout is not classified as a psychiatric condition in either the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013) or the International Statistical Classification of Diseases and Related Health Problems (ICD-11; World Health Organization, 2019). But it is agreed across the literature that it is a negative internal psychological state as a result of external situational stressors (Emerson & Markos, 1996; Kottler, 1993; Mahoney, 1997; Norcross, 2000; Sheffield, 1998; Maslach & Goldberg, 1998; Schramer, Rauti, Kartolo & Kwantes, 2019), which can have wide-ranging consequences for those in the helping professions.

### **1.3.2. Causes of burnout**

It is known that burnout is caused by work-related stress (Freudenberger, 1974), but there are other causes which are outlined in the literature. Maslach and Leiter (2016) believed burnout was attributable to a perceived imbalance between work and rest, a sense of inefficacy from a lack of recognition and reward, and a detached relationship between hierarchies. Emerson and Markos (1996) suggested that over-involvement, overwork and contagion of negative affect of others are also contributors to reduced standards in practice and subsequent burnout. In relation to doctoral students, burnout is the product of high demands and a lack of support (Cornér *et al*, 2017), reduced social support within academia and the personal life of the student, as well as a sense of competition among colleagues (Jairam & Kahl,

2012). Situational and individual circumstances (Bakker & Costa, 2014), sustained effort without reprieve (Xanthopoulou *et al*, 2007) and work-family imbalance (Darbar & Sawane, 2019) can also create an environment for burnout to occur. For trainee counselling psychologists, it could be argued that burnout may potentially be caused by the high demands of training, negotiation of different hierarchies, and gradually increasing independence as doctoral-level trainees.

### **1.3.3. Consequences of burnout**

The effects of burnout in qualified psychological practitioners are known to be wide-ranging. Some of the characteristics of burnout have been documented in the literature as anger, loss of confidence masked as a sense of superiority, irritability, paranoia, unchanging perception and increased psychosomatic symptoms (Swearingen, 1990), as well as depression, fatigue and loss of motivation (Cordes & Dougherty, 1993). Practitioners may be reluctant to acknowledge and seek solutions to difficulties (Corey & Corey, 1998), unable to maintain therapeutic boundaries with clients (Everall & Paulson, 2004) and accept more work than they are capable of doing (Maslach & Goldberg, 1998), due to the stigma of burnout and the fear of being perceived as less competent than those who are not experiencing burnout (Bianchi, Verkuilen, Brisson, Schonfeld & Laurent, 2016; World Health Organization, 2019). In severe cases of burnout, procrastination, deterioration of relationships with family, friends and spouse (Kottler, 1993) may occur, as well as increased likelihood of substance and alcohol abuse (Thoreson, Miller & Krauskopf, 1989). This may cause reduced clinical effectiveness and probable professional misconduct (Simionato, Simpson & Reid, 2019).

Burnout is also characterised by fatigue in several research papers (Freudenberger, 1990; Pope & Vasquez, 2005; Schaufeli & Enzmann, 1998). Individuals who reported feeling burned out described physical tiredness and exhaustion (Schaufeli & Enzmann, 1998; Mahoney, 1997), as well as migraine headaches, appetite changes, back pain and gastrointestinal ulcers (Maslach, 1976; Schaufeli & Enzmann, 1998). Although it is not currently known in the literature whether burnout directly causes poor health, Maslach and Leiter (2016) stated that poor physical health in workers can be linked to absenteeism, loss of engagement and pride in their job, resentment and increased errors. This can be exacerbated in those with predisposing illnesses (Ahola & Hakanen, 2014). The effect of prolonged stress on workers' health can also filter into their personal lives and lead to strained relationships (Maslach & Leiter, 2016). Although the existing research is primarily focused on qualified healthcare workers in the workplace, it can be assumed that for trainee counselling psychologists, burnout may present itself physically and externally if stressors are prolonged. Trainees may also struggle to maintain the required attendance in clinical placements, teaching days, supervision and personal therapy.

#### **1.3.4. Other terms related to burnout**

Vicarious trauma (VT), compassion fatigue (CF), secondary traumatic stress (STS) and general distress are all terms which are frequently associated with burnout (Everall & Paulson, 2004). VT is an emotional and behavioural response to traumatic material from clients (Pearlman & Saakvitne, 1995), and is defined by a disrupted sense of perceived meaning and hope which affects the therapists' own world view, difficulty in emotional regulation and deteriorating emotional connection in personal relationships (Catanese, 2010). CF is distress experienced by the therapist from

helping or wanting to help an individual experiencing trauma (Figley, 1995). STS occurs from indirect exposure to another person's traumatic experiences (Figley, 1995; Thomas & Wilson, 2004). VT, STS and CF are related to the experience of another's traumatic event, whereas burnout is a response to prolonged stress; in other words, VT, STS and CF are terms attributable mainly to clinical practice. In terms of distress, it is defined by Munsey (2006) as "*...an experience of intense stress that is not readily resolved, affecting well-being and functioning, or disruption of thinking, mood and other health problems that intrude on professional functioning*" (p.35). Because distress appears to be a more generalised form of difficulty, it could be argued that distress could be an early presentation of burnout if problems remain unresolved, whereas burnout is the process of the individual's response to a wider, external context.

### **1.3.5. Potential implications of burnout in trainee counselling psychologists**

The literature on the effects of burnout in trainee counselling psychologists is limited, but it is known that burnout is likely to occur in the early stages of a career in the helping professions (Ackerley, Burrell, Holder & Kurdak, 1988; Hawkins & Shoet, 2012), which could also include later stage trainees making the transition to qualification. During their training, the trainee may be guided by a misconception that in order to succeed in academia, it is necessary to place their studies above everything else, including time with friends and family, self-care and rest (Murphy & Halpern, 2012; Stacey, Talbot & Coxon, 2019). They could also develop unrealistic expectations about their own performance and abilities (Everall & Paulson, 2004). This fallacy could lead to the formation of poor and ineffective working habits, such as an inability to establish time and place boundaries for work, and difficulties in making time for rest, reflection and self-care (Patrick, 1984; Cohen, 2011). In the

long-term, the trainee's self-efficacy and decision-making abilities could be hampered for the duration of their training and beyond (Levecque, Anseel, De Beuckelaer, Van der Heyden & Gisle, 2017).

The vast research base on burnout is mainly focused on job stress in qualified health professionals (Schaufeli, Leiter & Maslach, 2009). However, there are no known studies which explore the experience of burnout in trainee counselling psychologists. In the following sections, I will be exploring the existing qualitative and quantitative literature relevant to this study to highlight the gaps, including common inventories used to measure burnout.

#### **1.4. Burnout and wellbeing in trainee and qualified psychologists**

##### ***1.4.1. Wellbeing of trainee counselling psychologists***

One of the key studies into the wellbeing of trainee counselling psychologists was conducted by Kumary and Baker (2008). A factor analysis study of the stressors of counselling psychology training was carried out using an adapted version of the Clinical Psychology Trainee Stress Scale (CPTSS) (Cushway, 1992), and the General Health Questionnaire version 12 (GHQ-12) (Goldberg, 1978). The CPTSS was modified for use with trainee counselling psychologists after consulting five trainees to generate stressors specific to the training. The stressors generated were as follows – *“academic demands”* (13 items), *“lack of support systems”* (5 items), *“placement stressors”* (10 items) and *“personal and professional development”* (PPD) (9 items). After the modified CPTSS was piloted on six trainees, the highest rated academic demands were *“assessment”*, *“academic deadlines”*, *“time for reading and reflection”*, *“amount of academic work”* and *“conducting research”*. Of the PPD items, the highest rated stressors were *“paying for fees”*, *“balancing the*

*demands of personal therapy*”, *“managing supervision and placement simultaneous”*, *“managing life outside the programme”* and *“finding money for training”*. Of the placement items, the highest rated items were *“feeling deskilled”*, *“fitting placement with other commitments”*, *“difficulty in finding placements”* and *“gaining enough clinical hours”*. These ratings of academic demands, placement demands and PPD positively correlated with GHQ-12 rating of non-psychotic psychiatric distress. However, the study has some notable limitations.

The study mainly identifies the stressors of counselling psychology training, but it is not implied that these stressors can cause burnout. The GHQ-12 inventory was used as a screening tool to measure non-specific psychiatric morbidity caused by the stressors of training. The inventory was intended to measure *“caseness”*, which is a term defined by the extent an individual meets the criteria for a psychiatric diagnosis (Kumary & Baker, 2008). But by measuring psychiatric morbidity, the use of the GHQ-12 could lead to a conclusion that trainees are more susceptible to developing a long-term psychiatric diagnosis solely from being exposed to the stressors of counselling psychology training. However, the implication of such a diagnosis for trainees is not discussed in the study. Trainees and qualified counselling psychologists are under an obligation to address any concerns about their fitness to practice (Health and Care Professions Council, 2019b), therefore such a diagnosis could affect a trainee’s ability to monitor their own practice and wellbeing as practitioners.

#### **1.4.2. Wellbeing of trainee clinical psychologists**

Another relevant study was conducted by Jones and Thompson (2017) with trainee clinical psychologists. Semi-structured interviews were conducted over a two-day

period in two United Kingdom-based clinical psychology training programmes; six trainees were recruited from the first university, and ten trainees from the second university. All trainees were at varying stages of their training. The two groups of interviews were analysed separately using IPA. In the first group of interviews, emergent themes were “*supervisor/trainee relationship*” “*impostor phenomenon*” and “*resilience*”. The latter was the only theme to be split into subordinate themes, which were as follows: “*peer support*”, “*work/life balance*” and “*change and the effect of change*”. In the second group of interviews, the standalone emergent themes identified were “*supervisor/trainee relationship*”, “*metamorphosis*” and “*resilience*”. From the analysis, it was established that the challenges of training were generally consistent with Kumary and Baker’s (2008) quantitative study, but trainees unanimously expressed resilience and a healthy balance between work and life, which may have counteracted any potential burnout. However, there are limitations in the study relating to the data analysis.

The analysis appears to have generated very few subordinate themes. Although qualitative analysis is often personal to the researcher and there are no prescriptive guidelines on the generation of themes from the analytic process, the number of themes often reflects the depth of the analysis (Smith & Osborn, 2015). There also appears to be no exploration of non-verbal communication in either group of interviews, such as tone of voice, filler words, pauses and hesitations (Pietkiewicz & Smith, 2012). Furthermore, the first group of interviews was conducted by one of the authors of the paper, and the second group of interviews was conducted by three other individuals from the clinical psychology teaching team. Interviewer-interviewee dynamics also provide a vital source of experiential information necessary for an in-depth IPA analysis (Smith, Flowers & Larkin, 2009). It is likely the trainees may be

hesitant to discuss their struggles in depth for fear of being reprimanded or judged as incompetent, thus the participants in this study might have potentially modified their responses knowing the interviewers were part of the teaching team. This additional level of exploration is a feature of IPA for researchers to gain in-depth understanding of participants' lived experiences (Smith, Flowers & Larkin, 2009), and may have been beneficial in developing this study further.

#### **1.4.3. *Burnout in qualified counselling psychologists***

The experience of burnout in qualified counselling psychologists was explored by Alfrey (2014) in an unpublished doctoral dissertation. Interviews were conducted with six counselling psychologists with post-qualification experience ranging from 2½ to 18 years were interviewed. Following an IPA analysis, three superordinate themes emerged: *"batteries run out"*, which summarised the physical and emotional effects of burnout, as well as disappointment about the reality of the profession compared to their expectations as a trainee; *"prisoner of an eroding system"*, which described the professional dimension of the experience as a qualified practitioner. This included the participants' perceived lack of control and subsequent effect on their client work, boundaries and values. The final theme was *"recharging the batteries"*, which gave an insight into how the participants managed their burnout, such as awareness of their own personal view of burnout, reclamation of their space and time, and the use of support networks. The findings suggested that counselling psychologists often found it difficult to ask for help, and similarly to Jones and Thompson (2017), perhaps an unwillingness to accept their experience of burnout due to potential repercussions on their fitness to practice. It can be assumed that trainee counselling psychologists may share similar concerns, particularly as they are under the pressure of assessment throughout their training. However, it can be assumed from



this study that burnout in qualified counselling psychologists is characterised by a discrepancy between their expectations and the reality of their careers as well as the excessive workload. Further exploration of whether this is part of the trainee's experience of burnout may be warranted.

## **1.5. Burnout inventories**

### ***1.5.1. Introduction to burnout inventories***

The quantitative literature on burnout has been largely confined to a three-dimensional conceptual model initially outlined by Maslach and Jackson (1981). There are many theoretical frameworks of burnout in the literature and subsequent measurement inventories (Larsen, Ulleberg & Rønnestad, 2017). However, this literature review does not intend to evaluate all of them, as the purpose of this section is to highlight the limitations of applying a quantitative approach to this study.

I will focus on the two most commonly used inventories in the literature: the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981), and the Copenhagen Burnout Inventory (CBI) (Kristensen, Borritz, Villadsen, & Christensen, 2005). These will be critically reviewed in turn.

### ***1.5.2. Maslach Burnout Inventory (MBI)***

The Maslach Burnout Inventory (MBI) is a 22-item scale developed from Christina Maslach's early qualitative investigations into burnout (Maslach & Jackson, 1981). However, her findings were initially rejected by a number of journals, as qualitative research was not largely accepted at that time (Maslach & Jackson, 1984; Maslach, 2017). A three-dimensional conceptualisation of burnout was then developed, which evolved into the MBI.

The MBI measures three subscales of burnout – *emotional exhaustion*, which pertains to psychological strain; *depersonalisation/cynicism*, which is associated with loss of motivation and empathy, and *lack of personal accomplishment*, which describes a sense of helplessness (Maslach & Jackson, 1981). This inventory remains the most accessible scale to measure burnout (Portoghese *et al*, 2018; Maslach, Leiter & Schaufeli, 2008) and is used in approximately 90% of empirical burnout research (Schaufeli & Enzmann, 1998).

### **1.5.3. MBI and qualified counselling psychologists**

There are no known studies that examine burnout in trainee counselling psychologists using the MBI, but Vredenburg, Carozzi and Stein (1999) carried out a study which uses the MBI to measure burnout specifically in qualified counselling psychologists.

The respondents reported low to moderate levels of burnout. However, one of the limitations is that the majority of the 1,000 respondents were working in private practice (43%), while others worked in university settings (29%) and inpatient hospital settings (10.9%); the responses of the different occupational groups were clustered together. Because each group had very different demands to their roles, it cannot be assumed that all counselling psychologists experience low to moderate levels of burnout. Furthermore, the MBI was posted to the respondents without being contacted prior to the data collection. Due to the time constraints of the counselling psychologists working in university and hospital settings, it is likely a bias may be created by more responses from counselling psychologists in private practice. If the findings can be applied to trainees, it could be argued that a lack of autonomy in training could be a source of stress, as many trainees are bound by the requirements

of the training institution and must structure their life and work around such requirements (Kumary & Baker, 2008; Lawrence, 2016).

#### **1.5.4. Copenhagen Burnout Inventory (CBI)**

The Copenhagen Burnout Inventory (Kristensen *et al*, 2005) is a 25-item scale developed from the Project on Burnout, Motivation and Job Satisfaction study (PUMA), a five-year longitudinal study of burnout prevalence in Danish human service workers conducted by the National Institute of Occupational Health, Copenhagen (NIOH). Kristensen and her colleagues developed the inventory following observations of strong negative reactions from Danish respondents towards the MBI; this was mostly due to cultural differences and language translation problems of an inventory originally developed in the United States of America (USA). The CBI measures three subscales of burnout – personal, client and work – which are primarily focused on physical and psychological fatigue and exhaustion as a result of work, but the subscales can be used separately to measure individual dimensions of burnout.

#### **1.5.5. CBI and trainee psychologists**

In one of the few studies which use the CBI to measure burnout in trainees, Richardson, Trusty and George (2018) conducted a study into self-critical perfectionism and depression in relation to burnout in doctoral-level psychology trainees, and whether self-compassion could be a mediating factor. Regression analysis was used to test the influence of predictor variables (self-critical perfectionism and self-compassion) on outcome variables (depression and burnout). The scales used were the Discrepancy subscale of the Almost Perfect Scale-Revised (APS-R) (Slaney, Rice, Mobley, Trippi & Ashby, 2001), The Self-

Compassion Scale (SCS) (Neff, 2003), The Depression subscale of the Inventory of Depression of Anxiety Symptoms-Second Version (IDAS-II) (Watson *et al*, 2012) and the Personal Burnout subscale of the Copenhagen Burnout Inventory (Kristensen *et al*, 2005). The results suggested that higher self-compassion negated the effects of burnout and depression in trainees with high self-critical perfectionism. However, the study has some limitations with the use of the CBI.

The study focused solely on burnout from the academic demands of doctoral-level psychology training; potential burnout from personal and academic stress appeared to be overlooked. Although the Personal Burnout subscale measures physical and psychological fatigue and exhaustion (Kristensen *et al*, 2005), this subscale only measures burnout attributed to a trainee's personal life, and there is no rationale provided as to how this subscale is suitable in measuring academic demands. The study does not discuss whether the same could be applicable for burnout attributed to the other areas of the CBI (i.e. work-related and client-related), as inventories for the other dimensions were not used. A further limitation identified in the study is that the sample used by Kristensen *et al* (2005) to create the CBI did not include doctoral students or psychologists. The CBI was created with the fatigue and exhaustion of workers in mind, which could overlook lesser known signs of burnout when used with doctoral trainees. In relation to trainee counselling psychologists, it appears that learning self-compassion can reduce some of the effects of burnout. But although the study was intended to test the influence of predictor variables on outcome variables, it also limits a broader experience of burnout in trainees which could be explored as a phenomenon rather than within a theoretical framework.

## 1.6. Rationale for current study

From the literature in this review, several gaps have been identified regarding the experience of burnout. Firstly, IPA studies by Jones and Thompson (2017) and Alfrey (2014) have found that trainees and qualified professionals both struggle to voice their difficulties and try to cope with their problems on their own in fear of appearing incompetent or weak. Although trainee and qualified psychologists have different demands and different levels of autonomy, burnout may only become known to the individual and others when they can no longer mask the signs (Swearingen, 1990). Most existing research advocates the use of inventories tailored to a three-dimensional theoretical model for measurement of burnout, namely the MBI and CBI amongst others. However, there are a number of limitations associated with measuring burnout.

The definition of burnout has changed several times since its introduction to the literature by Freudenberger (1974), and with each new definition comes a new inventory. Burnout is known as a contextual state rather than a psychiatric condition (Maslach & Leiter, 2016; Schramer *et al*, 2019), and although the inventories measure burnout for administration and research purposes, they are not intended to diagnose the condition. However, some countries such as the Netherlands and Sweden view burnout as a clinical product of work-related stress and use the MBI as their preferred inventory (Doulougeri, Georganta & Montgomery, 2016). On the other hand, the CBI was developed because Kristensen *et al* (2005) found that the criterion of the MBI was culturally incompatible with Danish human service workers. It can be assumed that measuring and understanding burnout may be complicated by cultural interpretations and different work contexts. In terms of trainee counselling psychologists, using a specific definition or inventory of burnout would likely restrict

the trainee from reflecting on the wider context and impact of the demands of their training, as the frameworks might become a point of reference that would likely serve to contain their experiences. Aspects of burnout unique to the trainee experience and the trainees themselves, but not specified by the existing frameworks, could potentially be overlooked with such an approach.

Another important limitation of conceptual models is that they do not study burnout as a process developing over a period of time (Alfrey, 2014). Burnout is suggested in the literature as the ebb and flow of transient stress (Oerlemans & Bakker, 2014; Brindley, Olusanya, Wong, Crowe & Hawryluck, 2019). By only measuring the 'symptoms' of burnout, the final presenting features of the conditions are measured, but the events which could have led up to burnout and other contextual and chronological information could be disregarded. Exploration of how trainee counselling psychologists experience burnout during training may provide opportunities to reflect on how present day stressors of training can create a template of how they manage future stressful situations. By opening up burnout as a phenomenon of experience, the findings of this study may help trainees to recognise subtle signs of burnout not specified by the three-dimensional conceptual frameworks. The findings could also contribute to trainees' development of self-care strategies, and to help them embrace difficulties as a normal part of becoming a counselling psychologist.

### **1.7. Relevance and contribution to counselling psychology**

Burnout is of importance to trainee counselling psychologists, because the nature of the training involves many stressors as outlined in this literature review. However, there is little research which examines the experience of burnout in the context of

counselling psychology training. An understanding of this experience is vital in the counselling psychology field, because it is important for trainees to identify and reflect on their own obstacles to self-care and resilience early on in their training in order to set a precedence of ethical practice throughout their careers in the future. Trainees early on in their careers are most vulnerable to burnout (Ackerley, Burnell, Holder & Kurdek, 1988; Vredenburg *et al*, 1999) from potentially minimising their own vulnerabilities in fear of appearing weak if they show signs of stress or ask for help (Rössler, 2012). If burnout is managed poorly, it may affect their ability to make sound judgements as they become increasingly independent. If trainees secure clinical placements or jobs in pressurised, target-driven environments such as the National Health Service (NHS), it is likely that burnout could prevent trainees from learning effective coping mechanisms, as well as their ability to acknowledge personal biases and fears of failure (De Castella, Byrne & Covington, 2013). IAPT (Improving Access to Psychological Therapies) services are an example of an NHS workplace where workloads, patient complexity and targets and subsequent pressure on psychological staff are ever increasing (Westwood, Morison, Allt & Holmes, 2017), hence the trainee bears the responsibility to effectively manage stress and the copious demands of the role.

Burnout has been traditionally viewed from a quantitative perspective in qualified psychologists and other health professionals, and qualitative research in this area is relatively new. Unlike qualified health professionals, trainees are in the formative stages of their careers. All trainee counselling psychologists have different experiences of training, which are largely based on their training placements, academic environments, professional and peer relationships, and life experiences (Efstathiou, 2017). As outlined in the rationale for this study, the focus on burnout as

a series of 'symptoms' by the conceptual frameworks overlooks the developmental and contextual aspects of burnout. By placing an experiential focus on burnout in trainee counselling psychologists, it is hoped that this study will make an original contribution by providing a window into the subjective experiences of burnout related to the training process. It could serve as a source of information for trainees of other applied psychology fields to accept the stress and difficulties of training as a normal process.

As outlined in the literature review, burnout may be difficult for trainees to pinpoint and speak openly about, particularly if they have become accustomed to concealing their difficulties from others. In order to encourage open, candid responses from participants in the absence of a conceptual framework as a point of reference, I will adopt a working definition of burnout for the purposes of this study, which I will expand on in the next section.

### **1.8. Aim of the proposed study**

The aim of this study is to provide an exploration of how trainee counselling psychologists experience burnout as a result of their training. The nature of this study intends to be exploratory in order to remain open to trainees' personal experiences.

For the working definition in this study, I have chosen an amalgamation of Norcross' (2000) and Mahoney's (1997) descriptions of burnout as a form of impaired psychological functioning from exposure to sustained levels of stress. I felt it was an open and flexible definition that would allow participants to speak candidly about their experiences. I believe this working definition also considers burnout as a process which is part of a wider environment, rather than confining it to a three-



dimensional conceptual model. However, I have also considered that this definition may have limitations.

Impairment of practice is defined by Munsey (2006) as “...*a condition that compromises the psychologist’s professional functioning to a degree that may harm the client or make services ineffective*” (p. 35). From the perspective of the American Psychological Association (APA), it is stated that failure to provide services within the professional standards of care, reasonable competency and skill may also constitute impairment (American Psychological Association, 2006). The implications of using this term in the working definition will be evaluated in the Strengths and Limitations section (Section 4.5).

I also considered the definitions of VT, STS and CF in relation to my study. Although these terms have common features, the focus of this study is on the effects of prolonged stresses of training rather than starting with assumptions of trauma-related training experiences, distress or difficulties solely from clinical work. In this context, I feel burnout is a more suitable term for this study because I believe it encompasses a multitude of processes which could potentially occur from the difficulties that trainees experience. Therefore, I feel that my chosen working definition is distinct from these terms.

## **1.9. Research Question**

In consideration of the gaps identified in this literature review, the research question of this study is as follows:

*“What is the experience of burnout in counselling psychology trainees?”*

## Chapter 2: Methodology

### 2.1. Overview

In this chapter, I will discuss the rationale for my chosen methodology of Interpretative Phenomenological Analysis (IPA), and the other methodologies considered before deciding on IPA. I will conclude with my sample of participants, the procedure and ethical considerations, the evaluation criteria for my research, and a brief overview of the steps of analysis.

### 2.2. Research methodology

#### 2.2.1. *Interpretative Phenomenological Analysis (IPA)*

I have chosen Interpretative Phenomenological Analysis (IPA) (Smith, 1996) as my preferred methodology. IPA is concerned with exploring and understanding how individuals understand their experience of a particular phenomenon in their personal and social worlds (Smith, Flowers & Larkin, 2009). This methodology views the participant as an expert who can offer the researcher a detailed insight and understanding of their experiences in relation to a research question (Reid, Flowers & Larkin, 2005). One of the features of IPA is *double hermeneutics*, which involves the researcher understanding the process of a participant making sense of their own experience (Smith, Flowers & Larkin, 2009). At the same time, IPA also acknowledges that the researcher's understanding of a phenomenon is an interpretation, and that it is not possible to gain direct access to a participant's life experiences (Willig, 2013).

#### 2.2.2. *Rationale for choosing IPA*

I felt that IPA was a suitable methodology for this project for a number of reasons. As outlined in the literature review, the concept of burnout has been defined in many

ways, primarily using three-dimensional frameworks, such as the MBI and CBI. It has also been subject to cultural and international interpretations and has been revised over time. This suggests that burnout cannot be attributed to a single conceptual model and is therefore subject to individual interpretation. An interpretative phenomenological approach would allow unique perspectives of burnout in trainees to emerge. Through being reflexive about my own experiences of the training, I believe I would gain a richer, in-depth understanding of burnout in comparison to a descriptive approach.

Even if I suspend my assumptions about burnout in trainees, I would still be making an interpretation. My findings will be a product of my relationship and interactions with the data based on my experiences. I believe this methodology fulfils my intention of attempting to understand the phenomenon of burnout in the trainees who have experienced it. Although I have used a working definition for this study, it is for guidance to help participants identify their experience of burnout without imposition of a particular conceptual framework.

Finally, although IPA does not test hypotheses or generate new theory, it can be used to open up potential discussions about existing theory (Larkin & Thompson, 2012). It is hoped that the findings of my study can form a basis to re-evaluate burnout a trainee's perspective outside of the conceptual models of burnout, and to develop further understanding of burnout as a process which develops from prolonged exposure to the stressful environment of counselling psychology training.

### **2.2.3. A brief history of the origins of IPA**

There are two schools of thought in phenomenology, namely *descriptive* and *interpretative* (Willig, 2013). Both approaches are interested in how the world presents to the individual.

In the former, philosopher Edmund Husserl believed that it was possible to transcend personal biases and assumptions through a three-stage process of bracketing. The three stages are *epoché*, *phenomenological reduction* and *imaginative variation* (Moustakas, 1994). *Epoché* requires suspension of all assumptions and judgments to become fully aware of an experience. *Phenomenological reduction* involves a description of a phenomenon in its entirety, including thoughts and feelings experienced at that time. *Imaginative variation* involves accessing how an experience has come to be in existence. The essence of a phenomenon is then understood at the end of this process (Willig, 2013).

In the latter, philosopher Martin Heidegger believed that all description was a form of interpretation, and that prior assumptions and biases about a phenomenon cannot be avoided (Heidegger, 1927/2011). As a student of Husserl, he rejected the notion of individuals being outside observers of events with bracketed assumptions, and that the individual is inevitably intertwined with their environment; this concept of “*being in the world*” is known as *Dasein* (Heidegger, 1927/2011, p. 38). Heidegger’s view was that understanding of a phenomenon is achieved through worldly activity, which includes ordinary, everyday interactions. Interpretative phenomenology is guided by the hermeneutic circle (Schleiermacher, 1998), where the understanding of the whole phenomenon can only be understood from its constituent parts (Schmidt, 2006). Instead of bracketing assumptions, researchers aligned with

interpretative phenomenology work with these assumptions to understand the phenomenon in question (Willig, 2013).

IPA is based on the latter perspective. It is an inductive methodology which places value on the interpretation of a phenomenon on a case-by-case basis. IPA focuses on exploring patterns of expected and unexpected relationships in phenomena (Braun & Clarke, 2013), and knowledge is produced through an ongoing process of modifying categories of meaning generated by interacting with the data (Willig, 2013). The role of the researcher involves using their subjective judgement while clearly demonstrating how their preconceptions shape the knowledge being produced. This is known as *personal reflexivity*, which can be achieved through self-analysis and self-evaluation throughout the research process (Willig, 2013).

### **2.3. Epistemological standpoint**

My ontological stance lies within critical realism, which is positioned in a constructivist/interpretivist paradigm. I accept that there is a historically, culturally and socially created reality which exists independently from my own perceptions, but I am only able to make sense of this reality through a process of interpretation (Maxwell, 2012). Differences in subjective meanings between individuals can be attributed to the experience of different aspects of reality. In terms of my study, burnout is a concept which has origins in the caring professions, thus socially defined, and my chosen working definition provides a fixed external 'reality' but open to different interpretations.

My epistemological stance is interpretative phenomenology (Willig, 2013). By choosing IPA as the methodology for this study, I take the position that reality and knowledge is historically, culturally and socially located and understood differently

according to how individuals experience the world. From this stance, I attempt to understand how an individual relates to the world through my own process of making sense of their understanding. Simultaneously, I acknowledge that it is not possible for me to fully and directly access others' experiences (Larkin & Thompson, 2012).

#### **2.4. Theoretical underpinnings of IPA**

This section aims to further elaborate the theoretical underpinnings of IPA from the previous section, and how this methodology is consistent with my epistemological standpoint.

