

**The experience of transformative learning
from an embodied perspective: an IPA
study with Clinical Psychology trainees**

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**Submitted to the University of Hertfordshire in
partial fulfilment of the requirements of the degree
of Doctor of Clinical Psychology**

August 2021

Word count: 30,424

Acknowledgments

I want to express my gratitude to the participants in this study, for their generosity and openness to share their experiences.

I am grateful to the supervisory team, for your kindness, generosity and patience in returning countless drafts. Pieter, thank you for your commitment, encouragement and support. Glenda, thank you for our conversations, your warmth, and the wonderful reading suggestions.

Lizette, thank you...well, for everything. A special thanks to Jacqui who shared her time and helped me unpack some of the IPA mysteries. Thank you to the course team as a whole for your sacrifice and hard work. You have been instrumental in helping us navigate the storm.

Gratitude to Cohort 18, for being such good company on the journey: we found a way to care for each other and stay connected during this long dark Covid season. Our 6AM check-ins and zoom accountability meetings have meant so much. To Sylvia and Tom, for our precious HAARPSS, and your wise words when needed. To Zheng, for our trips, shared meals, tears and laughter. To Ladan, for your steady support and comforting presence. To Afrah, what a blessing to contemplate that hermeneutic circle with you. To Kirsty who, unbeknownst to her, wrote and illustrated her own Handbook of kindness with every small act of attention and love in the past three years. For our playfulness during this prolonged labour.

To my family for your all-round support, and to Cristina, ce bine ca esti...

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Abstract

Despite development of transformative learning theory entering its fourth decade, little research exists that investigates the occurrence of this phenomenon on professional psychology training programmes. This study focused on the experiences of transformative learning of Clinical Psychology trainees, from an embodied perspective. A qualitative design was employed to explore this topic. Semi-structured interviews were conducted remotely with seven participants from DClInPsy courses across the country. The interviews were analysed using Interpretative Phenomenological Analysis. Three super-ordinate themes were created: *Recognising practices that transform*; *Appreciating different ways of knowing*; *Listening to own voice*. The six sub-ordinate themes captured the prominence of relationships for facilitating growth, how participants shifted their stance towards emotional discomfort, reached a deeper understanding of themselves, and created new meaning through their embodied experience. As a result of their learning, participants deepened their understanding of power and oppression. Strengths and limitations in terms of methodological considerations were discussed. Implications for practice included: the importance of safety in the training environment, implementing transformative learning pedagogical techniques, and curriculum renewal with a focus on race awareness. Suggestions for future research included employing different methodological designs and focusing on trainers and supervisors' experiences and beliefs about facilitating transformative learning.

Chapter 1: Introduction

Overview

This chapter will introduce the research study by offering an overview of the phenomenon of transformative learning (TL), how it has been conceptualised and critiqued over time and the relevance it holds for Clinical Psychology (CP) doctoral training. It will then present a brief argument on the importance of considering an embodied perspective in learning and CP training. Finally, a systematic literature review will also be presented, including the rationale and aims of the research. To set the context, the chapter begins with a consideration of the personal significance of the topic and my epistemological positioning.

Personal significance of the research and epistemological position

Personal significance of the research

My first experience of transformative learning did not take place in an educational setting, but within Glasgow Rape Crisis Centre (GRCC), where I spent five years in various roles, supporting women survivors of sexual violence. Belonging to that space shaped me as a critical thinker in important ways: it introduced me to fundamental ideas, conversations and readings on feminism, trauma-informed therapeutic approaches and limitations of therapeutic models. This coloured my expectations of what education could mean – education as a liberatory practice that equips one to expose and challenge oppression, rather than accommodate to it. By enabling me to recognise different contexts of power and how these shape my life, it directed my decisions about engaging in activism. It helped me recognise my own agency and responsibility for learning. Ultimately, it made me decide to apply for training at UH.

Reflecting on my motivation for wanting to study the transformative aspect of learning during DClinPsy training, I began to wonder about what it is that makes it significant for the learner: is it a matter of being exposed to a certain kind of knowledge? Is it a stance that one embraces - of interrogating assumptions, an openness to confront uncertainty and engage with discomfort? Is it the community that is created - the cohort, the academic environment, the placement experience?

Is it possible that transformative learning does not occur, and how eager am I to see something that perhaps isn't there? Given my experience of significant learning, would I expect to see it mirrored in what participants will share?

Lastly, it feels important to say that my interest in integrating the body preceded the start of the pandemic, when the body became the source of collective anxiety. It stems from a long-term curiosity about what can be revealed when we "return to the body as a means for recovering a sense of wholeness and value" (Halling & Goldfarb, 1991, p. 319). Working at GRCC allowed me to become comfortable with noticing the body and noticing the different contexts when it is being erased. Exploring embodied experience in learning is valuable for it can "provide students with ways of knowing that enable them to know themselves better and live in the world more fully" (hooks, 1994, p. 194).

The context of Covid-19

"The task of critical phenomenology is to bracket the naturalness of the norms and habits through which we perceive the world without presuming to be capable of setting these norms and habits neatly aside" (Guenther, 2018, p. 37)

As I am writing this, it has been over a year of living through a global pandemic and adjusting to a different "way of being in the world": an understanding and interpreting the world that disrupted the familiar and the relational.

As I witnessed and participated in unfamiliar embodied social practices, the taken for granted norms and habits through which we used to perceive the world lost some of their

previous invisibility. Almost overnight, the body became the source of threat: countries have closed borders to non-nationals, international travel has stopped, and governments introduced regulations that limit the body in public spheres and restrict access to private spaces. In reorganising fundamental social structures, Covid-19 created new meanings for confinement, isolation, as well as new categories of safety and risk, inside and outside (the bubble).

My own experience of training was majorly impacted: the crisis arrived at a point that coincided with the half-way milestone in completing the programme. The *before* meant a community of learning that enjoyed physical presence and togetherness; the *after* meant Zoom lectures and remote working, the struggle of isolation and a continuous commitment to remaining *in touch* and sustaining each other. Conducting research during Covid-19 bears the marks of this change in the orienting framework, of how the embodied habits of research, the rituals of connection and dialogue with participants, peers and supervisors had to be transformed.

Epistemological position

“The quality of light by which we scrutinise our lives has direct bearing upon the product which we live.” (Lorde, 2007, p. 36)

Audre Lorde’s words, from her essay “Poetry is not a luxury” (2007) articulate in an eloquent way the practice of enquiry into the taken-for-granted experience of the world. This critical scrutiny represents a central tenet of phenomenology (Salamon, Weiss & Murphy, 2019). Phenomenology is a method of enquiry that focuses on the subjective experience of participants, their involvement in the world and their meaning-making of this (Creswell & Poth, 2016). Engaging with the commitment to offer a phenomenological account of the experience of CP trainees, I adopted a similar critical or “questioning” stance.

Having as starting point Merleau Ponty’s phenomenological epistemology with its focus on the primacy of perception (Pietersma, 2000), I am drawn to consider the lived experience of participants in order to understand how meaning, or the essence of an

experience, is created from embodied perception. Therefore, this study explores the TL experience from an embodied perspective.

Critical phenomenology is an invitation to notice the embodied experience embedded in a social structure (Guenther, 2019; Salamon, 2018). It represents a stance of “opening or reopening other possibilities for embodied perception, ethical responsibility, and political solidarity” (Guenther, 2019). In considering this study from a critical phenomenological position, I attempted to draw attention to the ways in which power operates and shapes participants’ experience.

My interest in this research topic grew from the seeds of Bradford Keeney’s work (1990; 2010), and his drive for creative exploration; it was then crucially influenced by conversations, events and relationships on training. My embodied location as a white, able-bodied woman, unclear of where I fit in the British class system, further shaped my interest for this topic. Emigrating from Romania ten years ago, I became a member of the homogenized Eastern European demographic. Moving between spaces, geographical but also institutional, the topic of belonging to a community or living at the threshold became very important. The transformative experience that was accessible to me during my first year of training was inextricably linked to my embodied identity.

A phenomenological approach to research also acknowledges that research is influenced by the researcher’s subjectivity (Willig, 2007) and “the recognition that one cannot be truly neutral” (Larkin & Thompson, 2012, p.104). A commitment to self-reflection on the part of the researcher is important in order to engage with participants’ experience hence in the process of this research I was mindful of this responsibility. The following chapters are punctuated by extracts illustrating personal reflections and considerations of how I sought to contain my own assumptions about the research.

Transformative learning

This section will present a brief overview of TL, how it was initially conceptualised and how it has changed over time. A concise critique of the theory will be presented, as well as a useful way of conceptualising TL for the purposes of our study.

Mezirow's conceptualisation

Mezirow (1991), a theorist who belongs to the discipline of adult learning, offered the theoretical foundations for TL: “a deep, structural shift in basic premises of thought, feelings, and actions”.

The early influences on Mezirow's thinking have been amply discussed (Calleja, 2014; Kitchenham, 2008), particularly the works of Kuhn, Freire and Habermas. The influence of Kuhn's (1962) paradigm on Mezirow's thinking can be easily traced, because TL “involves a frame of reference that comprises habits of mind and meaning perspectives, which lead to a perspective transformation” (Kitchenham, 2008, p. 107). Freire's work (1970) on *conscientização* with his focus on supporting students to develop critical awareness in order to take social action has also shaped Mezirow's thinking about TL, through the concepts of disorienting dilemma and critical reflection. Finally, Habermas (1971) work on domains of learning: technical, practical and emancipatory had a direct influence on Mezirow's concept of perspective transformation. Thus, he defined it as “the emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships” (1981, p. 6).

To synthesise, the following main concepts from Mezirow's theory are useful in describing TL: disorienting dilemma; perspective transformation; critical reflection and critical self-reflection. The disorienting dilemma that the learner experiences leads to them engaging in self-reflection and ultimately to perspective transformation (Calleja, 2014).

The role of experience and prior learning is highlighted in Mezirow's early conceptualisation: in order for perspective transformation to occur, experience is central because this will allow the learner to build a new interpretation and create new meaning. Mezirow's initial focus was on what kind of profound learning is required at the individual level, in order to affect broader social change; however he was later criticised for the individual focus, the fact that the theory placed a lot of emphasis on the cognitive and epistemic transformation of the individual (Kroth & Cranton, 2014).

Development of the conceptualisation of TL

Since its inception (1978), TL has been periodically revised and refined by Mezirow (2000; 2009), as well as by contributors from various disciplines (Taylor & Snyder, 2012). Gradually, the literature on TL expanded far beyond Mezirow's conceptualisation (Cranton & Kasl, 2012). Subsequent clarifications and critiques of Mezirow's theory (Taylor & Cranton, 2012) have added the importance of student-teacher relationships for creating new meaning and authentic learning.

Critique of TL

One criticism of TL points out the wide range of transformative learning outcomes, the concern that it lacks coherence because, as the theory developed, it began to lack clear parameters for change: "If transformative learning is used to refer to everything, then it means nothing." (Hoggan, 2016a).

For instance, focusing mainly on Mezirow's conceptualisation, Newman (2012) shares some "mutinous thoughts": "perhaps there is no such thing as transformative learning; perhaps there is just good learning" (p. 37). Newman critiques TL on several counts: he rejects the claims of TL that "it is different in kind rather than degree" (p. 40). He also asserts that TL literature fails to see the difference between identity (persona) and consciousness

(“experience of existence”, p. 42); and states that TL conceptualises learning as a finite experience. Newman’s main argument can be captured: “Some of the learners experienced significant change, but there is nothing exceptional about that” (p. 38).

Despite his disbelief that there is such an experience as TL, and his attempt to dismantle the notion, ironically he offers what can be regarded as his own definition of TL: “learning as an engagement with our consciousness. Learning is subsumed into the learner’s continuous experience of being. There is a flow to life, and the learning becomes part of that flow” (p. 43).

Current understandings of TL

In recent years, attempts to move toward a unified theory of TL (Kroth & Cranton, 2014) have been expressed, one that include the cognitive and rational, as well as the role of processes such as emotions and imagination (Dirkx, Mezirow & Cranton, 2006), and the emphasis on social change.

TL has been conceptualised as a meta-theory in order to best illustrate the multi-faceted aspects of this phenomenon. Thus, Hoggan (2016a) defined TL as referring to: “processes that result in significant and irreversible changes in the way a person experiences, conceptualizes, and interacts with the world.” (p. 71). To counter the criticism levelled at TL, Hoggan suggested three criteria for an experience to qualify as TL: depth, breadth and relative stability.

The argument for depth states that a change has to be impactful on the learner, and that a minor change in any learning outcome would not qualify as transformative. Related to this, Kroth and Cranton (2014) spoke of the learner being changed “in noticeable ways” (p. 3). Breadth requires that learning and change permeate different contexts of a person’s life, and if change is restricted to only one context, that would not make it transformative. Finally,

relative stability can be best understood when in opposition to temporary change – old habits may resurface, yet the change is irreversible.

Processes, outcomes and contexts in TL

The different critiques and subsequent developments of TL have had a useful effect of highlighting the need for a distinction between processes, outcomes and contexts in TL (Cranton & Kasl, 2012). Contexts where TL can occur are diverse, and can include a graduate doctoral programme, such as the CP training and its different components (placement experience, research journey, and academic/teaching components). Different relationships (e.g. trainer / trainee; researcher / supervisor; client / therapist) can also constitute contexts for TL (Belenky & Stanton, 2000). Outcomes refer to development in skills, abilities and confidence, or shifts in habits of mind that take place through critical self-reflection or experiencing a different culture (processes).

Watkins (2019) argues that TL is a useful framework for describing the processes that a “budding therapist” undergoes in shifting from “becoming” to “being” a therapist (p. 2), because “it is most fundamentally about learning that engages the learner’s very person and personhood” (p. 3). Watkins claims that the trainee’s “exposure” to being engaged in therapeutic practice is akin to the experiential learning process (Kolb, 2015): the therapist learns by doing. This repeated exposure then disrupts the trainee identity and sets the stage for the development of the therapist identity. For Watkins, the link between the two (exposure and disruption) resides in critical reflection and self-reflection. Although he acknowledges the affective component (reflection as “an emotionally charged process”, p. 15), Watkins appears to credit reflection for the “metamorphosis” of the novice therapist. Yet, “affect is a whole body event, not merely in the mind” (Shaw, 2004, p 47).

Adhering to Hoggan’s (2016) conceptualisation of TL, Watkins (2019) states that “change involves the [novice] therapist adopting a new way of knowing” (p. 10), and he

qualifies this as “knowledge expansion, pattern recognition, and analytical examination” (p.11). However, Hoggan (2016b) referred to much more than this: he speaks of “extra rational ways of knowing, that are not strictly driven by logical thinking processes” (p. 73), such as embodied way of knowing.

Watkin’s hesitation to name this is not uncommon in academia, or in the field of psychotherapy. In fact, a “disparaging attitude towards the body” has been observed to be the status quo (Halling & Goldfarb, 1991, p. 315). In their fascinating study titled “Grounding truth in the body: therapy and research renewed”, Halling and Goldfarb make a compelling case for “how the body is an "instrument" for knowing” because “it is through our embodied search for understanding that we come to know truth” (p. 315).

Connected to this, Shotter (1993) spoke about a “knowing of the third kind”, or a “knowing from within” a situation. He explained that “it is not theoretical knowledge [...] for it is knowledge in-practice, nor is it merely knowledge of a craft or skill ('knowing how'), for it is joint knowledge, knowledge-held-in-common with others.” (p. 19). This “third kind of knowledge” that he referred to, a knowing “from within an unfolding involvement” (Shotter, 2014, p. 99) is the “knowledge we feel in the body” (Andersen, 2012, p. 39).

Thus, Shotter (2005) distinguished between *aboutness (monologic)-thinking* and *witness (dialogic)-thinking*. The former, he explained is “a certain style of ‘rational’ thought, a style modelled on thinking in the physical sciences, aimed at discovering a supposed ‘reality’ hidden behind appearances” (2005, p. 141), whereas when engaging in the latter “we are spontaneously ‘moved’, bodily, toward specific possibilities for action” (2005, p. 146). Shotter concluded that “it is only from within our involvements with other living things that this kind of meaningful, responsive understanding becomes available to us” (2005, p. 140).

A note on the liminal in TL

From a phenomenological point of view, it makes sense to focus on the processes of TL, the lived experience of the learner. Mälkki & Green (2014) use the metaphor of “navigational aids” to discuss the processes of TL and some “signposts” for the journey, both for the learners and the educators. They make a useful contribution to the theory by shifting their focus from the “diagnosis” stance (did TL occur or not?) to the “threshold to transformation” (p. 6), the “in-between zone of liminality” (p. 18) where the learner may find themselves, sometimes for a prolonged period.

Paying attention to the process can increase our understanding of TL: the transitional phase is a “precarious” one (Berger, 2004), because renouncing the solid ground of the taken-for-granted assumptions and entering a different space can be troubling. The “liminal zones between our knowing and not knowing” (Berger, 2004, p. 338) are the ones that hold the potential for TL, and they allow us to notice the emotional aspects and impact of the learning. For the purpose of this research, we will adhere to Hoggan’s (2016a) conceptualisation of TL, which allows us to draw on different aspects (rational and extra-rational; individual, relational, and social). This conceptualisation also enables us to consider that learners can engage in different ways in their learning.

Embodiment in research, learning and clinical training

“There is more wisdom in your body than in your deepest philosophy”

(Nietzsche)

This section represents an attempt to orient the reader on the topic of embodiment. It will firstly consider the topic of embodiment in research and it will then offer some brief reflections on embodiment in learning and in clinical training.

Embodiment in research

One particular aspect that “has always been implicit in all forms of analysis and representation” (Ellingson, 2017, p. 7), yet typically absent (Shaw, 2004) in traditional research is the role of the body and a focus on embodiment. Despite the assertion that “the body is the vehicle of being in the world” (Merleau-Ponty, 1945/1962, pp. 82) and the fact that “at one level the role of the body in learning is obvious: one needs a body in order to experience the world” (Barnacle, 2009, p. 22), “enfleshed knowledge” (Ellingson, 2017) has not been the focus of attention in research, and particularly TL research.

Except for feminist scholars (Barnacle, 2009), embodiment in research is a virtually unexplored area, with few researchers dedicated to this topic. The idea that “embodiment is not considered epistemologically important” (Barnacle, 2009) stems from a long tradition of a hierarchical relationship between mind and body, yet as Spry (2001) asserts: “when the body is erased in the process(ing) of scholarship, knowledge situated within the body is unavailable” (p. 724).

Feminist research and theory brought to the fore the idea that focusing on the body is not “a simple inversion of the hierarchy to privilege the body over the mind” (Ellingson, 2017, p. 16), but an endeavour that “complicates rather than erases” the body-mind relationship (Barnacle, 2009, p. 28).

The matter of how to actually capture the contribution of embodiment in learning and research requires that we clarify how embodiment is conceptualised. Bownas and Fredman (2017) explained that embodiment does not refer solely to the “biologically-determined individual, skin-bounded self” (p. 5), but encompasses a relational aspect, with the world and others. We are embedded in specific social contexts, which in turn shape our bodies. Bownas and Fredman (2017) support a definition of embodiment that “encompasses what we feel in our bodies, [...] what we do with our bodies [...], and what our bodies show of our identities”

(p. 6). Ellingson's (2017) statement is also useful here: "we do not experience our bodies in isolation but in relationship to others" (p. 13).

Embodiment in learning

Stolz (2015) reflected on the role of embodiment in learning, and argued for an educational approach where embodiment is recognised as meaningful, stating that by ignoring the role of the body, educational theorists have "failed to provide an account of learning that can explain how humans come to understand" (p. 484). For Stolz, engaging in embodied learning "involves coming to know ourselves and the world around us better neither as an abstract object nor as an instrument, but as a 'lived body' subject that senses and does the sensing in a meaningful way" (2015, p. 483). Drawing on Merleau-Ponty's phenomenology, Stolz asserted the value of embodied learning in education by highlighting how direct experience is accessible to us before we are able to engage in abstract and intellectual understanding.