As outlined in the previous section, IPA is guided by an interpretative phenomenological theoretical framework. However, it is also guided by two other central principles: *hermeneutics* and *idiography*. These will be explored in turn.

**Hermeneutics** – *hermeneutics* is the theory of interpretation (Smith, 2007) and involves the researcher's understanding of a phenomenon while attending to their own prior experiences, assumptions and preconceptions. This analysis of experience is known as the *hermeneutic cycle*, which consists of an understanding of parts in relation to the whole, and vice versa (Smith, 2007). IPA is underpinned by a *double hermeneutic* process, which allows the researcher to make sense of the participant's experience, while the participant makes sense of their own experience at the same time (Smith, Flowers & Larkin, 2009).

**Idiography** – IPA is an idiographic approach which focuses on the specific rather than the generalisable. This offers a nuanced exploration of aspects of the participant's lived experience. The aim of IPA is to understand the narrative of each participant, before moving on to explore similarities and differences across cases. In

this way, patterns of meaning can reflect the participants' shared experience (Smith, Flowers & Larkin, 2009).

The characteristics unique to IPA are important to highlight, as they underpin my rationale for using this methodology. These are outlined as follows:

**Epistemological basis** – the ontology of IPA is critical realism, which reflects its hermeneutic and phenomenological basis. This indicates that knowledge or a phenomenon is created through intersubjective interaction of an external reality (Reid, Flowers & Larkin, 2005). In terms of epistemology, IPA is situated in an interpretative phenomenological position (Larkin & Thompson, 2012). This assumes that understanding of the external reality requires a personal understanding of experience, which is guided by cultural, social, relational and social contexts.

**Focus on content** – IPA understands experience as taking place within a wider context (Braun & Clarke, 2013). IPA research aims to make tentative interpretations which incorporates the environment the phenomenon is located. By remaining aware of the socio-cultural grounding of the participant, the researcher aims to maintain emphasis on the subjectivity of the participants (Braun & Clarke, 2013).

**Role of language** – IPA assumes that language can capture participants' experiences (Willig, 2013). The researcher aims to gain a rich account of participants' experiences by attending to subtle nuances in their use of language in terms of words, phrases, inflections and metaphors. It is assumed that these convey expression of underlying meanings of their experience (Pietkiewicz & Smith, 2012).

## **2.5. My choice of IPA over other methodologies**

The field of counselling psychology recognises there is no single truth provided by any research paradigm (Henton, 2016). Choosing an approach for qualitative

research involves choosing a perspective on the world. This also includes a perspective on data which is congruent with the researcher's view of reality (Larkin, 2015). I explored the possibilities of other qualitative methodologies which I felt were compatible with my epistemological and ontological stance. These were *constructivist grounded theory (GT)*, *thematic analysis (TA)* and *mixed methods*, which I will discuss in turn.

### **2.5.1. IPA versus constructivist Grounded Theory (GT)**

Grounded theory (GT) aims to construct a framework from the experiences of participants to explain how a social process works (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1998). In contrast to IPA, preconceived ideas are usually withheld by the researcher, and similarly to IPA, it involves an inductive process of data collection (Morse, 2001).

GT can be compatible with a critical realist epistemological perspective, as it is capable of contextualising action and experience within wider social structures (Oliver, 2011). However, one of the requirements of GT is to abstain from reading relevant literature to prevent prior knowledge and assumptions from influencing the study (Braun & Clarke, 2013). I have experienced burnout from my training, and I have read widely about the various theoretical and qualitative perspectives of burnout in the literature to choose a working definition suitable for this study. My preconceptions would inevitably influence my interpretations, even if I abstain from reading literature related to burnout. Merely formulating a research question involves making assumptions (Willig, 2013), and based on my experiences of training, my research question already assumes that trainee counselling psychologists are at risk of experiencing burnout.



GT has its origins in sociology and is primarily focused on understanding social process and structures (Charmaz, 2014). Although the concept of burnout involves social processes as a result of its origins in the healthcare professions (Schaufeli, Leiter & Maslach, 2009), they are not the concern of my research question. The intention of my research is to understand how trainee counselling psychologists make sense of their own personal experiences of burnout as a result of their training, and not to explain the process of how burnout develops. Thus, I felt IPA is a more suitable methodology for my research question and epistemological stance.

### **2.5.2. IPA versus Thematic Analysis (TA)**

Thematic analysis (TA) is a methodology which focuses on examining themes or patterns of meaning within data to generate rich description and theoretically informed interpretation (Daly, Kellehear, & Gliksman, 1997). It involves exploration of explicit and implicit meanings across a data set, which is then coded into a series of themes (Guest, MacQueen & Namey, 2012).

TA can be carried out either by using a deductive (*a priori*), or *emergent* approach, or a combination of both (Saldaña, 2015). Taking an *a priori* approach to TA involves using codes determined from the existing data, and an *emergent* approach uses semantic and latent coding in TA, which are similar to descriptive and conceptual comments in an IPA analysis (Larkin, Watts & Clifton, 2006). TA was considered because its paradigmatic flexibility would ensure suitability with a critical realist perspective, but this was disregarded because it is a methodology which seeks to describe patterns across data rather than on an idiographic, case-by-case basis (Braun & Clarke, 2006).

I believed an idiographic focus for this study was crucial, because TA generally requires a larger sample size than IPA; TA does not share IPA's idiographic focus of a phenomenon (Smith, Flowers & Larkin, 2009). I anticipated difficulties in finding participants willing to speak openly about their experience, as I recognised from the literature review and my own experiences that burnout can be viewed as a stigma amongst trainees (Bianchi *et al*, 2016; World Health Organization, 2019). Their spoken experiences and non-verbal communication may conceal valuable information in fully understanding their experiences. I chose IPA for its more nuanced emphasis on verbal and non-verbal communication to convey the phenomenon of burnout.

### **2.5.3. IPA versus Mixed Methods**

I also considered mixed methods to capture both qualitative and quantitative data, because it is a pluralistic approach which embraces principles from more than one research paradigm (Creswell, Plano Clark, Gutmann & Hanson, 2003). It is also compatible with critical realism (Creswell & Plano Clark, 2011) by gathering a variety of experiences of burnout on an individual basis and on a broader level.

As with TA, it would be necessary to choose one of the empirically grounded theoretical models and the corresponding inventory for the quantitative portion. In the qualitative aspect of the study, the participants would be restricted to responding to questions within the perimeters of the chosen three-dimensional conceptual framework, rather than speak candidly about their experiences. For instance, if I chose the MBI inventory for the quantitative portion of the study, to maintain consistency of my chosen definition and respective inventory, the interview schedule would need to be developed with the MBI in mind. That is, structuring my questions

to elicit experiences of burnout from participants within the criteria of Maslach and Jackson's (1981) three-dimensional model of emotional exhaustion, depersonalisation and lack of personal accomplishment. This may result in accounts of their experiences which may not be rich or nuanced enough to accurately represent their perspectives.

Furthermore, due to the numerous definitions of burnout in the literature, choosing one definition and collecting data based on that definition may be problematic for both quantitative and qualitative portions of mixed methods, as both qualitative and quantitative elements of the research require different sample sizes and different epistemological standpoints. This would likely produce a convoluted study with little paradigmatic clarity. Although quantitative data may enhance the qualitative element of the research in some way, the existing research explored in the literature review has suggested that there are many different experiences of burnout which may benefit idiographic exploration using IPA.

## **2.6. Sampling and Participants**

Eight trainee counselling psychologists in the third year of their training aged between 26 and 42 years were recruited from universities in the London region which offer Professional Doctorate in Counselling Psychology programmes. These included the University of East London (UEL), Regent's University London, London Metropolitan University, University of Roehampton and City University. Seven participants were female, and one participant was male. Their ethnicities were given as White British, White Irish, White European, and Asian British. Due to the idiographic focus of IPA, the sample size is consistent with Smith, Flowers and Larkin's (2009) recommended number of participants for doctoral-level IPA research.

Third-year trainees were purposely selected for this study, because this group has experienced the entirety of their training as opposed to first- or second-year trainees, and thus are more likely to give the full context of their training and experiences of burnout. London universities were chosen for this study, because London is a city which is considered to have higher living costs than other areas of the UK (Office of National Statistics, 2017). From the literature review, it is known that trainee counselling psychologists often struggle with the financial demands of training (Kumary & Baker, 2008). As counselling psychology training is full-time, it could be argued that trainees who study in London universities could struggle financially due to the additional costs of living in the city. Furthermore, some trainees can find it difficult to maintain employment and others may have to give up working altogether in order to commit to the training. In sum, trainees who live and study in London could be arguably more affected by the financial impact of training than trainees in other areas of the UK.

Recruitment was carried out through an advertisement in the Division of Counselling Psychology electronic newsletter issued by the British Psychological Society (Appendix B7), and posters were placed on the research recruitment noticeboards of the universities outlined above. Face-to-face and word of mouth recruitment were the most effective methods of gathering participants. One of the anticipated challenges was recruiting enough participants. This was addressed by expanding the recruitment to all universities in London with counselling psychology training programmes specified by Kumary and Baker's (2008) research, as well as asking trainee and qualified allied health professionals at my clinical placements to share the details of the study with other trainee counselling psychologists.

**Table 1. Table of participants**

<b>Participant (pseudonyms)</b>
"Amelie"
"Dana"
"Kamala"
"Agnes"
"Caitlin"
"Deepti"
"Bridget"
"Lee"

## **2.7. Inclusion and exclusion criteria**

As a condition of IPA research, all participants were purposively sampled based on their experience of burnout from managing the demands and stresses of training.

They were all at the pre-viva stage of their third year of training, and there was no restriction on age, gender or ethnicity.

Participants training through the British Psychological Society's Qualification in Counselling Psychology independent route (QCoP) were excluded from the study for two reasons: in the literature, the only reported challenge from QCoP trainees was isolation (Hall, 2010; James, 2010) because the structure is very different from the university route of training, and typically trainees are not part of a cohort. Secondly, QCoP trainees can complete training in their own time, whereas university-based Professional Doctorate programmes are time-limited. As suggested in Vredenburgh *et al's* (1999) study, low to moderate levels of burnout appear to be linked to some respondents having greater autonomy over their work schedules. In order to

maintain sample homogeneity required for IPA, this group of trainees was excluded from the study.

## **2.8. Materials and interview questions**

Consistent with its inductive nature, IPA involves semi-structured interviews with open-ended questions (Smith, 2004). Should any specific questioning be required, it should only be used to expand on and clarify participants' responses, rather than seek agreement or disagreement (Willig, 2013). The interviews lasted between 45 to 90 minutes and were recorded using a digital voice recorder. Transcripts were then created manually while listening to the recorded participant responses (Smith, 1996). Examples of the interview questions were as follows: "*Can you describe your experience of managing the various demands of training?*", "*In relation to the definition of burnout used in this study, have you experienced anything like this due to your training?*" together with prompting questions to elicit further information if necessary. The full interview schedule can be found in Appendix B11.

## **2.9. Procedure**

All eight interviews were carried out in quiet confidential rooms in the Stratford campus of the UEL during working hours (Monday to Friday between 9am to 5pm). When the participants expressed interest in taking part in the study, an information pack was sent to them by e-mail in advance or given on the day of interview (Appendix B8). This pack provided information on the aims and purpose of the research, the adopted definition of burnout, confidentiality and how their personal data would be used, and their right to withdraw at any time. If the participant agreed to take part, a consent form was signed before interviews took place (Appendix B9). I verbally reminded participants that their responses were confidential once the

interview had started. After the interviews, the participants were given a debriefing sheet with information of counselling services and other sources of support (Appendix B10). I also sent a follow-up email to participants to show my gratitude for taking part in my study and to remind them of the information in the debriefing leaflet (Appendix B12).

## **2.10. Ethical Considerations**

This study received approval from the School of Psychology Research Ethics Committee at the UEL before data collection commenced (Appendix B1-B2). I conducted the study according to the Code of Human Research Ethics by the British Psychological Society (British Psychological Society, 2014) and Standards of Conduct, Performance and Ethics by the Health and Care Professions Council (Health and Care Professions Council, 2019b).

As outlined in the previous section, participants gave their informed consent prior to being interviewed. I provided an information sheet explaining the purpose of the study, confidentiality and how their personal data will be used, and the duration of the interviews. Participants were also informed in writing participants that recollection of some personal experiences during the interview process may be distressing, and that they could request termination at any stage.

Throughout the interviews, I remained alert to any discomfort or distress participants may experience from recollection of their experiences of training. I used basic counselling skills based on Rogers' (1957) core conditions of empathy, congruence and unconditional positive regard to pace the interview and help the participant to feel comfortable talking about experiences which may elicit discomfort. If consent was withdrawn, they were informed that any written and audio data would be

destroyed before the end of December 2018. After this date, analysis will commence, and the data would be used in the study. They were also informed that the audio recordings will be erased after the viva voce has taken place. At the end of the interviews, I provided a debriefing sheet with contact details of local support services and advice for participants to consult their personal therapist, personal tutor and the support services from their respective universities if required.

In terms of data management, all personal and identifying data was removed from transcripts, including titles of participants' research projects, placement details and names of individuals referred to in interviews, were omitted in transcripts.

Participants were identified using pseudonyms throughout the study. I also ensured that electronic data was anonymised and password-protected on a personal laptop kept at home. Anonymised paper documents, such as transcripts and themes, were kept in a separate location from paper documents with identifying information, such as signed consent forms. The audio recordings were stored in an encrypted, password-protected folder separately from other electronic data. After the viva voce examination, the audio recordings and electronic data with personal information will be deleted, and paper copies of personal information will be destroyed with a cross-cut shredder. The Data Management Plan in Appendix B3 contains further information on confidentiality, data storage and management.

As counselling psychology is a small and transparent field, some of the participants were known to me in a professional capacity. I was aware of the impact this could have on the interview process. For example, they may be more cautious about what they share in relation to their training experience, and equally I may be more cautious about my questioning to avoid discomfort in the participant. However, I felt that the prior professional relationship in these circumstances may have helped to



enhance communication verbally and nonverbally (Aase, 2006), particularly as the participants often found it difficult to describe how burnout felt; my familiarity with the experience assisted with the double hermeneutic process required by IPA.

Furthermore, participants found that taking part in the study was beneficial for two reasons: firstly, the interview space provided a form of closure as they approached the end of their training, and secondly, the participants expressed a strong affinity to the research topic and wanted their voices to be heard for the benefit of other trainee counselling psychologists. However, I also considered the limitations of dual relationships during the interview stage which I will expand on in further detail in Section 4.5 of the Discussion chapter.

Finally, I considered my own wellbeing during the interview process, as I was aware that I may be emotionally affected by some of the material presented by participants. I am a therapeutic practitioner with experience working with vulnerable children and adults in the NHS and educational sector. My training and clinical experience have equipped me well to manage any upsetting accounts expressed from my participants. As a reflective-practitioner, I am also trained in monitoring the impact that such distress may have on me. I have a strong support network which includes my director of studies, personal therapist, placement supervisor, and friends and family.

### **2.11. Evaluation criteria**

Yardley (2000) proposed open-ended principles as a guide to good quality research, which are as follows: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These principles will be briefly discussed in turn.

### **2.11.1.        *Sensitivity to Context***

I believe I demonstrate sensitivity to context by being aware of and considering the existing literature on my epistemological stance, on my topic and my chosen methodology (Yardley, 2000). I also ensured that I read widely to understand the various definitions of burnout, and which are applicable to trainee counselling psychologists. Furthermore, it is also stated that researchers should be aware of the socio-cultural setting of the study and how this might influence the beliefs, expectations and views of both participants and the researcher (Yardley, 2000). My sensitivity to context as a researcher, particularly as a trainee counselling psychologist who has experienced burnout and the impact this may have on the research process, are revisited in detail in the discussion chapter.

### **2.11.2.        *Commitment and Rigour***

Commitment refers to the researcher immersing themselves in the relevant data, engaging with the topic and developing their skills as researchers. Rigour is the completeness of the data collection and analysis (Yardley, 2000).

Pietkiewicz & Smith (2012) stated that researchers should put the interviewees at ease by listening carefully to what they are saying implicitly and explicitly, which can help to build a rapport during the interview process. I believe I have shown commitment to the interview process by ensuring the environment was a safe, confidential space for participants to speak openly about potentially upsetting and sensitive experiences. I used Rogers' (1957) core conditions of empathy, congruence and unconditional positive regard to develop a rapport with participants quickly. In addition, I continued to read widely about IPA and about burnout in general, as well as keeping up to date with the latest research and updating my

literature review accordingly. I also communicated regularly with my director of studies throughout the research process in order to seek guidance in honing and improving the planning, interviewing and analysis process of the study, as well as writing up my findings. This criterion will be revisited in the discussion chapter.

In terms of rigour, the sample of participants was purposively sampled in order to maintain homogeneity, which is a criterion of IPA (Smith, Flowers & Larkin, 2009).

The framework of analysis specified by IPA was diligently maintained throughout the process of analysis, which includes reduction of emergent themes into a smaller number of themes on a case-by-case basis, which was then regularly checked by my director of studies. The interview schedule consisted of an appropriate number of questions to elicit information and designed to avoid imposing my own preconceptions and world view. The schedule also included an appropriate number of prompting questions to elicit further information and clarification of responses.

### **2.11.3.        *Transparency and Coherence***

Yardley (2000) states the importance of transparency in methods and analysis throughout qualitative research. Coherence refers to the clarity of the argument and the unification of the research question, philosophical standpoint and the methodology (Yardley, 2000).

I believe that I demonstrate transparency in my study through development of a clear procedure for gathering data and conducting analysis, which will lead to the development of themes and subsequent interpretations. I have endeavoured to convey clarity in the way I carried out the analysis and how the findings were reached, which is a requirement in communicating transparency in qualitative research (Yardley, 2008). Examples of all stages of my analysis have been included

in Appendices B13 to B19. I have also been transparent about knowing some participants in a professional capacity, and the implications on the interview dynamics and subsequently data collection. I was also able to distinguish between the participants' words and my interpretation of their words by using excerpts from the interviews to evidence the themes (Elliott, Fischer & Rennie, 1999). I shared my interpretations and theme tables with my director of studies. The number of themes and their meanings were discussed and adjusted where necessary to maintain the quality of the analysis.

I have endeavoured to maintain coherence in my research through paradigmatic clarity in accordance with my chosen methodology. I have also demonstrated how I have made an informed choice of IPA over other methodologies, and I have reflected on how my epistemological stance is compatible with IPA. By focusing on the depth and richness of participant experiences of burnout, as well as identifying shared experiences across participants, the study fulfils the criteria for coherence between my philosophical perspective, methodology and research question. Further reflections on transparency and coherence will be discussed in the reflexivity section of the discussion chapter.

#### **2.11.4.      *Impact and Importance***

Impact and importance are the contribution of the research findings to theoretical knowledge and its practical implications (Yardley, 2000).

It is hoped that the findings can be a guide for trainees in the future to gain a realistic idea of what counselling psychology training is like, as there are no known IPA studies of burnout specifically exploring the experiences of trainee counselling psychologists. I also hope that the research will help trainees acknowledge that the

training is fraught with challenges and pressures, and that the findings may help to normalise the pressures which come with the training. The study may also provide guidance for counselling psychology training staff in teaching wellbeing and management of burnout. This will be expanded upon in more detail in the discussion chapter.

## **2.12. Reflexivity**

An important aspect of carrying out qualitative research is to be reflexive about any preconceptions, assumptions or biases about what they are studying (Morrow, 2005). In the literature, there are two primary forms of reflexivity: *personal reflexivity* and *epistemological reflexivity* (Willig, 2013).

*Personal reflexivity* is characterised by reflection of how their own values, beliefs and experiences affect the research, and how the research may have affected or changed the researcher professionally and personally. *Epistemological reflexivity* is when the researcher reflects on their philosophical standpoint and how this influences what they capture in their research, as well as on their own assumptions throughout the research process and how these have influenced the findings. IPA acknowledges the importance of the researcher's beliefs, preconceptions and experience. One of the ways reflexivity can be achieved is by keeping a research journal of insights and reflections (Morrow, 2007; Ortlipp, 2008). An example of this is in Appendix B22.

As a trainee counselling psychologist, my epistemological stance has been shaped by my training and personal experiences. Heidegger's interpretative phenomenology states that we can only understand a phenomenon in the context of certain preliminary assumptions (Willig, 2013). My own experiences of burnout as a trainee

counselling psychologist will influence how I understand participants making sense of their experiences of the same phenomenon. Reflexivity will be revisited in the discussion chapter.

### **2.13. Analysis**

I began the process of analysis by following the six recommended steps outlined by Smith, Flowers and Larkin (2009). The aim of the analytic process is to produce themes which capture the lived experience of burnout in trainee counselling psychologists, as well as what I believe the participant is trying to convey as per the double hermeneutics process of IPA. There is no single way of conducting analysis, but flexibility in the development of themes is encouraged (Smith, Flowers & Larkin, 2009). Each step of the analytic process is illustrated with an excerpt of Kamala's interview transcript in Appendices B13 through to B17.

#### **2.13.1. Stage 1: Reading and Re-reading**

I started by listening to the interview recordings several times as I transcribed them into a Microsoft Word document. This helped me to understand the participant from their perspective and gain a sense of what they were explicitly and implicitly communicating. I then read the transcripts several times on a line-by-line basis while listening to the interviews to familiarise myself with the written data.

#### **2.13.2. Stage 2: Initial noting**

In the next stage, I made descriptive, linguistic and conceptual comments on the transcripts (Smith, Flowers & Larkin, 2009). The descriptive comments (**bold**) consisted of notes of initial thoughts and observations about participants' subjective experiences, personal meanings, use of language and the significance of such comments, as well as observations of body language, tone and pitch of their voices,

pauses, filler words, non-verbal communication and hand gestures as potential communication of their experience. The linguistic comments (underlined) consisted of observation of the language used, context and abstract concepts to understand patterns of meaning. The conceptual comments (*italics*) were made after making interpretations based on my understanding, and how and why the participants focused on a particular area of their experience.

### **2.13.3. Stage 3: Developing emergent themes**

The next stage involved identification and clustering of themes which characterise each section of the text. In the previous step, I ensured that I generated detailed and comprehensive notation in order to develop emergent themes which accurately reflected the participants' words. I also endeavoured to re-organise the data by breaking up the narrative of the interview, which is part of the hermeneutic cycle in IPA; the transcripts are split into parts which come together as a whole after analysis (Smith, Flowers & Larkin, 2009). This step involved reduction of the data while maintaining complexity. The criterion in developing themes was specified by Smith, Flowers and Larkin (2009) as follows:

*“Themes are usually expressed as phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual”* (Smith, Flowers & Larkin, 2009, p. 92).

By moving backwards and forwards through the themes, data and notes in each transcript, I looked for relationships and grouped similar themes together through a reductive, iterative process of clustering.

#### **2.13.4. Stage 4: Connection across emergent themes**

In this step, I explored connections between the themes in each transcript by being flexible with the structure. I used Smith, Flowers and Larkin's (2009) concepts of *abstraction*, *contextualisation*, *polarisation* and *function* to organise themes into clusters and to name them individually; each cluster became superordinate themes. This process is demonstrated in emergent themes table for Kamala in Appendix B15, which also uses excerpts from the transcripts to evidence the themes with reference to ranges of line numbers.

#### **2.13.5. Stage 5: Moving to the next case**

The above analysis procedure was repeated with all other transcripts, and I ensured that each transcript was treated as a separate, unique entity in keeping with the idiographic quality of IPA (Smith, Flowers & Larkin, 2009). I also tried to bracket my own experiences as much as possible by writing in my reflective journal. An example of my journal is included in Appendix B22. New insights were integrated across cases when revisiting each transcript after analysis.

#### **2.13.6. Stage 6: Looking for patterns across cases**

After the analysis of all eight transcripts was complete, the themes were explored. Some themes required renaming, merging or deleting, and the rearranging of the data continued until a collection of subordinate themes was generated (Willig, 2008). This process is illustrated in Appendix B20. Each group of subordinate themes was given a distinctive name to identify them as superordinate themes. The superordinate and subordinate themes were then gathered to create a narrative account, where they have been explained and illustrated using verbatim excerpts from the transcripts (Smith & Osborn, 2015). The intention of this stage is to illustrate



both the uniqueness and shared qualities of participants' experiences (Smith, Flowers & Larkin, 2009).

## Chapter 3: Analysis

### 3.1. Overview

The research question guiding this study is “*What is the experience of burnout in counselling psychology trainees?*” This chapter outlines the findings from the interpretative phenomenological analysis (IPA) of eight semi-structured interview transcripts. With the research question in mind, the data analysis generated three superordinate themes overarching eleven subordinate themes (see Table 2 below).

My interpretations involve close engagement with the data, and such engagement is influenced by my preconceptions and experience of burnout as a trainee. The double hermeneutic circle required for IPA consists of attending to the participants’ accounts as they make sense of their own experience, influenced by my preconceptions and experiences and new information provided by the participants’ stories (Smith, 2007). Through my engagement in this double hermeneutic process, I acknowledge these themes are only one possible interpretation of the data presented. Another researcher may develop different superordinate and subordinate themes based on their subjective understanding of the data.

**Table 2. Summary of themes**

<b>Superordinate themes</b>	<b>Subordinate themes</b>
<b>1 – A perfect storm: the demands of counselling psychology training</b>	1.1 – “It takes up everything in your life”
	1.2 – Juggling the balls and ticking the boxes
	1.3 – Financial pressures of training
	1.4 – The trainee versus the training
<b>2 – Treading on shaky foundations</b>	2.1 – “Nothing has made me feel so inadequate”
	2.2 – Fear of failure
	2.3 – The great pretender
<b>3 – Impact of the training on self and others</b>	3.1 – Life on hold
	3.2 – “Like a dying flower”: externalisation of burnout
	3.3 – No-one understands what I am going through: strain on relationships
	3.4 – Rebuilding from the ashes: learning from burnout

The next section will present the superordinate and subordinate themes in more detail.

### **3.2. Superordinate theme 1 – A perfect storm: the demands of counselling psychology training**

Participants reported that the training became the only priority in their lives, often above their relationships with friends and family, personal interests, and their own wellbeing. Financial difficulties were also reported to be an additional source of stress in conjunction with the other demands of training. Many of the participants

also did not feel supported by the training institution, and there appeared to be a loss of agency in coping with the training. In combination, the demands of training created a metaphorical '*perfect storm*' for burnout to occur, which is my phrase of choice. The British English definition of a perfect storm is "*a combination of events which are not individually dangerous but occurring together produce a disastrous outcome*" (Collins English Dictionary, 2019). I felt the phrase suited the phenomena in question, because of the participants' descriptions of feeling overwhelmed by the combination of several competing demands at the same time.

### **3.2.1. Subordinate theme 1.1 – "*It takes up everything in your life*"**

All the participants reported that the training overtook all areas of their lives and became intrusive of their enjoyment of life outside of the training. Some participants also described feeling too overwhelmed with completing tasks to enjoy the training and having little time to fully reflect and process their learning or clinical work.

This subordinate theme was named after a phrase from Caitlin, who described being preoccupied with the training even when physically away from it:

*The doctorate was all-consuming. It takes up everything in your life.*

*You...are out to dinner with friends and you're thinking about it. Um...you know, you're home for the holidays and you're thinking about it.*

*Umm...you're...away in a foreign country trying to enjoy yourself, and you are, but you think about it. So it takes up every part of your life and you're never fully present in anything. (Caitlin, lines 456-461).*

There was a sense that the training demanded all her attention and thought processes, and it overtook her interests and activities outside of the training without reprieve. Her assertive use of the term "*you*" rather than "*I*" suggests a lack of

personification, this could be from trying to hold on to aspects of her life before training to grasp some form of stability and distance. It could also be an effort to generalise her experience to ease her isolation, as it may have been a comforting notion that other trainees were experiencing what she felt.

Dana described being overwhelmed and torn between adjusting to each daily training-related task:

*so I was, I was going to... different places Monday... [sighs] what days was I doing? Monday, Tuesday... yes, I went Monday, Tuesday, Wednesday to a different placement on each day, and Thursday at uni, and then I had Friday off, so it, it was crazy. Each day of the week I was somewhere different doing something completely different, erm, and the placements were unbelievably different. (Dana, lines 254-259).*

She also reflected on how her life outside of training became a distraction she needed to fight off:

*all this stress has meant that I can't go out when I want to, I can't do certain things, I have to ignore my partner, have to ignore the dog, or... you know, I have to turn things down, because... I've got to get on my work. So it's definitely encroached. (Dana, lines 613-617).*

In both excerpts, Dana spoke about the difficulties she experienced in attending to the various demands and maintaining boundaries between her training and personal life. She reported feeling forced to miss out on events, and even when there was a choice between a leisure activity and her studies, she had to choose the latter. She used the word “*encroached*” in a way which suggested powerlessness; in some sense, the training appeared to trespass on her life and

took away her sense of agency. The repeated use of the word “*ignore*” implied that she had to force some kind of distance to focus on her work.

Kamala described being so rushed by the demands of training, she could only focus on her training schedule and little else:

*Yeah, exactly, like I had no time to even... realise, wow, I'm on this doctorate? Like what am I learning, or what am I enjoying or what, is there something I don't like? I, I didn't have any time to reflect on things like that. Um, because I, I was just trying to keep up with the busy schedule. That is all it was about, and the year just flies by because you have so much going on, there's no space or time for yourself or... to figure out what was going on for you. (Kamala, lines 67-73).*

Kamala seemed to be experiencing the training as rushed and unfulfilling, despite her attempts to enjoy the process. She appeared to convey the speed of being on the training with her fast speech. Her rhetorical questions implied that the training became an unsettling experience. Similarly to Caitlin, her switch from “*I*” to “*you*” in her final sentence might imply she was trying to distance herself to regain some sense of control. Alternatively, Kamala may be generalising her experience in a similar way to Caitlin, probably to give herself some comfort that she is not alone with her experience.