Writing about the "communicative, relational and interactive aspects of embodiment", O'Loughlin (1998, p. 281) drew attention to the "school curriculum [which] renders the body problematic for both students and teachers" (p. 292). She asserted the need to reshape the curriculum to enable the emotional involvement necessary for learning, a learning that considers the intersubjective and social dimensions. This would facilitate a knowing that is not "a set of abstractions stripped bare of all that is experiential and sensuous" (p. 292).

Advocating for educational aims that consider embodiment in learning, Thorburn and Stolz (2020) argued that embodied learning can "capture the complexities between the intersubjective and intercorporeal nature of our experiences and the social and cultural contexts within which we live" (p. 98). As noted above, this awareness of the social and relational is essential when considering the issue of embodiment, when the body is regarded as "agent" through which meaning is expressed.

Before we explore how the body is considered in clinical training, it's worth stating that medicine and the health professions are equally drawn to using the Cartesian model of embodiment, where: "the human mind is viewed as an island of awareness afloat in a vast sea of insensate matter" (Leder, 1990, p. 8). Reflecting on education in the health professions, Kelly et al. (2019) attempted to build an argument for body pedagogics stating that "learning is not solely a cognitive process", and that the body is a "site of knowledge production" (p. 973). They suggested that medical education "often spends more time promoting a sense of disembodiment than one of embodiment" (p. 973), and that integrating embodied competencies could support the learners in acquiring necessary skills and also to protect them from burnout.

Embodiment in the context of clinical training

The dominant focus on cognitive/rational learning (Stuckey, Taylor, & Cranton, 2013) processes in higher education contexts have meant that learning is understood as a quantifiable process, in terms of accumulating skills and competencies that can be ticked off a list. Knowledge, self-awareness and clinical skills have been identified broadly as competences which clinical training programmes attend to, with a larger emphasis on theoretical knowledge, and "self-awareness coming sometime after lunch" (Ladany, 2007, p. 392).

Embedded within the CP standards for training, alongside the scientist-practitioner model, is the emphasis for trainees to hold competencies pertaining to the reflective-practitioner model. This led to reflective practice becoming more prominent in the training of psychological therapists (Stedmon & Dallos, 2009). Similarly to Mezirow, Schön (1983) considers reflection as the main determinant of transformation and learning. Schön (1983), who made a valuable contribution to our understanding of reflective practice, distinguishes between two categories of reflection: reflection-in-action (which refers to drawing on our

knowledge and values while in the process of providing therapy), and reflection on action (that is, reflection after the event which can increase the effectiveness of reflection-in-action).

Jordi (2011) writes elegantly about the value and potential of reflective practice to act as an integrative tool of cognitive and embodied knowledge and argues against the cognitive bias in reflective practice. His argument is that “a process of mind-body integration [...] is the calling of reflective practice”. Jordi (2011) focuses on experiential learning, with its “*internal rhythms* of each individual and collective” and the relational aspect of learning that invites “dialogue and listening” (p. 194).

Duhl (1986) wrote about integrating the experiential and cognitive dimensions in family therapy training. In her practice, she made use of objects, metaphors and practices that required “to use myself physically” (p. 83) – for example, sculpting, to illustrate how “relationships have energy and tension in them, which I find that words do not convey very well” (1987, p. 82). Duhl argued that it is important to consider trainees’ different learning styles and design experiential exercises to support the “use of self” by trainees. One such technique that she developed was the use of action metaphors to enable trainees to become more in touch with their own experiences and others, and enhance their learning.

Gendlin (2003), a psychotherapist and philosopher, developed the focusing method, drawing on the work of Husserl, Heidegger, and Merleau-Ponty. Focusing is a method of paying attention to the experience at the body level. This enables a *felt sense* of subtle sensations and feelings to emerge, a “connecting with oneself in a deep and receptive manner” (Halling & Goldfarb, 1991, p.321). Afuape (2017) illustrated how observing body awareness (the felt sense) can be employed in the supervision of therapists, by allowing practitioners “to extend or develop our bodily repertoire in practice, and to experiment with different ways of using and being in our bodies.” (p. 99).

Also inspired by Merleau-Ponty's work (1945) and the phenomenological philosophical movement, Shaw (2004) researched the bodily experiences of therapists during the therapeutic encounter. Reflecting on the "ambiguous nature of the body in the therapy world" (p. 2), and on how "the body has come to occupy such a peculiar space within psychotherapy" (p. 8), Shaw (2004) launches the invitation to becoming more "bodily literate" (p. 1). He argues that the embodied experience of the therapist is a significant aspect of the therapeutic process, and warns against the "safe practice" of it being placed "back into the client...as merely aspects of countertransference" (p. 27). Shaw's (2004) claim that "the [therapist's] body remains absent or removed" (p. 3) in psychotherapy is still valid and, in my view, the same can be said about the experience of CP trainees on training.

Gennaro et al. (2019) make the argument for focusing on embodiment in CP training by suggesting a physiologically-informed approach. They propose the use of physiological measures to support students develop their professional practice. Gennaro et al. (2019) suggest methods to increase trainees physiological awareness, such as biofeedback sessions for students; using clinical vignettes combined with physiological response measurements (for example, heart rate) to increase students' bodily awareness and improve their clinical judgment; finally, they support the use of role plays and clinical simulations paired with measurements of physiological activity. Although potentially useful, their vision of embodiment is, in our view, narrow and incomplete: when adhering to a definition of intersubjectivity as "a sensorimotor, proprioceptive apprehension of others" (p. 335), they appear to amplify the Cartesian dualism.

By contrast, Macaskie et al. (2013) described a transformational education approach for psychotherapy and counselling training that places the intersubjective nature of therapeutic relationship, or student-tutor at the core of their practice. In their model, they encourage trainees to attend to their embodied experiencing (physical sensations during

teaching or therapy sessions) and to the evolving dynamic in relationships. They explain that “embodied experiencing is understood as relational” (p. 356), and support the employment of experiential training approaches. They discuss practices that can increase trainee’s self-awareness (engaging in personal therapy, personal development groups) and, alongside this they consider the transformational potential of the student-tutor and student-student relationships.

Systematic Literature Review

Overview

In this section, a systematic review of literature pertinent to this doctoral thesis will be presented. The review was initially conducted with the aim to answer the question of what the literature can tell us about the experiences of TL for CP trainees, and how embodiment is explored in the context of TL. However, the focus was broadened to gain an insight into the experience on clinical training courses, including counselling and health professionals (nursing and medicine) postgraduate students. The rationale for this will be provided below.

The search strategy will be described, together with an overview and synthesis of the selected papers with the view to illuminate how the extant research can inform our thinking. This will be followed by a critical evaluation of the articles, their limitations, and a brief discussion of the potential implications of the current systematic review.

Finally, the chapter will conclude with the rationale and aims for the current doctoral study, and the specific research questions to be explored.

In conducting this systematic literature review, two questions were considered:

1) What does the existing research tell us about how students on clinical training courses make sense of and experience transformative learning?

2) What does the existing research tell us about embodiment and the process of transformative learning?

Search strategy

The process of reviewing existing literature proved extremely useful in that it elucidated the relatively limited research focused on CP training in the UK (Lyons, Mason, Nutt, & Keville, 2019; Nel, 2013; Nel, Pezolesi, & Stott, 2012), even more so in relation to experiences of transformative learning. The search was initially conducted during July to August 2020 and updated during December to March 2021.

The following electronic databases were employed: Scopus, APA PsycArticles, Ebscohost and PubMed, with a date restriction to publications from January 2000 onwards. The rationale for the date restriction was to offer access to a comprehensive material, while ensuring that the search was current and following the development of transformative learning theory (Calleja, 2014). The search criteria included publications in English, French, Spanish and Portuguese.

The search terms initially considered were: “clinical psychology”, “clinical psychology trainee”, “clinical psychol*”, “psychol* train*”, “clinical psychology train*”, “counselling psychol*”, “counselling”, “psychology stud*”, “embodiment”, “somat*”, “transformative learning”. The search terms were discussed with and reviewed by the research team, with the aim to ensure that the terminology would produce comprehensive and relevant results. Thus, the following additional search terms were introduced: “experience of training”, “reflexivity”, “reflection on learning”, “learning process”, “critical reflection”. Search terms were used together with Boolean expressions (e.g.: “OR”, “AND”).

The inclusion and exclusion criteria were also discussed with the supervisory team, which led to them being reviewed. At the outset, the intention was to hone in on the experience of TL for CP or counselling trainees. However, due to the dearth of peer-reviewed

studies involving CP trainees on this topic, the perspectives from different categories of professionals in training are particularly valuable to the researcher, and they can illuminate how TL is facilitated in other therapeutic contexts. Therefore, the decision was made to broaden the search to include students in postgraduate clinical educational settings such as medical, nursing and allied health disciplines who also have the experience of working with clients as part of their learning.

The search for relevant papers was not limited to UK only and because different countries have different educational systems, the decision was made to select studies that were concerned with the experience of students at postgraduate level. The focus on programmes at postgraduate level would allow the researcher to make comparisons and draw conclusions across various settings in different countries, due to the level of complexity that is encompassed at this stage of education. Postgraduate education referred to programmes at post-licensing level, including graduate medical education. Undergraduate programmes were defined as courses at pre-licencing level. Appendix A contains the inclusion and exclusion criteria for the systematic review papers.

The search consisted of a combination of all the terms mentioned above, and this yielded 1,207 articles. Results were reviewed and 1,199 papers were excluded if they were duplicates, conceptual articles, editorial pieces, reviews, concerned with a different topic (e.g., undergraduate students; theoretical courses; higher education broadly; studies that offered an insight into the experience of embodiment in sports, dance, or other fields), or in a foreign language were not included in the search criteria. To be included in the review, publications had to explore the experience of TL for students enrolled in clinical training courses, either clinical psychology, counselling, nursing, medical or allied health disciplines.

Figure 1 captures the process for selecting the relevant papers. Following the initial search which yielded 1,207 articles, 155 articles were identified as duplicate across the four

databases. The remaining 1,052 papers were screened by title, which led to a further 592 being excluded. Abstracts of 460 articles were selected for review. Only research studies with a stated aim to investigate the learning process while on training, studies that focused on what facilitates growth, deeper understanding and changes in students' attitudes were selected. After excluding a further 432 papers which did not meet these criteria, the remaining 28 articles were read in full. Of the 28 papers, eight were deemed appropriate and pertinent for the current systematic review.

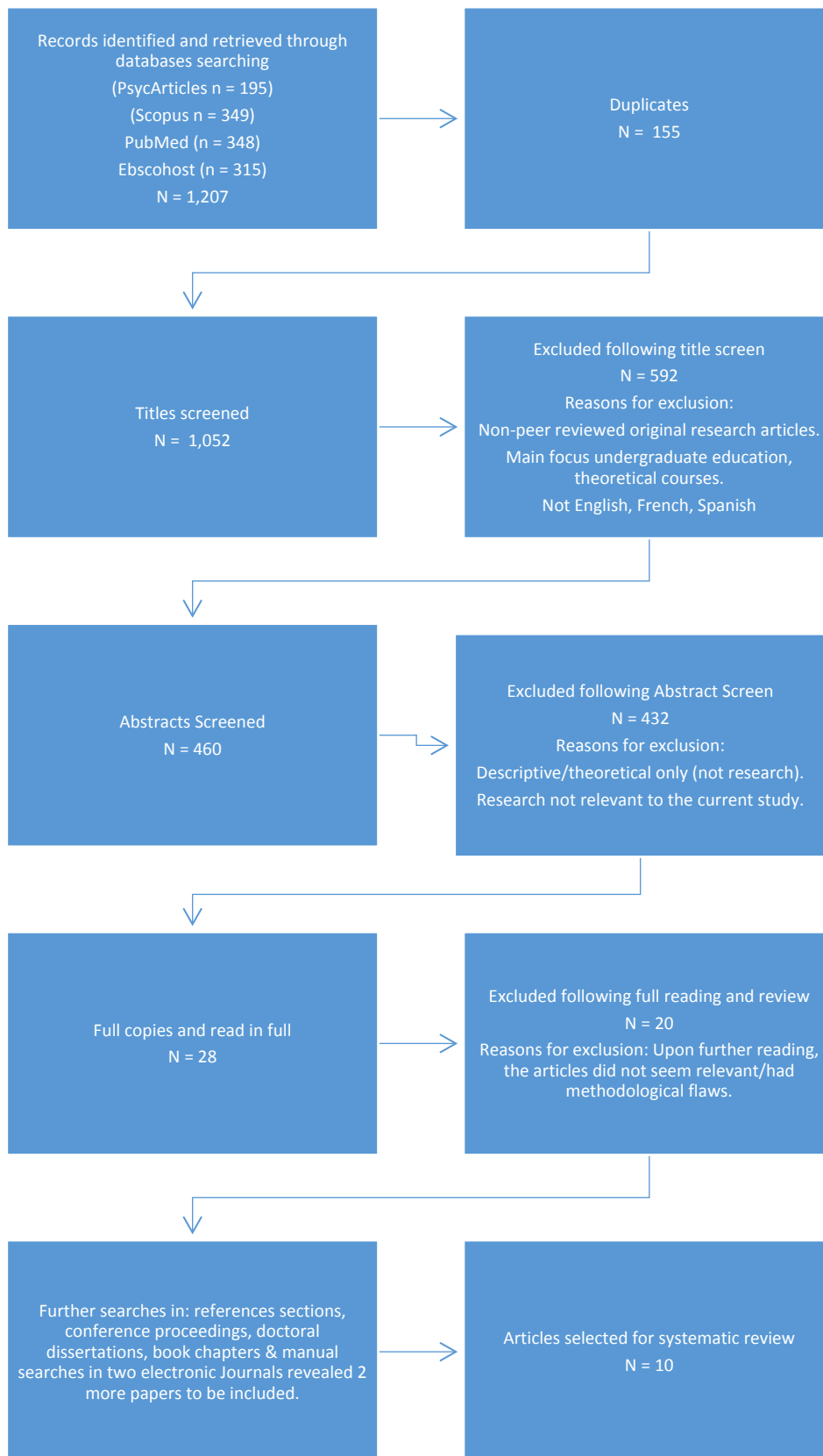


Figure 1. *Systematic literature review flowchart*

In line with best practice guidelines for conducting a systematic literature review (Siddaway, Hedges, & Wood, 2019), additional searches were conducted in order to identify further relevant studies. Thus, references sections of the eight selected papers were carefully examined, to identify other potentially relevant Journals or studies. Conference proceedings, doctoral dissertations and book chapters of seminal work were considered with the same intention of locating additional suitable studies. Finally, manual searches of two relevant electronic journals were conducted. This allowed the researcher to identify two more articles that could usefully contribute to the aim of this systematic literature review.

A final note on the literature search strategy

The peer-reviewed literature on the experience of TL for CP/counselling students is sparse in general, yet one area that is more represented is TL in the context of studying abroad. Beyond the article included in this systematic review, the researcher was able to identify several studies conducted in different countries looking at the experience of TL for counselling graduate students. However, because the focus of these papers was TL for counselling students in the context of studying abroad, the researcher decided to solely include the article by McDowell, Goessling, and Melendez (2012) as being the best representative for this area of study.

Other studies were considered, such as: Smith, McAuliffe, and Rippard, (2014). After careful consideration, the researcher decided against including it, due to significant methodological concerns. For example, in the study by Smith et al. (2014), the first author was also a participant in the study, while the second author was an instructor on the course. In this instance, because the authors did not make reference to how they bracketed off their own assumptions, it limits the capacity of the reader to evaluate the quality of the research.

Although developing multicultural competence is an important aspect in training counsellors and psychologists, the topic of studying abroad is a particular area of study, that has limited

relevance for CP trainees in the UK, who are not commonly offered this experience as part of their programme of training. Therefore, selecting just one paper for this systematic review was deemed appropriate.

Quality assessment of research

The current research employs the quality guidelines created by Elliot, Fischer, and Rennie (1999), which is a well-recognised tool, useful for evaluating studies with a qualitative design. All the papers included in this systematic review employed a qualitative methodology; no relevant papers using a different methodology could be identified. Appendix B contains a comprehensive summary of the quality criteria and how these are met by the different studies.

Synthesis strategy

An overview of the findings that resulted from the systematic review process will be presented. In order to organise and present the findings, the researcher drew on the collection of core standards and best practice principles for conducting and reporting systematic reviews offered by Siddaway, Hedges, and Wood (2019).

Thus, aiming to enable the reader to assess the quality of the evidence, the researcher will provide a summary of each study, with a particular focus on the methodological quality, ethics, situating the sample and findings. By looking at the similarities and differences in findings from the different studies, the researcher aims to highlight the “key concepts” (Thomas & Harden, 2008) and offer a critique of the findings.

Systematic review findings

The studies selected were organised into two groups, determined by the category of participants in the studies: counselling students and other health and social care professionals. Table 1 provides a summary of the ten selected papers included in the systematic review.

Table 1: *Overview of papers in the Systematic Literature Review*

Authors, year & Title	Type & Aim	Participants	Country	Methodology	Results & Conclusions	Strengths & Limitations
Nogueiras, G., Iborra, A., & Kunnen, S. E. (2019). Experiencing transformative learning in a counseling masters' course: A process-oriented case study with a focus on the emotional experience.	Qualitative Study aiming to investigate the TL process and the learning outcomes, through focusing on process-oriented learning and the student's emotional experience.	1 participant enrolled on a Counseling skills training course. Demographic information provided	Spain	Qualitative Single Case study Longitudinal and retrospective data collection Thematic analysis	Results support a process of TL that is accomplished through 5 phases. The authors identify 2 learning outcomes: meaning of learning and increased self-awareness.	Adds to the limited body of research on TL for students on a counselling skills course. The authors acknowledge some limitations, however certain methodological decisions can indicate lack of rigour (e.g. collecting data from 10 students, yet analysing data from 1 participant only). The depth of data collection for 1 participant is a strength of the study.
Nel, L., & Fouche, P. (2017). Experiences of master's students regarding clinical supervision in an applied psychology programme in South Africa.	Qualitative study aiming to investigate the role of supervision to the development of competencies of Master students.	4 participants enrolled in professional psychology Master programmes, selected from 4 different universities. Purposive sampling	South Africa	Qualitative longitudinal design using IPA. Repeated interviews over the course of 1 year. In-depth semi-structured interviews and reflective writing. (3 interviews each, 12 interviews in total). 17 journal entries.	Supervision is identified as the main contributor to professional development & TL. Themes identified were: emotional support, self-acceptance, autonomy, and personal growth.	The methodology is a strength of this study - authors conducted in-depth interviews over one-year period, and also analysed journal entries. Authors were not affiliated to the courses they sampled participants from. Authors did not discuss limitations of their findings.

Authors, year & Title	Type & Aim	Participants	Country	Methodology	Results & Conclusions	Strengths & Limitations
McDowell, T., Goessling, K., & Melendez, T. (2012). Transformative learning through international immersion: Building multicultural competence in family therapy and counseling.	Qualitative To explore the impact of international courses on graduate students' development of multicultural sensitivity.	8 participants Masters-level counselling psychology students who had completed an international course.	U.S.	Qualitative, generic analysis. Semi-structured individual interviews	Findings were grouped into themes that address the learning outcomes and themes that illustrate learning processes. Affective and experiential learning, as well as learning from cultural differences are the salient processes that support TL.	A study that is very rich in examples from participants' experience. Adding to the limited body of research on TL for counselling and family therapy students. Researchers acknowledge and discuss limitations of their study and make suggestions for future research. Researchers do not clarify what type of analysis they conducted.
Dass-Braileford, P. (2007). Racial identity change among white graduate students.	Qualitative study, aiming to investigate the TL (conceptualised as racial identity change) of students enrolled on a multicultural counseling course.	30 graduate White students on a Masters degree in Counselling and Psychology. Demographic information was provided. Students had graduated from the course before they were invited to participate.	U.S.	Qualitative descriptive analysis using ATLAS.ti (computer software) Journal entries and reflection papers from 30 students, amounting to a large corpus of data - 400 pages.	The author maps the findings on Helms' White Racial Identity Development (WRID) model of: Contact, Disintegration, Reintegration, Pseudo-Independence, Immersion/Emersion, and Autonomy. The author states that students displayed more nonracist identities toward the end of the course.	Adding to the limited body of research on TL achieved by counselling students. The author identifies the problematic issue of analysing self-reports when investigating transformation (socially desirable responses). The author does not address the risk of confirmation bias in her findings. The author is the sole instructor on the course and evaluator through this research.

Authors, year & Title	Type & Aim	Participants	Country	Methodology	Results & Conclusions	Strengths & Limitations
Nel, P. W. (2006) Trainee perspectives on their family therapy training.	Qualitative study, aiming to investigate the training experience of family therapy trainees & how their identity shifts over time.	6 participants enrolled on a Family Therapy training course (Masters level)	UK	Qualitative longitudinal design using IPA. Repeated interviews over the course of 20 months. In-depth semi-structured interviews (6 interviews per participant).	The significant impact of training on re-evaluating the personal, relational, and professional identities of the trainees is discussed. Results describe experiences of: overwhelming, de-skilling; re-skilling & individuating.	The longitudinal design is a strength of this study – the author conducted in-depth interviews over 20-months period. Author was not affiliated to the courses they sampled participants from.
Damianakis, T., Barrett, B., Archer-Kuhn, B., Samson, P., Matin, S., & Ahern, C. (2019). Teaching for transformation: Master of social work students identify teaching approaches that made a difference.	Qualitative. To identify: 1) the TL experiences of students and 2) specific student engagement strategies that made a difference in preparing students for professional practice.	6 focus groups (40 participants) Master of Social Work students from four cohorts over 4-year period. Purposive sampling. Demographic information was provided.	Canada	Qualitative Focus group methodology Content analysis	6 themes that facilitated students' TL, including: 1) relationships with faculty & 2) relationships with peers; 3) program structure, 4) teaching strategies, 5) classroom management and 6) challenging students out of their comfort zone.	Adds to the limited body of research on TL for students in a clinical setting. The authors address certain limitations of their study, namely how generalizable the findings are to other groups. A limitation is that the study focuses on the educational aspect only of the professional training programme.

Authors, year & Title	Type & Aim	Participants	Country	Methodology	Results & Conclusions	Strengths & Limitations
Greenhill, J., Richards, J. N., Mahoney, S., Campbell, N., & Walters, L. (2018). Transformative learning in medical education: Context matters, a South Australian longitudinal study.	Qualitative Study aims to explore how different clinical contexts can influence the process of TL.	20 medical students recruited initially. Adequate demographic information was provided. Number of participants declined, from 20 (interviews 1&2) to 8 (interview 6, final)	Australia	Longitudinal qualitative design, using a thematic analysis. Individual student data were collected over 4 years through semi-structured interviews at different stages of students' learning journey.	Results highlighted six themes: (1) self-awareness, (2) patient centeredness, (3) systems thinking, (4) self-care, (5) clinical scepticism, and (6) understanding diversity. Not all participants experienced transformative forms of learning, and authors concluded that particular contexts and medical environments facilitate this learning.	Adds to the limited body of research on TL in a clinical setting, and makes an important contribution through its longitudinal design. The authors did not discuss limitations of their findings. Attrition constitutes an important limitation in longitudinal designs.
McKinlay, E., & Donnelly, S. (2014). Learning through narrative writing: Medical students talk to patients in a hospice.	Qualitative study, aiming to investigate medical students' narratives about visiting end-of-life patients and the learning following these interactions.	4th year (first clinical) medical students. No other demographic information provided.	New Zealand	Qualitative Grounded Theory study Thirty essays were selected out of an original sample of 89. Essays were a mandatory academic requirement.	Developing <i>Learning through Narrative</i> as a pedagogical tool aimed to foster transformative learning. Tension, challenge and growth were the categories identified.	Adding to the limited body of research on TL in a clinical setting. Authors discussed the rigour and credibility of the analysis, which is a strength of the study. The authors suggest further areas of research. Important limitations: lack of contextual information (demographic data).

Authors, year & Title	Type & Aim	Participants	Country	Methodology	Results & Conclusions	Strengths & Limitations
Margolis, C. Z., Rohrbaugh, R. M., Tsang, L., Fleischer, J., Graham, M. J., Kelleff, A., & Hafler, J. P. (2017). Student reflection papers on a global clinical experience: a qualitative	Qualitative. To understand how medical students view their Global Clinical Experience (GCE), in order to design curriculum that supports transformative learning.	27 participants - 4th year medical students. No demographic information provided (age, gender, ethnicity). Writing the paper had direct bearing on participants' ability to secure funding for the remaining of training.	U.S.	Qualitative case study design analysing students' reflection papers via content analysis. Data were provided by students, who submitted a paper at the end of their GCE.	Findings were presented using frequency counts. Results provide information on student learning about the effect of culture on health, health disparities, diseases encountered in the foreign countries, and personal development 9 papers reported experiences of TL. These were presented as direct quotes, with no further analysis.	Adding to the limited body of research on transformative learning in a clinical setting. Significant variability in the length of reflection papers (ranging from 2 paragraphs to 5 pages). There is a discrepancy related to the number of student papers analysed, yet this is not further clarified by the researchers. Authors provide direct quotes to illustrate the transformational experience, yet no analysis of these.
Becker, A. L. (2017). Personal transformation on in RNs who recently graduated from an RN to BSN program.	Qualitative To explore experiences of personal transformation and development of self-authorship in registered nurses (RNs).	14 RNs graduating from a RN to Bachelor of Science in nursing (BSN) program, recruited through purposive sampling (snowballing). Demographic information was provided.	U.S.	Qualitative Content analysis of data from semi-structured interviews with 14 nurses.	Results indicated 2 categories: <i>Changes in self</i> : (1) a broader perspective, (2) confidence, and (3) awareness and clarity and <i>Changes in practice</i> : (1) more well-rounded as a nurse, (2) more confidence in practice, and (3) having acquired new skills. The author asserts that personal transformation has an impact on patient outcomes.	A study that is very rich in examples from participants' experience. Adding to the limited body of research on TL in a clinical setting. The author considered limitations and implications for theory development, educational context and clinical practice.

**Articles investigating the experience of TL for students on counselling/
professional psychology postgraduate courses.**

The following articles are an important finding of the systematic review search, due to the dearth of literature that focuses on postgraduate counselling/professional psychology students.

Nogueiras, Iborra and Kunnen, (2019) employed a single case study design to investigate one student's TL process, with a focus on her emotional experience. This paper is particularly relevant to the current research due to the questions that the researchers choose to investigate, namely the student's responses to a process-oriented experiential learning context, the changes she experiences over time, and the meaning-making attached to this.

Nogueiras et al. (2019) identified five phases in their participant's learning process, which they conceptualised according to a developmental process theorised in the dynamic systems literature. Thus, as she gradually engages with the learning, the participant progresses from Phase 1: "*becoming familiar*" which corresponds to the initial stability stage. This is then followed by a destabilization period (Phase 2: "*encountering difficulties*") and a transition (Phase 3: "*gaining insights*"). The authors identified the final two phases in their participant's learning (Phase 4: "*acknowledging progress*" and Phase 5: "*retrospective interpretation*") which can be conceptualised as a resettlement stage. Nogueiras et al. (2019) concluded that the participant's experience of TL entails two important aspects: developing a more complex understanding of learning and an increased degree of self-awareness.

The topic of sampling and generalisation is very salient in qualitative research (Schreier, 2018), even more so when a single case study design is employed. Sampling in qualitative research "is not a matter of representative opinions, but a matter of information richness" (Guetterman, 2015, p.3). Discussing the rationale for selecting a single case study design, Nogueiras et al. (2019) attempted to provide an insight into choosing a particular

participant. However, it is important to consider that, while their design enabled them to achieve a high level of depth and allowed them to identify a participant who could provide rich data, the researchers do not address the ethical considerations of collecting in-depth data from more participants and not analysing it, namely the “ethical danger of unnecessarily drawing upon the resources of participants” (Schreier, 2018, p. 90).

Nel & Fouche (2016) used an IPA study design to investigate the learning experience of four Master’s students enrolled in a professional Psychology programme, with a focus on the supervisory relationship. Using repeated interviewing (three interviews with each participant) over the course of one year, and diary entries from students, they found that the quality of the supervisory relationship was the most important contributor to professional development. The importance of the supervisor in providing *emotional support*, and promoting *self-acceptance, autonomy, and personal growth*, were the themes that emerged from the analysis. A strength of their study is the ethical consideration given to recruiting participants from four different universities, using purposive sampling. Researchers used Mezirow’s theory to describe the role of the supervisor in enabling students to engage in critical reflection and broaden perspectives.

The value of affective and experiential learning is highlighted in a study conducted in U.S. by McDowell et al (2012). The authors used a critical multicultural lens to investigate the TL experience of family therapy and counselling students after completing an international course.

Employing a qualitative design that relied on semi-structured interviews, McDowell et al. (2012) invited participants to reflect on their experience in a retrospective manner. They described their design and method as “generic qualitative research”, without being specific about the type of qualitative analysis they performed. Despite this clear limitation, the researchers mention the steps they undertook to ensure credibility and trustworthiness of the

research: offering participants the opportunity to check transcripts, themes, and results, and all researchers contributing to the analysis.

Their findings were grouped into themes that address learning outcomes and themes that illustrate learning processes. Regarding learning outcomes, students spoke about the *impact of the international experience on their professional development, an increased social awareness, as well as a sense of personal transformation*. The authors identified that the *experiential and affective aspects*, as well as engaging in reflection on *learning from cultural differences* were the most important processes that supported TL.

Dass-Brailsford (2007) explored the TL experience of students enrolled on a multicultural counselling course in the U.S. The author examined multicultural competencies through the lens of racial identity development. The author recognised social responsibility and addressing issues of power and inclusion as an important aspect of TL. She argued that awareness of own assumptions and values, and understanding of worldviews different from one's own have important ethical implications, as well as enabling students to develop critical reflection skills.

The aim of this study was to examine how White graduate students develop racial identity through multicultural education. Participants were recruited from students enrolled in a course taught by the main investigator, titled "The Psychology of Culture and Identity: Power, Privilege and Oppression". The author presents the pedagogical approach employed and the commitment to create a safe classroom atmosphere where students could challenge each other on issues of race, class, culture, and gender in the counselling relationship. TL of students was promoted through a combination of experiential engagement and self-reflective activities, alongside increased knowledge of power and privilege through readings and discussions.

In order to illustrate the research's aims, the author employed a qualitative design that had as primary source written reflections (weekly journal entries and final reflection papers) obtained from 30 counselling students. Using computer software (ATLAS.ti) to analyse a large body of data, the author embarked on a process that was essentially a descriptive rather than analytical one. Computer software has some important benefits, particularly in allowing the researcher to transform large amount of data into concise interpretations (Silver & Fielding, 2008).

Dass-Brailsford (2007) relied on the White Racial Identity (WRID) model to identify the transformational learning achieved by participants. WRID is a tool that defines six stages in the development of racial identity, particularly in thinking about Whiteness and white privilege: Contact, Disintegration, Reintegration, Pseudo-Independence, Immersion/Emersion, and Autonomy. The author illustrated each stage with extracts from participant accounts and argued that all students displayed "notable" and "dramatic" changes in their identity. Unfortunately, the author did not provide any mention of credibility checks, and steps taken to minimise bias. There are several important limitations in this study and the author acknowledged some of them: the use of self-reports when investigating change and the associated risk of participants offering socially desirable responses. Dass-Brailsford (2007) did not discuss her dual role of investigator as well as facilitator of the course, and the associated risk of confirmation bias on the part of the author.

Other important methodological limitations were however not addressed, such as why the author chose to not analyse the data, but rather to provide a descriptive account mapped onto the stages of the WRID tool. One wonders if recruiting a sample of thirty participants made the analysis and interpretation process unmanageable. Qualitative research is considered to be "an iterative series of decisions" (Guetterman, 2015, p. 4), yet the author does not describe the process that guided her sampling decision-making. This has

methodological implications, and one is left wondering if the researcher's intention was more appropriate for quantitative designs, where the researcher aims to generalise from the sample to a population.

Despite the methodological limitations and the bearing they have on the quality of the study, this research has value in the recommendations it provides to support the TL of counselling students. Furthermore, this paper is relevant for our quest of exploring how embodiment is considered in the process of TL: reflecting on their own whiteness as a mark of privilege, engaging with the emotional discomfort associated with shame and guilt, students become involved in a process of personal transformation. The author claims that, when they acquire and internalise a new understanding of their racial selves, students are better prepared to challenge racism and oppression. Inhabiting a white body gives access to a particular form of embodied reality, personal and social, and the author supports the process of TL by inviting students to notice and orient themselves toward their racial identity.

Nel (2006) used a longitudinal design, employing an IPA analysis to explore the training experience of Family Therapy (FT) trainees, enrolled on a Masters course in the UK. This is the only UK-based study that could be identified by the literature review. A particular strength of the study is the repeated interviewing over 20-months period, exploring how trainee's personal, professional and relational identities were impacted by the course over time. The depth of data collection enabled the author to draw conclusions grounded in rich examples and extracts from the participants' accounts. FT trainees described their experience of training as *overwhelming*, *de-skilling*, followed by a period of *re-skilling and individuating*. The findings of the study indicated a re-evaluation of personal, relational and professional identities that can be likened to TL, although Nel (2006) does not mention TL as a theoretical framework.

Identified articles investigating the experience of TL for students in health and social care contexts.

Damianakis, Barrett, Archer-Kuhn, Samson, Matin, and Ahern (2019) conducted a study with Master of Social Work (MSW) students from four cohorts over a 4-year period in Canada. Using focus group interviews, the researchers explored the TL experiences of students and the specific engagement strategies that made a difference in preparing students for professional practice. As part of their programme, MSW students are enrolled in individual and group counselling courses and community organising.

After conducting content analysis, their findings were grouped into six themes to represent what facilitated students' TL, including: 1) relationships with faculty & 2) relationships with peers; 3) program structure, 4) teaching strategies, 5) classroom management and 6) challenging students out of their comfort zone.

Their research aimed to investigate only the coursework educational aspect of students' professional training, and the authors were careful to state that their study was not an evaluation of the MSW programme. This is important in terms of ethical implications and positionality of researchers. However, Damianakis et al. (2019) decided to explore the classroom side only and left out the field education (placement) experience.

The authors provided arguments to support this decision, and their study is worthwhile and represents an important contribution to the field. However, when using the following definition of TL: "the process by which students engage in their learning, at holistic levels" (p.5), an argument can be made that the academic experience is only one part of the social work training. Since this is a professional training course, one is left wondering what the students would have chosen to explore had they not been limited by the classroom learning aspect only.

A longitudinal study with medical students in Australia, conducted by Greenhill, Richards, Mahoney, Campbell, and Walters (2018) is another important finding of the systematic literature review. This was a qualitative study specifically aiming to explore how different clinical contexts can influence the process of TL. The emphasis in this study is the learning that took place across four years in different clinical environments, ranging from rural, community settings and hospital-integrated learning.

Adequate demographic information was provided by Greenhill et al. (2018) and, as is the case with some longitudinal design studies, the number of participants declined over time, from twenty medical students to eight (final interview). The researchers conducted six individual semi-structured interviews at different stages of students' learning journey. They aimed to explore learning experiences which had the potential to trigger critical reflection and each participant was required to participate in a minimum of four interviews. This is a particular strength of this study, enabling the researcher to follow the unique trajectory of medical students across four years, and explore the TL occurring at an individual rate.

Using thematic analysis, they highlighted six themes: (1) *self-awareness*, (2) *patient centeredness*, (3) *systems thinking*, (4) *self-care*, (5) *clinical scepticism*, and (6) *understanding diversity*. The authors indicated that not all participants experienced TL, and findings suggested that only particular contexts and medical environments facilitate this learning.

Another interesting finding is the understanding of patient diversity, particularly for students exposed to rural and remote communities, where they encountered socioeconomic disparities and cultural diversity. Greenhill et al (2018) conclude that it was only those students who undertook such placements that showed an understanding of health and power differentials, transformed their values and were willing to engage with social action (markers of TL).

McKinlay and Donnelly (2014) explored medical students' narratives about visiting end-of-life patients and the TL following these interactions. The authors express a specific aim to support students' reflexivity and depth of engagement with patients in palliative care using the pedagogical tool of narrative writing. The stated purpose of this exercise is to enable students to synthesise their experience and ideas, and support their learning by "linking the cognitive and affective domains of thinking". Students were asked to engage with this exercise as part of their academic requirements, and write a reflective essay supported by guiding questions, after visiting palliative care patients.

This was a qualitative study using Grounded Theory; the findings were grouped under three categories: *Tension* (subcategories: *Expectation, Anxiety*), *Challenge* (*Interaction, Emotion, Surprise*) and *Growth* (*Resolution, Learning, Change*). These categories are richly illustrated by impactful statements from students' written reflections.

The researchers discussed the value of this pedagogical tool, particularly the depth of engagement that the students achieve by reflecting on their visit. Inviting students to engage with "the mystery and paradox of life" through these conversations with patients at end of life also has an impact on future action and attitudes toward patients. The authors referenced the *whare wananga*, the Maori philosophy of education that invites students to "engage the world with a sense of depth and reflection".

Margolis et al. (2017) also relied on students' reflection papers to investigate US medical students' global clinical experience in a foreign country (GCE). The purpose of the study was to design curriculum that supports TL. Once the placement finished, students were prompted to write about "any memorable experiences from their GCE", with no further instructions regarding length or content. Researchers used content analysis to identify the common themes, which were grouped under: *learning about the effect of culture on health, health disparities, diseases encountered in the foreign countries, and personal development*.

Quotes from reflection papers were used to illustrate the themes. Among the most frequently cited themes, particularly relevant were: the teaching environment and students' educational experience; students' emotional responses; feeling admiration, appreciation and respect for their teachers.

An ethical consideration that is not addressed by the authors is asking students to write a reflection paper that would then be shared with the foundation sponsoring their GCE, and making that a condition of them receiving funding. The researchers also do not discuss how participants were recruited for the study and it is not clear if they provided informed consent.

Another study that used content analysis is the research by Becker (2017), who explored the experiences of personal transformation and development of self-authorship for participants who had completed a nursing graduate program. Using content analysis of data from semi-structured interviews, Becker (2017) was able to determine two categories of change: *changes in self* and *changes in practice*.

Regarding the *Changes in self*, findings highlighted (1) *gaining a broader perspective*, (2) *confidence*, and (3) *awareness and clarity*. The change in perspective ("gaining a bigger picture" and "seeing the patient as a whole person") that is described in the study is an important aspect of TL. In terms of *Changes in practice*, participants reported feeling (1) *more well-rounded as a nurse*, (2) *more confidence in practice*, and (3) *having acquired new skills*.

An interesting finding is the age-related pattern and the development of self-authorship. Becker's (2017) participants fit into three age groups: group 1 (21-30 years old); group 2 (41-50 years old); group 3 (50 years and older). Group 1 expressed more dramatic changes related to their identity development and framed these changes in terms of behaviours and acquiring competencies. Group 2 described changes in perspective, moving

away from a narrow focus on task to a complex understanding of patients' needs and their own professional role. Group 3 did not describe their experience of learning as an expansion of identity; instead, they showed evidence of having developed self-authorship.