Agnes also reported that her life was reduced to the demands of training:

*Umm... I haven't really been able to travel since about 3 years ago, since this course started. I haven't done much. All my life has been redacted to is... studying, read, uni, placement, and writing up assignments,*

*which...which I kind of expected at beginning of course, I knew it was going to be a demanding course... (Agnes, lines 15-19).*

Agnes expressed sorrow in her tone of voice that the training encroached to such a degree on her life, despite knowing what to expect in the beginning. There was a sense that her expectations did not match the reality of training. She implied in her description of the demands that there was nothing else outside of the training, and she had to separate herself from relationships and leisure activities in order to keep up with the demands.

Deepti reiterated this loss of control by explicitly attributing this to being overwhelmed:

*Overwhelming is definitely the right word is, like I definitely felt overwhelmed. I don't think anyone likes to feel overwhelmed. Everyone can deal with a certain level of stress... and anxiety, but I think the moment when anxiety feels like so much that you can't deal with it, that's when the sense of overwhelming-ness comes in. And...that's what I felt, because I felt that certain things were beyond my control, so of course I definitely felt overwhelmed. (Deepti, lines 48-54).*

Despite her best efforts to find another evocative word, she repeated the word “*overwhelmed*” several times, and also formed her own noun to convey how consumed she felt by the training (“*overwhelming-ness*”). This suggested that the training could have consumed her ability to find the right words to describe her feelings. Her experience of training seemed to be heightened, alien and such a departure from ordinary life before the training, it seemed difficult for her to find the words to describe the stress.

Amelie also described a feeling of being physically overwhelmed by the training:

*There was no time to breathe. No time to relax, no time to think about where I, what I was doing or where I was going. (Amelie, lines 595-596).*

The phrase “no time to breathe” and the repeated punctuations of “no time” suggests an onslaught of demands which dominated her life without a pause. Similarly to other participants, she reported feeling that her sense of control was taken away and that she had no permission to have a rest until her personal resources were completely depleted.

Kamala described feeling that her personal identity was replaced by that of a trainee counselling psychologist:

*Um, I felt like I was, I somewhat had that identity of just trainee counselling psychologist and I just wasn't... being me. I was just so sucked into that title... (Kamala, lines 104-106).*

*I lost all the things that made... me happy, like spending time with family, or taking care of myself or, doing all those feminine things that we do. Um... I felt, I feel like the course sort of took that away from me. I can't remember my last three birthdays. (Kamala, lines 109-112).*

She described the identity of a trainee as someone who negotiated different roles in university, placement and academically, and nothing else appeared to exist out of those roles. She appeared to lose connection with her femininity and with herself as a human being, which was also indicated by her inability to recall her previous three birthdays, namely the years she has been training. She used the word “we” to convey an experience of investing in appearance and femininity, which also



resonated with me as I am female; it seemed to be an equally affirming statement for both of us.

### **3.2.2. Subordinate theme 1.2 – Juggling the balls and ticking the boxes**

Several of the participants described struggling to give equal attention to all demands of training. Focusing on one demand often had an impact on another. Some participants reported feeling that the training became too goal-oriented rather than an immersive and meaningful learning experience. They appeared to consider aspects of the training as unfair, and they questioned whether it was necessary for all the requirements to be fulfilled.

The title of this subordinate theme was developed from the following excerpt by Agnes describing her experience of training:

*Umm... it's it's a lot, it's a lot to handle, to juggle, to think about the kind of... tick all the boxes, all the requirements that need to... be done... and I think I was on to something else, but now that's gone away now... (Agnes, lines 37-40).*

Agnes' loss of recall and broken sentences suggests that her mind was clouded with the numerous demands, even as she spoke to me. Managing all the demands appeared to have become procedural, which was conveyed by the "ticking boxes" metaphor; it was no longer a meaningful exercise to learn from. By using different words to communicate the same phenomenon ("handle", "juggle"), she may have found it difficult to find a word which accurately described her feelings. As with Kamala in subordinate theme 1.1, the training became about completing the next task without any space and time to process the previous task.

*...but it is nevertheless hard, frustrating, difficult, anxiety-provoking and all of these things, er, and there are moments when...it it becomes overwhelming...it becomes overwhelming and um yes, has made me think about 'oh my God, what am I putting myself through?' sort of thing... (Agnes, lines 245-249).*

Her rhetorical self-questioning with reference to God when feeling overwhelmed indicated that she may have been lamenting a loss of agency when she became a trainee. Splitting herself between several demands of training was unavoidably associated with a level of self-punishment for Agnes. There was a sense of caution in her tone of voice when she described how overwhelmed she felt, which implied that she was cautious of sounding incapable by acknowledged she was struggling to cope.

Kamala described a feeling of always running out of time, which made completing tasks impossible:

*First year just felt like... I was constantly running out of time, to do anything. Um, keeping on top of everything, was really, really difficult. There were so many times I just felt like giving up, but I carried on going. Um, as soon as one assignment would finish in the first year, another one would be come along. It was almost as if... you, I was doing two years of workload in one. (Kamala, lines 19-24).*

She spoke at a fast pace, which gave me a sense of how the speed of the training may have felt for her. It seemed she was always trying to run and escape from failure. From how she described the relentlessness of the assignments, it seemed she felt a lack of achievement, because she had no time to process the completion

of one assignment before starting another. At the end she again changed from “you” to “I”, which could have been an indication that she recognised herself disowning her experience of being overwhelmed.

Bridget described a loss of concentration and cognitive overload:

*Mmm. I'd say yeah, an in- inability to concentrate is a big one. Erm, forgetting things, and I normally have quite a good memory and normally organised, on the ball, so sort of making loads of silly mistakes...um... just feeling tearful, worn out, feeling like I'm not coping, feeling like I'm not good enough, um... just, yeah, just finding it hard to sort of process information... (Bridget, lines 324-329).*

Her broken sentences seem to indicate she was finding it difficult to concentrate on speaking to me in that moment. It is likely she was processing the different areas of her training while talking to me. Her use of the phrase “*feeling tearful*” suggests that she may have been reluctant to show vulnerability, as she merely said she “*felt*” tearful rather than explicitly saying she expressed tears. Bridget may have felt that her perceived competence depended on juggling the metaphorical balls without dropping them.

Bridget seemed to experience the features of burnout as a gradual build-up as the responsibilities increased, which then became a sudden loss of function. This was characterised by her use of a popular phrase when describing what it felt like when research was added to her already overwhelming workload:

*...the addition of that huge responsibility and workload on top of an already exhausting, existing workload schedule, it was like was sort of a*

*weight too much too far, like the straw that broke the camel's back, as it were, yeah... (Bridget, lines 381-384).*

Caitlin also spoke about feeling torn between the intertwined demands. This had an impact on her relationship with other professionals:

*Um...you know, like I said earlier, when I had to go to placement instead of uni because of...the demand, or I had to go to research supervision instead of uni for some other demand, there wasn't much understanding, and that's...not helpful, because... getting it from all corners. So you know your research supervisor is pissed off because they can't see you, or your placement supervisor is pissed off cos they can't see you, and then your university getting pissed off that you're not there. So it's not helping anyone. Yeah.... (Caitlin, lines 332-339).*

Caitlin seemed exasperated at her attempts to fulfil all the training requirements, sometimes by giving up one demand for another, and being berated by each respective professional. She twice said that she could not evaluate the helpfulness of having so many demands because they were conflicting with each other. By describing the words of the professionals as “*getting it from all corners*”, it seemed that she was trying to meet the requirements, but no matter what she did, she was unable to please anyone.

### **3.2.3. Subordinate theme 1.3 – Financial pressures of training**

Many of the participants found that the financial cost of the training was a source of stress in addition to the academic and clinical demands. All participants described counselling psychology training as an expensive endeavour, characterised by difficulties in balancing paid work with the training, paying for everyday living costs,

university fees, personal therapy, commuting to placements and external supervision. Although some participants were fortunate with receiving assistance with funding from sources such as family and loans, paying for the training often left them financially worse off.

Caitlin described how the lack of financial support on clinical placements created a great deal of stress despite having a loan:

*and I think it is, er, a slightly unique struggle of counselling psychologists is that we don't get paid for what we do [mmm] and that often creates, you know, just...so much financial pressure and stress. I was very fortunate to have a loan... that also helped me financially with my living costs and whatnot. (Caitlin, line 13-17).*

From the restrained tone of her voice, there was a sense that she was holding back anger and resentment, which suggested a sense of unfairness. I nodded and agreed non-verbally because I empathised with her frustrations with unpaid training placements. She reported feeling that she was in a fortunate situation, which implied she was in an unusual situation to have financial help from a loan. However, it did not reduce the financial burden of training.

Deepti said she felt shocked considering the amount of money she spent in the first year:

*I've just spent so much money, that I didn't even ever think I would spend in my first year, on personal therapy, on the actual loan itself, on supervision even... (Deepti, lines 19-22).*

She also described her week as being filled with training-related activities, with the remaining days of the week taken up by a job she is using to finance the training:

*I'm currently working seven days a week, um, so I'm at uni and placement four days a week and I'm at a part-time job three days a week. But the only reason I'm at that part-time job is to pay for...uni.*

(Deepti, lines 184-187).

Although the expenses she was referring to in the first excerpt were in the first year, the second excerpt confirmed that they were ongoing. Her tone of voice conveyed shock, which suggests that spending such a large amount of money was an experience out of the ordinary for her. The financial demands were much more than she could have expected before commencing her training, which left her with a sense of insecurity and loss of control.

Amelie also reflected on how destabilising it was to lose a regular income:

*... and before the doctorate I worked for 15 years, and I earned, you know not loads of money but my salary was you know very decent and conditions, my erm, terms and conditions were great, and I felt respected by [name of employer] and, good annual leave and erm, and that you know, doing the doctorate and having no money is just, oh gosh...[gasps] ... that, yeah, that created a lot of anxiety... (Amelie, lines 542-547).*

She was twice unable to complete her sentences about what it felt like living without an income. This indicated something uncomfortable about naming how it felt to be financially worse off. Her previous job gave her a sense of comfort and security, and starting the doctorate gave the impression to me that not only her income was gone, but she it seemed she was entering unknown, frightening territory by not having a financial safety net.

Bridget described the pressure from being financially under pressure and being unable to work, particularly towards the end of her training:

*I think there's something about the cumulative effect of it, which it just exhausts you when you when you, by the time you get to the third year, like the money started running out, you know, halfway through the first year, and that's when I realised oh I can't work, I can't have employment as many days as I thought I could, because I couldn't manage it. It was too stressful, so I'm like okay, now I'm going to have to suffer financially, and then after three years of that... yeah, you feel... really quite fed up. (Bridget, lines 121-128).*

Bridget described a gradually increasing exhaustion as the financial strain increased, which appeared to interfere with her ability to keep continuity with her narrative when speaking to me. She identified the problem of running out of money, then she realised through her monologue that she could not work due to the demands of training. Her later monologue indicated she was experiencing a sense of resignation due to the length of time of being financially restricted.

Finally, Agnes also spoke about the financial pressure on her relationship with her husband:

*...so myself and my husband having to put...all of our resources, financial resources into my course, um... so there's this now... sense of pressure, not only financially but then, if you like, a sort of guilt but pressure knowing that everything I have is invested in this and making it work, because... of the burden of... everything, you know, is you've invested... all my money is invested in paying for this course, and not*

*just the course itself, but the tuition fees, right, it's...all the other expenses of, around it, which is... significant. (Agnes, lines 52-60).*

Her husband also shared the financial burden, which appeared to leave her with a sense of guilt and a smaller scope for failure as the financial investment increases. The combined emotions of guilt and pressure instilled a sense of desperation which appeared to be conveyed in her tone of voice and the broken structure of her narrative. It seemed she feared letting her husband down as well as herself, as money represented a sacrifice of other activities in her life.

#### **3.2.4. Subordinate theme 1.4 – The trainee versus the training**

Most participants reported that clinical supervision, personal therapy, and the training institution itself seemed to create an imbalance of power dynamics between the trainee and the professional. Some participants also reported feeling pressure from their peers if burnout was celebrated in their group. They appeared to believe the combined demands of training were intentionally designed to push them to burnout, and most participants suggested changes to the programme in a rhetorical way during the interviews; this appeared to be an attempt to redress the perceived imbalance.

Dana said that the structure of the programme in the first year contributed to her experience of burnout:

*Umm... I'd say the way they divide the work and leave a lot of it to be predominantly in the summer, where you hardly do anything in the first term, and there's that... unevenness of suddenly being whacked with too many... you know, deadlines all at once when they could spread that out, and I don't know why they don't. (Dana, lines 919-924).*



*Like, like sometimes there's just a rigidity to stupid rules for no apparent reason. Sometimes you wonder if that actually tried to give you a nervous break-, you know, right? [bursts out laughing]* (Dana, lines 939-941).

In Dana's mind, it seemed that there was no plausible reason for the challenges posed by the training other than a deliberate attempt to test her resolve. She laughed incredulously at the end of her statement, which could have indicated her difficulties became almost comical. She stopped halfway at the word "breakdown", and her hand gestures pointed towards me in this instance as she said, "you know, right?" which suggested she felt she did not need to continue as she appeared to believe I knew what she had experienced. She seemed to take for granted that we shared a common experience.

Caitlin questioned the underlying message in the training programme:

*It's just impossible, so I wonder sometimes if these co- these... these programme, programme leaders should sit down and evaluate what they're doing. Is it necessary to push our students to the point of...breaking? Is that what a doctorate is? [pauses] And I know I... I personally don't think so...* (Caitlin, lines 129-133).

Caitlin reported feeling that she was asked to work towards unrealistic standards as a trainee. She asked rhetorical questions and then answered them herself, which suggested she could have felt alone with her experience. She appeared to feel that programme leaders were far removed from the training experience, and that they deliberately pushed trainees to breaking point. Similarly to Dana, she used the word "breaking" with a brief hesitation to characterise burnout. This could imply that there

are some resources left and she could be functioning on a sub-optimal level, as she is “*breaking*” but not yet ‘broken’.

Caitlin also reported that she felt the culture of training amongst other trainees glamorised the experience of burnout:

*Um, and...you know, hearing certain things being said like, um, ‘oh I didn’t sleep for all three years’, that, again, going back to that badge of honour of, of, you know, ‘you know, I burnt out all the time, it was great, this is, that’s what a doctorate is, and I survived so I’m fine!’ You know. And, um... I think that... was a really unhealthy image for me to...to carry, because it meant that I felt that’s where I needed to be in order to successfully complete a doctorate. (Caitlin, lines 298-304).*

The concept of “*badge of honour*” suggests that suffering and burnout was accepted as the narrative of training by some trainees, and surviving is a celebrated experience. This image was initially very appealing to her, but in retrospect, she recognised that it was unhealthy to believe she had to burn out to complete the training. There was a suggestion from her paraphrasing of other trainees that there was a competitive nature to her cohort as to who was more burnt out, and they appeared to set an example for her in the beginning.

Bridget described the effects of two highly contrasting placement experiences, where she had a supportive supervisor while working with a complex client group, followed by an unsupportive supervisory relationship in a comparatively simple psychodynamic placement:

*I couldn’t have got through it without my supervisor, who was absolutely brilliant and highly, highly containing, um... and sort*

*of compassionate and sympathetic and understanding. Um, I was able to like cry and stress out and stuff to him, and he could deal with it and I just... yeah, that was so important. (Bridget, lines 158-162).*

*So in my third year, I had an experience where I was seeing not so complex clients doing brief psychodynamic therapy, which should have been, I think, a more straightforwardish, manageable placement, but due to having a very difficult supervisor who I found very critical and unsupportive, that made me feel absolutely exhausted there. (Bridget, lines 339-344).*

Bridget expressed disappointment that her expectations of the placement were not met due to her difficult supervisory relationship, which suggested that there was an initial trust in the supervisor that was both maintained and broken in two separate settings. She seemed to feel invalidated and could not establish whether she was doing well or not. Being in two very different placements which alternated between being supported to unsupported, combined with a sense of resignation from being verbally attacked by her psychodynamic supervisor, could have led to her exhaustion.

Amelie also described difficulties with her supervision in the first two years of her training in the following extract:

*He was the head of umm, [name of NHS trust], addiction services, and he was running around like a... headless chicken, and he said it himself. It was, one day he entered and he was like 'this is madness', and he couldn't supervise, he couldn't provide supervision. So he had trainees...and you know, he cancelled supervision, not, a few with me but you know with*

*others, and it it just... it was too much, the demands were too much for him. Umm, so I had like, in one year, I had like ummm, oh I don't know, I'd say 4-5 supervisions with him. (Amelie, lines 292-299).*

Although Amelie described her supervisor as largely unsupportive, she also came across as sympathetic of him, which may suggest that she began to accept the sense of defeat and apathy as normal. By describing her supervisor running around “*like a headless chicken*” and “*madness*”, it appeared he had little containment to offer Amelie or the other trainees. However, it came across that she was still at the mercy of his authority as a trainee, which made it difficult to assert her needs and training requirements.

Deepti also experienced difficulties with her supervisor, but the impact on her was more of exhaustion and frustration from asserting her needs, rather than becoming perfunctory:

*So I think having my supervisor not, erm...complete my paperwork on time... **massively** took a toll on me, because it almost felt as though one, he didn't really believe in me, and two, it actually felt as though... he was personally trying to prevent me from moving forward, and I know that sounds really bizarre, um, especially considering he's a therapist and he's my supervisor and wants the best for me, but it really did feel like he had...some sort of agenda or something to prevent me from progressing, umm...and that's not just based on... my own assumptions, it's based on his actions. (Deepti, lines 61-69).*

Deepti appeared to feel distrust towards her supervisor, which was characterised by her suspicion of an ulterior motive to prevent her from progressing. The difference

between her assumptions and his actions suggest that she may have been searching for something observable to confirm her suspicions. She questioned her own judgement as well; without trust and containment, Deepti experienced a very unproductive supervisory relationship.

Kamala described her struggles with the contradictory nature of the training:

*...the doctorate or this course really needs to start reinforcing that, because if we're seeing clients and like, you know, telling them to put themselves first and, self-care and self-love and self-nurture, yet as trainees we don't get the opportunity to do any of that...so yeah. (Kamala, lines 73-77).*

Her insistence that the programme needed to reinforce self-care suggested that she felt a sense of injustice that she was not able to practise what she was being taught, particularly as her learning formed the basis of her therapy with clients. In a similar way to Caitlin, she implied that the demands of training expected a balance of training and personal life which seemed unrealistic. Her "self" appeared lost in the chaos of training.

### **3.3. Superordinate theme 2 – Treading on shaky foundations**

All participants reported fears of appearing incapable of managing the demands of training, and the prospect of failing because of the level of personal and financial investment. This created an environment where trainees appeared to feel that they had to pretend they were coping by outwardly showing resilience and strength at the expense of their own wellbeing.

### **3.3.1. Subordinate theme 2.1 – “Nothing has made me feel so inadequate”**

Many participants reported feeling a lack of guidance and indicators of success during their training. They expressed concern about whether they were doing well, and whether they were good enough to be on a counselling psychology training programme. The sense of inadequacy and uncertainty appeared to be characterised by an anticipation of failure than success. Participants also seemed to struggle in finding a sense of direction during the training.

Caitlin described a sense of overwhelming inadequacy from being on the doctorate:

*the doctorate has a way of making you feel... making **me** feel rather - so I can't speak for everyone, even though I've spoken to some colleagues and... and classmates, and it just seemed to be a general feeling with some – but for me in particular, has... had a major impact on me, and nothing ever in my life has made me feel so inadequate. (Caitlin, lines 356-361).*

Her switch to being more possessive when describing the effect of the training (“you” then “me”) meant she was able to take ownership of her experience, but it may have been something she initially found difficult to acknowledge. It appeared that the training became something beyond her control. She considered others who had experienced similar feelings, which appeared to represent a need to ease her sense of isolation due to her discomfort with her sense of uncertainty.

Bridget reported that she misjudged the level of change she would experience in the training:

*I thought I could sort of get by as I have done in the past. I don't think I truly... anticipated just... how hard the doctorate would be, in terms of, the workload.... and also the sort of emotional... impact of it, cos you're learning so much about yourself, and your defences are sort of weakened, erm...and you feel, well I felt more...yeah, more fragile, more insecure, um...I felt like I was growing and developing as well, but at the same time... sort of thinking the things I...believed in or knew were not... as solid anymore. (Bridget, lines 24-31).*

As the training progressed for Bridget, she seemed to become more uncertain about her own perception of herself. Her sense of vulnerability appeared to be increased by both the unexpected intensity of the demands of training and her world view being challenged. She momentarily disowned and re-owned how she felt (“*you feel, well I felt more...*”), which suggested she had been shaken by her own fragility. From her description, it seemed that growing into a new person while having to discard aspects of herself from before the training felt somewhat destabilising.

Agnes also described a similar sense of feeling uncomfortable with the unknown:

*I know...um, this is the last and third year, it's also that uncertainty that sometimes really frightens me. What if I'm not going to pass everything? What if I'm gonna have to extend, or something... awful might happen? You know, it's it's it's very frightening not having the certainty that this will be the last year, and I'm not say- going to write-up year, which means more expenses, which means...more time away from everything I also like doing as a as a human being. (Agnes, lines 112-119).*

Agnes asked herself several questions, which suggested feelings of anxiety about being good enough to pass all the components of the training. She seemed to be experiencing a frightening lack of control and agency, which left her questioning whether she could ever meet the standards. She anticipated many different catastrophic scenarios which could potentially leave her with little time and money to engage with her human side, which she had put this aside to commit to the training in a similar way to Kamala in subordinate theme 1.1.

Deepti also questioned whether she was good enough to be a counselling psychologist in comparison with her peer group:

*I was like am I even a good enough...am I ever gonna be good enough to become a counselling psychologist who can actually handle all of this? Erm...and I was like I don't know if I can, erm...and so it was, you know, I really did go through a lot of questioning periods, like am I even on the right course? Do I even belong here? Erm...I don't feel like I can match up to the other people that are on this course who seem to be doing so great (Deepti, lines 273-279).*

In order to gain some form of certainty, Deepti compared herself with her peer group, but ended up drawing potentially unrealistic comparisons because of her perceived inferiority against other trainees. There was a sense that the loss of agency was frightening and uncomfortable to tolerate, which led to a barrage of rhetorical questions towards herself to possibly ease the feelings of isolation associated with uncertainty.

Lee coped with his feelings of uncertainty by apparently maintaining a distant approach towards the training requirements:



*I don't know what's going to happen, so for me I felt it's easier just to protect myself, and to... not get involved in or... engage as much. I think secondly, it's because, you know, since I can't control certain aspects of the course, like staff or, or the course structure, then... I focus on the things that, what I can control (Lee, lines 84-89).*

As with the other participants, uncertainty appeared to be an unpleasant sensation which came across as something he needed to protect himself from. By focusing on the areas of the training he was able to manage and distancing himself from less controllable areas, it seemed that he was able to regain agency and some form of safety in an environment he perceived as unsafe.

Kamala reported feeling that her sense of uncertainty was precipitated by lack of time:

*So, because I don't have much time, I'm not able to thoroughly formulate, as, as, um, sort of deeply I'd like to. So this year's teaching has all been on multi-theoretical formulating where the process is going back and forth and, you know, being open to many, uh, a vast amount of theories. But if I don't have time for that, how am I supposed to do it? Um, and I feel like that's one thing that's impacted my clinical work.*

(Kamala, lines 338-343).

From her description, Kamala believed that she had to perform using new theory under time pressure, which appeared to create a task-orientated mind set where she was unable to reflect on what she was doing. Although the task of formulating client difficulties with little allocated time was a likely scenario to occur after qualification, being expected to work at the same pace as a qualified counselling psychologist

filled her with a disconcerting level of uncertainty; this seemed to be characterised by her rhetorical question and the hastened speed of her speech.

### **3.3.2. Subordinate theme 2.2 – Fear of failure**

All participants described the training environment as having very little room for failure. Many participants suggested that the possibility of failure would be devastating given the level of financial and personal investments and sacrifices. Some participants reported having to reduce their high expectations of performance on the training, as many reported that they felt they had to battle with perfectionist tendencies which developed earlier in their lives.

Caitlin described the horror she felt when seeing her colleagues fail, and how it reflected on her own expectations of herself:

*it was just, it was just shocking, and then to see people... [sighs], uh, to fail, with each assignment, and you're just going 'this is madness' you know, and you almost, you get used to the failing and you get used to under-performing, and then you...towards the end, you know, just, you and the whole bloody cohort are just going 'ah I just wanna pass!' [laughs] It's like, I don't care what grade I get anymore, I just wanna pass, I don't care if it's a 50, I don't care I pass, you know! [laughs] (Caitlin, lines 391-398).*

Caitlin appeared to convey a sense of resignation with a sigh when she described her peer group failing different assignments. It seemed that she had to redefine what passing and succeeding on the training was in order to survive. She said in a humorous way that she only wanted a grade high enough to pass, rather than the highest grade. This suggests that avoiding failure for Caitlin may involve bargaining

with her own expectations, and the humour seemed to convey incredulity that a doctorate sometimes involved achieving less than excellence.

Agnes described the pressure she placed on herself to succeed, and the catastrophic implications of failing:

*I understand how important it is to fail to learn, to know how to fail sometimes, it's important. I'm not, you know, I'm more of a perfectionist in that way. I'm okay with failing. But when... it's so much that you invest and then there's the possibility that you can fail the programme and be out... I think that scares me very much. This is where I felt that big punch in the stomach...knowing that I can be out of the programme, and that would have been...of course it's not the end of the world, but perhaps it was close to it [laughs] (Agnes, lines 191-198).*

By associating failure with the impact of a physical assault, it seemed debilitating to the point where she felt it in her body. There was a sense of the sheer enormity of the training, and that failure would be more tolerable if time and financial aspects were not involved in the training. Although she tried to gain some perspective by saying that failure is close to the “*end of the world*” followed by laughter, it suggested that failure was still very difficult to tolerate.

Deepti also described the potential impact of failure:

*And it feels like in the third year, it's more so all-or-nothing, like you have to...you just have to get it done, you have to pass, otherwise...this three years [laughs] worth of...you know, payments and... emotional pain that you've gone through and... struggle and feelings of overwhelming-ness to only fail everything just because you didn't pass an assignment. It's scary,*

*d'you know what I mean? Um...especially when you've invested so much of yourself in it... financially, physically, emotionally like, it's scary (Deepti, lines 309-316).*

Her experience of the training appeared to become binary as she progressed, which was summarised with the phrase “*all-or-nothing*”; there was either a pass or fail, nothing in between. She used the word “*overwhelming-ness*” in a similar way to the extract in subordinate theme 1.1. By asking me figuratively if I knew what she meant it would likely save her from elaborating further when she was struggling to find the words.

Lee described having little sense of achievement in an unstable learning environment:

*I felt within year two there wasn't that, um, secure, uh, safe environment for learning, so a lot of the times, it was... grasping at straws, and when you've...got some straws and then they tell you that's not right and you've not passed, you are then ending up with a reality that you are going to fail, because...they don't know what, what they want from you when you are grasping at straws, which makes you question... how...how are you going to pass this course?*  
(Lee, lines 162-168).

From his use of the clichéd idiom “*grasping at straws*” repeatedly, there was a sense that he was struggling to describe the constant feeling of inevitable failure, and it seemed as though no amount of hard work would help him to avoid this. According to his experience, he could no longer trust his own judgement on whether he was

capable of passing the training. This seemed to be compounded by uncertainty about what standard was acceptable when the standard kept changing.

Bridget focused on her connection between burnout and failure and weakness in the following extract:

*I think my anxiety of being if you admit that you're burnt out, then people people will equate that with being weak or... not coping or not supposed to do this work or you're the wrong kind of person to do this job, so I felt to admit to burnout is like admitting to... failure on some level, um, but I managed to sort of overcome that, and... reach out for help, and I was, you know, pleasantly surprised by the support I got, the tutors with very sort of normalising with it... (Bridget, lines 394-400).*

Bridget reported the feeling that she had to wait until she was burnt out before seeking help, which could mean that she perceived failure as embarrassing, specifically in the context of burnout. As a doctoral-level trainee, she compared herself to a potentially unrealistic image of an almost invincible trainee unaffected by stress and burnout. She learnt that support was available, but it may not be immediately obvious to a trainee who is anxious about failing.

### **3.3.3. Subordinate theme 2.3 – The great pretender**

This theme explores the ongoing challenge of trainees to balance resilience and acknowledging their own vulnerabilities. All participants reported that they found it difficult to take ownership of their difficulties with training, partly because they feared being perceived as weak by others, or believed they were not capable of being a trainee counselling psychologist. The participants reported experiencing burnout

from maintaining an unrealistic image of a trainee who can cope with all challenges of training without any problems.

Although Amelie acknowledged that keeping her difficulties to herself may have been unhelpful, she feared potentially being judged by others if she spoke openly:

*Because you can't, because you can't talk openly, so if you have an issue, um, you can't talk about it because you know, because I felt I would have been judged, because I feel I would have been judged. So I kept it for me, but then you know, that that's really counterproductive, because maybe there would have... maybe there was a way of, of, there was a trait, you know, or symptom of being burnt out, but because I didn't talk about it, you couldn't explore it. (Amelie, lines 268-275).*

Her hesitance, pauses and repeated sentences with variations of “felt” and “feel” could suggest that she feared judgement from me as well as others. By keeping her difficulties to herself, she described a loss of perspective which prevented her from identifying concrete signs of burnout before they worsened and incapacitated her. She acknowledged that avoiding the term “burnout” helped her in some way to maintain the image of the ‘perfect’ trainee while accepting she was experiencing difficulties:

*I think it's good she used the word overtired, so I don't know if I've run out or not, I could be, I don't know...but I think if she had used that word, I'm just wondering if I if I would have just crumbled (Amelie, lines 62-64).*

By her research supervisor mentioning that she was overtired rather than burnt out, her feelings were named before Amelie could name them herself. It could also

suggest a parallel process, as Amelie and her supervisor seemed to both struggle with the implications of using the word 'burnout'. This could imply that she was experiencing a culture of burnout in the training environment, and that her difficulties became external and visible, even if she was unsure whether she was burnt out or not. By focusing on maintaining a façade of being a perfect trainee, she was able to hold herself together and dismiss any external signs of burnout rather than fall apart.