Main findings and critique of the reviewed literature

The current systematic review offers an overview of the literature relevant to our doctoral research. "Key concepts" (Thomas & Harden, 2008, p. 3) from studies that explored the experience of TL for counselling and healthcare students enrolled in postgraduate programmes are presented below.

A common theme was that TL translated into students developing self-awareness (Nogueiras et al., 2019; Greenhill et al., 2018), reporting a sense of personal transformation and development (McDowell et al., 2012; Margolis et al., 2017; Becker, 2017) and changes in their professional, relational and personal identities (Nel, 2006). The affective and experiential learning was highlighted in several studies (Nogueiras et al, 2019; McDowell et al., 2012; McKinlay & Donnelly, 2014; Margolis et al., 2017) as well as the aspect of students feeling challenged out of their comfort zone (Damianakis et al., 2019; McKinlay & Donnelly, 2014; Nel, 2006). The multicultural environment and engaging with understanding diversity were noted in several papers (McDowell et al., 2012; Dass-Brailsford, 2007; Greenhill et al., 2018; Margolis et al., 2017). Finally, the relationship that students developed with peers and with faculty and supervisors (Damianakis et al., 2019; Margolis et al., 2017, Nel & Fouche, 2017) were regarded as contributing to the experience of TL.

A noticeable aspect that emerged from this systematic review is represented by methodological and ethical challenges, some of which are specific to qualitative research (Mertens, 2018). As highlighted above, several of the studies cited were overlaid with ethical problems at different stages of the research process.

Researchers' assumptions and orientations were not stated in six out of the ten studies included in the review. As Heath (2018) asserts, this is important because researcher positionality and reflexivity on their context enhances the validity of their arguments. In some instances (Nogueiras et al., 2019; Dass-Brailsford, 2007; Damianakis et al., 2019), the authors of the studies were also instructors on the courses, which highlights the concern of how this shapes the conception and enactment of research.

Studies that did not include adequate demographic information to situate the sample (Margolis et al., 2017; McKinlay & Donnelly, 2014) limit the reader's ability to ascertain whether participants' characteristics shaped the findings (Elliot et al., 2010). Similarly, not specifying how they engaged in credibility checks (e.g. Dass-Brailsford, 2007) or given consideration to bracketing their assumptions can further weaken the quality of a study.

As a reader of qualitative studies, and as a researcher of this doctoral thesis, I believe that the authors' relationship to their work and the power dynamics with regards to participants are important aspects in evaluating qualitative work. In my view, these were not sufficiently explored and addressed in most of the papers reviewed.

The instances when researchers were also instructors on courses (Nogueiras et al., 2019; Dass-Brailsford, 2007) or when students were asked to contribute to research as part of their course requirements (Margolis et al., 2017; McKinlay, & Donnelly, 2014) deserve more attention. Ethical issues of consent, demand characteristics, the evaluative aspect, and the students' ability to refuse can greatly impact the quality of the research. King and Stahl (2015) expressed these concerns in a compelling manner: "When does an experience become a study? Does the data collected before informed consent was obtained qualify as data? Do the students we teach have the right to refuse their involvement?" (p. 185).

In one study (Nogueiras et al., 2019), students were invited to participate in a longitudinal research study from the first session of their course; all students agreed to take

part in the study. One is left wondering about the ability of students to decline participation to the research study. Furthermore, considering that researchers ended up selecting three participants for in-depth interviews, yet reported data from one participant only, a question arises about whether that decision represented an evaluation of students' performance. The authors do not offer the reader enough information on this matter, and it can be argued that they chose that particular participant to further their argument.

A research study that invites participants' reflection and their own appraisal of an event as TL would give more freedom to participants to evaluate their learning and make meaning of an experience, without the external gaze of an investigator who might also hold the dual role of being an instructor on the course. The researcher in the current doctoral study had no supervisory responsibility for any of the participants, nor a role in evaluating their academic performance.

Proposed research project

Rationale

The studies presented in this review highlighted the limited body of research that explores the experience of TL for students on psychology training courses. No study could be identified that looked specifically at the experience of CP trainees, and only one study that investigated the training experience of participants from UK. Furthermore, no research could be ascertained that considered the embodied learning and the body's role in TL for students on professional psychology training courses.

The current study has gone beyond the studies presented in the systematic review, by designing an interview schedule with questions that elicit embodiment, and inviting participants to attend with intention to their embodied emotions and sensations. Although exploring retrospective accounts of CP trainees (Schön's, 1983 *reflection-on-action*), the

study also invites awareness and reflecting on embodied responses in the moment and process of the telling (*reflection-in-action*).

The perspective of embodied learning, and the body as a source of knowledge are absent from the way researchers conceptualised reflection and learning in the studies identified by the systematic review. In my view, the embodied dimension is equally important and the meanings associated with this could therefore be valuable for learning theories and our training practices (Stolz, 2015). A more expansive conceptualisation of learning and reflection that integrates body and mind (Jordi, 2011), the individual and relational context is required to reflect the richness of human experience.

Aims and Research Questions

This study aims to bring to the fore the role that non-cognitive modes of knowing (Barnacle, 2009) can have in making sense of the transformative learning process. Exploring a range of cognitive and embodied experience when inviting participants to reflect on their development would enable researchers to really engage with the complexity of human learning.

By presenting the key developments in the conceptualisation of TL, I was able to highlight the limited role that embodiment was awarded, particularly in empirical research. As the studies included in the SLR illustrate, embodied learning has not been addressed adequately by previous research. In considering transformative experiences of learning, it seems therefore necessary to explore this question by addressing and engaging the whole person, not solely the contribution of the rational, mental aspect to the formation of meaning. Our study aims to explore TL with a focus on the “body as communicator” (Fredman, 2004, p. 68). Its value for clinical psychology resides in the necessary exploration for trainees of tools for development as clinicians, researchers, consultants.

Therefore, our study focuses on the following research questions:

How are trainees experiencing TL on the CP programmes?

How do trainees make sense of their experiences of TL using an embodiment perspective?

Chapter 2: Methodology

Overview

In this section, an overview of the methodology employed within this study will be presented. The design of the research will be outlined, together with the preferred method of analysis and alternative approaches considered.

The theoretical underpinnings of Interpretive Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009) will be described, followed by information about ethical considerations, recruitment process, consultation and interview procedure. Finally, the details of the analytic process will also be discussed, together with the quality assurances employed for this study.

Design

A qualitative design was employed in this research, with seven participants engaging in online semi-structured individual interviews. Qualitative methodologies enable researchers to study complex aspects of experience (Barker, Pistrang, & Elliott, 2015) with depth and detail. Considering the critical phenomenological epistemological positioning of the researcher (Salamon et al., 2020) a qualitative methodology presented itself as the most judicious choice.

Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) (Smith, 2004) was selected as the most suitable qualitative methodology for this study, in order to enable the exploration of the lived experience of participants. The moments of TL which mattered to participants and the meaning attached to these experiences, as well as their interpretation from an embodied perspective were considered, with IPA allowing an in-depth and rich analysis to be developed (Larkin & Thompson, 2012).

IPA is concerned with all aspects of the lived experience, or as Eatough and Smith (2008) claim, “what it is like to be experiencing this or that for this particular person” (p. 181). Furthermore, IPA is particularly useful in that it “draws attention to the lived existential body and how it communicates felt meaning to others” (Eatough & Smith, 2008, p. 186). In IPA, the interpretative features of analysis are emphasised over the mere descriptive attitude, with the aim of rendering the experience more meaningful by interpreting it (Harper, 2011) and grounding the interpretations in participants’ views.

Theoretical underpinnings of IPA

With its theoretical roots in phenomenology, hermeneutics and idiography, IPA has a sound theoretical basis (Shinebourne, 2011; Smith et al., 2009). The next section will offer a brief overview of these philosophical approaches, with the aim to engage and orient the reader and further illustrate the suitability of IPA methodology for the aims of this research.

Phenomenology.

According to Harper (2011), “phenomenologists are interested in the nature of subjective experience from the perspective of research participants themselves” (p 89). Smith et al. (2009) describe the influence of Edmund Husserl who set the foundation of phenomenological enquiry by arguing that experience is “examined in the way that it occurs, and in its own terms (p. 13). Husserl’s work was further developed by other influential figures in phenomenological thinking: Martin Heidegger, Maurice Merleau-Ponty and Jean-Paul Sartre, who “considered the person as embodied and embedded in the world, in a particular historical, social and cultural context” (Shinebourne, 2011, p. 18).

Although the significant differences in epistemological views within phenomenology based on the aforementioned philosophers will not be explored here, it is worth noting that Husserl favoured a descriptive phenomenology, with the observer being positioned as

separate from the world. According to Husserl, this attentive examination of our lived experience is made possible through reflection and bracketing. Bracketing requires that the researcher makes explicit their assumptions and reflects on the original motivations and reasons for interest in the phenomenon under study (Larkin, Eatough, & Osborn, 2011). Bracketing, or the “leading back to the phenomena” (Larkin et al., 2011, p. 322) invites the researcher to examine and engage with their own assumptions. This is essential, as the participants’ experience may differ from what the researcher expects, yet the method allows “genuinely new and surprising insights to emerge” (Willig, 2007, p. 215).

From the phenomenologists of the interpretive tradition, Merleau-Ponty is of particular interest for us, due to his focus on interpreting a phenomenon through one’s lived body (Cal & Tehmarn, 2016). For Merleau-Ponty, reality is accessible through embodied experience, which shapes our knowing about the world (Smith et al., 2009). An IPA researcher that follows Merleau-Ponty is “drawn toward embodied and relational lenses” (Finlay, 2012, p. 328).

Hermeneutics.

Hermeneutics, the second theoretical underpinning of IPA, is concerned with “the theory of interpretation” (Smith et al., 2009, p. 21). IPA work is greatly influenced by Heidegger’s contribution, who conceptualised “phenomenology as an explicitly interpretative activity” (Smith et al., 2009, p. 25).

Larkin, Watts, & Clifton (2006) illustrate the interpretative focus of IPA, and argue against the misconception of IPA as a “simply descriptive” methodology that merely takes the insider’s perspective. Drawing on an “essential circularity of understanding – a hermeneutic circle” (Tappan, 1997 quoted in Larkin, 2006) allows the IPA researcher to engage with what it “means” for the participant embedded in a particular context to have a particular experience.

The hermeneutic circle has been employed to illustrate the IPA analysis process: not solely the linear, step by step interpretation characteristic of qualitative methodologies, but more significantly the iterative aspect, moving back and forth between levels of interpretation. Smith et al. (2009) describe the “second order sense-making” (p. 8) or the double hermeneutic that the researcher engages in. Thus, a researcher is seeking to access the participants’ experience through their sense-making of that experience.

Idiography.

IPA is idiographic, in that it is concerned with the uniqueness of each individual experience, the particular rather than the universal (Eatough & Smith, 2008). IPA requires that the researcher explores ‘the in-depth’ of each individual case, before attempting to make links with other participants’ experiences. When describing the fundamental principles behind IPA, Pietkiewicz and Smith (2014) characterise the IPA idiographic commitment as “unusual even among qualitative methodologies” (p. 8). In order to engage with the “divergence and convergence across cases” (Smith et al., 2009, p. 170) the IPA researcher must first examine each individual experience and participants’ unique contexts. There is therefore a strong rationale for small, homogeneous samples when conducting IPA research.

Exploration of alternative methodologies

Several qualitative methodologies were considered (Burck, 2005; Harper, 2011; Starks & Trinidad, 2007), according to how they could accommodate the research questions and the researcher’s epistemological assumptions. Below, I will briefly present the options considered and the rationale that led to IPA (Smith et al., 2009) being regarded as the most suitable approach.

Discourse Analysis

Discourse analysis (DA) is concerned with how discourse is constructed, how it is action-oriented and how it is situated within a specific context (Burck, 2005). Wiggins and Potter (2017) argue that this methodology is also useful for exploring how embodiment is constituted in discourse. However, because of DA's focus on the individual experience as a linguistic and discursive construction, it was not chosen as a methodology for this study, which aims to understand how participants create meaning through their experience. Compared to DA, IPA can "offer a more direct approach to the study of subjectivity" (Willig, 2007, p. 210).

Grounded Theory

Grounded Theory (GT) (Corbin & Strauss, 1990; Charmaz, 2011) is similar to IPA and DA, due to its interest in language as a source of data and its interpretative stance. GT is important for developing an explanatory framework of social processes and enabling theory development in areas that are under-theorised (Burck, 2005). However, due to the aim of the current study, IPA was considered more suitable for describing the individual lived experience of the participants. GT aims to produce a theoretical-level account of a phenomenon drawn from actions or processes, and is interested in the relationships between processes. Because GT invites the use of large, heterogeneous samples, it was not deemed appropriate for this study.

Narrative Analysis

Narrative Analysis (NA) has been employed for examining accounts of events and participants' life stories, social and cultural accounts (Biggerstaff, 2012; Riessman, 2008). Similar to IPA, it is concerned with the sense making process of an experience (Smith et al., 2009). Employing this method would have created the opportunity for an in-depth analysis of

stories told by participants (Riessman, 2008), more specifically how they present themselves and how they construct their accounts. However, it would not have been possible to explore the research questions of this project by employing NA, as this method would not allow for a rich exploration of participants' lived, embodied experience.

Ethics

Ethical approval was obtained from the University of Hertfordshire Ethics Committee. (Ethical protocol number: LMS/PGT/UH/04229 on July 24th, 2020). The ethics approval form is included in Appendix C.

BPS Ethics best practice guidance (2020) was adhered to throughout recruitment and interviewing of participants. Before applying for ethical approval, I had reviewed the methodology of the study and complied with the requirement that the recruitment is conducted online. This created a context for minimising harm to participants by avoiding direct face-to-face contact, while maximising the benefit of conducting the study. Ethical implications of the pandemic were considered, and I reflected on my social responsibility to conduct research that is of high social value and meets the criteria for “quality, integrity and contribution” (BPS, 2014).

The complexities and additional challenges of internet-mediated research were carefully considered, and the BPS (2017) guidelines were adhered to. A more in-depth account of remote recruitment and data collection is provided below in the Recruitment and Interviewing sections.

Confidentiality and consent

After participants expressed their interest to take part in the study, they were contacted via email and given written information about the research, together with the Participant Information Sheet (PIS; Appendix E) and the Consent form (Appendix F).

Sharing the PIS with participants via email created the opportunity for them to ask any questions in advance of the interview meeting. At the end of the interviews, participants were again given the opportunity to ask any questions about the research process.

Participants signed and returned a consent form prior to the interviews. This enabled them to make an informed decision about taking part in the study. At the start of the interview, participants were informed that they could withdraw at any point without giving any reason. The identity of participants has been kept confidential through anonymisation, and any identifying information was redacted in the transcripts. To further protect the confidentiality of participants, pseudonyms were employed. During conversations between researcher and the supervisory team, participants were referred to only by their pseudonyms.

Participants were informed that anonymised direct quotations would be used in research to illustrate the points being made and agreed to this as part of the consent process. The recordings did not include information that contained personally identifiable data. Participants were not asked their names during the recorded interviews, or to disclose any details about the DClinPsy course they attended. Therefore, every effort was made to protect the confidentiality of participants.

Potential distress

The research team did not foresee any significant risk of harm to participants; however it was acknowledged that the interview questions could elicit memories of challenging moments, which could produce distress. Participants were informed that they would be supported by the main researcher if distress did occur during interviews. They were offered the option to pause or stop the interviews if they wished to do so. No interviews were paused or discontinued, except for very brief technological (internet connection) issues.

For interviews lasting longer than 60 minutes, I offered participants the option of taking a short break in order to rest their eyes from the screens. After each interview, participants were offered the opportunity to feedback about their experience of the interview, ask questions and voice any concerns.

Data protection

The interviews were conducted using videocall technology (Zoom). The interview recordings were viewed solely by the main researcher, who transcribed all the interviews. All data collected (recordings, downloaded consent forms) was stored on an encrypted laptop and an external hard drive. All transcripts were saved as password protected documents following anonymisation. In line with the University of Hertfordshire Data Management Policy, anonymised data will remain securely stored for a maximum of 5 years, after which it will be destroyed. All data was used and kept confidential in accordance with the Data Protection Act (UK Government, 2018).

Procedure

Recruitment

Participants were recruited amongst current CP trainees and recent graduates from CP training programmes (within six months from qualifying) in the UK, using purposeful sampling.

Following receiving ethical approval from the University of Hertfordshire for access to CP trainees (see Appendix C), the research was advertised via emails sent to course directors of all clinical training programmes in the UK (see Appendix D). I created a *Participant Information Sheet* (see Appendix E) that briefly described the project, which was disseminated to CP trainees. The wording of the recruitment email and information sheet was

carefully considered, to avoid influencing the potential participants. Trainees with an interest in the project were then able to contact me.

Remote video-call interviewing methods (Zoom platform) were employed to conduct the semi-structured individual interviews, in line with the University requirements following the Covid-19 restrictions. This created the opportunity for collection of data across a broad geographical area in the UK (Scotland, England, Wales), from six Doctoral training programmes. Interviews lasted between 50 and 90 minutes.

Consultation

I consulted with two CP trainees belonging to the same cohort as me. One fellow CP trainee was invited to take part in the pilot interview, based on previous conversations we had. Their participation in the project was voluntary and ended after the pilot interview. The pilot interview was conducted with the view to enable me to identify any potential issues with the interview schedule. This gave me the opportunity to seek feedback around clarity, length and acceptability of the questions, which informed the interviews with other participants.

No major amendments to the wording of the interview schedule were required following the pilot interview. Nonetheless, in conversations with the supervisory team after the pilot interview, I was invited to “follow the participant” more “as s/he moves deeper into their personal experience” (Eatough & Smith, 2008, p. 189). I was thus encouraged to visualise the interview schedule as a map and to move with flexibility between the themes or regions on the map if the participant’s account demands it. Furthermore, I was advised to adapt the style of asking questions, by intentionally slowing down the pace of the interview and being mindful of my own emotional posture (Fredman, 2007).

The second peer consultant became involved in the project at a later stage, due to a mutual interest in learning from each other about the use of IPA as a research method. This created the context for a relationship of trust and mutual support that developed organically,

following conversations about the experience of conducting a qualitative research project. Several bracketing interviews were conducted where the peer consultant and I interviewed each another; this allowed for a valuable sharing of reflections about the personal significance of the research projects.

Experts by clinical experience were not involved in the project, due to the research not being focused on a specific clinical treatment.

Participants

Inclusion and exclusion criteria

Due to the timing of recruitment (August – October, 2020), participants needed to have completed at least the first year of a UK Doctorate in Clinical Psychology to be eligible for the study. Participants who could identify as having experienced a TL experience while on training were selected. This is consistent with the IPA principle that “participants are selected on the basis that they can grant us access to a particular perspective on the phenomena under study” (Smith et al., 2009, p 49). IPA researchers acknowledge that “accessing the experience [...] is a notoriously problematic and complex pursuit”, which is why IPA research is “not primarily concerned with the nature” of TL, but “with this *particular person*, and with their experiences and understandings” (Larkin et al., 2006, p. 108) of TL.

The TL event was defined as “a significant experience during training that challenged and changed your views, whether on placement or during academic teaching”, definition that was used during recruitment. Participants were invited to reflect on moments during training when their views have been challenged, when they were personally or professionally impacted by what they learned. In email exchanges with potential participants, I explained further that they would be invited to select one such experience and reflect on it during the interview.

To ensure that the experience had taken place during training, participants were not able to take part in the study if they had qualified from a programme for more than six months. In addition, trainees who responded to the research advert but expressed doubts that they could identify a TL event were not invited to participate in the study.

Biographical data

This project consisted of interviewing seven CP trainees. A purposive sampling approach was employed (Smith & Osborn, 2007) through selecting participants who had completed at least one year of the programme and being within six months of post qualifying stage. This ensured homogeneity between participants, as recommended in IPA research (Smith et al., 2009). Smith et al. (2009) advise between four and ten interviews to be conducted for professional doctorate studies, and a range of six to eight participants when employing IPA methodology in psychology doctoral research (Pietkiewicz & Smith, 2014). All participants were female, and their age range was between 26 and 32 years old. One participant identified as of Middle-Eastern descent and the remaining as White British. The lack of diversity with regards to characteristics such as gender and ethnic backgrounds is reflective of the demographics of the profession, 88% of psychologists being white and 80% female (Ahsan, 2020; BPS, 2015).

Table 2 offers information about participant's IDs, stage of training, demographic information and their pseudonyms, which will be used throughout the remainder of this study.

Table 2: *Participant Information*

Participant ID	Year of Training	Age	Gender	Ethnicity	Pseudonym
#1	3 (starting)	30	F	Middle-Eastern	Clarissa
#2	3 (end of training)	28	F	White British	Bell
#3	3 (starting)	29	F	White British	Paula
#4	3 (end of training)	28	F	White British	Maya
#5	2	29	F	White British	Gloria
#6	2	32	F	White British	Robin
#7	2	26	F	White British	Audre

Data collection

Creating an interview schedule

The methodological choice of semi-structured interviews is important in IPA research because it allows participants to “offer their own definitions, vocabularies and ways of thinking” (Lavie & Willig, 2005, p.117). Semi-structured interviews create the space for an in-depth exploration of participants’ experience in the moment, which is essential in view of the lack of familiarity with reflecting on the body in the Western culture, and the uncommonness of “including the body in meaning making” (Afuape, 2017, p. 97).

A semi-structured interview schedule adapted from Levitt (2017) and Bownas (2017) was used for the interviews, aiming to bring forth an experience-near description of a transformational event, followed by exploring the embodied response of participants. Bownas’ guide to body-focused supervision (p. 116-117) was used to enable a dialogue that focused on participants’ emotions and bodily sensations. Levitt’s (2017) *Mindful Enquiry* was another important source of inspiration and contributed to the interview schedule by encouraging the focus on the body.

Several drafts were discussed with the second supervisor and an important revision was made to the interview schedule, inspired by Roberts' (1994) approach. Roberts (1994) states that when we first invite a story, participants tend to offer the most known, rehearsed response, which is why we ask for three stories, to give them the chance to go deeper into their experience and bring forth a more authentic telling. Thus, the first question that invited reflection on a moment of transformative learning ("a time...when there was a significant development in your work") would be asked three times, in order to elicit three different moments in the trainee's experience. The participant was then invited to select the one moment that they wanted to focus on for the remaining of the interview.

As discussed, the wording of the interview schedule remained largely unchanged after the pilot interview, but the style of questioning was modified, following feedback from the supervisory team. The final version of the interview schedule is provided in Appendix G.

Conducting interviews online

Doing interviews remotely created an additional barrier in that I was only able to notice the paralinguistic features (tone and pitch of voice), and non-verbal expressions in face, head and shoulders of the interviewees. These data were captured by comments included within brackets in the transcript. In order to mediate against the challenges of online interviewing, I sought to provide enough information prior to the interview, in order to "warm the context" (Burnham, 2005), so that participants would feel comfortable with the interviewing process. Furthermore, participants were able to decide on the time and date of their interviews.

Valuable contextual data can be missed when the researcher is not sharing the same context with the participants (Evans, Elford, & Wiggins, 2008). However, paying attention to the paralinguistic features during the interviews can strengthen the analysis and offer a richer account of the emotional tone of participants' accounts. Despite the virtual (disembodied)

nature of online interactions, the synchronous interviews with participants can enable a different form of togetherness, because “physical co-presence is no longer the only presence possible” (Enriquez, 2012, p. 60).

Furthermore, previous research found that conducting internet-mediated interviewing can increase self-disclosure and openness of participants. (Evans et al., 2008). In particular, Zoom for qualitative data collection is considered a viable tool (Archibald et al., 2019), that can increase accessibility while maintaining rich data collection (Renosa et al., 2021).

In summary, remote interviewing can present a range of challenges to the researcher in terms of ways of establishing rapport and reading the participants’ nonverbal cues. However, the versatility of the medium allows for face-to-face approaches to interviewing to be adapted for the online environment (James & Busher, 2012); this meant that the quality of the interaction was not impacted by the remote interviewing and participants described the interviews as an enjoyable and reflective experience.

Reflections on the interviewing process

When scheduling the interviews, I was intentional about creating space after each interview to allow reflections and write down thoughts, impressions and questions that emerged. Ellingson (2017) recommends that when conducting interviews, researchers create detailed logs of their own bodily reactions before, during and after interviews and note any reactions such as nervousness, anticipation, tiredness. By keeping a reflective diary, I attempted to explore how my own embodiment was guiding the research process and the research encounter. Moments of connection or disconnection felt during the interaction with participants and immediately after an interview, any heightened awareness of sensations felt in the body (muscle tension) or emotions (sadness, joy) were used to guide my reflections on the research encounters.

Holding this embodied reflexivity lens (Finlay, 2012), was also helpful when preparing myself for the following interviews, in allowing me to consider how I impacted the dynamic in the research relationship. Later on, during the analysis stage, revisiting my comments on embodied and relational reflexivity helped me clarify my preliminary assumptions, and remain careful that it is the participants' account that drives the interpretation (Willig, 2014).

The following paragraph (in italics) represents an extract from my reflexive diary:

Whereas Gloria's focus was very much on the relational, Maya's use of language revolves around metaphors that reflect movement, fluidity and a sense of temporal orientation. Maya shifts from the original story she had intended to tell, just like Glenda suggested it might happen.

Listening to Maya, I can notice how the pace of her discourse slows down, as she goes deeper into the story and she becomes more connected to her embodied experience, the vivid re-experiencing of emotions and physical sensations. Her "centring", sometimes suggested through placing her hands on her heart area, or by straightening her posture, is noticeable in how she is able to tell her story of transformative learning. Maya moves from a factual account of events to a more mindful depiction, more aware of the nuances and reflecting on her values.

As she talks, I notice my body becoming more relaxed, and I am mirroring her posture and the limited body language that I can observe by interviewing remotely. I catch myself leaning in toward my laptop. At some point during the interview, I become less worried about "good data", the internal chatter stops and I am really present with her.

Analysis

Transcription of interviews

The interview data was transcribed and anonymised by the main researcher. Embarking on this process without prior experience was illuminating for revealing the “intrinsic methodological limitations of transcription” (Kowal & O’Connell, 2014, p. 66). Mishler (2003) remarked that transcribing an interview is an interpretive act, one that involves “an endless number of decisions...[that] have serious implications for how we might understand the discourse” (p. 301).

In transcribing the interviews, I attempted to remain as close as possible to the content as well as the practice of speech (Chase, 2003). I considered the “disparity between oral and written communication” (Kowal & O’Connell, 2014, p. 64) and attempted to lend a critical eye to the decisions I made during transcribing. I documented these in my research diary. The process of transcription was lengthy and comprised of “multiple rounds” (Kowal & O’Connell, 2014, p. 64), starting with rough transcripts followed by returning to the audio and visual recordings to add the more nuanced details. The transcripts include aspects of speech such as emphasis, pauses, intonations, repetitions, interruptions, nonlexical responses (e.g., “umm, umm”).

Data Analysis

IPA methodology (Smith et al., 2009) was employed to analyse the interviews. The transcripts were analysed one by one, following the idiographic principle of IPA. During the first stage of the analysis, each interview was read and re-read several times and phrases and words that were relevant were highlighted. The transcript was transferred into a table format, consisting of three columns, as recommended by Smith et al. (2009) - a column containing the transcript itself, and two additional columns: one with reflective and exploratory

comments, and one containing the emergent themes (Appendix H). The process of “immersion” in the data required repeated viewing and listening of the recordings, and an active engagement by several readings of each transcript. During this process, reflections and initial observations were captured, followed by generating the emergent themes.

The subsequent step of the analysis consisted of transforming the “descriptive”, “clarifying”, or “evaluative” (Willig, 2007, p. 211) comments into emergent themes that moved the analysis into the interpretative stage. In creating the emergent themes, participants’ own language was used, with the aim to remain close to their experience and to use this as the foundation for the higher-order interpretation that followed (Willig, 2014).

The emergent themes for each transcript were copied into a separate document, and were then grouped into clusters of themes with a title for each cluster. In order to create the clusters, steps such as “abstraction”, “numeration”, “function” and “subsumption” were employed (Smith et al., 2009), which refer to different forms of identifying patterns between themes. Titling the clusters, or creating the super-ordinate themes, aimed to capture the commonalities of each cluster.

This procedure was repeated for each transcript, generating seven lists of superordinate themes. The final step in IPA required integrating the super-ordinate themes across participants, in order to create an account that captured the essence of the research topic. In order to do this, after “cumulative coding” (identifying patterns within a transcript), a process of “integrative coding” was followed, by looking for patterns across transcripts (Larkin et al., 2006, p. 116).

After identifying the themes that were shared by all participants, these were grouped under a shared heading; the same process continued with themes that were shared by some participants, these were also selected and grouped under a shared heading. This process of cross-referencing enabled the researcher to identify similarities and differences between

participants. The table in Appendix I offers the reader the chance to observe the cross-referencing of themes and which participants contributed to what theme. Finally, a list of super-ordinate and sub-ordinate themes that captures the entire data set was compiled, and this is presented in the Results chapter.

Throughout the analysis, I shared my process with the supervisory team, who checked the analysis and commented on themes generated for individual transcripts. I attended IPA workshops and had numerous meetings with the supervisory team, as well as with a peer consultant engaging in credibility checks. On two occasions, an external consultant with expertise in IPA was consulted to further refine the analysis.

Evaluating the quality of the research

Numerous guidelines and criteria (Elliott et al., 1999; Smith, 2011; Yardley, 2008) exist to support the critical appraisal of qualitative research. Yardley (2017) characterised these principles as “broadly convergent” and focused on four dimensions for evaluating the quality of research: sensitivity to context; commitment and rigour; transparency and coherence; and finally, impact and importance. Yardley’s (2008) key four dimensions have been extensively employed in assessing qualitative work.

However, as Smith (2011) explains, it is important that when selecting criteria, we discriminate between the different levels of specificity, remaining mindful of the best criteria for each particular qualitative approach. Smith (2011) suggests that Yardley’s (2008) criteria are “useful in thinking about validity”, however they are “not specific enough” for evaluating IPA studies.

In the remaining of this chapter, we will employ Smith’s (2011) specific criteria to demonstrate the quality of this IPA study.

The paper should have a clear focus. Smith (2011) argues that studies investigating a particular aspect rather than a broader focus are of better quality. The current study samples

one specific group - CP trainees, and explores their experiences of TL from an embodied perspective.

The paper will have strong data. Smith (2011) states that interviewing is a crucial element in obtaining good data. The current study has evidenced the steps taken to ensure good interviewing, from thoughtful construction of the interview schedule together with the supervisory team, to consideration given to the challenges offered by online interviewing. The interviewing process was thoroughly documented in a research diary, with the researcher engaging in reflexivity employing various lenses. Finally, careful consideration was given to the transcribing of the interviews, which the researcher has done herself.

The paper should be rigorous. This criterion allows the reader to assess the “convergence and divergence, representativeness and variability” (Smith, 2011, p. 24) of themes. To support the credibility of this claim, Smith (2011) advises that for research with sample sizes of four to eight participants, extracts from half the sample need to be provided. The current study has exceeded this requirement, with quotes provided from all participants. Furthermore, researchers should indicate the prevalence of themes in their sample (Appendix D).

To support the credibility and rigour of the analysis, one participant was invited to check the themes created for their account and indicate to what extent the themes reflected their experience. Their comments were then used to further refine the analysis.

As described above, I engaged in bracketing interviews with a peer consultant, aiming to ensure that the impact of my own assumptions and experience as an insider researcher were taken into account. In doing so, I aimed to be sensitive to participants’ context, which I also shared, as a trainee CP. Beyond the continuous support from the supervisory team, I attended several IPA workshops to discuss the analytic process.

Sufficient space must be given to the elaboration of each theme. Smith (2011) advises that an “extended and elaborate account” (p. 24) of themes is preferable to a superficial presentation of results. The current study offers an extensive account of themes in the Results chapter.

The analysis should be interpretative not just descriptive. This is evidenced more succinctly in the Results chapter, due to specific thesis guidelines. The Discussion chapter contains a more elaborate interpretative commentary.

The analysis should be pointing to both convergence and divergence. To evidence these guidelines, the reader must be able to observe not solely the similarity across participants, but also the unique experience of each individual account. This can be observed in the Results chapter and is further elaborated in the Discussion section.

The paper needs to be carefully written. I attempted to meet this criterion by continuously revising the manuscript and incorporating valuable feedback from the supervisory team. It is hoped that the current paper is thought provoking and has expanded the readers’ knowledge on the topic.

Personal reflections on the analysis process

I approached this method with curiosity and excitement for what it would help me understand about participants’ experience. As a trainee CP myself, I was prepared to hear participants describe enriching experiences, which I initially believed were going to be exclusively positive. I was also open to being surprised and wondered about what the research would allow me to learn.

I had reflected that the topic was meaningful, as my personal inclination had dictated the choice of this topic and had shaped the research questions. I was aware that I could not contemplate it without a certain personal involvement.

Since starting the interviews, my relationship with participants' accounts has known some interesting turns: from the excitement of first recording an interview, to the tediousness of transcribing while wondering which part of the material would be more relevant to my thesis. I read and reread the interviews, I listened and watched the recordings; sometimes I could connect to my participants' experiences or they seemed foreign to me. When the research path turned rocky, I tried to hold on to participants' openness and their saying yes to my invitation. Striving to become and remain attuned to my body throughout the research process was not straightforward or linear. Reflecting on my embodied identity put me in contact with unquestioned assumptions and blind spots, the exploration of which continues.

Chapter 3. Results

Overview

Investigating the TL of CP trainees using a phenomenological methodology offers insights into what the experience is for participants and how it shapes and informs their world. The key elements of IPA (Smith et al., 2009) - a focus on the lived experience, hermeneutic enquiry and idiographic principle, and their connection to the phenomenon of embodiment (embodied knowing of the world) - will be illustrated in this chapter.

As a researcher, I acknowledge the double hermeneutics process engendered by IPA (Smith & Osborn, 2003): attempting to make sense of participants' own sense-making, I am bringing my own perspective and habits of interpreting the world. A third layer of this process is created by the reader and their own engagement with creating meaning from the data (Smith et al., 2009).

This section will offer a presentation of the themes created during the analytic process. Adhering to the "explicitly idiographic" principle (Smith & Osborn, 2015, p. 41) of IPA analysis, I examined in detail each participant's account, before looking to capture the divergences and convergences (Smith et al., 2009) across their experiences.

The themes are accompanied by an interpretative commentary interwoven with verbatim quotes from the interviews, to illustrate the richness of the data and to offer transparency about the analysis process. It is hoped that this will help orient the reader, convince them of the rigour of the analysis and enable them to check the credibility of the interpretations (Elliott et al., 1999).

Any identifiable information about participants or training courses has been removed. To protect participants' confidentiality, pseudonyms have been used. The verbatim extracts presented here have been minimally adapted to improve readability; parts of the quotes which

have been removed are indicated through an ellipsis: [...], while any additional words inserted for clarity purposes are marked by brackets, for example: [they].

Summary of themes

Table 3 displays the three super-ordinate themes together with the corresponding sub-ordinate themes that emerged following the analysis. The research questions that guided the analysis were:

- 1) How are trainees experiencing TL on the CP programmes? and
- 2) How do trainees make sense of their experiences of TL using an embodiment perspective?

Table 3: *Super-ordinate and sub-ordinate themes*

Super-ordinate Themes	Sub-ordinate Themes
Recognising practices that transform	Valuing relationships Integrating personal and professional selves feels authentic
Appreciating different ways of knowing	Emotional discomfort Feeling a bit taller
Listening to own voice	Changing the relationship to Self: <i>I've become more me</i> Internal validation

Recognising practices that transform

Overview.

The first superordinate theme shines a light on the experience of recognising and engaging with practices that transform learning and sustain growth. The first subtheme captures the prominence of relationships during training in general, and as catalyst for TL.

When engaging with clients, multi-disciplinary teams, peers, supervisors and tutors, trainees highlighted the importance of a sense of connection at the heart of their transformative experience. Participants made sense of their TL by choosing to focus on how their learning was shaped and made possible by these relationships, an aspect which is presented in the first sub-ordinate theme.

Most participants also described that the learning was meaningful for them personally and professionally, and that the growth they experienced blurred the lines between the personal and professional. Participants reached a broader, more integrated perspective on issues that were important to them, and this is brought to the fore in the second sub-ordinate theme.

When asked to reflect on a moment of significant learning, trainees were able to connect to their bodies and describe how they made sense of their TL in multiple ways: using images, metaphors, embodied experience. Interspersed in the narrative of the first theme are excerpts of how participants came to knowledge and understanding through their physical experience.

Valuing relationships.

This subordinate theme aims to capture the value that trainees placed on their relationships with peers, MDT members, clients, and supervisors. Trainees commented on the learning that was made possible by shifting their focus toward the relational, how doing so has inspired, sustained and helped them grow during training. Recognising the value of interconnectedness was an important learning point mentioned by all participants.

When asked to reflect on an instance of transformative learning, Clarissa answered: "I'm thinking more of relationships than events". Describing her relationships as significant learning moments, Clarissa spoke about the clients she supported, who "moved **a lot** [participant's emphasis] within me..."As she progressed on her training journey, Clarissa

noticed a shift. Whereas at the beginning “I trusted so much in theory and the books, and less so in relationships and myself and the client...”, gradually she arrived at a place where she was “attending to the emotions and attending to the relationship a lot more than I would have”, prior to her learning.

Maya articulated a similar experience:

Erm...and I think, that's been more gradual as well, but specifically this experience, it was much more kinda relational, and I guess it's not so much, obviously there are therapeutic principles in there, but I think it's taken me beyond the, you know, just “I'm delivering this therapy, here you go”, it's much more thinking about the relationship in the room and how we can work with that...

Both Maya and Clarissa talked about understanding, following their TL, that it was important to avoid any practice that would be othering clients. They articulated their commitment to creating a supportive therapeutic relationship, and described how they were able to adopt these values in their work following their learning:

*And I think it kinda speaks to my feelings that... **we should be there** [participant's emphasis] with people, not very distant and, not kinda othering, I suppose. I feel very strongly that we shouldn't be othering the people that we work with, and that everybody experiences difficulties and mental health difficulties and I think we should own that and kinda own our discomfort as well. (Maya)*

I don't like it when there's... a difference between client and therapist, I don't think that should be the way it is, and so...me valuing that we are on a more...even...if they're not aware that I'm doing it...me having in my mind that I'm a human being with a human being. (Clarissa)

In her account, Bell expressed how much she valued contributing to a supportive work culture in the team. This came about after having experienced the transformative effect of being able to be vulnerable, “human”, “accepted and actively de-shamed”, and “being valued for being me”:

And thinking with people about how they might be able, the team might be able to promote the well-being of members of the team and things... and I think...that services are busy and... the time isn't always made for kind of humaneness and authenticity and like being together in the trickier stuff...

And I think I've learned that that's important to me, that I think teams work best when there's space for acknowledgement of that, and then the opportunity that, I guess, that gives the opportunity for support where it's needed or to be able to come together to work to find a solution.

In speaking about the TL moments connected to important relationships during her training journey, Bell noticed a “slight, slight increase in breathing rate”. Invited to become more attuned to her body, Bell described sensations:

[...] erm...partly in my chest and partly in my face... [touching her face, laughing] I haven't really thought about this before, where do you notice that?

Yeah, I think, I feel like I want to take a deep breath... I think that's the feeling in my face and... Yeah, there's a bit of like, don't know, it kind of comes in waves, like a bit of heaviness and then feeling a bit more relief.