Caitlin also described a culture in the training which does not seem tolerant to those who are experiencing difficulties:

*Umm... and I think that...we were a group that put a lot of pressure on ourselves to do very well, and I think that... largely is based on who we are as people. You know, we have to take personal responsibility for what we are bringing to the course. You know, in the first year, at that time we had a different course leader, and she says 'you're all here because you're perfectionists' and... that's true. That's why we're here, and it also means that we hold ourselves to ridiculously high standards. (Caitlin, lines 367-373).*

Caitlin also acknowledged the role of perfectionism from before the training, which was validated by her programme leader. This suggested that she may have fostered an artificial form of confidence based on aiming for perfection, which later developed into something more authentic with self-understanding of her own perfectionism and how she related to her cohort. Caitlin believed that the person she was before the training determined how much she denied her training-related problems.

Dana described a similar artificial confidence throughout her training as a form of damage limitation to prevent problems becoming worse, particularly considering previous issues with therapists:

*That was really difficult to go through so much emotional upheaval and stress, and... to feel like I was a different...person. Um...so it was nice in the third year, I had just changed everything that I was doing then, I'd...you know, if I had a problem, I just didn't talk about it. And actually, I found that worked. (Dana, lines 270-274).*

She reported that she believed the training and all the associated difficulties transformed her into someone unrecognisable. It seemed she was struggling with this transformation, because everything she knew felt uprooted and unknown. She believed she could cope by keeping her difficulties to herself. The effectiveness of her false confidence seemed to be reinforced when it became conducive to staying functional.

Bridget spoke about her own self-criticisms and how the projections of her clients led to her questioning her own authenticity:

*...in the second year, I had lots of borderline clients... really, really sort of self-critical, like inner-voice, very punitive inner critics, um, perfectionist tendencies, these kind of things, which I recognised, you know, not to such an extreme extent in myself [shifting in chair] and thinking about trying to help the client make sense of that, trying to support the client, help them recognise that I sort of realised "okay how am I doing this for the*



*client? How can I be expected help the client make sense of this if I'm not sort of practicing what I preach?" I suppose... (Bridget, lines 62-70).*

Bridget expressed concern about whether the demands of the client group was affecting her ability to be genuine. She repeated the phrase “*sort of*”, which seemed to be a less concrete way of perceiving herself. When she shifted position in her chair, it suggested discomfort in acknowledging that she had many of the similar voices as her clients. It may be that the façade became more important in protecting her when working with borderline clients, but she then struggled to self-monitor and reflect on her doubts.

Kamala described other areas of her life showing signs of burnout before she acknowledged it herself:

*...at the start of my third year, I knew, I was experiencing burnout. I was in somewhat denial, um, but other, other parts of my life were showing that it was happening. So for example, I started missing... the first three, four lectures in term one, and that's not like me. I'm normally the student who does her homework the, the day it's set for the most, um, or sits in front of the class is ready to answer and ready to engage... that part sort of died out. (Kamala, lines 460-466).*

She described burnout as the death of the ‘good’ student and her enthusiasm for the training, which permeated to other areas of her life (“*died out*”). Although her difficulties were evident through her behaviours, as with the other participants, it appeared she could not admit she was burnt out because it felt like a sign of weakness. Even when she observed her own behaviour, it seemed that the training

environment did not feel safe enough to reach out for help; even attending lectures felt procedural.

### **3.4. Superordinate theme 3 – Impact of the training on self and others**

All participants described changes in their relationships with friends, family and spouses as a result of the training. These changes came from either the participants spending less time with them, increased conflict from the transformative changes experienced by the participants, or the end of such relationships.

Some participants also described physical changes from burnout. They also reported feeling distressed about sacrificing their own needs, hobbies and other leisure activities for the training. However, all participants reported significant positive changes and learning from their experience of burnout which they planned to carry forward into their lives after training.

#### **3.4.1. Subordinate theme 3.1 – Life on hold**

The participants all reported that they have had to make personal sacrifices. There was frequently a conflict between the training and their personal needs, which seemed to create an additional source of stress.

Dana described feeling forced to choose between having children and doing the training:

*...it means you have to put your personal life on hold. I think about the fact that I'm old and I could have been having kids, but I never wanted to be one of those people that did that whilst I was on the course. I never wanted to try and divide my attention on either part. You know, so there's*

*a lot of sacrifices you make, which just make it even more stressful.* (Dana, lines 327-332).

She considered an alternative path of being a mother had she not embarked on the training, but there was a sense of urgency conveyed in her tone of voice. As a woman in her late thirties, Dana expressed an additional fear of running out of time. This was implied by her labelling herself as “old”. She seemed to equate the training to the attention she would have given towards raising a child. Furthermore, there seemed to be a paradox between life being on hold and having to work faster to complete her training. It seemed that she was moving quickly and staying still at the same time.

Agnes spoke about being unable to socialise and travel abroad due to the training:

*So, what I mean by that is, um...feeling perhaps overwhelmed, umm, umm...giving, giving, having to give up so many of the social activities that one would perhaps, I used to do before. Uh, to be more specific, so...having to give up any outings, or most of them [laughs], um, being social, uh...with friends, umm... going places... travelling, I used to travel so much before the course started. Umm... I haven't really been able to travel since about three years ago, since this course started. I haven't done much.* (Agnes, lines 10-17).

She seemed to be struggling to explain how her life was put on hold from the training; this was indicated by the numerous pauses and filler words. Her laugh suggested discomfort at her reflecting on how comical and out of the ordinary her life had become. It seemed that the training represented a suspended state for Agnes where she had little variety or room to engage with others in her life for three years.

Deepti also spoke about her difficulty in maintaining a social life due to her training:

*Erm...so yeah....it's, it's, it's definitely difficult, erm...and it's tiring as well to try- I have tried to like live up to my social life and my social values and things like that, for example after work I'm happy to go and meet a friend etcetera, but it comes to a point where I'm just so exhausted, all I want to do is...sleep. And...I don't think that's ever...if, if this was me 2-3 years ago, I loved sleep but never this much. I never needed sleep as much as I do now. So it's a bit strange, d'you know what I mean? (Deepti, lines 237-244).*

Sleep appeared to be the only escape Deepti had from the chaos of training to stop and recharge. Before the training, socialising was an important part of her life as an individual. Her exhaustion had overcome everything that was meaningful to her, and as a result, it seemed that her life outside of the training had stopped and revolved around work and sleep. When she described it as “*a bit strange*”, it seemed as though she was acknowledging her change in lifestyle yet still minimising the effects of the training on her life.

Lee also described a sense of his life being stuck due to the demands of the training:

*Umm...so...you know, earlier we talked about work-life balance, and I think because things were so...umm...confusing and very sort of uhh...difficult in year two, I had to...a lot of times I had to sort of...spend a lot more time in terms of doing my academic university work, instead of, sort of... spending time with my friends, family, so, so a lot of my let's say leisure time was... sacrificed in order to cope with the changes of the course. (Lee, lines 132-138).*

He described being confused in the second year due to changes in the structure of the training, which seemed to leave him with a sense of being able to locate where he was in terms of progress. It seemed that his significant others and leisure time became a lower priority, because he had to work harder in the hope some direction would be achieved. There was a feeling of frustration hinted in his tone of voice, possibly from his struggle with losing a sense of control over his life.

Finally, Caitlin had a different perspective where she did not recognise how much her life had stopped until she finished her thesis:

*Umm, and... I think...I probably didn't realise I was... doing a slow burning of burnout the whole time until I finished, and I remember, so I submitted...my thesis, and then I think...for like a week or so, I was just kind of... comatose, couldn't do anything. I didn't even... go to work or, because I was just too tired. I think, I think it was about a week, but it felt like two. And then I remember right after that... I just had so much fricking energy! I didn't know what to do with myself [chuckles]. You know?*

(Caitlin, lines 416-422).

Caitlin went through two extremes of physical state: a phase of extreme fatigue after submitting her thesis, which then became a phase of an extreme form of energy. Her numerous pauses at the beginning seemed to mimic the sluggishness she may have felt during her tiredness. She used the word “comatose” to describe how debilitated she was by her fatigue, which implied a full stop of her life in general. The burst of energy characterised how her body responded to being stifled and then suddenly liberated from the demands of training.

### **3.4.2. Subordinate theme 3.2 – “Like a dying flower”: externalisation of burnout**

All participants reported an accumulation of physical effects from the combined demands of training. These consisted of hallucinations, sleep disturbances, concentration difficulties and general malaise, as well as reduced self-care and maintenance of their appearance.

The title of the subordinate theme was paraphrased from Kamala in the following extract:

*Um, now that it's getting close to finishing, I think I'm able to do so and it feels amazing. Um, but it just feels kind of sad in a way that I had to let... part of that go, like... I was someone who wouldn't even, you know, who was always getting her hair and her nails done. I can't remember the last time I got my nails done. Um, so little things like that, I just felt like... I looked during this course, I became fragile, and I looked...weak, almost like... a dying flower, um, almost, and I think now it's, it's all sort of finishing, I've got time to sort of blossom again, um, and make time for myself. (Kamala, lines 404-412).*

She conveyed a sense of ruefulness about giving up nurturing small but symbolic aspects of her femininity and self-expression – that is, her hair and nails - in order to focus on being a trainee. There was an implication that even the beauty treatments could not mask her fragility, because it gradually emerged in her appearance. The phrase “a dying flower” could also represent her femininity. The underlying meaning of burnout for Kamala seemed to suggest that all of what was unique about her was pushed to the point of dying, then revitalised at the end of training.

Dana described an experience while going out with friends to celebrate the end of the academic year:

*I looked in the mirror, and the light was shining down on a mirror onto my scalp, it was a really bright mirror. I sort of looked in the mirror and it was a really, really weird feeling, like I was... I don't want to say, but a bit crazy I, it was really strange, like... I looked at myself and I thought, oh my God, I'm going bald! [chuckles] And I really thought that was true in that moment, and it was horrifying! (Dana, lines 691-697).*

Dana spoke in a story-telling style, where she gradually built up small details to convey how the situation crept up on her unexpectedly. She expressed alarm which ended with a chuckle; which suggested that she believed the idea of going bald was horrifying but absurd. I wondered whether losing her hair represented a loss of her femininity, her sanity or her concerns around ageing, particularly as she spoke about her wish to have children, but I became engrossed and somewhat side-tracked with the way she told her story. Perhaps this is an indicator of the protective façade observed in subordinate theme 2.3 in action, where it seemed she was making light of her concerns to ease her discomfort.

Caitlin also described a similar sensation of being unaware of her experience of burnout:

*I think it was pretty much that week after... I submitted that I realised that when you're not doing a doctorate... the amount of physical and emotional energy you have to do anything and everything is just...just shoots up. You feel like you're operating at 1000%, because you're so*

*used to... operating on nothing. Umm...so yeah. I think that's what it was for me.* (Caitlin, lines 435-440).

In a similar way to Dana, her body appeared to become so accustomed to the sustained stress of training, she no longer felt it was anything unusual until the training was removed from her life. She described two extremes of functioning on nothing and then at a high level, which implies that the training was a metaphorical weight which she felt liberated from. There was also a sense that she was regaining energy and returning to how she was before training. As with previous extracts there was a switch between “you” and “I”, but in this extract it seemed she was trying to maintain a distance between overwhelming sensations from submitting her thesis, one of the final requirements of the training.

Deepti talked about her worries about fully engaging with the training:

*Umm...psychologically.... I mean I was still active and engaged, but still drained. Drained completely. I was like, it felt like doing things for the sake of doing it without being able to...use my optimum brain and mind, d'you know what I mean?* (Deepti, lines 401-404).

From her use of the word “*optimum*”, it seemed that she was struggling with the constant engagement required by the training. She appeared to feel under pressure to perform at her best all the time, however unrealistic it was. The discrepancy between being engaged yet drained suggested that she was highly alert even when tired, as though she was anticipating danger. As with other points during our interview, she checked my understanding, which suggested that she was seeking validation of her experience.



Amelie experienced an aggravation of a pre-existing kidney condition as a result of stress:

*And umm... and whenever I get really distressed, or maybe not distressed, I tend to get a kidney infection, and I experienced quite a few kidney infections or bladder infections, so I would say that was perhaps one of the frequent symptoms, so I need to have a really kind of balanced life. Umm... and then I would say like right now I just sleep, sleep, sleep, sleep, I sleep so much and I still feel tired (Amelie, lines 495-501).*

Although she did not directly attribute the stress from training as a trigger for the kidney infections, she acknowledged from my question that she found it difficult to pinpoint physical sensations of burnout due to her existing condition. Regardless of how much sleep she had, she still did not feel refreshed. This suggested that the training depleted physical resources already reduced by her kidney condition. She seemed to struggle in maintaining a balance with her life and body due to the training.

Agnes describes a feeling of dread which she experienced physically as well:

*I literally felt this sense of dread in the morning when I had to get up and start, er, getting ready to to come to uni for...for the first week of the third year. It felt like something heavy, anxiety in my core, um, and and just dread, being filled with dread having to get up, and and start something that I know is going to be hard, perhaps the hardest year, um, perhaps the hardest year of all of these so far, as if the year hasn't been hard enough already [laughs] (Agnes, lines 385-392).*

The sense of dread seemed to feel like a heavy sensation which appeared to restrain her. Her physical and emotional reaction appeared to give her an urge to escape from being called back to the training. The level of fear was communicated with the repetition of the words “*dread*” and “*hard*” several times, and it seemed she struggled to find the words to describe her physical sensations. She tried to lighten the heaviness with a laugh at the end of the excerpt, which also appeared to convey worry and discomfort.

### **3.4.3. Subordinate theme 3.3 – *No-one understands what I am going through: strain on relationships***

Most participants experienced significant changes in their personal relationships, which they attributed to the nature of counselling psychology training. They reported that their spouses, friends and family often did not fully understand their experiences related to the training, nor did they understand the changes in their behaviour or thinking. Some participants also said they did not feel supported in such changes, which sometimes resulted in relationships ending.

The title of this subordinate theme was derived from a phrase used by Deepti, who reported that she felt dismissed by her friends outside of the training:

*I wanted someone to be there with me. I wanted to them to ease [chuckles] my anxiety and ease that feeling, but no one could, because no one understood. [pause] It sounds really depressing, but it is the case. You can't expect someone to experience, to know exactly what you experiencing, they will never know, will they, like fully. Umm...they will have an idea, but they won't know unless they're in that position themselves. (Deepti, lines 478-484).*

She expressed a wish someone could metaphorically walk with her on the training to ease her isolation, but she learned that it was an introspective path to embark on which could be lonely at times. It seemed she not only experienced isolation in the training itself, but also an existential form of isolation through the lack of understanding from her friends - that is, no-one could ever share the same experience as her, either in the training or in general.

Bridget also described difficulties in connecting with others outside the training:

*Also again like outside the doctorate, feeling like, um, you know, making small talk and stuff suddenly felt much more difficult, because I've been I've been so busy like thinking, talking about psychology, and life and pain and distress and phil- existentialism, and all these different things we learn about, that I kind of got really sort of deep and over-analytical and it kind of felt hard to pull myself out that and just have like a normal surface conversation. (Bridget, lines 213-219).*

Bridget became absorbed by the concepts of counselling psychology to the extent where they created a barrier when communicating with others outside the training. The process of pulling herself out of the depth suggested that the training became a barrier to the outside world. A binary sense was conveyed that she was either inside or outside of a metaphorical bubble, and she could not stay on the surface and negotiate both sides.

Kamala seemed hesitant when describing the difficulties with her relationship:

*Erm, in regards to my partner, just, we were falling out quite a bit. Um, but yeah, again, it was more, he knew I was stressed out, he knew I had a lot going on, so he somewhat would take a lot of... times that I'd*

*snap, where I'd moan or just, you know, I'd cancel on him, he was really understanding, he just let it go. But... you know, the way I was being, I was upsetting so many of my loved ones without realising, um, and that's what this course does to you. (Kamala, lines 137-143).*

There appeared to be a tone of guilt expressed in her voice and broken sentences. Although she also had an understanding partner, being a trainee counselling psychologist appeared to have removed stability from their relationship. Like Bridget, it appeared she became so caught up in her own processes and training experiences, she was unaware that she was upsetting people. At the end of the excerpt, she reported feeling that the disruption of personal relationships was part of being a trainee counselling psychologist.

Caitlin described unleashing her frustrations towards her partner:

*Um, I was working with personality disorders, which I'm sure you can understand, is extremely draining, so I would come home on a Friday, and I remember [chuckles] sometimes I just like...I would just cry or be really, really angry. And I live with my partner now, we didn't live together at the time, um, but we, we started living together in the second term. And I just, I was just so angry at him, I was angry at everything. (Caitlin, lines 38-44).*

Caitlin attributed her tiredness and anger to the nature of the client work, which seemed to cause a build-up of frustration throughout the week. Working with personality disorders appeared to leave her feeling worn down by the therapeutic process. She appeared to experience a sense of isolation from having to shoulder a heavy responsibility on her own, which came to a head at the end of the working

week. Her partner appeared to be in a powerless position other than to absorb her displaced anger.

Dana noticed her husband and mother becoming concerned about the effect of the training on her temperament:

*I mean, when I was down and so stressed in that first year, I mean I was probably a nightmare to be around. I was constantly upset, constantly moaning, you know, my mum and my husband really had to put up with a lot. Um, my mum said that I wasn't myself, I was like a different person, and that's what I mean, I feel like I did change (Dana, lines 556-560).*

She believed that she was a “*nightmare*” to deal with, which suggested some guilt about becoming what she felt as intolerable and unpleasant. Her husband and mother seemed concerned but powerless to intervene when she was struggling; this appears to be a similar experience to Caitlin and her partner. Dana also suggested a feeling of powerlessness and overwhelmed with frustration which was transforming her into someone who could not connect with her significant others.

Amelie talked about how the demands of the training affected her ability to be available to her children:

*...it was affecting my behaviour with my, um, with my children. I, I, um, I became more... I had less patience with my children and I started, you know, er, like screaming at them... (Amelie, lines 166-168).*

It seemed that her behaviour appeared to be a form of retaliation against being invaded by the training; this retaliation seemed to mean that she no longer had any resources left for her children. She appeared to have difficulty in finding the words to

articulate herself, as there seemed to be a sense of shame towards her own behaviour towards her children hinted in her tone of voice, hesitation and self-correction of her sentences. The demands of training took over her sense of control, agency and patience as a parent.

Only Agnes described a stable relationship with her husband:

*Umm, so I have... as I said I live with my husband, and um, er, although I don't talk to him about my clinical work, because of confidentially reasons of course, and...um... he's, he he sort of, um...knows there may be times when it is difficult, and as I said we don't speak about...clients, or my clients I don't speak to him, um, it's really nice to...come home and feel, um...reassured and received with with this...um, perhaps peaceful environment to have, when things are stressful, uh, to to be able to come home where things are are settled and... and peaceful and relaxed is nice. (Agnes, lines 530-538).*

Her relationship seemed to be a secure, comforting base where she could switch off from the pressures of training and maintain boundaries between her clinical work and home life. Her stuttering may indicate some past difficulties in their relationship which they had worked through, but it could also indicate that she was ensuring I understood her; this is suggested by her repetition of the phrase “as I said”. By having a stable relationship with her husband, she was able to offset some of the pressures of training to avoid burnout.

#### **3.4.4. Subordinate theme 3.4 – Rebuilding from the ashes: learning from burnout**

Despite the detrimental effects of burnout, all participants reported that their experience provided them with a valuable learning process which strengthened their humility and self-belief, as well as how they can work with their wellbeing in mind. However, learning from burnout also seemed to evoke great pain and discomfort for some participants, which they often tried to avoid during interviews.

Agnes said that by going through burnout, she recognised a strength in herself which has helped her to anticipate potential difficulties in her future career:

*Um, so...being able to gone through at times the first two years gives me hope that I can do it, so uh perhaps you know, having gone through burnout, I'm now thinking 'I can do this'. Whatever comes my way, you can just keep keep going and... and don't, you know, don't give up, keep fighting sort of thing. Um... so...a part of me thinking about...yes this helped me, uh, build more resilience, it has helped me build a stronger... side of myself to learn how to deal with... with, you know, similar, problems perhaps in the future. (Agnes, lines 557-564).*

Through experiencing and recovering from burnout, Agnes appeared to feel greater motivation to continue her training from increased resilience and strength. She also seemed to have developed a soothing inner monologue to provide her with comfort and security. Being able to compartmentalise a stronger version of herself also suggested that she was able to allow herself to be vulnerable at times without feeling like she was failing.

Kamala also described a similar sense of resilience which she developed through her training:

*I've learned that I'm... a tough cookie, and I can, you know, get through something if I put my mind to it. But it's not just about getting through things, it's, it's about...you know, as... mindfulness as someone teaches you, be- being present in the moment and really....you know, making the most of what's going on around you, or having awareness of what's going on around you and think, I didn't get a chance to do that on this course (Kamala, lines 613-619).*

By experiencing burnout, she also appeared to feel that she learnt about how much stress she could tolerate, and how she could overcome it. Despite feeling that she did not have time to stop and fully absorb her experience of training, she still managed to recuperate. I felt the term “*tough cookie*” was a concise and amusing way of describing how she recognised that she was stronger than she previously thought.

Dana reported feeling that she developed a sense of humility from experiencing burnout:

*And there's that balance because you never wanna get too cocky and you never wanna get too arrogant. I think some doubt is always good. You know, you should always think you can do better. You should always be on your toes a bit. Otherwise I think you would become shit at what you're, what you're doing, you're not growing. But you know, you don't want it too much where it's paralysing you so it's constantly trying to tread that balance, you know. (Dana, lines 1032-1039).*



She believed that experiencing burnout led her to question her own judgement of things she took for granted, which prevented her from becoming overconfident. But her phrasing of “you” instead of “I” suggested that she was telling me as a less experienced trainee, rather than something she fully embodied herself. She seemed aware of the qualities of a counselling psychologist, but she spoke quite generally, which felt as though acknowledgement of her vulnerabilities still caused discomfort.

Deepti reported feeling that burnout was necessary for her to understand what her personal limits were:

*I do think you need to kind of go through burnout...once to experience it and to learn a lot about yourself. It doesn't necessarily have to be through training, I think it could be in your personal life or your work life, and definitely no, um...because in reality when we do become practitioners...we will never really have ....we will have deadlines, but it will never really be on, the way that these deadlines are, does that make sense? (Deepti, lines 569-575).*

She explained that there would be professional demands after the training which were in some ways similar to the training itself, and in other ways different. She checked with me to ensure that I understood her, because she seemed to be aware her phrasing perhaps sounded precarious, but I was able to comprehend what she was saying. Experiencing burnout appeared to help her rebuild her resources and understand how to manage different demands throughout her life, both during and after the training.

Lee also spoke about becoming more aware of his personal limits through his experience of burnout:

*I think what I have learnt about myself is that...uh...on the plus side, I do have a lot of, I do have a lot of resources, that umm... I do...I can carry a lot of... pressure and stress [pauses] Err...but on the downside of that is that sometimes I don't know where my limit is at, so I can let the pressure or stress keep on building up...without actually... acknowledging it and saying 'wait, I need to stop, there needs to be a level of stress where I need to stop and not take on'. (Lee, lines 405-411).*

He acknowledged that he found it difficult to monitor his stress levels in order to prevent burnout. He also appeared to contradict himself by saying that he had a lot of resources to tolerate stress, but it is unlikely he would be aware of this if he could not establish when he was approaching burnout. The demands of training seem to have affected his reflective capacity, which may have assisted him in being more receptive of what stress felt like without allowing it to build up. But it appeared that he was in the process of developing a soothing monologue in a similar way to Agnes.

Amelie gave a more contradictory account. She first said she felt proud that she was setting an example to her children:

*And I think they were in a way proud of that, you know, like my mum, okay I'm 44, you know, my mum went back to studying, and she's doing a doctorate... and, I hope I don't sound arrogant, but you know, I think my, my children really like that in a way, they had a lot of admiration for that (Amelie, lines 392-396).*

She then said in a slightly unsure tone that she became more assertive as a result of the training:

*Um, so I'm more assertive, yeah in a nutshell, I'm more assertive.*

*Umm... yes, I'm more assertive, I'm more confident, um, I know what I want a bit more, um, I'm not as scared (Amelie, lines 675-677).*

But at the end of the interview, she concluded by saying that it was a barrier to her learning, and she took nothing away from the experience:

*I think I've learnt something from it, from it, okay, now I know what it's like to be burnt out, you know, but [pfft] you know what, being burnt out is awful. And it's not conducive of learning at all. At all. Wha- what have I learnt from it? Nothing. Nothing... (Amelie, lines 721-724).*

She told me that she learnt something, then asked herself a rhetorical question she answered herself which appeared to dismiss all she had learnt. This suggested that burnout may have been a beneficial experience, but it also involved being challenged and sometimes wrong, which could have been too painful for her to acknowledge. The end of the interview could also have been a way of switching off any further engagement with her learning from burnout and any associated pain.

Finally, Bridget reflected on showing compassion and love towards herself in the same way as her clients:

*I think something about, you know, there's that phrase 'treat others how you wish to be treated', but I think for me and maybe other counselling psychologists, it should be 'treat yourself as you treat others', so rather than you being the last priority, um, sort of being able to extend the compassion and commitment to patients, the love you have for your clients to yourself, um, that's where it should start, and that means you'll*

*be you know a happier, more relaxed person, but also be a better practitioner I think better able to help people.* (Bridget, lines 420-427).

She reversed a popular Biblical phrase to suit the nature of counselling psychology, which implied she rewrote her own established value of herself in order to care for others. She spoke of the same principle for other counselling psychologists as well as herself, which suggested that she may not have fully embraced her own perspective; her use of “you” instead of “I” also implied this discomfort. The interchange between “love for your clients” and “compassion and commitment to patients” suggests the power dynamic is interchangeable between client and patient, and again could stem from trying to be inclusive of other counselling psychologists’ experiences. For Bridget, burnout has provided her with awareness of the benefits of self-compassion, but it has also left her with some doubt and continued need for validation.

## **Chapter 4: Discussion**

### **4.1. Overview**

This final chapter will discuss key findings from the analysis. This will be followed by a critical evaluation of the study in accordance with Yardley's (2000) quality criteria. My personal, epistemological and methodological reflexivity informing this study will also be discussed. The chapter will then conclude with the implications of the findings for counselling psychology, strengths and limitations, and suggestions for future research.

### **4.2. Summary of the main findings**

The findings suggested that the participants felt a lack of adequate control over the numerous conflicting demands of the training. They often believed they were intentionally pushed into experiencing burnout by the structure of the training and the training institution at large. Participants reported having little time for interests and relationships outside of training, which often left them feeling isolated. The financial burden of training, such as personal therapy, supervision, university fees and other expenses, also left participants feeling uncomfortable with being economically worse off.

Over time, the training appeared to become a meaningless routine of meeting deadlines and training requirements with little enjoyment or fulfilment for the participants, which seemed to contradict their expectations before embarking on the training. Participants also described losing their self-belief in a training environment perceived to be hostile towards difficulties with little tangible indication of success. Peer groups were sometimes supportive and normalising, but they could also appear to promote a competitive culture of training where burnout was celebrated.

Participants reported hiding their vulnerabilities and self-questioning with a form of artificial confidence to prevent others from knowing they were struggling, as burnout was often associated with shame and guilt. All participants maintained a general ability to function despite experiencing burnout, albeit at a reduced level.

Friends, spouses and family members often took the burden of the training as well, which sometimes led to conflict and alienation. Towards the end of the training, some participants became frustrated about sacrificing leisure time and significant life decisions, such as having children. Participants also reported physical and health-related of burnout, such as irregular sleep patterns, as well as noticeable changes in their appearance and diminished self-care. Despite their experience of burnout, participants reported learning important insights into building resilience and managing stress during their training and beyond.

### **4.3. Contextualising the findings in the literature**

Three superordinate themes emerged from the data: *“A perfect storm: the demands of counselling psychology training”*, *“Treading on shaky foundations”* and *“Apprehensions of the counselling psychology trainee”*. These will be discussed in turn.

#### ***4.3.1. Superordinate theme 1 – A perfect storm: the demands of counselling psychology training***

This theme presented the participants’ experiences of the various pressures of counselling psychology training, which together potentially created conditions for burnout to occur.

The experience of burnout for trainee counselling psychologists appears to be characterised by a loss of independence and autonomy. For example, Kamala

described a sense of her own identity being replaced by the persona of a trainee, which sounded as though she was being controlled by the training. Participants were often torn between prioritising tasks which were considered equally important, and many felt inadequate and pessimistic due to a lack of mastery of the simultaneous demands. Giving up paid employment or trying to fit flexible paid work in with studies, as well as paying day-to-day expenses, also created a general loss of security and a sense of anxiety about losing their financial and personal investment in the training. It is known in the literature that counselling psychology training comes with personal and professional challenges (Kumary & Baker, 2008), but the findings in this superordinate theme suggest that despite participants choosing to embark on a programme they were aware was challenging from the beginning, they appeared to be caught off guard by the difficulties involved in training and subsequently experience a diminished sense of agency during the process. Although loss of motivation was consistent with Cordes and Dougherty's (1993) review of job burnout, this contradicts the existing literature on both Maslach and Jackson's (1981) and Kristensen *et al's* (2005) models of burnout. The former defines *depersonalisation/cynicism* as a loss of empathy and motivation, and the latter outlines physical exhaustion and fatigue as part of burnout. The participants in this study reported a sense of reduced motivation and energy through a loss of direction and agency, rather than losing empathy.

Most participants felt the structure of the training was deliberately designed to push them to a state of burnout. It was suggested that the training seemed to have few markers of learning and progress, little reassurance when in doubt and a feeling of being constantly under scrutiny. When combined with the lack of time for outlets such as personal relationships and leisure activities, the participants expressed a

sense of being alone with their experience of training. In clinical work, some participants felt they were not representing the profession authentically by promoting self-care while they were experiencing burnout from a lack of self-care themselves. A possible explanation for this loss of agency could be their difficulty in adapting to the requirements of doctoral-level education. Their expectations of counselling psychology training appear to be based on prior experiences of university education, professional and personal experiences and interests, all of which would have likely informed their reasons and goals related to pursuing the doctorate. It can be assumed that undergraduate and postgraduate degrees probably offer more support and clearer indicators of academic success than professional doctoral education, which is designed to facilitate independence as researchers and practitioners (Schmidt & Hansson, 2018). It is likely that the participants renounced their sense of responsibility to others if there was a perceived lack of direction in their training. Another explanation could be that although participants had a certain level of freedom as a doctorate-level trainee, they were also acutely aware of being assessed and evaluated by senior professionals and academic staff as part of their training. For example, Amelie expressed that they often felt anxious about voicing concerns or dissent in the event of being negatively evaluated, and sometimes equated assessment with being criticised. Harmful supervisory relationships created similar difficulties through issues such as distrust of supervisors by trainees, lack of containment and assumed hidden agendas in the professional relationship, and non-compliance with the trainee's essential paperwork. Participants might give up their sense of agency as a protective measure through a process of *emotional dissonance* (Van Dijk & Brown, 2006), which is the conflict between expressed and experienced emotions of occupational stress. To date, emotional dissonance has not been



attributed to burnout, but it seems the participants have adapted to this way of regulating their feelings in an environment they perceive to be threatening.

Although some participants reported peer groups as supportive, others seemed to work towards a state of burnout in competition with their peers, which made it difficult to employ their own self-care strategies. For example, Caitlin used the term “*badge of honour*” to imply that burnout was celebrated in her cohort. This is consistent with Carson, Bartneck and Voges’ (2013) view that academia and peer groups can be a competitive and high-achieving environment, and Furham’s (1983) assertion that trainees may imitate their peers to fit in at the likely expense of their own wellbeing. Burnout in this context can be experienced from the pressure of conforming to peer expectations, particularly in training environments where burnout is accepted as a rite of passage. Peer group support can be helpful in managing burnout (Abrams, 2017; Adityani & Musat, 2019), but the morale of trainees can be affected in a network which offers both competitiveness and support. The less beneficial aspects of peer groups have been identified in this study, but have rarely been considered in the literature in relation to burnout or counselling psychology training.

#### **4.3.2. Superordinate theme 2 – *Treading on shaky foundations***

This superordinate theme explored participants’ fears of being exposed as unqualified for the training, as well as their overall sense of insecurity in their own progress.

In this theme, participants implied that the training made them feel incompetent with little indication of whether they were progressing or not. They needed validation and reassurance from their peer groups to ensure they were not alone with their feelings. However, as with Deepti’s experience, seeking validation often led to trainees

unfairly comparing themselves to others in their cohort who they believed were doing well. The perception of an unknown future was a potentially uneasy concept for the participants to grasp for three possible reasons: an underlying worry of losing an enormous financial and personal investment, feelings related to *impostor syndrome* (Clance & Imes, 1978) where trainees are unable to own their achievements underpinned by a fear of being exposed as a fraud, and loss of agency as highlighted in the previous theme. As an example, Agnes described a fear of something catastrophic happening towards the end of her training that would prevent her from passing. Other than being briefly mentioned in Swearingen's (1990) study of psychiatrists in the form of paranoia, the literature on catastrophic thoughts related to burnout is sparse, but in this study, it appears to be a feature of burnout after long-term exposure to the stressors of training. The need for validation and lack of confidence appears to be paradoxical to the existing literature, as Swearingen (1990) specifies overconfidence and unchanging perception as features of burnout. If the cognitions and emotions associated with burnout remain unaddressed, one of the implications for trainee counselling psychologists is that they may assume they are not competent enough to manage the demands of their role, which could limit their ability to make important and complex decisions due to lack of confidence.

In subordinate theme 2.2, the participants appeared to make sense of failure in two ways: an inability to pass the requirements and cope with the multiple demands of training, and the experience of burnout itself, both of which the participants appear to interpret as being generally incapable of completing the training. Participants spoke about their fears of failing the training, and the potentially devastating financial and personal implications for them. Many participants started the training with the expectation that a doctorate required an unrealistically high level of excellence, but

as with Caitlin and Agnes, they later felt they had to bargain with their own expectations to excel on the training and aimed for lower but adequate grades. All participants implied that failure was unacceptable in the training, which some attributed to their own perfectionist tendencies rather than the reality. For example, Bridget needed to overcome her experience of shame in order to receive support, which suggested that help was available, but her fear of asking for help came from her perception of the training as a hostile environment. Corey and Corey (1998) stated that mental health professionals were often reluctant to seek help, but to date it has not been associated with shame or the burnout experience. However, it was also illustrated that coping with many unknown aspects of the training appeared to increase their fears of failing and loss of agency. This appeared to be similar to the previous superordinate theme, but illustrated from the perspective of a trainee being a student under constant academic and clinical assessment. In order to recover from burnout, trainees may need to reflect and evaluate what informs their perceptions of the training environment and their personal barriers to asking for help, which can also be applicable to the workplace when they are qualified.

For the participants, artificial confidence seemed to be a way of disguising uncomfortable thoughts and feelings in a way which made them appear self-possessed when they were feeling the opposite. This façade of confidence is hinted in Jones and Thompson (2017) study of trainee clinical psychologists, but it is not explicitly commented upon in the discussion, and has also been highlighted in psychiatrists (Swearingen, 1990) and qualified counselling psychologists (Alfrey, 2014); the findings in this study suggest this might be the case in trainee counselling psychologists as well. Again, the concept of emotional dissonance (Barnett, Baker, Elman & Schoener, 2007) appears to be applicable to the *'great pretender'* persona,

as the trainees seem to be consciously presenting emotions which are discrepant from those experienced implicitly. In the long-term, trainees could be at greater risk of ignoring problems or ethical dilemmas which need immediate attention, as they may perceive issues as a reflection of their own incompetency. Furthermore, trainees could alienate themselves from peers and professional support networks, such as supervision and academic meetings, as they may be reluctant to communicate their needs and concerns.

Finally, the role of early experiences in burnout was a subsidiary finding in this study. For example, Caitlin described herself as a historically high achiever, which she felt prevented her from noticing burnout sooner. Many mental health professionals, including trainee counselling psychologists, are drawn to the field because of their own personal histories (Bamber & Price, 2006). Professionals with difficult or adverse childhood experiences may have increased capacity for empathy with clients, but they may also be more at risk of developing unhelpful mechanisms to cope with stress, such as emotional dissonance (Barnett *et al*, 2007) and catastrophic thinking patterns, which may be repeated in other stressful situations throughout their lives; this can include counselling psychology training. This contradicts both Maslach and Jackson's (1981) and Kristensen *et al*'s (2005) models of burnout, which only attribute burnout to the work environment and overlooks the role of the individual's personal histories. Section 1.3 of the BPS Practice Guidelines stresses that it is essential for counselling psychologists to be aware of their personal histories in order to practice reflectively, as well as monitor their motivations for choosing counselling psychology as a profession, which may change if they experience burnout (British Psychological Society, 2017). These findings may have implications for trainees coping with prolonged stress from the training, as it further

emphasises that responses to the challenges of training may be re-enactments of unhelpful coping mechanisms learnt earlier in life. If these are unaddressed during personal development, they may be repeated after qualification.

#### **4.3.3. Superordinate theme 3 – Impact of the training on self and others**

The final superordinate theme explored how the counselling psychology training affected the personal lives and relationships of the participants.

The participants all reported that the counselling psychology training led to changes in their self-concepts, which in turn affected the dynamics of their relationships with friends, family and spouses. Increased conflicts sometimes resulted in the end of such relationships. This supported Truell's (2001) and Clifford's (2010) findings of personal changes in the trainee impacting their significant relationships. The participants' social and family circles often struggled to understand such changes and the nature of the training, which supports Thorne and Dryden's (1991) assertion of how trainees can become alienated from friends and family as a result of training. The findings suggest that self-doubt and self-blame can follow the end of relationships as highlighted by Bridget's account of losing connection with her friends outside the training. However, relationships that were relatively stable before the training were more likely to survive the changes in the trainee, such as Agnes' and Dana's relationships with their husbands, which partially supports Truell's (2001) assertion that social circles became smaller and stronger during training. The findings contradict the qualitative literature and Maslach and Jackson's (1981) and Kristensen *et al's* (2005) models, as neither model attributes the role of personal relationships to the experience of burnout. It can be suggested from the findings that the personal impact of burnout on the trainee can also have a systemic impact on

significant others, which could affect the trainees' ability to draw boundaries between their clinical and personal lives (Everall & Paulson, 2004). Conversely, the changes in family relationships and friendships can also contribute to burnout in addition to other events of training.

In this study, another characteristic of burnout appears to be *displacement*, which is a defence mechanism where distressing emotions are redirected away from the source towards another target (Berne, 1976). Examples of displacement which emerged during the analysis were as follows: when Amelie took out her frustrations of the training on her children, and when Caitlin expressed anger towards her partner after coming home from a stressful placement. This also appeared to be evident in superordinate theme 1, when many participants expressed frustrations towards the training institution. From the findings, the trainee's personal relationships, including children, can end up shouldering the responsibility of the training as much as the trainees themselves, which may also contribute to changes in the dynamics of such relationships. Despite this, displacement is not explored as part of the theoretical models of burnout or the qualitative literature. It is a requirement of psychologists at all stages of their career to recognise difficulties as part of being a reflective practitioner (British Psychological Society, 2018a), which could arguably include the impact of relational and personal difficulties. The findings suggest that displacement could occur in the context of redirecting distressing feelings from professional settings towards personal relationships and vice versa. As a result, ethical dilemmas and ruptures in such relationships could potentially occur.

Training as a counselling psychologist often involved many personal sacrifices for the participants. For example, Dana put her desire to start a family on hold in order to complete the training. Other participants reported having to forego their social

lives, time with their spouses and family, and other leisure activities to carry out the training. This supports Lawrence's (2016) view of trainee counselling psychologists having to structure their lives around the training. An interesting coincidence is that in the final stages of training, trainees are usually expected to develop their own professional identity and work increasingly independently (British Psychological Society, 2019). Although trainees have been working up to a point of independence in the final year of training as the structure of training dissipates, the participants in this study seem to experience a state of limbo where they simultaneously feel freer from having less structure, yet still restrained and controlled by the training requirements. As a result, trainees may lose their motivation to complete the training. This was briefly acknowledged in the qualitative literature (Alfrey, 2014), but was not explored by either burnout model.

External manifestations of burnout from the training was somewhat consistent with Levecque *et al's* (2017) assertion that students often report poor health and wellbeing throughout their doctoral studies, and the development of psychosomatic symptoms in psychiatrists under prolonged stress (Swearingen, 1990). Kamala's phrase "*like a dying flower*" was a particularly vivid way of describing the physical deterioration she experienced from the training. In an interesting finding, some female participants described their self-care routine as intrinsically linked with physical expression of their femininity. When their self-care was neglected due to the demands of training, it was described by some of the participants to be evident in their appearance. This supports an argument in the literature that women in particular who experience burnout are often confronted with loss of femininity (Motaghi, Mosapur & Arjomand, 2004), however it is inconsistent with the existing literature on burnout. Maslach and Jackson's (1981) model focuses mainly on

emotional exhaustion, but there is no indication of any physical effects tied in with burnout. Similarly in Kristensen *et al's* (2005) model, externalisation of burnout is mentioned in the form of fatigue and exhaustion, but not expanded upon in relation to health and physical appearance.

Finally, all of the participants were able to reflect on their experiences of burnout as a positive contribution towards their learning. There were two main findings: a greater understanding of their own resilience, and a sense of humility which helped take the pressure off trying to be perfect trainees. In comparison to the literature, burnout can be perceived as a means of growth as well as a hindrance. Casserley and Megginson (2008) also found that the existing literature overlooked the experience of burnout as a learning opportunity. The theory of *Effort Justification* (Festinger, 1957), which is a form of cognitive dissonance, could be applicable in describing the attribution of value to a challenging endeavour. If more subjective value is given to an unpleasant experience, the more worthwhile it becomes in retrospect. In the context of this theory, a probable explanation could be that once trainees can evaluate their struggles after training, they are able to look back on burnout as a positive learning experience, even though it may have seemed unpleasant at the time. However, if this retrospect is not achieved, burnout can be perceived as a painful and unnecessary experience. For example, Amelie appeared to embark on a process of acknowledging then rejecting potential learning from her experience of burnout during the interview. To date, Effort Justification has not attributed to either of the burnout models, and this finding has contributed to a sparse literature base of burnout as potentially a valuable learning experience.



#### **4.4. Contribution of the research to counselling psychology**

I have intentionally selected the findings that I believed were clinically attributable to burnout in the trainees, which I felt were best summarised in superordinate themes 2 and 3. These findings suggested burnout as the impact of the training on the trainee over time. Some of the findings, particularly those in superordinate theme 1, related to the practical stressors of training such as finances, the number of demands and course structure. These stressors appear to create an environment for burnout to potentially occur, but it is not suggested that all trainees will experience burnout as a result of these stressors. The findings across all subordinate themes suggest that burnout in trainee counselling psychologists is characterised by a cumulative loss of agency and a sense of being overwhelmed by the collective and simultaneous practical, interpersonal and intrapersonal demands of training. This will be discussed further in the strengths and limitations section (Section 4.5).

The findings of this study illustrated burnout from counselling psychology training as part of a broader phenomenon than outlined in the main conceptual frameworks of burnout. The frameworks and associated inventories are primarily focused on measuring the end product of burnout with little consideration of the wider processes and environment. In relation to trainee counselling psychologists, the conceptual frameworks of burnout tell us very little about the complex interactions between the trainee and the training environment, other processes such as emotional dissonance and displacement, or the impact of the training and burnout on their personal lives.

One of the key features of burnout identified in the study is that the trainees often experienced a significant loss of agency. Although there is arguably more academic freedom at doctoral level (Trocchia & Berkowitz, 1999), for the most part they

attributed their struggles over the course of the training to external factors, such as the training team, finances and supervision. Both training programmes and clinical placements have significant gatekeeping responsibilities to ensure trainees meet the standards of training (Brear, Dorrian & Luscri, 2008) and to protect clients (Homrich, 2009), but it seems that some of the participants may have been subject to a power imbalance which has left them with a fear of negative repercussions from voicing concerns. It appeared they felt they had no choice or control in embarking on the training or in managing its challenges. Giving up agency seemed to serve as a protective measure to limit any potential conflict and to ensure greater certainty of progress on the training, but this may have a counterproductive outcome on the trainees' wellbeing. Counselling psychologists are increasingly expected to make relationally and ethically complex decisions in different contexts (Shaw & Carroll, 2016). The BPS encourages all psychologists to use their "*professional and ethical judgement*" as well as their guidelines in the Code of Ethics and Conduct, particularly in the face of difficult decisions (British Psychological Society, 2018a, p. 4). If trainees experience a lack of responsibility or ownership of difficulties, this could create a precedent for poor, ineffective working habits as trainees and in their careers as qualified counselling psychologists. For example, they may put the needs of others over their own wellbeing, or struggle to negotiate different roles and power dynamics in therapeutic or workplace settings. Trainees may benefit from training staff sharing their own stories of their difficulties, which could help trainees reflect on their learning as being a process of fluctuations and stages of successes and challenges throughout the training, rather than expecting unrealistically consistent success. It may also be helpful for trainees to develop a repertoire of personal self-care strategies in order to help them develop a greater sense of control, and to be

aware that self-care does not have to be costly and time-consuming. Furthermore, trainees may benefit from mindfulness and elements of Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999). This is a behavioural form of therapy which teaches tolerance of unpleasant thoughts and sensations rather than avoidance through techniques such as defusion (accepting unpleasant thoughts as mental events) and creative hopelessness (evaluating the long-term impact of short-term avoidance) (Bethay, Wilson & Moyer, 2009).

A further recommendation is a series of workshops before enrolment to address the expectations, fears and barriers to learning, and to deconstruct myths of what they believe the training will be like. These may be given by the teaching staff or by final year or newly qualified trainees, and they can cover issues which may arise from supervision and personal therapy, as well as the financial implications. Establishing a realistic view of the training may help to reduce disillusionment and apathy, which can lead to burnout. Informal evaluation can take place after the final workshop to establish whether their view of embarking on the training has changed. In both the workshop and interview stages, prospective trainees can be encouraged to reflect on how their coping mechanisms for stress might impact their experience of the training. Prospective trainees can also be informed about the demands of training through a handbook written in lay language with personal accounts of training from later stage or newly qualified psychologists. Such accounts can also be incorporated into doctorate programme prospectuses. As an example, the Pre-Qualification Group in the Division of Clinical Psychology of the BPS produces an annual guide called *The Alternative Handbook* (British Psychological Society, 2018b), which outlines feedback from trainees about the nature of postgraduate training programmes across different universities in the United Kingdom. The data collected is presented

in a mixed methods format. In the 2018 edition of the handbook, 29 trainee clinical psychologists at UEL were asked open-ended questions such as *“What was your personal experience of the interview process for your current course?”*, *“Have you found any aspects of the course particularly demanding?”* and *“With regards to placements, how satisfied are you with the way your course prepares you?”*; excerpts of their responses were published in the handbook. Answers to quantitative questions such as *“How did you find the experience of thinking about / selecting a thesis idea?”* and *“How satisfied are you with the level of support you receive?”* were presented primarily as bar charts, tables and graphs. The handbook aims to help trainee clinical psychologists make an informed decision based on the selection process, programme structure, staff research interests, location and placement opportunities. A version of this booklet for prospective trainee counselling psychologists may be beneficial in giving them a sense of what the training entails.

#### **4.5. Strengths and limitations of the study**

The use of IPA as the chosen methodology for this study has been both a strength and a limitation. In the former, it allowed the participants to speak deeply and reflectively about their experiences of training-related burnout. Although it was well-known in the literature that counselling psychology training was immensely demanding (Kumary & Baker, 2008), there was a lack of in-depth, reflective accounts from trainee counselling psychologists about how burnout was experienced beyond the constraints of the three-dimensional conceptual models. With guidance from a working definition, participants were free to express themselves at length with candour about their training and their personal, academic and professional challenges. This was particularly important, because participants could not always find the right language to describe their experience during the interviews, due to the

stigma and shame of experiencing burnout. It could be argued that language determines thoughts and feelings of an individual, as well as moderating the experience itself (Willig, 2013). IPA is a methodology well-suited to nuanced observations of non-verbal, as well as verbal, communication, filler words and body language, which was required to capture an additional level of interpretation for this study (Pietkiewicz & Smith, 2012). In the latter, IPA relies heavily on the researcher's subjectivity, which impacted how I interpreted the data (Smith & Osborn, 2015). I am a trainee counselling psychologist who has experienced burnout, therefore my interpretations of burnout in the participants are shaped through the lens of my own experience of the same phenomenon. This is explored further in the personal reflexivity section (Section 4.6.1).

When choosing the working definition of this study, I considered whether the term 'impairment' could be interpreted as pathologising of the experience of burnout in trainees. Although the term has been removed from the latest edition of the BPS Code of Ethics and Conduct (British Psychological Society, 2018a), it is stated that *"...all Psychologists [should be] mindful of their strengths and weaknesses in order... to behave in the most ethical way possible."* (p. 3). For the purposes of this study, I believe that the ambiguity of the term can generate different understandings of burnout, as different participants will make sense of 'impairment' in their own way. Participants were fully aware that the amalgamation of Mahoney's (1997) and Norcross' (2000) descriptions of burnout was a working definition, and it merely served as a way of eliciting information about their experiences.

When conducting the interviews, I sometimes found it difficult to challenge some of the participants' narratives in the moment. In my experience, I had spoken about burnout at length in personal therapy and with friends and family, which helped me to

understand and articulate what was happening to me. I learned that although participants gave their consent to sharing their experiences, they may not have been as comfortable talking about certain aspects of burnout. For some of the participants, particularly Amelie and Dana, the signs of burnout appeared to be consciously avoided in order to remain functional, which I felt was represented by participants straying off course in their narrative or showing discomfort with body language when talking about their experiences. Having my experience validated by hearing the experience of others may have affected my ability to use immediacy during the interviews, and to critically analyse and evaluate the data.

Some participants used the interview space to offload their frustrations about the training rather than speak about their experiences of burnout. Although good interview technique varies according to the research question in IPA (Smith, Flowers & Larkin, 2009), I sometimes felt drawn into their frustrations having experienced them myself, and my questioning in parts became similar to a therapist's style of paraphrasing. This only served to validate their feelings, rather than probing for new information. However, through reflective engagement with each transcript and discussion with my director of studies, I developed confidence in my interviewing skills. In retrospect, their frustrations and need to 'put things right' was only a surface account of a deeper representation of their experience of burnout. By allowing them to speak at length, I believe I gained richer, fuller information (Smith, Flowers & Larkin, 2009). I was also aware of allowing participants to fully answer questions before starting a new line of inquiry. As participants often had difficulty finding the 'right' language to convey their experience, I felt given my research question, the long responses with minimal interruptions were appropriate.

When choosing the themes to suggest clinical implications, there was a tension between faithful representation of the participants' narratives and my own subjectivity. By being selective of the findings, some data needed to be overlooked or discarded in order to maintain the narrative of the study. However, the aim of IPA is not to present a true account, but to ensure credibility of the final account (Osborn & Smith, 1998). The subjective nature of IPA means that different researchers will produce different interpretations of the same data, therefore a true representation is not possible. My interpretations of the data are based on my own experiences of burnout as a trainee counselling psychologist. In an IPA study, readers should be able to draw theoretical links between the findings, the existing literature, and their own personal and professional experiences, rather than empirical generalisation of the findings (Smith & Osborn, 2003). IPA is not opposed to general claims, but through the accumulation of similar studies over the course of time, more general claims can be made. Furthermore, emphasis was placed on particular findings which I believed were of clinical importance, as I felt there was a distinction between practical aspects of the training such as course structure and finances, which may be stressful but do not necessarily lead to burnout, and the personal impact of the combined elements of training. Elliott, Fischer and Rennie (1999) states that good qualitative research should strive to achieve coherence and integration while preserving nuances. Together with transparency about my position in the research outlined in Yardley's (2000) evaluation criteria, I believe I have told a persuasive story through the emergent themes and suggested clinical implications from the data, which is consistent with the requirements of IPA (Eatough & Smith, 2008; Creswell & Poth, 2016).

As mentioned in section 1.10, some of the participants were known to me in a professional capacity; I have outlined the advantages of this dual relationship in this section. However, I am aware there are limitations, such as maintaining confidentiality and ethical interviewing practice. Confidentiality was ensured by conducting interviews at the University of East London's Stratford campus, which is a secure campus with soundproof rooms away from our usual places of work and study. I adhered to ethical interviewing practices in light of the dual relationship such as being reflective about power dynamics and respect for their autonomy (Bourdeau, 2000), as participants may be hesitant in speaking to me about personal aspects of their training they would not normally talk about, such as fears of failing, lack of self-care and impact on personal relationships. In turn, I considered that I may be more mindful of asking questions that may elicit discomfort during the interview process. Although Aase (2006) stated that the prior professional relationship can help verbal and non-verbal communication, it was also stated that if the interviewer is too invasive and direct, it might bring up painful experiences and feelings. To address this issue, I designed the interview schedule to ensure that a rapport is established with the participants in the early stages by asking general questions about the training before engaging in deeper inquiry about their experiences of burnout later in the interview. In sum, I have considered both the advantages and disadvantages of a dual relationship to the interview process. Given that most participants needed to speak at length to fully articulate their experiences, I believe the dual relationship enhanced the rapport during the interview process.

On a more general basis, most of the participants were female, with only one male participant. In IPA, participants are sampled homogeneously; that is, an experiential understanding of the research topic, as IPA is not typically used to study issues



which do not have relevance in the participants' lives (Larkin & Thompson, 2012). The participants in this study were purposively sampled for their experience of training-related burnout, regardless of gender, as it was not the focus of my study.

#### **4.6. Reflexivity of the researcher**

In this section, I will discuss my personal reflexivity and how my epistemological stance was reflected in my chosen methodology. The purpose of this section is to illustrate how my experiences and assumptions helped and hindered my interpretations of the participants' experiences. These considerations are an essential part of the double hermeneutic process of IPA (Smith & Osborn, 2015), and will be discussed in turn.

##### **4.6.1. Personal reflexivity**

I developed an interest in researching burnout in the second year of my training. At that time, I experienced burnout from what I believed was a sense of feeling unqualified to progress on a doctoral-level training programme despite my achievements. I also felt alienated from friends and family, who did not always understand how I could struggle in a subject I enjoyed. Through personal therapy, I learned about my systemic influences and perfectionist tendencies which I believed led to my burnout. From this self-discovery, I have found this training enormously rewarding and character-building.

On conducting my literature review, I began to question whether the burnout inventories captured the whole experience, as I felt they did not account for my own. The next difficulty was choosing a definition of burnout, as it was a concept which had several definitions. I wanted to avoid a definition related to the MBI's three dimensions, in order to start my research with the assumption that it is simply a

negative psychological state. I felt that the amalgamation of Mahoney's (1997) and Norcross' (2000) descriptions was ideal as a working definition for this study, because participants could focus on talking about their experiences of training and burnout rather than answer questions within a particular construct.

All of the participants had substantial undergraduate and postgraduate academic and clinical experience before embarking on the doctorate, and many were aware of the demands of training from the beginning. I started the research with the belief that trainee counselling psychologists may be overwhelmed by the numerous demands, but had the personal resources to cope and assume agency from their previous experience as students. As the interviews progressed, I realised that the trainees struggled with maintaining a sense of responsibility for their own wellbeing and found undertaking the training more difficult than initially expected. As prior assumptions form a key part of researcher interpretation in IPA (Smith, Flowers & Larkin, 2009), I believe preconceptions based on my experience of loss of agency despite my prior experiences as a undergraduate and postgraduate student helped me to understand the trainees' experience of burnout.

I also expected that the participants would perceive burnout as a debilitating and negative experience; this assumption was informed by both my own experiences and the literature review. I believed that the stigma attached to burnout might become an obstacle for trainees to acknowledge subtle early signs, such as interpersonal difficulties and sleep disturbances. However, all participants reported significant learning from their experiences of burnout. For example, Deepti reported that she associated the experience of burnout with new self-knowledge and understanding. After conducting another literature search to give context to this new finding, I was initially concerned that the range of literature on burnout as a positive learning

experience was sparse, but I was also pleasantly surprised by an unexpected finding which could be expanded upon in future studies.

After interviewing my participants, I sometimes felt overwhelmed and tired, which I believed reflected on how the participants' felt. I had never conducted qualitative interviews before, so it was also perhaps my anxiety about being receptive enough to unexpected information. To counteract this, I ensured that I conducted interviews outside of placement, lecture and supervision days, and talked about the impact of any significant interview experiences in personal therapy. I also fine-tuned my questioning with my director of studies, who recommended changes and further reading, which helped me to adjust my interview schedule. In the end, I was happy with my interview schedule and the richness of the data.

Although I enjoyed the transcription and analysis processes, I frequently felt impatient when transcribing the interviews as it was a slow process and I questioned myself repeatedly about whether the data was rich enough. During analysis, I found it difficult to be critical about which excerpts and themes to keep and which to discard, because I strongly identified with the participants' accounts. When writing up the findings, I frequently experienced problems finding the right words to interpret the quotes. I felt this was linked to perfectionist tendencies from childhood expectations of me. However, I learned Acceptance and Commitment Therapy (ACT) (Hayes *et al*, 1999) during my final year clinical placement, and this helped me to hold in mind that this thesis is a process I would need to be patient with, and it was acceptable to find the process enjoyable and frustrating at the same time. Writing in my reflective journal was also helpful to understand where my difficulties originated from.

As a female who places importance on my appearance, the subordinate theme of *“like a dying flower: externalisation of burnout”* was significant for me because my self-neglect became evident to my family despite my best efforts to disguise it. As a self-funding trainee, I found paying for the training was a balancing act with other expenses of living; through this experience, I also felt a connection with the *“financial pressures of training”* theme. The theme of *“the great pretender”* also resonated with me for that reason, as I struggled to find the balance between sharing my concerns without appearing incompetent. I believed these three subordinate themes represented my experience of burnout as well. It was validating hearing the participants’ perspectives, but I reflected upon identification in my journal to ensure this did not cloud the interpretative process.

#### ***4.6.2. Epistemological and Methodological reflexivity***

Holding a critical realist epistemology has influenced how I conducted this study. My assumption is that there is a reality which exists independently of consciousness, and that the notion of what is considered true is socially, historically and culturally located (Bhaskar, 1978). The eight participants each brought their own accounts of their experiences of burnout from their counselling psychology training; I believe these are true reflections of how they make sense of the phenomenon. This study was not intended to generate any theory. In the process of analysis, double hermeneutics added a layer of interpretation to produce co-constructed account of their experience. My interpretation of their words is guided by my social, cultural and psychological understanding of my own experiences of burnout as a trainee counselling psychologist and how I coped with the pressures of training. The reader then adds another layer of understanding in a possible triple hermeneutic, where the

reader creates another hermeneutic circle around a pre-existing hermeneutic circle in order to generate new meaning through re-interpretation (Cromby, 2002).

By choosing IPA as the methodology for this study, the emphasis is the participant to convey the meaning of the phenomena to the researcher using language. Willig (2008) queried whether this is possible due to IPA being a methodology preferable to participants who are well-versed and eloquent. However, I was not faced with any difficulties relating to language, because my participant sample consisted of trainee counselling psychologists who were undergraduate and postgraduate degree-educated and possessed substantial academic and therapeutic experience prior to their doctorate.