Maya articulated an attitude of caring for the relationship within the team, and recognising her role in promoting good working relationships with colleagues, “having had that experience” of TL:

I think as well, as I move forward in my career, in my role in terms of either supervising others or facilitating reflective practice, having had that experience, and going back to the values that I talked about in terms of being there with the people that we work with, as opposed to othering them and keeping them at a distance... I think I have a stronger sense of...having practiced in line with my values, it makes it possible for me to sort of pass that on.

For Gloria, the TL revolved around recognising how important “validation” and “acceptance” were, in different relational contexts: academic, placement and within the therapeutic relationship. Gloria expressed her stance regarding the relational, one that complicated clear, binary categories of opposition and held the space for multiple perspectives:

Because previously I think I felt like I should only have one opinion, or there is only one way to do it...whereas in this discussion, I think my learning, a lot of the learning, or my... the epiphany as I called it, came from the acceptance of different perspectives and different experiences, people being able to talk openly and disagree openly, and that was ok.

I'm just thinking about me as a professional, or working as a psychologist, we can't expect people to change if they don't want to, or if that's not who they are...and maybe helping people to accept...yeah...who they are is more beneficial to them...and it's made me realise how important it is to probably stay strong in my own values, but also, it actually taught me to value working with other psychologists at the moment, and even more so the MDT, in a different perspective.

Gloria described how feeling accepted was expressed physically:

At the time, I noticed it in my stomach, in my heart, although I felt calm, I mentioned the excitement as well, it felt like such a relief to be accepted, so ...yeah. I felt that in my stomach, in my whole body, like the tension in my body kinda dissipates [gesturing with hands].

The positive supervisory relationship and the fundamental place it occupied in their learning is described by five participants. Some participants emphasised the relational aspect by describing the quality of the supervisory alliance, and the value of experiencing trust, openness and authenticity. For instance, Bell spoke about feeling “seen as a whole person”, and Clarissa noted that the supervisor “was so willing to explore with me safely and allow me to reach those understandings...so I think he really was instrumental.”

Clarissa described what she perceived was important in creating a strong supervisory relationship and what contributed to her TL on placement:

And what was so great about this supervisor was...he allowed space for us to talk about all of this. He was so generous with his time and he allowed us to explore, always asking about my emotions and my thoughts in relation to what I was seeing, and ...mmm... what I experienced in sessions with clients.

Feeling safe in her supervisory relationship, Clarissa was able to engage in reflection in a way that was meaningful to her: “he helped me really unpick what that was about...”; she then goes on to comment on how her supervisor inspired her to think differently about her practice and reframe the difficulties she was facing:

And he really drew that out through conversations, and he turned it into a positive thing, like something for me to be proud of, and something for me to hold in mind, know how to gently challenge, or think about how I would want to do things in the future myself...

Bell's account of TL is infused with references to supportive relationships and conversations. Recalling one particular instance where she was feeling "quite ashamed about how difficult I was finding the placement [...] particularly in terms of the supervisory relationship", Bell makes sense of the experience by reflecting on a conversation with her academic tutor. She remembers how the tutor "said to me that it felt like, maybe I was struggling because I wasn't feeling held in mind, and kind of acknowledged that feeling held in mind is like a human thing that we all need". Bell was unequivocal about the value of the supervisory relationship and she described one particular supervisor as "a secure base".

A similar experience is described by Maya, on a particular occasion when she was struggling in a therapeutic relationship. She commented on the supervisor's ability to be attuned to her learning needs:

I feel gratitude towards my supervisor as well, because I think my supervisor was, in this placement, for a lot of different reasons in terms of my learning, was really key, and in this experience, she really scaffolded it, and really pointed it out to me where the learning was, where the development was, which really helped...

Maya was challenged by her supervisor in a supportive way and encouraged to be more open and authentic with her client; this strengthened the therapeutic relationship and led to an outcome that the trainee could feel positive and proud of.

Also reflecting on therapeutic relationships, Audre chose to describe how she was able to reach a deeper understanding of clients' experience, and position herself differently in relation to clients. In order to achieve this, Audre benefitted from her supervisor's prompts to "put a bit more detail about this client's individual background". As she attempted to do so, she recognised she had missed addressing important aspects: "And I suddenly found myself asking...yeah, there's sort of gaps for me..."

She then had a powerful awareness of:

...how multilayered people are, they come with different race, religion, age, ethnicity and so, actually, sort of understanding someone's experience is really important to us, that with the individual, not just seeing the visible characteristics in front of you, but really thinking about someone's experience across different Social Graces...umm... and which of those might be voiced in the room or unvoiced.

Two other participants – Paula and Robin described important moments in their learning that were connected to the impact of the supervisory relationship, in both instances fraught with difficulties. Their accounts centred on the perceived power of the supervisor and how that shaped their learning and opportunities for growth.

When referring to a meaningful positive supervisory relationship, Paula articulated it using an attachment framework:

...having my first supervisor, in particular [...] I felt like she was really attuned to me and when she, when we were apart from each other she held me in mind, and... and that I could make a mistake, I could come up like “I’m not sure about this”, or “can I just check I’ve done the right thing?”, [...] and I would get no judgment from her, that she would really pick out the positives that I’ve done well and if there was something that maybe I could have done better...she just had this way of telling me that didn’t make me feel... like, it would still feel like a positive, you know... and just how much more comfortable I felt on placement with her to just be myself, be open and honest and I think it was just a really nice experience all around ...

Integrating personal and professional selves feels authentic.

This sub-theme captures the recognition on the part of trainees that TL on training impacts them beyond the professional side, that emotional investment in their learning or in their professional relationships has profound reverberations; also that by allowing access to their personal selves it can transform the quality of their work and relationships on training.

When asked to reflect on a moment of TL, Gloria explained her choice in terms of the pervasive effect that the learning has had:

...it feels quite emotive and I guess it helped me think about myself as a person, but also myself as a professional.

Following her TL, which she described as “personally and professionally defining”, Bell spoke about being able to:

...be both professional and a human being, I think, whereas maybe I tried to be always like the best professional version of myself and I'm... I guess, there's situations where that's the most helpful but, I think being a human being first is...useful [laughs]

...seeing my personal self as well as my professional self, and recognising that those two parts of myself come together and influence each other. And so... Yeah, I think, acknowledging my humaneness helped me to feel seen as an individual.

I think I also learned that emotions are part of being human. And I have actually used the same phrases like, I have said to people “actually I'd be more concerned if you weren't feeling upset about what happened”.

Audre talked about the impact of the TL on her training, but also outside this, in her personal life, for instance in friendships or on placement:

...it's made me a bit more open-minded, yeah, best way to say it, and not just professionally, but sort of personally as well...

...so being really open to people's individual experiences as in what it might be like to talk about these issues in friendships, but also in your workplace, and also how people's experience might really differ, so the importance of asking questions to different friends...

Audre described how she experienced the learning in her body:

Yeah, I don't quite know how to describe that sensation, but almost like a calmness and an energy, I suppose, to sort of further learning and feel that things are shifting in terms of my own practice.

So yeah, just sort of a feeling of energy and yeah, a bit more alert in terms of posture and my mind being a bit clearer.

Audre sought to understand what it was about that experience that had such a transformative effect for her. She made sense of it in the following way:

[thinking] I guess it's something about the link between the personal and professional in a way, and I think that sometimes if it resonates with you or really gets you thinking about your own experiences, and yourself as a therapist, and sort of merging the personal and professional...and that can evoke, sort of a more of a reaction, I suppose, 'cause you're very reflecting and thinking about your own experiences and how that applies in the therapy room as well.

Umm, so I think that's why it sort of stuck out around...so really being able to shape my practice and get me thinking in a completely different way, both inside work and outside work as well, in personal relationships and how people view the world as well.

Maya shared what made it harder for her to integrate the personal and the professional during the earlier stages of training:

...because I think in earlier stages of training there's this idea that you need to know what you're doing [gesturing, making parallel movements with palms], you're kinda...a competent therapist, you're delivering your therapy kind of thing...

And I think, acknowledging...I guess it's partly acknowledging you're human and acknowledging that you're finding it difficult...

Similarly to Maya, at the start of her training Clarissa tended to emphasise acquiring theoretical knowledge and technical therapeutic skills:

I think actually from my professional background, having worked in IAPT in a very structured, very...umm...there is a right and a wrong way of doing things...I've become very ...not prescriptive, but very cautious about doing therapy justice [...] Maybe before I would've focused a lot more on the technical aspects of the therapy, and what might be working for that reason, and turning back to the theory and what else do I need to try?

Clarissa arrived at a different understanding after her significant learning:

I'm, I think I'm a little bit more human in sessions, because I'm recognising that there doesn't have to be this professional façade of expert and knowing theory, but like allowing myself to explore my emotions...umm, in sessions, and take those to supervision and...umm, not have to be like two separate people, in a way.

This ability that she developed “fits a lot more with me, is me valuing authenticity in a way”, and Clarissa made sense of this as her seeking to “provide the best support that I can”.

Appreciating different ways of knowing

Overview.

This superordinate theme captures a particular experience in TL: engaging with different ways of knowing. The affective experience of training has a powerful impact and is a theme that all participants felt compelled to describe. Habitual tendencies to respond to

challenges become ineffectual during training: some trainees developed a new capacity to “sit with”, “allow” the experience, while others welcomed difficult emotions. Participants shared the understanding that a shift in the attitude toward discomfort was necessary for their TL to occur.

The physical expression of learning, how arriving at a new understanding or meaning is communicated through their bodily posture is then explored, together with how participants were able to engage with the subtle bodily expressions.

Emotional discomfort.

This subordinate theme gives voice to an experience shared by all the participants interviewed: the affective aspect of learning and the emotional impact of training. Participants recognised the need to have a different-than-usual response to discomfort in order for their learning to take place.

Audre recalled her TL experience, which was sparked by a teaching session on Social Graces (Burnham, 2012), and the emotions it generated for her.

...as I said before it was the emotional reaction in teaching in general that started the change...

...without the, sort of the uncomfortableness first, that might not have...or the anxiety, that might not have actually affected my learning in the same way.

The activities in the classroom involved conversations on the topic of racism, antiracist practice and lack of representation in the CP field. Audre described watching a video that addressed this topic with her peers, when “actually hearing what that must be like for people, I think was really eye-opening for me... something that really evoked quite a lot of emotion, a bit of sadness, anger at the situation and really got me thinking...”

When bringing to mind this experience, Audre “noticed the feeling of breathlessness first”, followed by “feeling a tight chest...that’s usually a sign of ...more a negative emotion,

generally, something's going on that feels uncomfortable, or...not quite right...so, yeah, a bit of a trigger-warning in a way, to see what's going on...". She made sense of this physical sensation as indicating an anxiety-provoking experience:

Umm...and that, I suppose, would prime into feeling a bit anxious, 'cause I suppose I map now onto physical sensations...if I'm feeling X, which usually is a tight chest, then I'm feeling anxious, so I suppose it's sort of my own way to identify the emotion...umm...

Mm, so the anxiety is sort of tight chest kind of feeling, and almost a bit of breathlessness, so mostly so, yeah tight chest and feeling breathless...

Audre chose to allow this experience, however difficult "standing at the edge" (Berger, 2004) might be:

...I suppose it's encouraged me to sort of sit with the uncomfortable a bit more and go outside of that, which otherwise might not have happened, if it hadn't been sort of brought to my attention, to think about ...

Bell experienced a similar process in relation to discomfort, but offered some background to it by describing her previous pattern of dealing with difficult emotions:

I was quite good at ... I guess coming from my IAPT, BA-ing myself [behavioural activation], getting on with things, maybe didn't take the time to recognize them...

However, during her training, she was able to engage in a different practice, acknowledging and making space for her difficult emotions:

...it was important to recognise them, like I could just be a bit more sensitive to my own needs and feel okay with difficult emotions, rather than kind of actively tackling them, necessarily [...] and not just having to make everything better, just the emotions are OK as well.

Clarissa's TL was connected to the therapeutic relationship that she developed with a particular client, who made a powerful impression on her:

And it [the therapeutic intervention] wasn't going anywhere, and it was incredibly frustrating and evoking so much emotion, that in supervisions I used to cry, and...

*...I remember crying a lot on that placement [laughs]. I remember real heaviness when it came to, especially to that client, my goodness! There was **such a weight!** Umm [pause]... yeah, it was uncomfortable, it wasn't easy.*

Bringing to mind that experience during the interview "was like an interruption" for Clarissa, who explained: "because it's quite a strong feeling, it almost stopped me in my tracks from continuing to speak". She described the experience further by tuning in to her bodily sensations:

Umm...maybe like slight tightness in the chest, or...but also just something coming up, like those tears that are almost arriving, umm...

Umm...[pause] I do...when I think about it, I don't really know where this comes from, but it does feel dark, they're darker colours...

Clarissa shared the meaning she drew from her physical response to the memory of that client: "There's a connection, there's a sense of care, and that's why those feelings came up." Clarissa valued the learning from that therapeutic encounter and, although challenging, the relationship with the client was rich with meaning:

...it's interesting because all of those things are so negative, but I learned so much from them.

Gosh! That was such an important experience for me, to help me to grow, to help me to...it kind of shed light on, like, corners of inside me that I hadn't looked at before, and so I feel grateful that that experience, as painful as it was at the time, as difficult

as it is to even think about it now...it really allowed me to just uncover, and be more aware of things.

Due to the learning that took place in the context of that relationship, Clarissa was able to notice a shift in her ability to experience discomfort; that expanded beyond that particular client and changed her practice profoundly:

[pause] I think it's made possible for me to hold whatever is in the room, without having to resist, defend... just hold it, just allow it to be [...] just allow, and accept and see all the parts of somebody. Hold it with them, I think. That's what it's made possible and that's something that maybe I really struggled with before...Umm...

This capacity to “allow” and “hold” what she notices in herself, and what the clients bring in the therapy room is understood by Clarissa as an aptitude that was skilfully facilitated by her supervisor. Similarly to Bell, Clarissa felt that her supervisor modelled an attitude of being comfortable “at the edge”, in the liminal space that precedes transformation. She can now offer this to her clients:

Yeah, I would say there's more of a tolerance and acceptance of anything, anything difficult that comes in, including me being disliked, me being dominated or attacked...obviously not in a client bullying me sense, because that's not okay, but...more, more space, more space in the room to allow for emotions that aren't perfect, or the way I expect them to be or want them to be, if that makes any sense...

Maya gave a lot of time during the interview to her experience and understanding of emotional discomfort. She reflected on how her attitude to it shifted, from a sense of dread and avoidant behaviour, to seeking out and enjoying what “*harnessing the power of your own discomfort*” makes possible:

And....afterwards, I think it's kinda looking back on it and reflecting on...the discomfort that was involved in doing that and kinda [...] recognising that...actually, it was worth it, that the point that it got you to... it's worth the initial discomfort...if that makes sense...

She reflected on a piece of work that she felt proud about, and recognised that engaging with discomfort, a sense of her own vulnerability and not knowing were important contributors to this success:

I was feeling really arrgh [furrows her eyebrow], when I went into the sessions, I just felt completely...like I never knew what I was doing...erm...and actually it was such a turning point...[...] we've got to a really good place and I think it's only from going through that whole process.

*[...] it was **so difficult** [participant's emphasis], I found it so difficult initially, and I felt so uncomfortable, and then overtime, it's actually become one of the cases where I feel I had the most success and actually genuinely really done something... that I guess... for my confidence and development it's been so important, because I can kinda look back on it and think: well, I managed that, so I can manage things going forward.*

Maya's learning from this captures not only a growing confidence in dealing with difficult therapeutic cases, but also a different stance and a shift in her assumptions in responding to discomfort. She is now able to see beyond the initial response, and really use the experience as a "cue", a valuable guide on the therapeutic journey:

*Whereas now I'm at a place where...if I'm feeling that, it's kinda a bit of **a cue** [participant's emphasis] that I need to think about this case a bit more, I need to sort*

this out, you know, sort out in my head what's going on, you know, really look at that...erm...

And I guess that's not always a comfortable thing to do, because if we're feeling, if a case is making you feel incompetent, or making you feel like you always try and play catch up it's not comfortable...but, I guess, having recognised the power of looking at that vulnerability, and getting it out for other people to look at, I kinda...it's taken me to a place of realising there's value in doing that, even if I might be initially a bit uncomfortable, then it's worth it...

Having the courage to do so, and having a successful experience increased her comfort level:

... I feel less discomfort with doing that, it's less of a kind of "oh, this case just makes me feel rubbish"...there's less of a sting, the discomfort is less visceral, because I kinda feel that...having had this experience, and seeing the value of it, it's more of a clue that there's something that we can explore and that might be helpful...erm...so there's kinda two things there, isn't it...there's this sort of: I can see the value of exploring something that's uncomfortable, but also, with that, it takes away some of the discomfort, if that makes sense...

Maya expressed an initial difficulty to make sense of her bodily sensations and how the emotional discomfort was held in her body:

I guess when I'm thinking back to what I was feeling, I guess it's kinda here [pressing both palms on her heart region]...I don't know, it's hard to describe...you'd think as a psychologist, you'd be very able to describe your sensations [laughs]...

Yeah, I guess it's a feeling here [holding palms on heart area], and I guess it's almost like, I guess it's adrenalin and almost like exhilaration, erm...[pause] and I think

partly in relation to what I used to feel when I felt really uncomfortable about these sessions, but also thinking about it now, it's a positive thing in terms of the positives of that piece of work, as well.

Finally, Maya connected this stance of being open to discomfort to an ethical and professional responsibility that we hold in our work with clients:

I think, going back to what I said about having empathy, and kinda understanding, and erm...I guess having had the experience of putting myself out there in a way that's uncomfortable, I think that's important because our job is to have difficult conversations and talk to people about uncomfortable feelings.

Feeling a bit taller.

This subtheme captures how the body is engaged in the elaboration of knowledge, and how trainees make sense of this knowledge as body-subjects (Merleau-Ponty, 1945).

Exploring the embodied aspect of TL allows us to understand the learners as whole entities (Feller et al., 2004).

Inviting participants to include an exploration of their thoughts, feelings and physical sensations generated a richer understanding of their TL processes. Although references to how the body was involved in the creation of meaning are interspersed throughout the Results chapter, this particular subtheme captures participants' experience of reflection-in-action.

Maya shared what this experiential process felt like for her:

Partly, that's physical as well, because you feel that kind of, sort of...[sitting taller, gesturing with her hands, lifting her arm up and towards her midline]...you know...almost like a physical sensation, feeling a little bit taller when you... 'Cause I guess when I think about what I described at the beginning, when I felt really uncomfortable, and I felt really incompetent, and I guess, you know, you feel like you

want to sort of...turn inwards [scrunching her face, crossing her arms in front of her chest and holding them there], you know, you don't feel...erm...you sort of feel like you just want to hide away... I guess the way, when I talked about noticing the development, even the way I feel I can talk about it, it made me feel less like a trainee who doesn't know what they're doing and more like a professional who does know what they're doing.

Having gone through a learning process, she describes how she experiences her body after integrating the new knowledge:

I think there is a bit of more tension, in terms of that sitting up straight and squaring myself a bit, but I think although there is tension, there's also a bit of centring yourself, so kind of moving your posture to a place where you're feeling that stability.

Audre described her newly acquired learning as:

...sort of energy, generally, afterwards, that would be the hope...umm, yeah, sort of a ...can't describe it other than an energy, really, that I felt a bit more awakened in terms of posture and, generally, yeah...in the body.

Umm...I suppose it's a feeling of being more alert, sort of more awake, the energy that comes a bit more enthused, and being able to think a bit more clearly, as well, comes with that.