Despite the impact of my subjectivity affecting the research process, I believe that my findings and interpretations are consistent with my chosen methodology and epistemological standpoint.

#### **4.7. Validity of research study (Yardley, 2000)**

Yardley's (2000) criteria for evaluation of qualitative research outlined in the methodology chapter has been observed throughout the study. These are as follows: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These will be explored in turn.

##### **4.7.1. *Sensitivity to context***

I adhered to sensitivity to context at all stages of the research. A selective literature review of the phenomenon of burnout in trainee and qualified psychological practitioners and its various definitions ensured sensitivity to context by helping me to build a sound understanding of burnout and how it can potentially affect trainee

counselling psychologists. As the focus of the literature review was on my research question, my initial search was broad and general, but due to the numerous definitions and perspectives of burnout research, I narrowed down my review to the most relevant studies through a process of funnelling.

The interview process was also guided by sensitivity to context; I ensured the interviews remained semi-structured by using minimal interventions, which allowed participants to speak freely without imposition of my values, assumptions or prior experiences. The working definition of burnout encouraged open, candid responses in the absence of a conceptual model. Using IPA also ensured sensitivity to context. Quotes of the participants' own words were used throughout the study to substantiate my interpretations, and to allow the participants accounts of burnout to be heard. Any identification with, or preconceptions about, the participant's experiences which emerged were recorded in my reflective journal and discussed in personal therapy.

#### ***4.7.2. Commitment and Rigour***

Commitment and rigour were adhered to early in the research process in order to engage with the topic and data, and to ensure completeness of the data collection and analysis.

I have shown commitment by ensuring the interview space is safe and confidential. I learnt about the IPA methodology and other research methods as part of my doctoral training, which updated my existing knowledge of different methodologies gained from my Masters' psychology degree. I used skills developed during my training to implement Rogers' (1957) core conditions of empathy, congruence and

unconditional positive regard to help quickly develop a rapport with participants and be at ease with sharing their experiences (Mearns & Cooper, 2005).

The naming and clustering of themes were checked and regularly reviewed by my director of studies as per Willig's (2008) recommendations, and I implemented changes accordingly. Having an outsider perspective helped me to ensure there was no discrepancy between the themes and the data. Some theme names were changed, and others were either merged or deleted. I regularly ensured that the quotes supported the themes through a process of reflexive and reflective engagement with the data and discussion with my director of studies. As I became accustomed to the research process, I embraced the creativity of the approach.

#### ***4.7.3. Transparency and Coherence***

Transparency was observed in order for the reader to follow the different areas of this study.

The process of my research is outlined in the literature review, analysis, methodology and appendix sections in order to show the progression of the study and the interpretations of the data. The appendix consists of all stages of data collection and analysis. IPA requires reflexivity of the researcher (Smith, Flowers & Larkin, 2009); I have been transparent about my own epistemological stance, personal experiences of burnout as a trainee counselling psychologist. I have also outlined that I was acquainted professionally with some of the participants, therefore my ability to be critical during the analysis process could be affected. However, I believe I have provided enough transparency to inform the reader of my own subjectivity.

In relation to coherence, I believe I chose a theoretical approach which fit the research question, epistemological stance and the methodology used. This fit ensured that I maintained coherence between all the sections throughout this study. I have also endeavoured to create a coherent link between the quotes, themes and the interpretations in the analysis section.

#### **4.7.4. *Impact and Importance***

The potential impact and importance of the study were observed throughout the research process. The findings of the study can be used as guidance for prospective trainees to give them a sense of what it is like training as a counselling psychologist, and for those presently training to help acknowledge their difficulties and challenges as a normal part of training. Burnout may not be inevitable for everyone, but should it occur, trainees can learn self-care strategies to manage stress while in training and in their future careers. It will also encourage trainees to embrace their own unique journey in training in an environment where they may become drawn into comparing their progress with their colleagues.

Counselling psychology training staff can refer to the findings of the study as guidance to reinforce self-care in trainees. The training staff themselves may derive benefit from the findings, particularly if they are in the early stages of their academic careers. The study is a reminder that all counselling psychologists, whether novice or qualified, are on a continuous learning journey throughout their careers. Should burnout occur, it can be an integral and productive part of the journey rather than a representation of failure.

With regards to dissemination, the findings from this study could be shared in scholarly publications such as *The Psychologist* and *the Counselling Psychology*



Review, both published by the BPS. The findings can also be published in other journals pertaining to counselling psychology and applied psychology fields, as well as publications aimed at a non-specialist audience. They can also be presented at the Counselling Psychology Annual Conference organised by the BPS for wider discussion and debate.

#### **4.8. Recommendations for further research**

Several areas for further research were identified from this study. Firstly, the role of personal therapy in recovering from burnout was only briefly touched upon in the interviews. There is little research which explores the role of personal therapy when trainee counselling psychologists are experiencing burnout, but it is known that it can be beneficial as a form of support for practitioners to prevent burnout (Macran & Shapiro, 1998; Grimmer & Tribe, 2001). An exploration into how personal therapy is experienced in trainees with burnout could be warranted.

If a trainee becomes distressed or frustrated by certain aspects of their clinical work or the organisation itself, supervision is intended to provide a safe, containing and validating space for supervisees (Hawkins & Shoet, 2012). But if this support is absent, the trainee's quality of work can suffer. Exploration of the role of quality and frequency of supervision in relation to burnout from counselling psychology training could provide a valuable insight into how trainees are affected by the quality of the support they receive from supervision. This gap in the literature has also recently been identified in a review by Beks and Doucet (2020).

As illustrated in the findings and in Casserley and Megginson's (2008) work, burnout as a positive experience has also been rarely explored. From this study, participants were able to identify areas for learning and improvement towards the end of their

studies. An explorative study which allows trainee counselling psychologists to reflect on their learning from any burnout from training could build on this study to normalise uncomfortable feelings and experiences as part of learning to be a counselling psychologist. This could be within or outside the context of the Effort Justification model. Although it was illustrated in the third superordinate theme that participants drew learning from their experience of burnout, this was an unexpected finding of the study which was not the focus of my research question. A further exploration would add to the limited research base on burnout as a positive experience.

The additional difficulties faced by trainees with children have rarely been explored in the literature. As illustrated by Amelie's account, the training became all-consuming to the point where she felt she was not emotionally available for her children. Based on the findings, the changes brought on by the demands of training could raise concerns and doubts about their own abilities, which could extend to their private lives. An exploration of the experience of counselling psychology training for trainees with young children could be considered for future research.

Finally, the relational impact of burnout was another prominent finding from the analysis. The participants reported alienation from friends, family and spouses, and some personal relationships have ended as a result of new insights from engagement in the reflective process and personal development. Other than Truell's (2001) and Thorne and Dryden's (1991) perspectives on changing relationships as a result of counselling training, to date there is a sparse literature base on personal relationship changes in relation to trainee counselling psychologists' experiences of burnout. Further research into the experience of the systemic impact of burnout in trainee counselling psychologists may be warranted.

#### **4.9. Conclusion**

Burnout in trainee counselling psychologists appears to be characterised by a cumulative process of becoming overwhelmed and losing responsibility of their own wellbeing. Participants experienced a sense of being torn between the numerous professional and personal demands, which often left the trainee with little opportunity, mastery or control over rest and self-care strategies. The expenses of training, harmful supervisory relationships and competitive peer groups also appeared to lead to a loss of agency, catastrophic thoughts and a fear of being perceived as incompetent. For the participants, personal relationships suffered as the trainee experiences changes in their self-concept, and some of them displaced their frustrations of the training to their loved ones, including children. Lost agency was also characterised by changes in the participants' health and physical appearance. However once recovered, all participants felt they gained resilience and self-monitoring to prevent burnout in their future careers.

The original contribution of this study is demonstrated as follows: firstly, burnout is presented as a phenomenon rather than a conceptual model. By using IPA to explore burnout beyond the three-dimensional frameworks, the study has helped to generate an understanding of burnout as part of the trainee's interaction with the training environment, rather than occurring in isolation or through causal effects. It is hoped that this study will provide another perspective of burnout specific to trainee counselling psychologists which is underpinned by the philosophy of counselling psychology, namely critical engagement with theoretical conceptualisations (Strawbridge, 2016). Secondly, it has also identified lesser known characteristics of burnout such as loss of agency, displacement, catastrophic thought processes, unrealistic expectations, need for validation, emotional dissonance, coinciding

physical and external reactions to the stresses of training and the destabilisation of long-established personal relationships, which may be overlooked from a three-dimensional perspective. Participants retained empathy despite sometimes losing motivation as a result of burnout; this contradicted the existing literature and conceptual frameworks. This suggests burnout can be characterised as perseverance through unacknowledged difficulties, rather than a cessation of functioning. Lastly, participants also reported learning resilience and self-care strategies from experiencing burnout, which has been rarely explored in the literature.

This study will contribute to the field of counselling psychology by helping trainees understand more subtle signs of burnout from a wider perspective, and to reflect and engage with their own difficulties to prevent burnout. The study may also provide guidance for trainers to help trainees normalise problems and obstacles, and perhaps be of benefit to the trainers themselves, particularly if they are newly qualified. Trainees at the beginning of their training journey may learn to be prepared and accepting of the challenges ahead from this study. Despite the potential for burnout to be a painful experience, it is not a sign of failure and weakness. Trainees can reflect on burnout as a means of learning effective management of stress and wellbeing as they embark on their careers as qualified counselling psychologists.

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## **Section B: Appendix**

# Appendix B1: Application for research ethics approval

UNIVERSITY OF EAST LONDON

School of Psychology

## APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL  
PSYCHOLOGY

If you need to apply for ethical clearance from HRA (through IRIS) for research involving the NHS you DO NOT need to apply to the School of Psychology for ethical clearance also. Please see details on <https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/NHS-Research-Ethics-Committees.aspx>

Among other things this site will tell you about UEL sponsorship

**PLEASE NOTE** that HRA approval for research involving NHS employees is not required when data collection will take place off NHS premises and when NHS employees are not recruited directly through the NHS. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

If you are employed by the NHS and plan to recruit participants from the NHS Trust you work for, it would be courteous to seek permission from an appropriate person at your place of work (and better to collect data off NHS premises).



**PLEASE NOTE** that the School Research Ethics Committee does not recommend BSc and MSc/MA students designing research that requires HRA approval for research involving the NHS as this can be a demanding and lengthy process.

*Before completing this application please familiarise yourself with:*

The *Code of Ethics and Conduct (2009)* published by the British Psychological Society (BPS). This can be found in the Ethics folder in the Psychology Noticeboard (Moodle) and also on the BPS website

[http://www.bps.org.uk/system/files/Public%20files/aa%20Standard%20Docs/inf94\\_code\\_web\\_ethics\\_conduct.pdf](http://www.bps.org.uk/system/files/Public%20files/aa%20Standard%20Docs/inf94_code_web_ethics_conduct.pdf)

And please also see the UEL Code of Practice for Research Ethics (2015-16)

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Documents/Ethics%20forms/UEL-Code-of-Practice-for-Research-Ethics-2015-16.pdf>

### **HOW TO COMPLETE & SUBMIT THIS APPLICATION**

1. Complete this application form electronically, fully and accurately.
2. Type your name in the 'student's signature' section (5.1).
3. Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc**
4. Email your supervisor the completed application and all attachments as **ONE DOCUMENT**. Your supervisor will then look over your application.
5. When your application demonstrates sound ethical protocol your supervisor will type in his/her name in the 'supervisor's signature' (section 5) and submit your application for review (psychology.ethics@uel.ac.uk). You should be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this.
6. Your supervisor should let you know the outcome of your application. Recruitment and data collection are **NOT** to commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (See section 4)

### **ATTACHMENTS YOU MUST ATTACH TO THIS APPLICATION**

1. A copy of the participant invitation letter that you intend giving to potential participants.
2. A copy of the consent form that you intend giving to participants.
3. A copy of the debrief letter you intend to give participants.

### **OTHER ATTACHMENTS (AS APPROPRIATE)**

- A copy of original and/or pre-existing questionnaire(s) and test(s) you intend to use.
- Example of the kinds of interview questions you intend to ask participants.
- Copies of the visual material(s) you intend showing participants.
- A copy of ethical clearance or permission from an external institution or organisation if you need it (e.g. a charity, school, local authority, workplace etc.). Permissions must be attached to this application. If you require ethical clearance from an external organisation your ethics application can be submitted to the School of Psychology before ethical approval is obtained from another organisation (see Section 5).

### **Disclosure and Barring Service (DBS) certificates:**

- **FOR BSc/MSc/MA STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** A scanned copy of a current Disclosure and Barring Service (DBS) certificate. A current certificate is one that is not older than six months. This is necessary if your research involves young people (anyone 16 years of age or under) or vulnerable adults (see Section 4 for a broad definition of this). A DBS certificate that you have obtained through an organisation you work for is acceptable as long as it is current. If you do not have a current DBS certificate, but need one for your research, you can apply for one through the HUB and the School will pay the cost.

If you need to attach a copy of a DBS certificate to your ethics application but would like to keep it confidential please email a scanned copy of the certificate directly to Dr Mark Finn (Chair of the School Research Ethics Committee) at [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk)

- **FOR PROFESSIONAL DOCTORATE STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** DBS clearance is necessary if your research involves young people (anyone under 16 years of age) or vulnerable adults (see Section 4 for

a broad definition of this). The DBS check that was done, or verified, when you registered for your programme is sufficient and you will not have to apply for another in order to conduct research with vulnerable populations.

## **SECTION 1. Your details**

1. **Your name:** Angelina Archer
  
2. **Your supervisor's name:** Dr Stelios Gkouskos
  
3. **Title of your programme:** Professional Doctorate in Counselling Psychology
  
4. **Submission date for your BSc/MSc/MA research:**
  
5. **Please tick if your application includes a copy of a DBS certificate**
  
6. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mark Finn for confidentiality reasons (Chair of the School Research Ethics Committee) [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk)**
  
7. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Ethics and Conduct (2009) and the UEL Code of Practice for Research Ethics (See links on page 1)**

## **SECTION 2. About your research**

### **8. What your proposed research is about:**

Please be clear and detailed in outlining what your proposed research is about. Include the research question (i.e. what is your proposed research investigating?)

The purpose of this study is to explore the in-depth personal meanings of burnout in third-year counselling psychology trainees in light of the demands and stresses of training.

Counselling psychology training programmes are at a doctoral level, and trainees encounter a number of personal and professional challenges. Thorne and Dryden (1991) stated that all trainees experience anxiety, depression and a strain on family and personal relationships. Self-reflection can generate insights which may have a positive or negative effect on the trainee or their significant relationships (Seashore, 1975). There is also a significant level of

pressure associated with switching between student, researcher and therapist roles (Schwartz-Mette, 2009), which often creates self-doubt in the trainee (Cushway, 1992; Millon, Millon & Antoni, 1986). Counselling psychology training also involves constant self-reflection, which is advocated by the British Psychological Society's Practice Guidelines as essential for evaluating the self and personal biases (BPS, 2017). All of the outlined challenges appear to be an inevitable part of counselling psychology training. However, they can lead to burnout in some trainees and may lead to dropout from training programmes (Cornér *et al*, 2017).

Burnout has been redefined in the literature over the years, but it is a concept which has been primarily understood from a theoretical perspective with the use of inventories such as the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) and the Copenhagen Burnout Inventory (CBI) (Kristensen *et al*, 2005). However, despite having no agreed definition, it is certain from the literature that the effects on professionals in the caring professions are wide-ranging at the individual and relational level. If unaddressed, the effects of burnout could cause a deterioration in the learning and development of trainees who must work towards a level of accepted competence defined by the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC). Existing research has merely identified stressors of training, but the phenomenon of burnout in counselling psychology trainees has not been explored, despite the authors of the CBI and MBI scales recognising that the inventory items may not reflect the experience of the individual (Kristensen *et al*, 2005; Maslach *et al*, 2003).

In light of these gaps in the literature, the research question guiding this study is *"What is the experience of burnout in counselling psychology trainees?"*

## **9. Design of the research:**

Type of experimental design, variables, questionnaire, survey etc., as relevant to your research. If the research is qualitative what approach will be used and what will the data be?

The chosen methodology for this study will be Interpretative Phenomenological Analysis (IPA) (Smith, 1996). IPA facilitates understanding of experiences in particular contexts at particular times, but accepts that the researcher's own world view and the interactions between researcher and participant will be implicated in a double hermeneutic process (Smith, Flowers & Larkin, 2009). Semi-structured interviews with open-ended questions will facilitate exploration of the individuals' subjective experiences of burnout. The data will be the participants' verbal and non-verbal responses to the questions. For the study to have an exploratory approach to the phenomena of burnout, the adopted definition for this study is by Norcross (2000) and Mahoney (1997): *"...a form of impaired psychological functioning from exposure to sustained levels of stress in caring capacities"*.

## **10. Recruitment and participants (Your sample):**

Proposed number of participants, method of recruitment, specific characteristics of the sample

such as age range, gender and ethnicity - whatever is relevant to your research.

Eight to ten third-year counselling psychology trainees will be purposively sampled from the University of East London and five other universities in the London and South East England region which provide a Professional Doctorate in Counselling Psychology programme. These include London Metropolitan University, Regent's University, City University, University of Roehampton and University of Surrey. All age ranges, genders and ethnicities will be considered for this study to acquire a range of experiences within an idiographic group (i.e. third-year counselling psychology trainees).

Recruitment will be carried out through advertisements in the Division of Counselling Psychology electronic newsletter and The Psychology magazine, both issued by the British Psychological Society. Posters will be placed on the noticeboards of the universities. The study will also be advertised on the research recruitment website Call for Participants, social media and word of mouth.

### **11. Measures, materials or equipment:**

Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application.

Please see the attached interview schedule which outlines the questions I plan to ask my participants (page 20).

**12. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?**

YES/NO/NA

### **13. Outline the data collection procedure involved in your research:**

Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long? If using online surveys what survey software will be used, e.g. Qualtrics?

Consistent with its inductive emphasis, IPA involves semi-structured interviews with open-ended questions, which will be recorded with a Dictaphone. Should any specific questioning be required, it should only be used to expand on and clarify participants' responses, rather than seek agreement or disagreement.

As per Smith's (1996) procedure for IPA, transcripts will then be created from the recorded participant responses. As the transcripts are read and re-read, initial thoughts and observations about participants' subjective experiences and personal meanings, use of language and significance of such comments. Identification and clustering of themes then takes place after the initial encounter with the text. A summary table of clusters is then produced, followed by integration of cases into master themes.

### **SECTION 3. Ethical considerations**

#### **14. Fully informing participants about the research (and parents/guardians if necessary):**

How will you fully inform your participants when inviting them to participate? Would the participant invitation letter be written in a style appropriate for children and young people, if necessary?

Participants will be sent an invitation letter and consent form (please see Appendix) by email upon initial enquiries. Printed copies of the invitation letter and consent form will also be available for potential participants in face-to-face contact. Participants will have the opportunity to ask as many questions as they wish to fully inform themselves before giving consent to take part in my study. The style of the letter will be written in lay language, and an adopted definition of burnout will be used to ensure that participants have experienced impaired functioning as a counselling psychology trainee. Any technical terms will be explained in the information leaflet, in written correspondence and verbally.

The information sheet (please see Appendix) will explain the purpose of the study, how their personal data will be used, and the duration of the interviews. It will also warn participants that recollection of some personal experiences during interview may be distressing, and that they can request termination of the interview process at any stage. I will inform participants verbally at the beginning and end of the interviews of their available options for psychological support, or if they request to pause or end the interview. A debrief letter will be given with contact details for stress, anxiety and depression support services, and advice for participants to consult their personal therapist, personal tutor and the support services from their respective universities.

#### **15. Obtaining fully informed consent from participants (and from parents/guardians if necessary):**

Is the consent form written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians? How will you gain consent if your research is collecting data online?

Participants will be asked to give informed consent prior to interviewing with the form attached to this application (page 16), and verbally when recording starts. The consent form will state that they can request termination of the interview process at any stage.

Participants will be informed both verbally and via the consent form that all written and audio data relating to them will be destroyed if consent is withdrawn during the interview process and up to the point that data analysis begins, which is expected to be in December 2018.

### **16. Engaging in deception, if relevant:**

What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.

Participants will be fully informed about the nature of the study from the beginning. There will be no deception involved.

### **17. Right of withdrawal:**

In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve participants being able to decide to not continue with participation in your research and the right to have the data they have supplied destroyed on request. It is advised that you tell participants on your participant invitation letter that you as the researcher reserve the right to keep and use all data after the point at which you begin your analysis of data or giving them a three week window in which they can withdraw their data, for example. Speak to your supervisor for clarification if necessary.

Participants will be informed that they have the right to withdraw from the study at any point. However, they will also be informed that if their withdrawal takes place after analysis has begun (December 2018), the anonymised data included in the analysis by that point will be included in the study. The rest of the data will be destroyed.

### **18. Will the data be gathered anonymously?**

This is where you will not know the names and contact details of your participants? In qualitative research that involves interviews, data is usually not collected anonymously because you will know the names and contact details of your participants.

YES / NO

### **19. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?**

How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long?

Participants will have all personal data removed from transcripts, and will only be identified using pseudonyms in the study. In written notes during the interview process, the participants will be identified using a number system. Signed consent forms, notes and paper transcripts will be kept in locked and separate drawers. Electronic data will be anonymised and password-protected on computers kept on the University of East London in compliance with their information policies. Audio recordings will be erased after completion and assessment of the project.

Interviews will take place in private soundproof rooms to protect the confidentiality of participants. For safety reasons, interviews will only take place on weekdays within office hours (Monday to Fridays from 9am to 5pm) on the Stratford and Docklands campuses of the University of East London.

## **20. Will participants be paid or reimbursed?**

**This is not necessary but payment/reimbursement must be in the form of redeemable vouchers and not cash. Please note that the School cannot fund participant payment?**

YES / NO

**If YES, why is payment/reimbursement necessary and how much will the vouchers be worth?**

## **SECTION 4. Other permissions and ethical clearances**

### **21. Research involving the NHS in England**

**Is HRA approval for research involving the NHS required?** YES / NO

**Please see Page 1 of this application for important information and link**

**Will the research involve NHS employees who will not be directly recruited through the NHS and where data from NHS employees will not be collected on NHS premises?**

YES / NO

**If you work for an NHS Trust and plan to recruit colleagues from the Trust will permission from an appropriate member of staff at the Trust be sought?**

YES / NO

**22. Permission(s) from an external institution/organisation (e.g. a school, charity, workplace, local authority, care home etc.)?**



You need to attach written permission from external institutions/organisations/workplaces if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation.

**Is permission from an external institution/organisation/workplace required? YES / NO**

**If YES please give the name and address of the institution/organisation/workplace:**

COPIES OF PERMISSIONS (LETTER OR EMAIL) MUST BE ATTACHED TO THIS APPLICATION

In some cases you may be required to have formal ethical clearance from the external institution or organisation or workplace too.

**23. Is ethical clearance required from any other ethics committee?**

YES / NO

**If YES please give the name and address of the organisation:**

**Has such ethical clearance been obtained yet?**

YES / NO

**If NO why not?**

Not applicable to this research project.

**If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation confirming its ethical clearance is acceptable.**

Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

## **SECTION 5. Risk Assessment**

If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible.

If there is any unexpected occurrence while you are collecting your data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as

possible.

## **24. Protection of participants:**

Are there any potential hazards to participants or any risk of accident or injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?

*The support organisation or agency that you refer participants to in your debrief letter should be appropriate. That is, is there a more appropriate support organisation than the Samaritans, for example (i.e. anxiety, mental health, young people telephone support help-lines?)*

The interviews may involve the participants recalling experiences which they may find upsetting or distressing as part of how they make sense of their experience of burnout. I will verbally inform participants at the beginning and end of the interviews of their available options for psychological support (e.g., GP, personal therapist, university or employment pastoral services, their DoS, clinical tutor, or clinical placement supervisor) and strongly encourage them to use these. I will also offer options of pausing the interview until they are ready to continue, or to cease the interview and recording, and ask the participant if they wish to withdraw consent. I will verbally reiterate their options for personal support if the interview is paused or ended.

An additional information leaflet (see Appendix) with a list of organisations which offer support for anxiety, stress and depression will be provided to all participants. The leaflet will also signpost participants to resources available to them, such as their GP, personal therapist or personal tutor, will be given to all participants.

Interviews will take place in soundproof rooms to minimise the risk of confidential information being overheard by individuals outside of the room.

## **25. Protection of the researcher:**

Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you and how will you mitigate this? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?

The interviews will be conducted by myself with the participant only. My personal safety will be ensured by informing a colleague, university security, my Director of Studies (DoS) and a family member of my whereabouts including room number, and time, date and duration of the interviews by mobile phone. My mobile phone will be carried with me at all times. I will also aim to conduct most interviews within office hours (Monday to Friday 9am-5pm) at all UEL campuses.

I would like to point here that I am an experienced therapeutic practitioner. For the past 7

years, I have been working therapeutically with vulnerable children and adults and I am currently practising in the NHS as a second-year counselling psychologist in-training, where I offer therapeutic interventions to vulnerable adult clients. Thus, I believe that my training and clinical experience have equipped me well to manage with any distress expressed from my participants. Equally, as a reflective-practitioner I am trained in monitoring the impact that such a distress may have on me. In such an event, I have a strong support network that I can use for further support (e.g., DoS, placement supervisor, and friends and family). Also, as a counselling psychologist trainee I am in personal therapy and I can also use this space for further support if needed.

## **26. Debriefing participants:**

How will participants be de-briefed? Will participants be informed about the true nature of the research if they are not told beforehand? Will contact details of a support organisation be made available to participants via the debrief letter.

Participants will be debriefed by reminding them of the research topic and the purpose of the interview. I will remind them at the beginning and end of the interviews of their available options for support (e.g., GP, personal therapist, university or employment pastoral services, their DoS, clinical tutor, or clinical placement supervisor) in the event of participant distress.

It must also be noted that since my participants will be counselling psychology trainees they will already be in personal therapy (as this is a requirement for training in counselling psychology) and thus this will be an easily accessible source of support for them.

If the participant requests to end the interview due to feeling distressed, I will remind them again of their support options and encourage them to use them.

There is no deception involved; the participants will be aware of the nature of the research prior to the interviews. An information leaflet/debrief letter with details of stress, anxiety and depression support services and sources of personal support will be given to reiterate what I have told them.

**27. Other:** Is there anything else the reviewer of this application needs to know to make a properly informed assessment?

**28. Will your research involve working with children or vulnerable adults?\***

YES / NO

If YES have you obtained and attached a DBS certificate?

YES / NO

**If your research involves young people under 16 years of age and young people of limited competence will parental/guardian consent be obtained.**

YES / NO

**If NO please give reasons.** (Note that parental consent is always required for participants who are 16 years of age and younger)

\* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see:

<https://uelac.sharepoint.com/ResearchInnovationandEnterprise/Pages/Research-involving-children.aspx>

**29 Will you be collecting data overseas?**

YES / NO

This includes collecting data while you are away from the UK on holiday or visiting your country of origin, and distance learning students who will be collecting data in their overseas country of residence.

**If YES in what country or countries (and province if appropriate) will you be collecting data?**

Please click on this link <https://www.gov.uk/foreign-travel-advice> and note in the space below what the UK Government is recommending about travel to that country/province (Please note that you MUST NOT travel to a country/province/area that is deemed to be high risk or where essential travel only is recommended by the UK Government. If you are unsure it is essential that you speak to your supervisor or the UEL Travel Office – [travel@uel.ac.uk](mailto:travel@uel.ac.uk) / (0)20 8223 6801).

## **SECTION 6. Declarations**

### **Declaration by student:**

*I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.*

Student's name: *Angelina Archer*

Student's number: u1418454

Date: 30/4/2018

### **Supervisor's declaration of support is given upon their electronic submission of the application**

*I confirm that, in my opinion, the proposed study constitutes an ethical investigation of the research question. Declaration of supervisory support of an application is confirmed once an application is submitted via the supervisor's UEL email account.*

### **YOU MUST ATTACH THESE ATTACHMENTS:**

#### **1. PARTICIPANT INVITATION LETTER(S)**

See pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This can be adapted for your own use and must be adapted for use with parents/guardians and children if they are to be involved in your study.

Care should be taken when drafting a participant invitation letter. It is important that your participant invitation letter fully informs potential participants about what you are asking them to do and what participation in your study will involve – what data will be collected, how, where? What will happen to the data after the study is over? Will anonymised data be used in write ups of the study, or conferences etc.? Tell participants about how you will protect their anonymity and confidentiality and about their withdrawal rights.

Make sure that what you tell potential participants in this invitation letter matches up with what you have said in the application

## **2. CONSENT FORM(S)**

Use the pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This should be adapted for use with parents/guardians and children.

## **3. PARTICIPANT DEBRIEF SHEET**

This can be one or two paragraphs thanking participants, reminding them what will happen to their data and, if relevant, should include the contact details of a relevant agency or organisation that participants can contact for support if necessary

### **OTHER ATTACHMENTS YOU MAY NEED TO INCLUDE:**

See notes on page 2 about what other attachments you may need to include – Example interview questions? Copies of questionnaires? Visual stimuli? Ethical clearance or permission from another institution or organisation?)