Becoming attuned to her in-the-moment experience during the interview, Paula noticed that her arms and legs are tightly crossed:

Yeah, yeah. I don't... feel like I'm noticing a great deal, really. I guess I've got like, my legs crossed quite tightly [laughs]. Quite like tensed up position, so I'm just adjusting that now, trying to free myself up a bit more...I've got my arms really

crossed in front of me... erm, so I think the way I'm sat is quite...you know, the arms really crossed in front of me, got myself really tightened up and my legs are completely crossed over, as tightly as they could be, really. I guess I'm noticing that and just trying, now to let myself loosen up a bit.

This “spontaneous responsiveness” of the body (Bownas, 2017, p. 111) that Paula noticed was connected to her describing difficult dynamics in the supervisory relationship. She is also able to recall how her body felt at the time of these conversations with the supervisors, and is uncovering a disembodied memory:

Yeah, so if I was casting myself back to ...moments when... it's interesting actually, cause I never thought about these things before... when I was casting myself back to moments when I was sat in supervision, hearing things that were being said, I wasn't sat in like a first person view, I was outside of the situation, like looking at myself and my supervisor ... rather than being in myself at the time, and just kind of it being like red around the outside of the scene and then it just kind of fading, the colour faded out as it came into the centre...

Clarissa commented on how unusual it is to “include” the body in the conversation:

[pause] I'm not too sure how to answer that...I don't know how to answer that without overthinking it [laughs]...[pause] I don't know...it wants maybe to stretch out...to like, take a deep breath and stretch out, maybe...

She then reflected on how tuning into her body allowed her to make sense of the experience with the client her desire to become more “connected” to the client, despite the barriers:

Well, I did move my leg from being crossed to like stretching out actually, as we were talking...that might have been like, I don't know, wanting to break loose a little bit

from that compression we talked about or like...that feeling. Umm, other than that, I'm not too sure...

Mmm...I guess it could be seen as a way of me finding a way out of that stuckness and out of that...mmm...maybe a way from passivity and more into being active, in a way...and taking more control, not in a negative sense but in a ...

Clarissa makes sense of her body shifting in the following way:

Yeah...Yeah...so maybe to move away from a defensive position more into a vulnerable, let's connect kind of position, maybe...

Becoming aware of her body position during the interview, Bell remarked:

I am holding onto my hands. Umm, what's that about?

She gave a tentative response to her own question: “*maybe that is a bit of a protective action*”, and later goes on to say:

I do know that when I've experienced more emotional, emotional situations that are about me, I guess, then I probably do sit like that. It's not, it's not particularly rigid, it's just a gentle handhold I guess. [pause] erm, there is emotion there, but it's sort of emotion that's already been looked after and found its place [...] So, it feels like soothed emotion.

The “soothed emotion” was further explained by a reference to the body. By paying attention to her body in the moment, Bell noticed with surprise that the emotional intensity of the event had decreased:

I think the [training] journey feels emotional, maybe more so than the [TL] experience itself now, even though it was quite emotionally laden at the time. So I

think the physical feelings don't feel like really strong in the way as you would have expected them to be stronger, maybe... that's surprising.

Clarissa connects to “*the heaviness*” of the therapeutic relationship with a particular client by noticing her breathing:

Umm...a little tight...a little like...almost a little bit breathless, or like...a little bit, I don't know...slightly that weight maybe that I'm feeling, not as much as it was before but... a definite, like ... compression.

It...the only way I can describe it is like a little void of air, because there wasn't that breathing, so it felt a little bit like...uhh, like I don't know how to describe it. Like... a little bit heavy, but not too heavy, more, more devoid of air...

Clarissa is very receptive to her physical sensations during the interview; she comments on how that shapes her ability to connect to the emotional experience of the therapeutic relationship:

It almost feels like a block...not a block, a block as in something like this [gestures across the chest] in my chest area, as if something was there....yeah...

Umm, yeah, it's mainly in my upper body, between my chest and my eyes...just physically, cause that's how I felt it. Umm...

Gloria used a reference to colour to describe the reflecting-in-action experience for her: “I feel...yellow! Because to me yellow is bright, and hopeful, but it can also be calming...so, I think...actually yeah, colour is a good one...it makes me feel yellow [smiles],...and **enthusiastic** [participant's emphasis].”

Robin described how she was able to connect to herself and become aware of her inner experience:

I think it comes into my awareness... Sometimes I don't know, sometimes it's just there...it's only when I sit and feel it, kinda... it's like a threshold, something like taps into your awareness, and you're like: "oh, ok, I'm feeling quite nervous", or "oh, okay, I seem to be feeling more settled" ...

So I think it reaches a threshold, especially when I'm distracted by questions, and zoom, and everything like that, I think that is what is taking up my... processing at the moment...I think had I been sitting on my own a bit more mindfully, that feeling might have come to the surface a bit more easily.

Robin believed that she knew what facilitates this connection to her inner space, and by engaging in practices of silence and stillness she can name what is emerging:

I felt quite tense when I was describing my experience...erm...of my first placement, I wasn't in flight or fight, like I might have been [then], but the tension was still there, and it was kinda presenting itself kind of here, like a pressure here [gesturing by placing hand on the base of her neck]...erm...that's what I felt...

I noticed like an edge or a feeling that I've got when I told people, you know, I've told peers about this story, that I've noticed, I felt a little bit of maybe shame, maybe a little bit of...needing to be believed, so I might be quite attuned to the other person, like "I need to tell you this, so that you believe me".

Having integrated that experience, she is relating to it in a different manner:

It felt like, quite...[pause] so I feel it in my body, but I feel as a quite strong and stable feeling, rather than the trepidation,[it] felt quite jittery, whereas this feels quite calming, quite grounding...erm...and quite safe. And ...settled, I think it's a good word.

Listening to own voice

Overview.

This final theme concerns the repositioning that trainees experienced in relation to themselves, how they reached an enhanced self-understanding and generated new meaning following their TL. Participants spoke about developing self-compassion, self-acceptance and a growing ability to trust their thinking and decision-making.

Changing the relationship to self: I've become more me.

This subordinate theme shines a light on participants' relationship to themselves: noticing a shift in the capacity to be more coherent with their values, a growing sense of self-compassion, and a stronger sense of self on account of having had a TL experience.

Faced with difficulties and grappling with the acknowledgement that "I am a human being", Bell reflected on gaining a new understanding of herself:

I think I've become more me, like, able to be a bit more authentic with people...[...]The most helpful professional relationships have been where I've been able to be authentic and not hide parts of myself.

prior to this memory I was very much like sitting with it, and probably mainly blaming myself for not knowing what to do, so that's a big change.

I think seeing myself as being a human being is probably one of the key learnings from this, and that's maybe been expanded on by lots of other moments, but I think that has been important because I think when things go wrong I've not necessarily blamed myself as much.

Feeling "seen as a human being" enabled Bell to become more transparent and open with the people that she worked with. This process was accompanied by a growing sense of

self-compassion. Thus, when remembering what facilitated the TL on her training, Bell remarked:

...it really supported me developing a compassionate motivation towards myself and actually wanting to look after myself, because I'm human and if I don't, it will be difficult for me and, you know, not as good for my clients.

And I think that has helped me to learn and grow more, kind of almost not hiding from myself the things that have gone wrong, but just looking at them with a bit more curiosity and thinking about, "well, this bit wasn't that great, maybe don't do that again".

I think...I think it's made me look on it with more warmth.

I have found it emotional in the sense that I've kind of felt moved by my past self...

Maya expressed a similar feeling:

I guess a bit of compassion when I think of myself, how I felt then...I feel compassion for myself [pressing her palm on her chest area] when I was finding it difficult, when what I was experiencing when it was uncomfortable, erm...looking back on that...

Clarissa reflected on the self-awareness brought about by her significant learning on a particular placement:

...what I learned on that placement has changed the way I see myself, see my work, see the way that I approach people...it really did a lot...really a lot of self-awareness happened on that placement.

Mmm...[pause]...umm, I think even if I self-reflected before, because I think I consider myself a reflective person, but I think if I... when I did it before, maybe it was with less self-compassion?

Very much like Bell, Clarissa acknowledged the importance of having self-compassion and placed this in the context of client relationships: “Umm, I learned that self-compassion is really important and I can’t give it to a client if I can’t give it to myself...” Following her TL moment, Paula described a growing sense of acceptance when relating to herself and an ability to validate her preferred ways of being in the world:

So, yeah, I guess, that I've been more compassionate towards myself, more like accepting that I, I personally feel like it's okay if I am a more “stressed out emotionally” kind of person, as long as I'm handling it in my own, my own ways.

Gloria spoke about experiencing an “epiphany” in her relationship to herself and her role as a psychologist, going from: “Seeing myself as a bad person, that I was lacking things, lacking in the passion, I think I felt I lacked passion to be such an activist, I thought I was flawed...”; she then added: “[...] in feeling accepted, in feeling listened to, I have become more confident and I have maybe accepted myself...”. Gloria reflected on a new confidence to engage with complexity, an ability to participate in challenging conversations and articulate her understanding, as a result of the TL she experienced:

Yeah...I think in difficult matters, where obviously I didn't fit into a certain perspective or opinion, I think I would have remained quiet...whereas now I definitely feel more confident in saying: I hear what side A says, and I hear what side B says, but my opinion is this, or maybe we should think collectively [bringing hands together].

When invited to describe the experience in her body associated with this new ability and understanding of herself, Gloria spoke about feeling “physically relaxed, but I also feel quite charged [participant’s emphasis]... and excited, and passionate.”

Internal validation.

This subtheme presents how participants were able to evaluate and decide internally how external contexts would influence their practice, how they came to trust their own expertise in decision-making, after exploring previously unexamined beliefs and values. Participants described how their view of themselves as trainees has shifted, how they were able to reimagine a different positioning of themselves in this role.

For instance, Bell talked about her own contribution to learning, and recognised what she herself was able to bring to co-create the experience of TL. She understood her learning differently, not solely as a recipient of guidance and knowledge, but as an active participant in that experience:

I guess, seeing these conversations as two-way, where maybe I have to bring something as well and have to be vulnerable, rather than just kind of the... just to be... I do still feel very thankful, but rather than maybe putting as much onus on the other person, like "thank goodness they were there". No, maybe it was both of us working out together that was important.

Maya described a sense of expertise and trust in her own practice and ability to make decisions, a belief that "it's manageable, and that I have the tools to manage it or to seek help if I need it":

[...] because I guess you're putting yourself out there and when you make yourself vulnerable in any situation, there's an element of risk there...and I guess there's an element of kinda having to trust that whichever direction it goes in, you'll be able to cope with it, you'll be able to handle it...

...I don't know whether the parent was aware of it, but there was a shift and there was a kind of a gradual shift...and I think there's a risk in that beforehand you don't

know what's gonna happen...it could go either way, I guess...it could be really catastrophic but you do have to trust it...if it does go that way you'd be able to handle it...

For Maya, this ability to trust in herself and her skills to handle difficulties in the therapeutic relationship is expressed in her body in a particular way:

I think that sense of being still but quite stable and strong, that kind of posture [sitting tall]...I think it kinda facilitates that...to be still, to allow things, to allow the discomfort in...to think through what's going on...it feels quite erm...it feels quite competent and ... the word "stable" keeps springing to mind...

Reaching the end of her training and noticing her own development in being able to practice autonomously, Maya summarised the experience:

I would say it's kinda directly...direct opposition really, where the initial experience was characterised by only using discomfort, really what I'm feeling when I'm talking about it now is a sense of comfort and a sense of...calm, that it's manageable, and that I have the tools to manage it or to seek help if I need it.

Audre connected the effects of TL to a feeling of "optimism", "excitement" and an "energy" for practicing differently. Audre spoke about how a therapeutic encounter and an academic teaching session had made her aware of her "blind spots". Gaining a new understanding of people's experiences of oppression, invisible Social Graces (Burnham, 2012) and "things we don't ask about in the therapy room" led to Audre needing to "question my practice".

She described a sense of determination to "improve" her practice and articulated how this was expressed in her body:

excitement....[pause]...it's almost like a mental image, really...umm...sort of sunshine, and sort of yellow and green...but I guess if I had to pick, it being more, sort of...in my upper body, sort of, like an energy wanting to get moving, in a way...

Robin's account of TL suggested having achieved more clarity about herself and her place on the course, and a sense of direction about her role. She also seemed to have integrated a sense of responsibility for herself, appreciating the contribution she could make and experiencing herself as more grounded in her own values and opinions:

So, I think it kinda meant that I could go into second year like starting afresh, maybe...erm...feeling like I belong there and that...I've got a lot to learn and I'm not perfect, but I've also got a lot to give...

And I think I need to be careful of that, and develop my own kinds of...you know, it shouldn't be like a permeable membrane of whether it's like, you know, my self-worth and my self-confidence...I should try and work on that, so that it's just, you know, yeah...not as malleable...I suppose if you base your whole self-worth on what another, a significant other says, then it can be as unpredictable as the weather, can't it?

Gloria's significant learning on training was connected to the conversations that were sparked by George Floyd's murder, the Black Lives Matter Movement and the structural racism in clinical psychology and beyond. Gloria, a white trainee, described how she made sense of her stance during conversations with her peers on training:

And then people started to say, you know, by staying silent you're keeping the suffering going, and keeping the oppression going, erm... for ethnic minorities...and I felt very guilty, I felt shamed, I felt like I wasn't a proper psychologist.

People were having discussions about what the role of the psychologist is in all of this...and I knew in myself that, if I was in a session with somebody, or if I was in a

team meeting, and I felt racism was present, I knew I've had experience of challenging that, but...I've never really been the type of person to actively post about things on...you know, Instagram, or Twitter...

Gloria connected with her experience in those moments:

I've never been the person to maybe bring it up and start the conversations in team meetings, or even the cohort...and I kinda always felt okay with my stance on that, because I knew I wasn't racist, but then...because of the conversations that were being had and...I felt....yeah, very guilty and shamed for perhaps not doing enough, maybe...

because of how I was feeling, I was feeling very lacking in something, maybe feeling a little bit impostor syndrome, like ...If I am not this type of person, should I really be on the course?

Although addressing racism in the profession, teaching on race and educating white trainees on anti-racism practice is not the norm on CP courses (Ahsan, 2020), Gloria's experience in this instance is perhaps representative for how white trainees resolve their inner conflict when confronted with systemic whiteness and racism. Gloria described her own solution for dealing with conflict and fragmentation, which reflected her learning from that moment:

*That maybe it needs somebody in the middle, like a mediator, to see both sides and to try and encourage that compromise...and when somebody was saying that to me, I thought: "Oh my god, that is **me!**" [participant's emphasis]*

Ah, this is so cliché! [laughs] but it was light at the end of the tunnel, and it made me realise that there is room in... professionally, for psychologists to take the stance that I held, to be a mediator, to not have to kinda shout from the roof tops, but that

professionally I would be able to erm...make a difference and challenge things in a different way.

I feel confident in accepting that I don't maybe have a strong sway towards either side...whereas before I think I saw that as a weakness, yeah... I saw it as a flaw, that actually, in the position of responsibility we hold, I should be clearly in one group.

Asked to re-engage with that experience by remembering how her body felt when reaching that understanding, Gloria reminisced:

It felt warm and it felt like my whole body had taken a deep breath, was letting all of the problem or distress out...as if my whole body was taking a sigh of relief.

I was obviously feeling very tense, my stomach was in knots, just because of how unsure I felt...so afterwards when I felt like my body breathed a sigh of relief it made me realise how much tension I was holding beforehand.

Having gained a “much more critical understanding of that [the therapeutic relationship] and a much more compassionate understanding of myself”, Clarissa spoke about what her TL experience and growing self-confidence enabled her to achieve:

...it allowed me to be a lot more present in the room, because I wasn't like searching in my mind for the right thing to say, or the right models to use, it just allowed me to be a lot more present and attentive to the clients' responses to me and...

But also, but also, umm, in my mind, trying to understand what might be going on...so there is a really active mental process, like you are present, but you are also trying to work out what's going on in the room, what's your stuff, what's their stuff, what's going on between you both.

The learning that was sparked by that experience with one client was something that Clarissa was able to build on, and use in different contexts and settings thereafter:

But I've been able to place that in a, in a bigger context, and understand that a bit more, so that I am not just, I am not just reacting to her, or to other people that I might feel that way with, but I'm understanding more where it's coming from and therefore with a bit more of a choice of how to respond back.

The engagement with this particular client had important reverberations, and Clarissa reflected on how her work with clients has changed permanently:

I think it was an important, almost like a turning point in just learning some really valuable things to take forward into my interactions with clients in the future.

Similarly to other participants, Clarissa acknowledged that her learning and understanding will continue to evolve beyond this moment:

So...yeah, I think it's not like...umm... 'Oh, and that's done!' It's a continuous process, and that's something I'm gonna have to bear in mind in my work [...]

The final sub-ordinate theme of this chapter brought to the fore a different aspect of the experience of TL: participants acknowledged an increase in confidence and skills to handle complex situations, and an ability to engage and respond based on a sense of internal authority. By including references to the embodied experience of such moments, this theme illustrated how participants made meaning of their processes and articulated their novel understanding.

The next chapter will present a discussion of the findings in relation to how they address the research questions and how they are connected to psychological research and theory.

Chapter 4. Discussion

Overview

This study aimed to explore the experiences of transformative learning for Clinical Psychology trainees, and their meaning-making of their learning on the DClinPsy courses, from an embodied perspective.

Three superordinate themes were created following the analysis: *Recognising practices that transform*; *Appreciating different ways of knowing*; and *Listening to own voice*. In this chapter, the themes will be discussed in relation to existing literature and theory. A critique of the methodology, implications for practice and suggestions for future research will also be considered. The chapter will conclude with final remarks and personal reflections on conducting this work. The current study contributes to the small body of work on TL and embodiment.

Inspired by Ahern (1999, p. 410) to “consider whether the supporting evidence in the literature really is supporting your analysis or if it is just expressing the same cultural background as yourself” and the work of Scheurich and Young (1997) on race-based epistemologies, in this chapter I sought to also include authors who are not necessarily regarded as canonical, despite their important contribution to the scholarship on TL and/or embodied knowledge.

Engaging with the questions

“[...]be patient toward all that is unsolved in your heart and to try to *love the questions themselves* like locked rooms and like books that are written in a very foreign tongue. (Rilke, 2011, p. 17)

Wilson (2017) used the metaphor of a growing circle to assert that “our knowledge is always qualified by what is not known” (p. 44). Thus, he argued for “a position of uncertainty about any final, stable knowledge” (p. 44). In engaging with the research questions, I am adhering to Wilson’s (2017) stance, and I am also inspired by Rilke’s provoking prompt.

Interpretation of meaning is a core aspect of IPA, and I acknowledge that my own assumptions and contexts may have generated layers of meaning (Berger, 2015; Puig de la Bellacasa, 2012), and that a different researcher could have arrived at somewhat different answers, by giving weight to different aspects of participants' accounts.

Discussion of findings

Recognising practices that transform

Similar to the research discussed above (Damianakis et al., 2019; Dass-Brailsford, 2007; Nel, 2006; Nel & Fouche, 2016), participants in this study spoke about the transformative effect on their learning of feeling valued and supported within relationships with teams, supervisors and peers. The importance of the supervisory relationship for learning, having ample opportunities to observe the supervisor's practice and regarding them as role models have been discussed in the literature (Damianakis et al., 2019; Nel, Pezolesi & Stott, 2012).

Learning in contexts of supportive relationships and conversations (Grzegorzcyk, 2018) offered participants opportunities to examine their beliefs and interpret their experiences in novel ways. The relationship provided the space for participants to make meaning of their experience and it helped them reconsider their views of knowledge and expertise; thus, it created change in their practices and intentions.