### **SCANNED COPY OF CURRENT DBS CERTIFICATE**

(If one is required. See notes on page 3)

## Appendix B2: Ethics review decision letter\*

*\*Please note that the requested amendments have been made to the ethics application – see highlighted sections in Appendix B1.*

School of Psychology Research Ethics Committee

### NOTICE OF ETHICS REVIEW DECISION

## For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

**REVIEWER:** Martin Willis

**SUPERVISOR:** Stelios Gkouskos

**STUDENT:** Angelina Archer

**Course:** Professional Doctorate in Counselling Psychology

**Title of proposed study:** What is the experience of burnout in counselling psychology trainees?

#### DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation

box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

### DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

*(Please indicate the decision according to one of the 3 options above)*

**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**

#### **Minor amendments required (for reviewer):**

Given the focus of this research, I feel more needs to be done in terms of protection of participants. If it is evident from the interview that any participant has a high level of burnout, you have a responsibility to make strongly encourage them to seek appropriate support. Simply giving them a leaflet is not enough.

#### **Major amendments required (for reviewer):**

#### **Confirmation of making the above minor amendments (for students):**

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*): Angelina Archer

Student number: U1418454

Date: 16/5/2018



(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

**ASSESSMENT OF RISK TO RESEACHER** (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

**Reviewer comments in relation to researcher risk (if any).**

I feel that you need to consider the potential burden of hearing about other people's stress and burnout experiences on you as a researcher and ensure you minimise any potential harm to yourself.

**Reviewer** (Typed name to act as signature): Martin Willis

**Date:** 14/05/18

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**RESEARCHER PLEASE NOTE:**

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

## Appendix B3: Data Management Plan

### UEL Data Management Plan: Full

For review and feedback please send to: [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk)

**If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).**



Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

<b>Administrative Data</b>	
<b>PI/Researcher</b>	Angelina Archer
<b>PI/Researcher ID (e.g. ORCID)</b>	0000-0001-5197-3011
<b>PI/Researcher email</b>	u1418454@uel.ac.uk
<b>Research Title</b>	The experience of burnout in counselling psychology trainees: an interpretative phenomenological analysis.
<b>Project ID</b>	No Ethics Application Number given.
<b>Research Duration</b>	3 years –26 September 2016 to 17 January 2020

<p><b>Research Description</b></p>	<p>Counselling psychology training consists of several demands and requirements which need to be met. However, the nature of the training can create challenges in the trainee, their transition to becoming a counselling psychologist and the significant relationships in their lives. If these difficulties are not acknowledged and addressed, burnout may occur which can affect the trainees' ability to practice ethically, engaging with learning and carrying out research. Poor management of burnout at the trainee stage may be a precursor to burnout as a qualified counselling psychologist.</p> <p>The existing qualitative literature on burnout in applied psychology trainees is limited. The quantitative research available understands burnout through a three-dimensional model of burnout by Maslach (1981): depersonalisation, lack of personal accomplishment and exhaustion. This model has been used to develop several variations of the Maslach Burnout Inventory. Following the development of the MBI, several other inventories have been developed using this three-dimensional template. The three dimensions themselves have also been reviewed and re-named, e.g. work-related burnout, personal burnout and client-related burnout in the Copenhagen Burnout Inventory (CBI) (Kristensen et al, 2005). However, the inventories only measure burnout in qualified healthcare workers, and there is no indication by the inventories how burnout develops.</p> <p>The purpose of this research is to explore how trainees make sense of their individual experience of burnout to gain an understanding how it develops, as they are at risk of burnout from the clinical and academic demands and personal development. The findings of the research will be used to increase the awareness of potential burnout in future counselling psychology trainees. They may help programme directors to create a culture for trainees to seek help, and that as doctoral trainees, it is acceptable to ask for help and support from others without being perceived as weak or incapable of being a counselling psychology trainee.</p>
<p><b>Funder</b></p>	<p>Not applicable</p>
<p><b>Grant Reference Number (Post-award)</b></p>	<p>Not applicable</p>

<b>Date of first version (of DMP)</b>	16/10/2019
<b>Date of last update (of DMP)</b>	01/11/2019
<b>Related Policies</b>	Approval from the School of Psychology Research Ethics Committee at the University of East London was sought before collection of data. The research was carried out according to the Code of Human Research Ethics by the British Psychological Society (BPS, 2014) and Standards of Conduct, Performance and Ethics by the Health and Care Professions Council (HCPC, 2016).
<b>Does this research follow on from previous research? If so, provide details</b>	No
<b>Data Collection</b>	
<b>What data will you collect or create?</b>	Semi-structured interviews of eight participants. The participants are third-year counselling psychology trainees who have experienced some level of burnout from their training.
<b>How will the data be collected or created?</b>	The data will be collected by recording the audio of the interview. The interviews will be conducted with the guidance of an interview schedule. The interviews are then transcribed into transcripts which include non-verbal as well as verbal communication.
<b>Documentation and Metadata</b>	

<p><b>What documentation and metadata will accompany the data?</b></p>	<p>Word documents of the following:</p> <ul style="list-style-type: none"> <li>• The methodology chapter of the thesis, which outlines the methodology and procedure used to analyse the data.</li> <li>• Recruitment poster</li> <li>• Interview schedule</li> <li>• Table and diagram of superordinate and subordinate themes</li> <li>• Blank consent form and demographics form</li> <li>• Information sheet</li> <li>• Debriefing sheet with contacts for sources of support in the event of distressing personal experiences emerging during the interviews</li> <li>• Full transcripts of eight interviews, and excerpts of one transcript to illustrate the analysis process.</li> <li>• Photographs of the analysis process, i.e. arrangement of themes to create subordinate and superordinate themes.</li> </ul>
<p><b>Ethics and Intellectual Property</b></p>	
<p><b>How will you manage any ethical issues?</b></p>	<p>Participants were asked to give informed consent prior to interviewing. An information sheet explaining the purpose of the study, how their personal data will be used, and the duration of the interviews were given. The information sheet also warned participants that recollection of some personal experiences during the interview process may be distressing, and that they could request termination at any stage. They were also informed that any written and audio data would be destroyed once consent is withdrawn before the end of December 2018. After this date, their data would be used in the study. A debriefing sheet was given with contact details of local support services, and advice for participants to consult their personal therapist, personal tutor and the support services from their respective universities.</p>

<p><b>How will you manage copyright and Intellectual Property Rights issues?</b></p>	<p>I will ensure my thesis is available on the UEL Research Repository (<a href="https://repository.uel.ac.uk/">https://repository.uel.ac.uk/</a>) and Google Scholar, so that other academics can reference my research using my name. My ORCID number will also be associated with my thesis and any subsequent publications linked with it.</p>
<p><b>Storage and Backup</b></p>	
<p><b>How will the data be stored and backed up during the research?</b></p>	<p>All personal and identifying data was removed from transcripts and participants were identified using pseudonyms in the study. The interview transcripts are saved on my personal laptop using a password system, and back-up copies are saved in an encrypted folder on UEL’s OneDrive for Business provided for me. I am the only person with access to the laptop. Paper copies will be destroyed. Signed consent forms and notes will be stored in a locked drawer in my home office. Anonymised transcripts will be stored in a locked cupboard in another room in my home. I am the only person with access to the drawer and cupboard. After the viva voce examination, the transcripts will be kept electronically, and paper copies will be destroyed.</p> <p>In written notes during the interview process, the participants were identified using a number system and pseudonyms. These will be scanned and kept in an encrypted, password-protected folder stored on the hard drive my personal laptop. The notes are only for my personal use in order to carry out the IPA analysis. One back-up copy of the scanned written notes for each participant will be saved on UEL’s OneDrive for Business. After the viva voce examination, the electronic copies of the notes on my personal laptop and OneDrive account will be deleted, and the original paper copies of the notes will be destroyed with a cross-cut shredder.</p> <p>The audio recordings will be stored in an encrypted, password-protected folder separate from the interview transcripts and scanned handwritten notes on my personal laptop. Encrypted copies of the audio files will be backed up on my UEL OneDrive for Business account. All audio recordings have been transferred and deleted from my recording device.</p>

<b>How will you manage access and security?</b>	Electronic data will be anonymised and password-protected on a personal laptop which is always kept at home. Written notes and signed consent forms will be kept in a locked drawer. I will be the only person with a key to the drawer.
<b>Data Sharing</b>	
<b>How will you share the data?</b>	The data will be shared through writing up the thesis. The research will also be disseminated by publication in the Counselling Psychology Review by the British Psychological Society, presented as an academic presentation or CPD at practitioner wellbeing conferences, and through non-academic means such as blogs and articles in magazines.
<b>Are any restrictions on data sharing required?</b>	The universities the participants are attending, research topics of participants, any clinical placements or NHS trusts, and names of individuals referred to in interviews were redacted to protect confidentiality.
<b>Selection and Preservation</b>	
<b>Which data are of long-term value and should be retained, shared, and/or preserved?</b>	The interview excerpts used in the thesis, and electronic copies of the full anonymised interview transcripts.
<b>What is the long-term preservation plan for the data?</b>	<p>The audio recordings will be deleted after viva voce examination. The anonymised transcript documents will be reviewed at the end of the research project by my director of studies and viva examiners. Interview transcripts will be submitted to UEL's data repository, and a copy of each anonymised transcript will be stored on a USB memory stick kept primarily in my home office. I intend to publish my doctoral research in relevant journals, non-academic publications and to embark on future research based on the questions raised in my thesis. Data will be retained for 6 years for this purpose and reviewed</p> <p>The consent forms will be kept until my viva voce, which is estimated to take place approximately in April 2020. After this time period, the paper forms will be destroyed with a cross-cut shredder, and electronic versions of the forms will be deleted from my OneDrive account and personal laptop.</p>



<b>Responsibilities and Resources</b>	
<b>Who will be responsible for data management?</b>	Myself (Angelina Archer)
<b>What resources will you require to deliver your plan?</b>	
<b>Review</b>	Advice will be sought from UEL's Library and Learning Services via <a href="mailto:researchdata@uel.ac.uk">researchdata@uel.ac.uk</a> on transferring data to UEL's repository
<b>This DMP has been reviewed by:</b>	Penny Jackson
<b>Date: 01/11/2019</b>	<b>Signature:</b> <i>Penny Jackson</i>

## Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk)

### Administrative Data

#### Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

#### Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

#### Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

## **Ethics and Intellectual Property**

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

## **Storage and Backup**

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?


## **Data Sharing**

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

## **Selection and Preservation**

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository ([data.uel.ac.uk](http://data.uel.ac.uk)) or a subject repository. How long should data be retained?

## Appendix B4: Risk assessment form

 <b>UEL Risk Assessment Form</b>			
Name of Assessor:	ANGELINA ARCHER	Date of Assessment	
Event title:	PARTICIPANT INTERVIEWS FOR PROFESSIONAL DOCTORATE IN COUNSELLING PSYCHOLOGY – "THE EXPERIENCE OF BURNOUT IN COUNSELLING PSYCHOLOGY TRAINEES"	Date, time and location of activity:	
Signed off by Manager (Print Name)			
<p>Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc) If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</p>			
<p>I plan to conduct semi-structured interviews with eight to ten third-year counselling psychology trainees at the Stratford and Docklands campuses of University of East London. Each interview will last between 60-90 minutes, and will be conducted primarily within office hours (Monday to Friday 9am-5pm).</p>			
<p>Overview of FIELD TRIP or EVENT:</p>			
<p>The interviews are to gather qualitative data for my thesis as part of the requirements for the Professional Doctorate in Counselling Psychology.</p>			

### Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2 = Serious (Over 3 days off work)	3-5 = Medium (May require further control measures)

3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6-9 = High (Further control measures essential)
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Which Activities Carry Risk?								
Activity / Task Involved	Describe the potential hazard?	Who is at risk?	Likelihood of risk	Severity of risk	Risk Rating (Likelihood x Severity)	What precautions have been taken to reduce the risk?	State what further action is needed to reduce risk (if any) and state final risk level	Review Date
Asking sensitive questions about experiences of burnout	Recollection of upsetting personal experiences	The participant	2	1	2	Offer to cease the interview at any stage, and the option of withdrawing consent.	Information leaflet with support services, recommend discussion of issues in personal therapy, <a href="#">and a follow-up telephone call 7 days after the interview</a> New risk level = 1	
Conducting interviews in isolation	Safety of the interviewer	Myself	2	1	2	Inform a colleague, university security, my supervisor and a family member of my whereabouts and length of time spent interviewing the participant. My mobile phone will be with me at all times during the interview.	Aim to conduct most interviews within office hours (Monday to Friday 9am-5pm) at Stratford and Docklands UEL campuses New risk level = 1	

Potentially sensitive information being heard outside of the interview rooms	Breach of confidentiality	The participant	2	2	4	Ensure that rooms are suitable for conducting sensitive interviews.	New risk level = 1

A comprehensive guide to risk assessments and health and safety in general can be found in UEL's Health & Safety handbook at <http://www.uel.ac.uk/hrservices/hs/handbook/> and a comprehensive guide to risk assessment is available on the Health & Safety Executive's web site at <http://www.hse.gov.uk/risk/casestudies/index.htm>. An example risk assessment is also included below.

## Appendix B5: Research Integrity Certificate of Achievement

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### CERTIFICATE of ACHIEVEMENT

This is to certify that

**ANGELINA ARCHER**

has completed the course

**Research Integrity Modules**

21 September 2017

End of course quiz - Social and Behavioural Sciences Grade: 75.00 %

University of East London

## Appendix B6: Recruitment poster

### **Participants needed**

#### **Trainee counselling psychologists – have you experienced burnout?**

I am a third-year trainee counselling psychologist at the University of East London. As part of my doctorate research, I would like to speak to trainee counselling psychologists in the final stages of their training to understand their experiences of burnout from managing the demands and difficulties of their training.

Participants need to be in the **final stages of a Professional Doctorate in Counselling Psychology** and have been affected by sustained stress from their training. There is no restriction on age or gender.

*Trainees on the British Psychological Society Independent Route (QCoP) and clinical psychology doctoral programmes are excluded from the study.*

Interviews are **confidential**, and will be conducted at any of the University of East London campuses (Docklands, Stratford or University Square). The duration of the interview will approximately be 60-90 minutes.

**Email: [u1418454@uel.ac.uk](mailto:u1418454@uel.ac.uk)**

I look forward to hearing from you, and please feel free to ask me any questions before taking part.

**Angelina Archer**  
**Counselling Psychologist in Training**  
**University of East London**



## Appendix B7: Recruitment notice in the BPS Division of Counselling Psychology e-newsletter

11/8/2019

DCoP Newsletter - September 2018

### **What is the experience of burnout in counselling psychology trainees? An interpretative phenomenological analysis (IPA)**

*I am conducting an IPA study into how third-year counselling psychologist trainees experience and manage burnout from their training. Burnout has many definitions in the literature, but the chosen definition for this study is "...a form of impaired psychological functioning from exposure to sustained levels of stress".*

*I am looking for counselling psychology doctorate trainees who are at any stage of their third-year or final-year of training in London and South-East England region, i.e. **University of East London, University of Roehampton, Regent's University, City University, London Metropolitan University and University of Surrey.** Independent route counselling psychologist trainees (QCoP) are excluded from the study.*

*Interviews will be conducted at the Stratford campus of the University of East London, and will last approximately 60-90 minutes. The interviews are semi-structured, and will feel like an informal chat.*

*Participation will be anonymous and confidential, and you are free to withdraw at any time.*

*To participate or for further information, please contact me:*

**Angelina Archer, Counselling Psychologist in-Training**

**University of East London**

**Email: [u1418454@uel.ac.uk](mailto:u1418454@uel.ac.uk)**

**Next E-Letter: October 2018**



## Appendix B8: Participant information leaflet



### *The experience of burnout in counselling psychology trainees*

#### **PARTICIPANT INVITATION**

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

#### **Who am I?**

I am a third-year trainee on the Professional Doctorate in Counselling Psychology programme at the University of East London. As part of my studies, I am conducting the research you are being invited to participate in.

#### **What is the research?**

I am conducting research into the personal experiences of third-year Counselling Psychology trainees of how they manage the demands of training. Existing research suggests that counselling psychology training consists of many professional and personal demands, all of which can be sources of stress. Prolonged exposure to such stresses may result in what is commonly known as burnout if they are not managed effectively.

The working definition adopted for this study is an amalgamation of Norcross' (2000) and Mahoney's (1997) descriptions of burnout as a form of impaired psychological functioning from exposure to sustained levels of stress.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society (BPS).

#### **Why have you been asked to participate?**

You have been invited to participate in my research as you are a third-year trainee currently undertaking a Professional Doctorate in Counselling Psychology programme. You have experienced some form of exhaustion from sustained levels of stress as a result of your counselling psychology training, which has affected your overall quality of life professionally, academically and/or personally. I am interested in hearing your individual experience of

burnout in the context of the definition outlined above, and how you make sense of what has (or is) happening to you in relation to your life as a counselling psychology trainee.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are free to decide whether or not to participate, and should not feel coerced.

### **What will your participation involve?**

If you agree to participate you will be asked to describe your experiences of training as a counselling psychologist from your perspective, how you manage your life as a trainee, and how you experience burnout as a result of your counselling psychology training. The interview will last approximately 60-90 minutes.

The interview will be semi-structured; questions will be kept to a minimum to allow you to talk about your subjective experiences of burnout as a counselling psychology trainee. Questions will only be used to guide and clarify your responses. The interview will feel like an informal discussion.

### **Please note that the interviews will be audio recorded for anonymised data analysis.**

I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

New insights generated by this study may provide learning for trainee and qualified counselling psychologists by providing a window into the subjective experiences of burnout related to the training process. It may also illustrate the process of self-awareness in recognising personal obstacles to self-care and building resilience in order to maintain productive learning and development. The study may also have benefits beyond the field for trainees of other applied psychology programmes, such as clinical psychology, as well as trainee mental health practitioners such as mental health nurses and psychological wellbeing practitioners.

### **Your taking part will be safe and confidential.**

Your privacy and safety will be respected at all times.

You will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research.

You are not pressured to answer all questions, and you are free to withdraw participation at any time.

### **What will happen to the information that you provide?**

What I will do with the material you provide will involve transcription of audio-recorded interviews, followed by in-depth analysis of meanings conveyed by the language you use. In addition:

- Your personal information will be kept to a minimum, and stored securely on a device kept on the Stratford campus at the University of East London. Your participation will be completely confidential, and I will be the only person who will have access to your information.
- Your name and contact details will not be linked to the data you provide in the interview. You will be identified by a number system, and pseudonyms (an alternative name) will be used in the write-up of my thesis.
- The anonymised data will be seen by my supervisor, the examiners of my thesis and viva voce, and may be published in academic journals after assessment.
- Following viva examination of this study, all audio recordings of the interviews will be erased. The transcripts of the interviews and contact details will be retained for a six-year period.

### **What if you want to withdraw?**

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. If you withdraw during the interview, your personal data and any recorded material will be erased. If you withdraw after the analysis of the data has begun (December 2018), I will keep the anonymised data already used in the analysis, but I will destroy the rest of your data.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

**Angelina Archer**

**Counselling Psychologist in-Training, University of East London**

**Email: u1418454@uel.ac.uk**

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor:

**Dr Stelios Gkouskos**

**School of Psychology, University of East London, Water Lane, London E15 4LZ**

**Email: s.gkouskos@uel.ac.uk**

**or**

Chair of the School of Psychology Research Ethics Sub-committee:

**Dr Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ**

**Email: m.finn@uel.ac.uk**

## Appendix B9: Participant consent form



**UNIVERSITY OF EAST LONDON**

### **Consent to participate in a research study**

#### ***The experience of burnout in counselling psychology trainees***

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

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

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. If I withdraw my consent during or after the interview and up to the point that data analysis has started (December 2018), all written and audio data relating to me will be destroyed. If I withdraw my consent after data analysis has started (December 2018), I understand that the anonymised data included in the analysis by that point will be included in the study.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

ANGELINA ARCHER.....

Researcher's Signature

Date: .....

## Appendix B10: Participant debrief sheet



### **DEBRIEF AND SUPPORT RESOURCES**

Thank you for taking part in my research as part of my Professional Doctorate in Counselling Psychology, which is about how third-year counselling psychology trainees experience burnout. Your participation is greatly appreciated.

If you have been affected by any part of this interview process, or if you continue to be affected by burnout in relation to your studies, there are a number of stress, anxiety and depression organisations available to support you:

MIND online resources for stress - <https://www.mind.org.uk/information-support/tips-for-everyday-living/stress/#.Wsp7u9TwZ0w>

Anxiety UK self-help resources - <https://www.anxietyuk.org.uk/>

Samaritans resources on managing stress - <https://www.samaritans.org/education/deal/coping-strategies/managing-stress>

Supportline resources on stress - <http://www.supportline.org.uk/problems/stress.php>

NHS Moodzone - <https://www.nhs.uk/conditions/stress-anxiety-depression/>

Depression Alliance - <https://www.depressionalliance.org/>

**As a counselling psychology trainee, you will have a number of specific resources for support available to you. If you are affected by burnout or any aspect of this interview, please contact:**

- Your university psychological support services
- Staff psychological support services if you are in employment
- Your clinical placement supervisor

- Your research Director of Studies (DoS)
- Your personal tutor
- Your General Practitioner (GP)
- Your personal therapist

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

**Angelina Archer**

**Counselling Psychologist in-Training, University of East London**

**Email: [u1418454@uel.ac.uk](mailto:u1418454@uel.ac.uk)**

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor:

**Dr Stelios Gkouskos**

**School of Psychology, University of East London, Water Lane, London E15 4LZ**

**Email: [s.gkouskos@uel.ac.uk](mailto:s.gkouskos@uel.ac.uk)**

**or**

**Chair of the School of Psychology Research Ethics Sub-committee:**

**Dr Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ**

**Email: [m.finn@uel.ac.uk](mailto:m.finn@uel.ac.uk)**

# Appendix B11: Interview schedule

## Research question

*“What is the experience of burnout in counselling psychology trainees?”*

### **PART A -**

#### **Introduction**

- Welcome and explanation of the study
- Confidentiality and opportunity for participant to ask questions
- Information and consent form

### **PART B -**

#### **Questions**

- Can you describe your experience of managing the various demands of training?

*Prompts: Recently? Over the past 3 years? Personal development; clinical work; academic work/deadlines; research.*

- Do you feel that the training has had an impact on your life?

*Prompts: In what way? Family, friends, social life? Self? Training?*

- In relation to the definition of burnout used in this study, have you experienced anything like this due to your training?

- If so, can you describe what experiencing burnout was like for you?

*Prompts: Physically, mentally, emotionally; words/images*

- What aspects of the training do you think are most responsible for your burnout?

*Prompts: Can you say more about that? In what way is that responsible?*

- Can you tell me what has been the impact on you meeting the demands of training while experiencing burnout?



*Prompts: Effects on self; effects on aspects of life; effects on training; getting support; asking for help from academic staff, friends, family, supervisor, personal therapist*

- Can you tell me whether you have learned anything about yourself from experience of burnout?

*Prompts: what have you learnt? Clinical work, personal and professional development, academic work/deadlines, research, career after training*

## Appendix B12: Follow-up email template to participants

Dear [name of participant],

Thank you for taking part in my study. It was a pleasure speaking to you about your experiences, and your participation is very much appreciated.

If there is anything previously unaddressed that emerged during the interview process, please refer to the debrief sheet given to you after the interview for information on sources of support. Please let me know if you would prefer an electronic copy of the debrief sheet, and I will be happy to send you a copy.

If you have any further questions about any aspect of the study, please do not hesitate to contact me.

Good luck with completing your counselling psychology training, and I wish you all the best for the future.

Kind regards,

Angelina

Angelina Archer  
Counselling Psychologist in-Training  
University of East London (University Square Stratford campus)



## Appendix B13: Interview transcript excerpt – Kamala

Emergent themes	Line	Transcript	Commentary Descriptive Linguistic Conceptual
	347	<b>Interviewer:</b> Okay. <u>So</u> um... I'm on to the definition of burnout used	
	348	in, um, my study. Um, as you can see, it's, it's, mentioned in the	
	349	information leaflet, um, that it is the impaired psychological	
	350	functioning, um, as a result of sustained stress in the caring	
	351	professions. Um, what did it feel like for you?	
	352	<b>Kamala:</b> I think I started to experience a bit of brain fog, to be honest	
	353	with you. Erm, it's, I'd forget even little things, like for example, if I,	
	354	um, in the house and, I don't know why... I left my phone, my phone's	
	355	somewhere. I just forget within four seconds later where I've put my	
	356	phone, and I'll be searching the house like a mad woman, um, or	
	357	even like, um, keys or locking the door, things like that. It was as if	
	358	my mind was elsewhere, or if someone's conversing with me, I	
	359	somewhat lose focus and attention and I'll start thinking about	
	360	something else yet again related to... university work, so	
	361	concentration and brain fog, the two things that I think I experienced.	
	362	<b>Interviewer:</b> Okay. And um, in terms of the, um, the brain fog, um,	
	363	did you notice any emotional effects of that or do you notice anything	
	364	physical as when you've, um, for example, if you've forgotten where	
	365	you put your phone, um, did you notice anything physically or	
	366	emotionally when you, like, 'oh like goodness me, I can't believe I did	
	367	that' or...	
	368	<b>Kamala:</b> Yeah. I get really upset, get tearful and think, 'oh my God,	
	369	I'm losing my mind'. Like I, am I just killing my brain cells by being on	
	370	this course. Um, cos then I'd have comments from my parents and	
	371	my grandma were saying, 'how could you forget what you've put	
	372	them?' Like clearly, your, you know, your, your, your brain is tired,	
	373	you need rest. Um, they sort of keep saying that and making me	
	374	realise 'oh my God, like is it because of this course that I'm losing the	
	375	capacity to do normal day tasks like that?' Um, I just think I was	
	376	overwhelmed. Um, and I was <u>tired</u> and I was exhausted,	

## Appendix B14: Initial coding – Kamala

Coding key:                      **Descriptive** =                      Linguistic =                      *Conceptual* = *Italic*  
    **Bold text**                                      Underlined

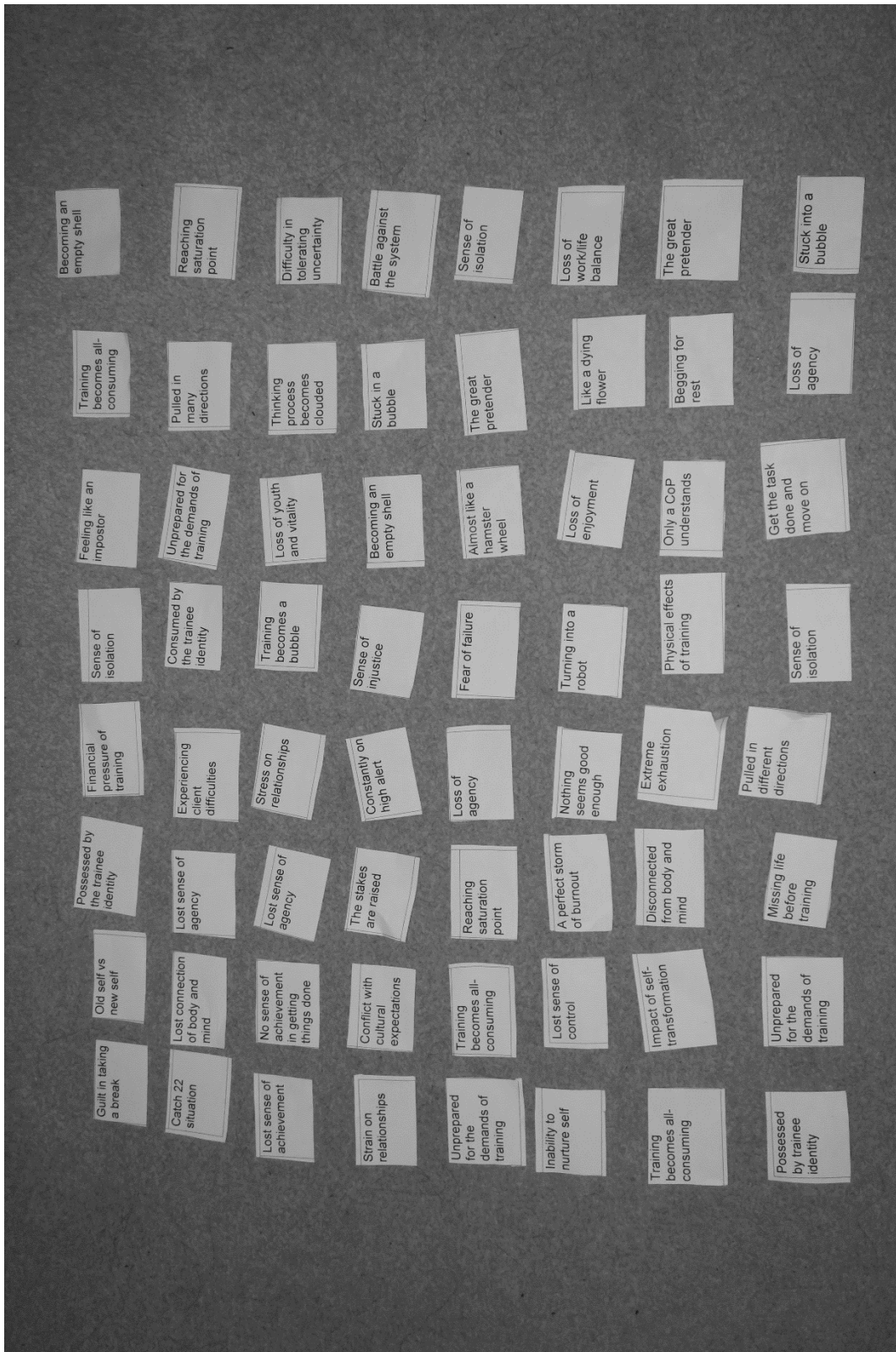
Emergent themes	Line	Transcript	Commentary <u>Descriptive</u> <u>Linguistic</u> <i>Conceptual</i>
	347	<b>Interviewer:</b> Okay. So um... I'm on to the definition of burnout used	
	348	in, um, my study. Um, as you can see, it's, it's, mentioned in the	
	349	information leaflet, um, that it is the impaired psychological	
	350	functioning, um, as a result of sustained stress in the caring	
	351	professions. Um, what did it feel like for you?	
	352	<b>Kamala:</b> I think I started to experience a bit of brain fog, to be honest	
	353	with you. Erm, it's, I'd forget even little things, like for example, if I,	
	354	um, in the house and, I don't know why... I left my phone, my phone's	
	355	somewhere, I just forget within four seconds later where I've put my	
	356	phone, and I'll be searching the house like a mad woman, um, or	
	357	even like, um, keys or locking the door, things like that. It was as if	
	358	my mind was elsewhere, or if someone's conversing with me, I	
	359	somewhat lose focus and attention and I'll start thinking about	
	360	something else yet again related to... university work, so	
	361	concentration and brain fog, the two things that I think I experienced.	
	362	<b>Interviewer:</b> Okay. And um, in terms of the, um, the brain fog, um,	
	363	did you notice any emotional effects of that or do you notice anything	
	364	physical as when you've, um, for example, if you've forgotten where	
	365	you put your phone, um, did you notice anything physically or	
	366	emotionally when you, like, 'oh like goodness me, I can't believe I did	
	367	that' or...	
	368	<b>Kamala:</b> Yeah. I get really upset, get tearful and think, 'oh my God,	
	369	I'm losing my mind'. Like I, am I just killing my brain cells by being on	
	370	this course. Um, cos then I'd have comments from my parents and	
	371	my grandma were saying, 'how could you forget what you've put	
	372	them?' Like clearly, your, you know, your, your, your brain is tired,	
	373	you need rest. Um, they sort of keep saying that and making me	
	374	realise 'oh my God, like is it because of this course that I'm losing the	
	375	capacity to do normal day tasks like that?' Um, I just think I was	
	376	overwhelmed. Um, and I was tired and I was exhausted,	

## Appendix B15: Emergent themes – Kamala

Emergent themes	Line	Transcript	Commentary Descriptive Linguistic Conceptual
Thinking process becomes clouded	347	<b>Interviewer:</b> Okay. So um... I'm on to the definition of burnout used	
	348	in, um, my study. Um, as you can see, it's, it's, mentioned in the	
Becoming an empty shell	349	information leaflet, um, that it is the impaired psychological	
	350	functioning, um, as a result of sustained stress in the caring	
	351	professions. Um, what did it feel like for you?	
	352	<b>Kamala:</b> I think I started to experience a bit of brain fog, to be honest	
	353	with you. Erm, it's, I'd forget even little things, like for example, if I,	
	354	um, in the house and, I don't know why... I left my phone, my phone's	
	355	somewhere, I just forget within four seconds later where I've put my	
	356	phone, and I'll be searching the house like a mad woman, um, or	
	357	even like, um, keys or locking the door, things like that. It was as if	
	358	my mind was elsewhere, or if someone's conversing with me, I	
Possessed by the trainee identity	359	somewhat lose focus and attention and I'll start thinking about	
	360	something else yet again related to... university work, so	
	361	concentration and brain fog, the two things that I think I experienced.	
	362	<b>Interviewer:</b> Okay. And um, in terms of the, um, the brain fog, um,	
	363	did you notice any emotional effects of that or do you notice anything	
	364	physical as when you've, um, for example, if you've forgotten where	
	365	you put your phone, um, did you notice anything physically or	
	366	emotionally when you, like, 'oh like goodness me, I can't believe I did	
	367	that' or...	
	368	<b>Kamala:</b> Yeah. I get really upset, get tearful and think, 'oh my God,	
	369	I'm losing my mind'. Like I, am I just killing my brain cells by being on	
	370	this course. Um, cos then I'd have comments from my parents and	
	371	my grandma were saying, 'how could you forget what you've put	
	372	them?' Like clearly, your, you know, your, your, your brain is tired,	
	373	you need rest. Um, they sort of keep saying that and making me	
	374	realise 'oh my God, like is it because of this course that I'm losing the	
	375	capacity to do normal day tasks like that?' Um, I just think I was	
	376	overwhelmed. Um, and I was tired and I was exhausted,	
	377		



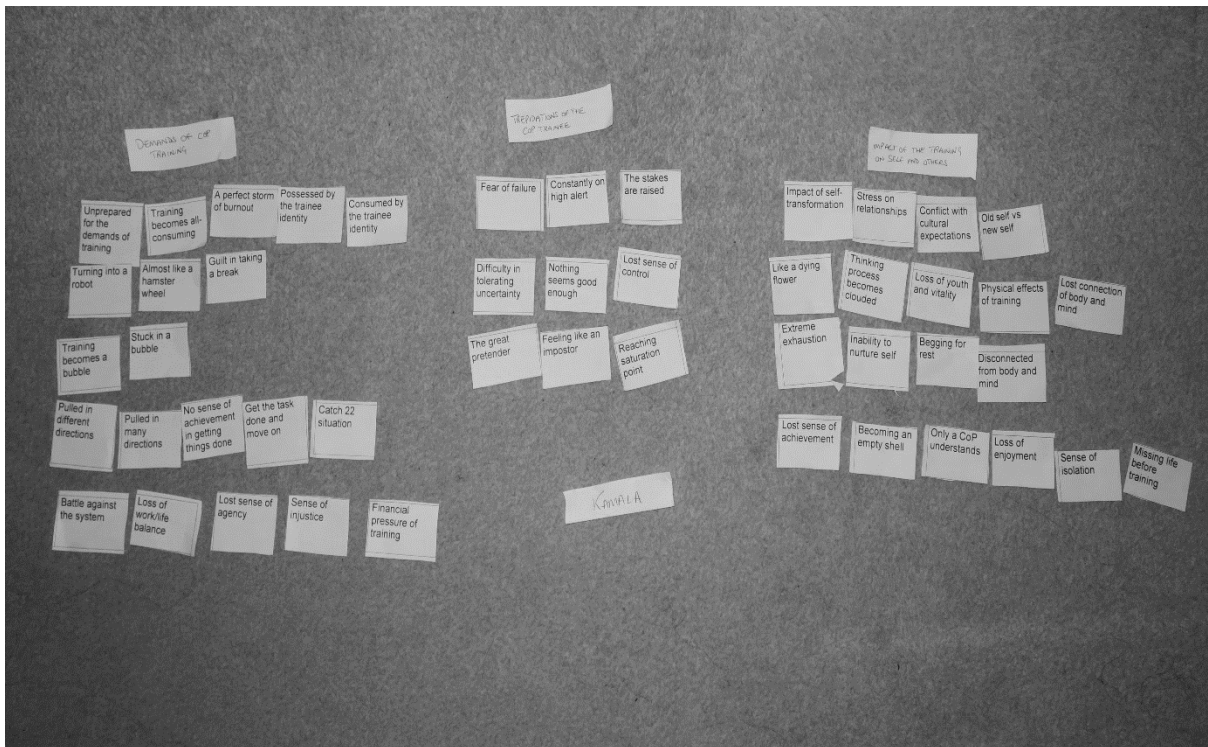
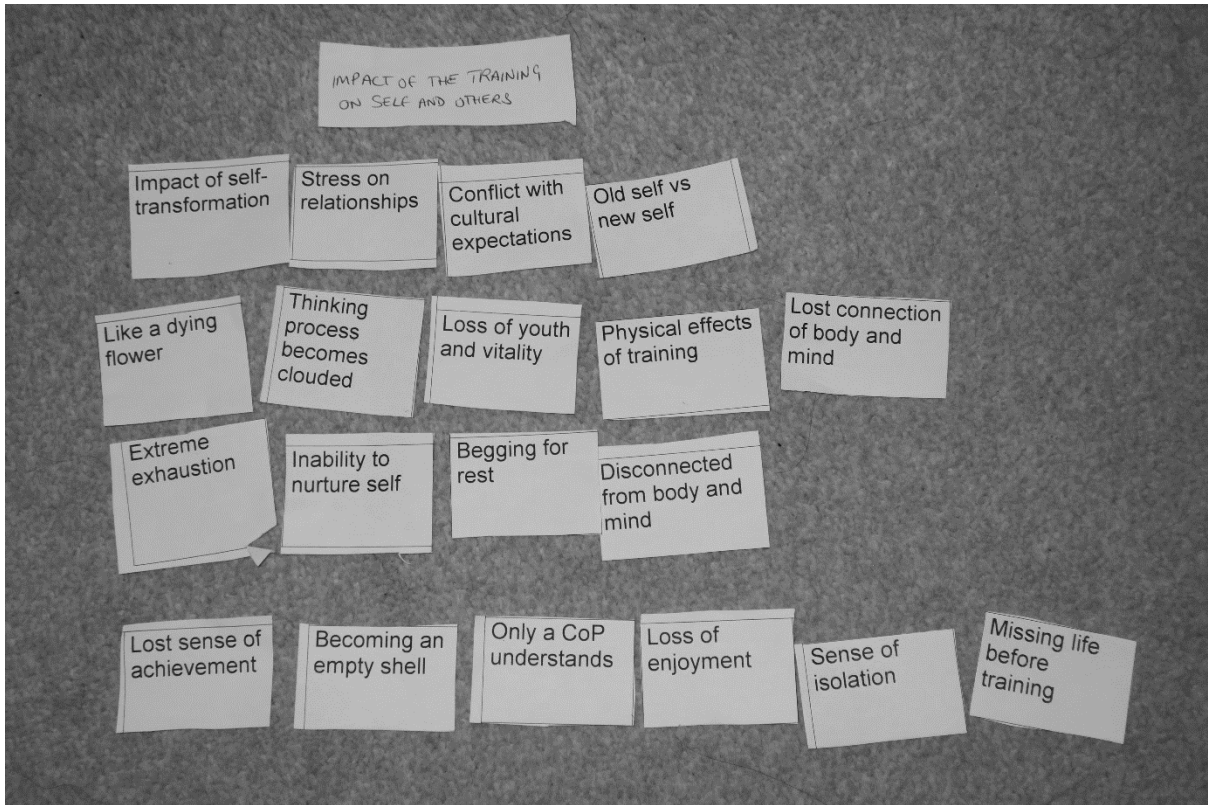
## Appendix B16: Photographs of the analysis process – Kamala



Step 1. Complete set of themes cut into pieces and laid out on the floor



Step 2. Similar themes grouped together into superordinate themes



**Step 3. All superordinate and subordinate themes**



## Appendix B17: Superordinate and subordinate themes – Kamala

**Kamala (pseudonym) – superordinate and subordinate themes**

Superordinate theme 1 – A perfect storm: the demands of CoP training	Quote/Keyword	Line no
Subordinate theme 1.1 – <i>Training becomes all-consuming</i>	Yeah, exactly, like I had no time to even... realise, wow, I'm on this doctorate? Like what am I learning, or what am I enjoying or what, is there something I don't like? I, I didn't have any time to reflect on things like that. Um, because I, I was just trying to keep up with the busy schedule. That is all it was about, and the year just flies by because you have so much going on, there's no space or time for yourself or... to figure out what was going on for you.	69-75
Subordinate theme 1.2 – <i>Pulled in different directions</i>	First year just felt like... I was constantly running out of time, to do anything. Um, keeping on top of everything, was really, really difficult. There were so many times I just felt like giving up, but I carried on going. Um, as soon as one assignment would finish in the first year, another one would be come along. It was almost as if... you, I was doing two years of workload in one.	19-24
Subordinate theme 1.3 – <i>Stuck in a bubble: nothing else exists outside the training</i>	Um, I felt like I was, I somewhat had that identity of just trainee counselling psychologist and I just wasn't... being me. I was just so sucked into that title	107-108
Subordinate theme 1.4 – <i>Battle against the system</i>	the doctorate or this course really needs to start reinforcing that, because if we're seeing clients and like, you know, telling them to put themselves first and, self-care and self-love and self-nurture, yet as trainees we don't get the opportunity to do any of that...so yeah	75-79
Subordinate theme 1.5 – <i>Financial pressure of training</i>	But if I didn't have all the savings and everything in place, this would have been a whole lot more stressful, and you know, and I, it's just... it's not a small amount money, it comes to almost thirty thousand just for the tuition fees and then you have to find your personal therapy and you need to find your <del>ext-</del> your external supervision, and it's like, you don't have enough days to work.	183-188
Superordinate theme 2 – Trepidations of the CoP trainee		
Subordinate theme 2.1 – <i>Fear of failure</i>	yeah, I did feel the pressure. I am the eldest and I knew I had to set an example for my younger siblings. So that didn't help either, because I knew, you know, I, whatever happens is <del>going</del> happen, but I have to pass this	163-165

	It just felt like I can't believe I had done this. There's a chance I could fail this, there's a chance I could get... off this course. You've again <u>spend</u> so much money and time into this, I must work harder.	607-609
Subordinate theme 2.2 – <i>The great pretender</i>	at the start of my third year, I knew, I was experiencing burnout. I was in somewhat denial, um, but other, other parts of my life were showing that it was happening. <u>So</u> for example, I started missing... the first three, four lectures in term one, and that's not like me. I'm normally the student who does her homework the, the day it's set for the most, um, or sits in front of the class is ready to answer and ready to engage... that part sort of died out.	464-470
Subordinate theme 2.3 – <i>Struggle with uncertainty</i>	So, because I don't have much time, I'm not able to thoroughly formulate, as, as, um, sort of deeply I'd like to. <u>So</u> this year's teaching has all been on multi-theoretical formulating where the process is going back and forth and, you know, being open to many, uh, a vast amount of theories. But if I don't have time for that, how am I supposed to do it?	343-347
Superordinate theme 3 – <b>Impact of the training on self and others</b>		
Subordinate theme 3.1 – <i>Impact of self-transformation</i>	It was one way of being me, um, you know, and I was known for it, um, at home, um, and now [ah] I spend most of my time and my pyjamas at home whenever I'm home, and that just goes to show, you know, how much of me was missing during that period, and now I've got the chance to bring her back again.	426-430
Subordinate theme 3.2 – <i>Like a dying flower: externalisation of burnout</i>	Um, definitely that, I mean even like, in my appearance wise, taking care of, you know, how I present myself, always been someone that really enjoys... getting dressed up as, as a, as a female... and I... sort of neglected that, [speaking really fast] I started getting white hairs at my, at my age we're not supposed to be getting those, and it was sort of like... everything was just falling out of place. I was looking like a wreck most of the time. Um, I just felt like I lost... that sense of self during the process.	97-104
	I just felt like... I looked during this course, I became fragile, and I looked...weak, almost like... a dying flower, um, almost, and I think now it's, it's all sort of finishing. I've got time to sort of blossom again, um, and make time for myself.	413-416

<p>Subordinate theme 3.3 – Strain on relationships</p>	<p>I just felt I became a bit of a loner really. I didn't... friends stopped messaging me because they gave up on waiting for me to reply, and waiting for me, finding time to meet up, um... family, everybody became really concerned, you know... I wasn't eating as much as I should be eating, I just didn't have time to... um, and whenever I'd come <u>home</u> I go straight to bed because I was just so mentally and physically exhausted.</p>	<p>125-130</p>
<p>Subordinate theme 3.4 – Rebuilding from the ashes: transformation of self</p>	<p>I've learned that I'm... a tough cookie, and I can, you know, get through something if I put my mind to it. But it's not just about getting through things, it's, it's about... you know, as... mindfulness as someone teaches you, be- being present in the moment and really... you know, making the most of what's going on around you, or having awareness of what's going on around you and think, I didn't get a chance to do that on this course</p>	<p>821-827</p>

## Appendix B18: Themes across all cases

### Themes of all participants

Superordinate theme 1 - A perfect storm: the demands of CoP training							
Amelie	Dana	Deepti	Kamala	Lee	Agnes	Bridget	Caitlin
Training becomes all-consuming	Training becomes all-consuming	Training becomes all-consuming	Training becomes all-consuming	Living in a bubble	Training becomes all-consuming	Training becomes all-consuming	Financial pressure of training
Pulled in different directions	Living in a training bubble	Sucked into a bubble	Pulled in many directions	Training becomes all-consuming	Trapped in the training bubble	Training as a bubble	Being pulled in different directions
Financial pressures of training	Financial pressures of training	Pulled in many directions	Stuck in a bubble: nothing else exists outside the training	Battle with the system	Financial pressures of training	Financial pressure of training	Training as all-consuming
Navigating power dynamics	Negotiating power dynamics	Financial pressures of training	Battle with the system		Juggling too many balls	Reaching saturation point ("The straw that broke the camel's back")	Relentless onslaught of demands
Training as a bubble	Battle with the system	Battle with the system	Financial pressure of training		Battle against the system	Battle with the system	Burnout as a badge of honour

+

<b>Superordinate theme 2 – Treading on shaky foundations</b>							
<b>Amelie</b>	<b>Dana</b>	<b>Deepti</b>	<b>Kamala</b>	<b>Lee</b>	<b>Agnes</b>	<b>Bridget</b>	<b>Caitlin</b>
The great pretender	The great pretender	The great pretender: living up to the expectations of doctoral standards	Fear of failure	Fear of failure	Difficulty in tolerating uncertainty	Fear of failure	The great pretender
Fear of failure	Fear of failure	Fear of failure	The great pretender	Fear of failure	Fear and impact of failure	Coping with uncertainty	Loss of autonomy
Loss of agency	Loss of agency	Learning to tolerate uncertainty	Struggle with uncertainty	Meet the goal and move on	The great pretender	The great pretender	Sense of injustice
				Difficulty with tolerating uncertainty		"I'm not giving my best self"	

□

<b>Superordinate theme 3 - Impact of the training on self and others</b>							
	<b>Dana</b>	<b>Deepti</b>	<b>Kamala</b>	<b>Lee</b>	<b>Agnes</b>	<b>Bridget</b>	<b>Caitlin</b>
Amelie Self becomes second	Good enough is not enough	No-one understands what I am going through	Impact of self-transformation	Externalisation of burnout	Externalisation of burnout	Change in relationships with others	Old self vs new self
Physical effects of burnout	Life in suspended animation	Doubt and hopelessness	Like a dying flower: externalisation of burnout	Old self vs new self	Reaching saturation/boiling point	Externalisation of burnout	Built up and broken down at the same time
Strain on relationships	Externalisation of burnout	Catch 22 situation	Strain on relationships	Imbalance between life, work and growth	Broken down and built back up: transformation of self after burnout	Sense of isolation	Changing relationships
Reaching saturation point	Transformation of self	Externalisation of burnout/ Pushing through a wall	Good enough is not enough			Becoming a new person	Reaching saturation point
	Strain on relationships						Never feeling good enough

## Appendix B19: Sample of master table with interview excerpts

Experience of burnout in third-year counselling psychology trainees – Master theme table

Superordinate theme	Subordinate theme	Participant	Interview excerpts	Line no
A perfect storm: the demands of counselling psychology training	<i>"it takes up everything in your life"</i>	Amelie	There was no time to breathe. No time to relax, no time to think about where I, what I was doing or where I was going.	652-653
		Dana	all this stress has meant that I can't go out when I want to, I can't do certain things, I have to ignore my partner, have to ignore the dog, or... you know, I have to turn things down, <u>because</u> . I've got to get on my work. So it's definitely encroached.	799-803
		Lee	So for me, I think last year, I think... I would say a large majority of the year carrying this... sort of invisible weight that... I just couldn't shake off... I feel that... burnout is... [pauses]... is like the worst... well, not... see, I see burnout as a worst thing than, <u>than</u> stress. [mmm] And I believe that... within the... training course, within any doctorate course, there should be a certain level of stress. I don't believe... that doctorate course should push you to the point where you experience burnout	367-374
		Bridget	I mean I think for me, um, some of the demands were... [sighs]... the, managing my time in terms of sort of the juggling all the different responsibilities I had. So managing the... the placement - I had two different placements in the third year, and travel to them, learning, you know, different modalities, dealing with different supervisors, erm, also juggling that with going to <u>upj</u> one day a week, um, add to that the different essays and assignments, plus the pressure of research, sort of on top of that. I didn't feel like there was any some extra space or room given for that.	8-16
		Kamala	Yeah, exactly, like I had no time to even... realise, wow, I'm on this doctorate? Like what am I learning, or what am I enjoying or what, is there something I don't like? I, I didn't have any time to reflect on things like that. Um, because I, I was just trying to keep up with the busy schedule. That is all it was about, and the year just flies by because you have so much going on, there's no space or time for yourself of... to figure out what was going on for you.	69-75



	Agnes		20-24	<p>All my life has been redacted to is... studying, read, <u>up</u>, placement, and writing up assignments, which... which I kind of expected at beginning of course, I knew it was going to be a demanding course... but perhaps there's something to do with one knowing things ahead, and actually feeling them on the moment</p>
	Deepti		47-53	<p>Overwhelming is definitely the right word is, like I definitely felt overwhelmed. I don't think anyone likes to feel overwhelmed. Everyone can deal with a certain level of stress... and anxiety, but I think the moment when anxiety feels like so much that you can't deal with it, that's when the sense of overwhelming-ness comes in. And...that's what I felt, because I felt that certain things were beyond my control, so of course I definitely felt overwhelmed.</p>
	Caitlin		456-461	<p>The doctorate was all-consuming. It takes up everything in your life. You...are out to dinner with friends and you're thinking about it. Um...you know, <u>you're</u> home for the holidays and you're thinking about it. Umm...you're...away in a foreign country trying to enjoy yourself, and you are, but you think about it. So it takes up every part of your life and you're never fully present in anything.</p>
	Amelie	<i>Trapped in the training bubble</i>	424-428	<p>And they were like, you know, they knew exactly when they had, you know, because they have loads of tests in that school, and they were like <u>yeah</u> they've got that test on the Romans or blah-<del>dy</del> blah, do you know that? I was like gosh, I had no idea they had a test.</p>
	Dana		806-809	<p>Oh, this one's gone on holiday somewhere, this one's gone out and this one's done this, and what have you been doing? Your assignment, you know? [laughs] That's like, <u>uup!</u> So awful and depressing that it's like, you've got no life anymore.</p>
	Bridget		222-228	<p>Also again like outside the doctorate, feeling like, um, you know, making small talk and stuff suddenly felt much more difficult, because I've been I've been so busy like thinking, talking about psychology, and life and pain and distress and phil- existentialism, and all these different things we learn about, that I kind of got really sort of deep and over-analytical and it kind of felt hard to pull myself out that and just have like a normal surface conversation</p>
	Kamala		107-115	<p>Um, I felt like I was, I somewhat had that identity of just trainee counselling psychologist and I just wasn't... being me. I was just so sucked into that title, and... trying to keep that title there, and in, in</p>



			<p>terms of, you know, giving my best at placement, or giving my best at university, making sure my coursework is up to standard that.... I want it to be at, I lost all the things that made... me happy, like spending time with family, or taking care of myself or, doing all those feminine things that we do. Um... I felt, I feel like the course sort of took that away from me. I can't remember my last three birthdays.</p> <p>Umm... I haven't really been able to travel since about 3 years ago, since this course started. I haven't done much. All my life has been redacted to is... studying, read, <u>up</u>, placement, and writing up assignments, which... which I kind of expected at beginning of course, I knew it was going to be a demanding course...</p>	18-22
		Agnes	<p>There's um... so the experience has been that... it's it's it's sometimes overwhelming at different levels, um, of one's life. So, what I mean by that is, um... feeling perhaps overwhelmed, umm, umm... giving, giving, having to give up so many of the social activities that one would perhaps, I used to do before.</p>	11-15
		Deepti	<p>Umm... so... obviously once you get to the third year, your focus more so is... getting this doctorate done, isn't it, so... bearing that in mind, I've kind of... pushed away any other... things that may in any way kind of... affect... that. Umm... and I'm finding that people don't quite understand or get it.</p>	201-204
	<i>Financial pressures of training</i>	Amelie	<p>Yeah, another thing that might impact on um my wellbeing and maybe experiencing burnout is the financial cost of the doctorate [mmm]. That you know the pressure of having no money is just... and before the doctorate I worked for 15 years, and I earned, you know not loads of money but my salary was you know very decent and conditions, my erm, terms and conditions were great, and I felt respected by [name of employer] and, good annual leave and erm, and that you know, doing the doctorate and having no money is just, oh gosh....[gasps]</p>	596-603
		Dana	<p>Um, it's certainly pretty huge financial weight on us where, you know, he's been a sole earner now for four years, which is a, a massive toll.</p> <p>I want to be able to earn some bloody money [chuckles]. I hate... that I'm in debt rather than earning any money, especially at my age.</p>	760-762 451-453

		Bridget	<p>I think there's something about the cumulative effect of it, which it just exhausts you when you when you, by the time you get to the third year, like the money started running out, you know, halfway through the first year, and that's when I realised oh I can't work, I can't have employment as many days as I thought I could, because I couldn't manage it. It was too stressful, so I'm like okay, now I'm going to have to suffer financially, and then after three years of that... yeah, you feel... really quite fed up.</p>	121-128
		Kamala	<p>But if I didn't have all the savings and everything in place, this would have been a whole lot more stressful, and you know, and I, it's just... it's not a small amount money, it comes to almost thirty thousand just for the tuition fees and then you have to find your personal therapy and you need to find your ext<del>r</del>, your external supervision, and it's like, you don't have enough days to work.</p>	193-198
		Agnes	<p>... so myself and my husband having to put... all of our resources, financial resources into my course, um... so there's this now... sense of pressure, not only financially but then, if you like, a sort of guilt but pressure knowing that everything I have is invested in this and making it work, because... of the burden of... everything, you know, is you've invested... all my money is invested in paying for this course, and not just the course itself, but the tuition fees, right, it's... all the other expenses of, around it, which is... significant.</p>	56-64

## Appendix B20: Process of naming and merging themes

Underlined =  
original name

**Bold** =  
renamed/merged theme

*Italic* = instruction to self

Superordinate	Subordinate
<u>Overwhelming/all-consuming</u> <b>A perfect storm: demands of CoP training</b>	<u>Training becomes all-consuming</u> <b>“It takes up everything in your life”</b>
	<u>Lost in a vacuum</u> <b>Sucked into the training bubble</b>
	<b>Financial pressure of training</b>
	<u>Overwhelmed with unrelenting targets</u> <b>Juggling too many balls</b>
	<u>Pulled in different directions</u> <i>(merge with “Training becomes all-consuming”)</i>
	<u>The stakes are raised</u> <i>(merge with “fear of failure”)</i>
	<u>External locus of evaluation</u>
	<u>Battle with the system</u> <b>“Do they try to give you a nervous breakdown?”</b>
<u>Trepidations of the CoP trainee</u> <b>Treading on shaky foundations</b>	<b>The great pretender</b> <i>(merge with “Burnout as a sign of weakness”)</i>
	<u>Learning to tolerate uncertainty</u> <b>Struggle with uncertainty</b>
	<b>Externalisation of burnout</b> <i>(move to “Impact of the training on self and others”)</i>
	<b>Fear of failure</b>
	<u>Reaching saturation point</u> <i>(merge theme with “do they try to give you a nervous breakdown?”)</i>
<b>Impact of the training on self and others</b>	<u>Life in suspended animation</u> <b>Life on hold</b>
	<u>Old self vs new self</u> <b>Transformation of self</b>
	<u>Accepting lower standards</u> <b>Being okay with being good enough</b>
	<u>Lack of trust in self and others</u>
	<u>Losing train of thought</u>
	<u>Disconnected body and mind</u> <i>(merge with “externalisation of burnout”)</i>
	<b>Strain on relationships</b>
	<i>Burnout as a sign of weakness</i> <i>(merge with “the great pretender”)</i>

## Appendix B21: Final table of themes

<b><i>Superordinate themes</i></b>	<b><i>Subordinate themes</i></b>
<b>1 – A perfect storm: the demands of counselling psychology training</b>	1.1 – “It takes up everything in your life”
	1.2 – Juggling the balls and ticking the boxes
	1.3 – Financial pressures of training
	1.4 – The trainee versus the training
<b>2 – Treading on shaky foundations</b>	2.1 – “Nothing has made me feel so inadequate”
	2.2 – Fear of failure
	2.3 – The great pretender
<b>3 – Impact of the training on self and others</b>	3.1 – Life on hold
	3.2 – “Like a dying flower”: externalisation of burnout
	3.3 – No-one understands what I am going through: strain on relationships
	3.4 – Rebuilding from the ashes: learning from burnout

## Appendix B22: Reflective journal entry

18<sup>th</sup> August 2019 –

It has been about 2 weeks since I started writing the analysis chapter, and I feel slightly overwhelmed by the data and the task of writing. Although it is a first draft and I'd like to think my vocabulary is reasonably good (!), I am finding it difficult to structure my analysis in a way which makes sense and repeating myself in trying to stay true to the participants' experiences in my interpretations. I am reading them back and asking myself, "*what are the participants really saying?*" I also notice I am being drawn into feeling validated by my participants' stories, rather than recognising them as their unique experiences. I am worried about overlooking subtle findings in the data by not being critical enough. My chosen excerpts for each theme are also quite long, but if I make them shorter, I seem to lose the context and essence of what the participants are saying.

A very subtle two-way process could be happening, which I probably overlooked due to my anxieties about embarking on the analysis process. My sense of being overwhelmed and anxious might indicate that the participants also feel overwhelmed in their burnout experience. Perhaps they assume that I understand their experience of being a third-year trainee; there were no words which could be used that would convey anything new in a shared experience. They could also be mutually identifying with me based on my topic, which I am aware raises assumptions that I have also experienced some level of burnout. The double hermeneutic process was more subtle than I was expecting at the beginning of this research project, and I now realise why it is important to be reflective and reflexive in interpretative phenomenology.

Maybe there is an element of burnout which language cannot convey. For my interpretations, I may have to give greater consideration of non-verbal communication from notes I made during the interviews. In order to preserve the thought process in how participants communicate their experience, I would also need to keep the longer quotes because I feel it highlights a process of their struggle to pin down a phenomenon which is difficult to verbalise. Although the quotes may be wordy, they are conveying something more complex about pinpointing what burnout means for the participants. I am also reminding myself that I am finding my own voice in relation to interpreting burnout through the lens of my own experiences, which is in continuous development as I write my thesis. Writing will also involve an editing process, which would hopefully give me more choice in what I want to say and how to say it.