Madsen, Root, and Jørring (2021) discussed the concept of "mattering" in the healthcare professions as "a series of practices rather than inherent qualities or characteristics" (p. 22). Mattering involves "engaging with people labelled as "clients" [in ways] that honour their experience and knowledge, combine their wisdom with our professional expertise, and collaboratively invite clients' influence in our work with them" (p. 20). Participants highlighted their responsibility of being aware and intentionally not othering

clients or colleagues, not engaging in “de-mattering or marginalizing” acts (Madsen, 2021, p. 23). Clarissa and Maya, for example, spoke of needing to rely less on theories and models, and becoming more able to engage relationally, learning to trust the relationship and what they could offer of themselves.

Inspired by Paulo Freire’s work, Wilson (2017) discussed the concept of “systemic humanism” (p. xxxi) when engaging with clients’ unique circumstances. He argued that “methods, techniques, and technologies” need to become “secondary to the process of mutual humanisation” (p. 9). In this study, Bell highlighted the powerful effect of “feeling seen as a human being” and being able to engage her professional and personal selves, an experience echoed by several other participants. This indicates a degree of openness on the part of participants, enabling them to build authentic relationships, “in order to provide the best support” (Clarissa) that they can.

Audre described a transformative impact that went beyond the professional domain and included her friendships, while Maya and Clarissa recognised the value of their learning for enhancing the integrity of their work and ability to be client-centred. Allowing their learning to transform them personally and professionally meant that they could relate to clients from a more equalising stance.

In a similar vein of recognising the impact on the personal and the professional, Reynolds (2021) argued that “our work is supposed to transform us, not leave us untouched or unchanged” (p. 9). Thus, Reynolds (2021) described the “sustainability practices” she engages in: creating a “solidarity team” consisting of an “intentional group of folks who work as a networked community” (p. 7), and affirming the “interconnectedness” with others.

Recognising their interconnectedness in the different systems they are embedded in, trainees in this study experienced a transformation that can be conceptualised using Allen’s (1991) stance of relational individualism. This speaks to the possibility of acknowledging the

individual needs for self-affirmation while recognizing the need to belong to a community: “the good of the individual and the good of the society [are] mutually reinforcing, rather than divisive” (Allen, 1991, p. xiv). As Keating (2012) explained, Allen suggested an alternative to fragmentation and isolation and argued that “in order to achieve self-determination, each individual must go beyond our narrowly defined self and recognise our interconnections with others” (p. 83).

The findings presented in this theme illustrated TL as relational and embedded in specific social contexts. As Vicky Reynolds reminded us, “we are not meant to do this work alone” (2021, p. 10).

Appreciating different ways of knowing

The findings discussed in this theme capture the affective and embodied dimensions of TL. If the previous theme recognised the relational aspect – interconnectedness with others and recognising the relevance of the learning for the personal and profession domains - the present theme focuses on the affective dimensions of the experience and illustrates how the body is involved in meaning-making.

Since its initial conceptualisation, TL theory has become more comprehensive, including references to emotional, spiritual and social consciousness aspects (Cranton, 2006; Sherman, 2021). Previous research discussed here made reference to students’ affective experience in relation to TL: “encountering difficulties” (Nogueiras et al., 2019); experiencing “tension” (McKinlay & Donnelly, 2014) or feeling “overwhelmed” (Nel 2006). The affective engagement with the learning (McDowell et al., 2012), the emotional discomfort in white counselling students (Dass-Brailsford, 2007), were described when “challenging students out of their comfort zone” (Damianakis et al., 2019).

Participants in the current study described a stance of turning toward the emotional discomfort, or to use Maya's way of making sense of her experience, an openness to "harnessing the power of your own discomfort". This attitude of openness, "making more space in the [therapy] room to allow for emotions", "just hold it, just allow it to be" (Clarissa) brings to mind Kegan's (1982) depiction of the learning involved in transformation: "a freeing up of one's internal life, an openness and playfulness about oneself" (p. 231). Bell also described being able to give up her previous strategy of resisting and "actively tackling" difficult emotions.

Participants spoke in appreciative ways about being confronted with difficulties. As Audre pointed out "without the uncomfortableness first... that might not have actually affected my learning in the same way", whereas Maya recognised that "the discomfort...it was worth it".

Inviting participants to become attuned to their bodies as they were evoking their TL moments allowed for a deeper understanding of their learning and affective experience. At times, surprising new meanings emerged. Thus, reflecting on their experience in the moment, several participants were intrigued by their body postures and the connections they were able to draw with their experiences and learning. Bell was stopped in her tracks by becoming aware of how she was holding her hands: "Umm, what's that about?", whereas Paula recognised a congruence between her body: "arms really crossed in front of me, got myself really tightened up" and her "emotional posture" (Fredman, 2007) of feeling constrained and tense in a difficult supervisory relationship.

Bell interpreted the "gentle handhold" and decided that it signified "soothed emotion", an "emotion that's already been looked after and found its place", something that she hadn't been aware of before; for Clarissa the "compression" and "breathlessness" were associated with the emotional "heaviness" of a particular therapeutic encounter. Gloria

engaged vividly with the “enthusiasm” generated by her TL and exclaimed “I feel...yellow!”. This “back-and-forth between embodied experiencing and conscious reflection” (Lehner, 2021, p. 14) allowed participants in this study to engage in more nuanced interpretations of their TL experiences.

Maya connected her bodily expressions to becoming more confident in her professional identity and her ability to practice autonomously, describing a felt sense of “centring” and “stability”. In a similar vein, Audre became aware of an “energy” in her body, indicating a “feeling of being more alert, more awake”, and illuminating her new understanding of her role.

Certain conditions need to be in place for this knowing to occur, for the “prereflective” (Merleau-Ponty, 1945) bodily knowing to be articulated: for Robin, “it’s like a threshold, something taps into your awareness” As Halling and Goldfarb (1991) understood: “this knowing involves a willingness to sit quietly with oneself and ask an open question, listening to one's body for a response (p. 321).

Although sparse and not in contexts related to healthcare or psychology, several studies have been conducted that aimed to explore participants’ embodied experiences of TL: Lehner (2021) had participants take part in a six-day experiential workshop aimed to produce personal transformation. Inspired by Merleau-Ponty’s (1945) reflection that “the body functions as a general instrument of comprehension (p. 273) Tobin and Tisdell (2015) invited creative writers to engage in “exercises aimed at connecting embodied learning with the creative writing process” (p. 215). Concepción and Eflin (2009) discussed their use of embodied pedagogy to facilitate students’ learning on transgressive topics. Thus, they offered students enrolled on a feminist ethics and epistemology course the opportunity to engage in embodied exercises where they explored different standpoints and generated new understandings of their social positioning. Similarly to some participants in our study,

becoming aware of their standpoints and the power relations associated with it showed how that can shape their understanding of oppression.

How CP trainees can be supported to engage in learning experiences that allow for embodied knowing is an aspect that deserves attention. In order to do this, it is important to consider trainers' perspectives regarding learning that is meant to "transform the whole person" (Cranton, 2006). As an educator in the psychiatric rehabilitation field, Nemeč (2012) stated that being aware of the "disorganising" impact it can have on students can render trainers hesitant to challenge students and create that "disruption" that sets the course for TL. This is similar to Concepción and Eflin's (2009) assertion that "It is hard to get a student to understand something when her/his social and material world will be disrupted if s/he understands it" (p. 184). Mälkki & Green (2014) also highlighted the challenges inherent in TL, not only for the learner who experiences "psychic turmoil", but also for the educator, the one who is "accompanying the journey through liminality" (p.17).

Listening to own voice

This final theme captures reflections on the outcome of TL. Several participants described having developed self-compassion, being and acting more in accord with their values, and an increased sense of self-awareness. Thus, Bell spoke about feeling "moved by my past self", while Gloria and Paula described an increased sense of self-acceptance. For Clarissa, the learning generated "a lot of self-awareness", because it "has changed the way I see myself, see my work, see the way that I approach people".

Previous research that explored TL highlighted students' increased self-awareness (Becker, 2017; Grenhill et al., 2018), while Nel (2006) described the family therapy trainees undergoing a process of individuation and autonomy. Compassion and self-compassion have

been described when discussing the place of spirituality in transformative education (Miller, 2002), although our participants did not reflect on or share their spiritual beliefs.

Trainees spoke about becoming active participants in their learning. Bell recognised that:

“...maybe I have to bring something as well [...] it was both of us working out together that was important”, while Robin reached the understanding that “I’ve also got a lot to give”.

Their interpretation of the value of their participation, and of their responsibility to contribute and co-create the learning echoes bell hooks’ (1994) ideas about developing a learning community, for which both students and educators are accountable.

Maya articulated a sense of expertise and trust in own abilities, consistent with the more advanced stages in the Integrated Developmental model (Stoltenberg, McNeill & Delworth, 1998) of counselling trainees, whereas Robin indicated an aspiration to achieve this outcome, by coming to the realisation that “I shouldn’t be like a permeable membrane”. Robin’s resolution was that her own internal perspective would take precedence over following an external authority (represented by a supervisor or tutor). This ability to listen and trust one’s internal voice, or internal validation (Dong et al., 2018) has been conceptualised as self-authorship by Baxter-Magolda, who wrote extensively about it. She described it as “the internal capacity to define one’s belief system, identity and relationships” (2014, p. 25).

Both Audre and Gloria spoke about their worldviews being challenged by gaining a deeper understanding of oppression and relations of power within structures of visible and invisible difference. Previous research (Dass-Brailsford, 2007; Greenhill et al., 2018; McDowell et al., 2012) has discussed the TL effect for students engaging in talking and learning about race and developing cultural competence. Existing tools that can support the racial identity development have been presented in the literature (Tatum, 1992). In the examples that Gloria and Audre described, the shame, guilt and discomfort related to their

previous lack of awareness about oppression and privilege could be mapped onto the Disintegration stage of the White racial identity development model (Helms, 1990). Both trainees shared that their experiences of engaging with diversity, prejudice and privilege had an impact on and shaped their behaviour and practice. Although participants did not refer to the topics explored during lectures and conversations with peers as embodied learning, Concepción and Eflin's (2009) argued that "course content determines the best embodied learning experience" (p. 194). The topics of race, diversity and privilege allowed the trainees to engage deeply with the learning experience and "imagine standpoints other than their own" (p. 194).

For Gloria, the learning meant a decision to position (Brookfield, 2019) herself "in the middle, like a mediator, to see both sides". This brings to mind Anzaldúa's (2009) concept of *nepantlera*: the "transformational mediator", the "in-between". According to Keating (2009), Anzaldúa placed "herself on the thresholds – simultaneously inside and outside – and establishes points of connection with people of diverse backgrounds" (p. 2). Gloria described her embodied response as she reached this decision: "it felt like my whole body had taken a deep breath" and "as if my whole body was taking a sigh of relief". Because of this, Gloria trusted her decision, trusted her own voice. Gloria's knowing brings to mind Shotter's (1993) ideas about the "knowing of the third kind...the kind of knowledge one has from within a situation" (p. 18).

Methodological considerations

IPA has been described as "especially valuable when examining topics which are complex, ambiguous and emotionally laden" (Smith & Osborn, 2015, p. 41), and this rendered it particularly fitting when attempting to explore a phenomenon like TL and the embodied aspect of this experience.

Interviewing seven participants from different DClinPsy programmes across the U.K. offered me the chance to gain access to different perspectives from a relatively homogeneous sample, enabled in-depth exploration and generated rich interpretation of data. Engaging in reflexivity practices and conversations with the supervisory team helped me develop awareness of different ways of making meaning from the material (Ahern, 1999; Berger, 2015).

The fact of being a trainee myself renders me an insider researcher, although Breen (2007) argued that the insider/outsider dichotomy in research is simplistic. She claimed that a better understanding of the role of a researcher in qualitative methodologies is to consider this positionality on a continuum. Barker et al. (2015) caution the insider researcher that, whilst possessing experiential knowledge of the topic under study is valuable, this very advantage can “lead [the researcher] to over-identify with the participants.” (p. 31). Thus, I was aware of the “risk of false assumed similarity” (Hofmann & Barker, 2017, p. 143), due to holding a CP trainee position. However, I believe that the risk of this was mitigated by the research focus, and at no point during the interviews could I predict how participants would articulate their embodied experiences of TL.

Sharing reflections *On Interviewing one's peers*, Platt (1981) argued that research with participants from the same field as the researcher “implies...symmetry in the relationship” (p. 80). Nevertheless, I was mindful of the inherent power imbalance that exists between researcher and respondents (Willig & Stainton-Rogers, 2008). I also attempted to be aware of the “bidirectional influence” (Hofman & Barker, 2017, p. 139) within the relationship “when studying the familiar” (Berger, 2015, p. 222) by constantly evaluating my understanding and expectations about the study.

My experience of conducting interviews showed that participants were willing to be open, vulnerable, and offered me what I perceived to be genuine reflections of their

experience. Using a reflexive journal, I attempted to make meaning of my own and participants' embodied experiences, and reflected on the process of inter-subjectivity, which "helps to illuminate the common ground in which researchers and participants meet" (Ellingson, 2017, p. 21). Writing my reflections, I contemplated how our sameness and difference in terms of embodied standpoint shaped my understanding. Inspired by Ellingson (2017), my intention was not primarily of finding answers, but rather to engage with the questions, as a practice.

Beyond the research/reflexive diary, my assumptions as an insider researcher were noted, "bracketed" and reflected on (Ahern, 1999) in conversations with a peer consultant, and during the supervisory meetings. The analysis of findings was revised following feedback from supervisors; conversations about interpreting participants' experiences were held during the analysis stage and during the write-up of results.

For example, one such assumption on my part was about what constitutes TL and change, and whether certain negative experiences during training could be considered significant learning. This was particularly relevant during the writing-up of the analysis, and conversations with supervisors were pivotal in shaping the interpretation and constructing the Results section. This led me to conclude that the material from two participants, although important for the general experience of CP training, was not entirely relevant for the aim of the research: bringing forth and exploring moments of TL. In this instance, I sought to use the pertinent excerpts from their accounts, although this meant that they were given less space in the write-up of Results.

Ahern (1999) prompted researchers to "ask yourself why" (p. 409) when noticing a pull to include more or less from a participant's account. I noticed the pull on my part to include depictions of the threshold, the liminal spaces that the learners can find themselves

in; as instances that precede transformation, they offer valuable understanding about the process, if not the outcome of TL.

Employing a critical phenomenological lens when studying TL in CP demands an interrogation of who gets to share their story and whose perspectives continue to remain visible and centred. Participants were all female and white, with one exception - a trainee of Middle Eastern heritage. Despite my hope to obtain a diverse sample by advertising the project to all training courses in the country, I did not achieve this goal. Although employing an IPA method would not support claims of generalisability, due to its idiographic underpinnings (Eatough & Smith, 2008) and the small number of participants, the absence of trainees of different ethnicities and genders needs to be acknowledged: the lack of diversity in this study is an important limitation.

Previous review studies (Snyder, 2008) recommended that longitudinal designs or follow-up mechanisms are employed to document TL, something that could not be achieved within the current research, and represents a limitation of our study. Another critique that could be levelled is related to the use of language to articulate an embodied experience. As Willig (2007, p. 223) stated, “language facilitates as well as limits the expression of experience; it is both necessary for phenomenological understanding and yet it also constitutes an obstacle to it”. I attempted to counter this obstacle and capture the nuances of participants’ experiences by making note of their non-verbal and paralinguistic expressions. Ellingson’s (2017) reflections are useful here: “Our bodies cannot be understood apart from our languaging of them... We make sense through our bodies and then reach for language to express ideas.” (p. 20).

A notable aspect that arose from the studies identified in the systematic literature review was the issue of voluntary participation and informed consent (Denzin and Lincoln, 2018), especially in those instances where researchers were also educators and evaluators of

participants recruited for their studies. Although I did not hold this dual role in my relationship to participants, I was aware of the responsibility to respect participants' integrity, particularly as some participants stated at the end of their interviews that they shared more than what they had originally intended or expected.

Klykken (2021) pointed out the importance of continuous conversations and “negotiations of informed consent and dissent” (p. 6), beyond the recruitment stage. Klykken (2021) highlighted that consent speaks to an ethical and relational responsibility, concluding:

[...] the relations within a research project need to be cared for, and the ethical responsibility for navigating the limits of the research relationship lies with the researcher [...]. The question, then, is not how to care **more**, but **how** to care. The ways in which we care for the relations we engage in when we produce research knowledge make a difference (p. 13).

Klykken (2021) made a compelling argument for “engaging the concept of care with the concept of informed consent” (p. 13) in qualitative research, and adopting this perspective is coherent with my epistemological framework. Therefore, I sought to embody this stance by reminding participants that they could withdraw their data at any point during the research process. All participants described their experience of taking part in research as positive and they valued the opportunity for reflection that the interview offered them.

Implications for practice

“Embodied research should be explicitly about understanding, problematizing, critiquing, and addressing material conditions for participants and their communities.” (Ellingson, 2017, p. 45)

Engaging with the theory and practice of TL highlights several important implications for practice at different levels: for individual trainees; for individual trainers and supervisors; for training programmes.

Safety in the training environment and a sense of trust in the educator or supervisor is paramount for the trainee to engage with the "disruptive experiential learning" and the "deep dialogue" (Nemec, 2012, p. 478) required to make meaning of the TL experience. In a unique study that looked at workplace bullying within Clinical Psychology, Brown, Mason, and Carter (2021) highlighted that trainees perceived their position as holding limited power prior to qualifying. Their study also identified a potential longitudinal impact of workplace bullying, with the effects of it continuing in different contexts. This is important, not only because it can limit the chances of trainees experiencing TL on training, but also trainees' ability of feeling safe, motivated and invested in their learning. The importance of being able to regard one's supervisors as role models and the impact that a difficult relationship can have on the supervisory alliance and the learning relationship (Nel, 2012) has been acknowledged in the literature.

Treating trainees as adult learners, creating a context for mutual enquiry (Nel, 2006) and responding to learner-centred objectives (Nemec, 2012) have been articulated as components that foster TL. "Adequate time" (Nemec, 2012, p. 478) to integrate the experience is another essential component: learners need time for reflection and dialogue. Previous research has also noted the value of supporting novice counsellors' ability to become attuned to their embodied awareness (Peace & Smith-Adcock, 2018). Thus, enabling trainees to use their inner experiences or felt sense can guide therapeutic decisions, support therapeutic alliance and contribute to professional identity development (Dong et al., 2018).

Previous studies (Bowsher et al., 2018; Margolis et al., 2017) from the medical education field have signalled the need for a curriculum renewal in order to support students' capacity to engage with TL. Addressing oppression, inequality and discrimination is particularly relevant for those training and practicing in the caring professions and these have been implicit in the early theorisation of TL (Mezirow, 1981). Implementing TL pedagogical

techniques, as demonstrated by Dass-Brailsford's (2007) study led to important racial identity change for white counselling students.

The "importance of diversity" as a core competency for CPs (BPS, 2019) has been acknowledged, and voices within the profession have called for an "active stance" and engaging in antiracist "practices" (Wood, 2020). As different bodies have recommended (ACP, 2019; DCP Minorities Group, 2019), this needs to be translated into increased representation of minoritised and marginalised groups in the profession, but also creating safety on training and the possibility for internal and external scrutiny of how this is enacted.

Numerous calls for including teaching on race and white awareness in CP and the helping professions have already been expressed (Nolte, 2007; Ryde, 2019; Sham Ku & Mia, 2020), with the acknowledgment that this needs to be offered to trainees, and also trainers and supervisors (Wood, 2020; Wood & Patel, 2017). Several studies included in the systematic review have described developing racial awareness as an important experience of TL, and participants in this study have described engaging in conversations on race as meaningful moments of TL. As reflective practitioners, trainees, trainers and supervisors have a responsibility to engage and examine the *Other Within* (Blackmore, 2010), and consider how organisational cultures and structures need to be transformed.

Educators can facilitate TL by supporting trainees to recognise their positions of privilege and transform frames of reference where privilege is not a matter of personal responsibility (Middleton, Anderson, & Banning, 2009). In order to do this, supervisors and trainees need to be supported (Brookfield, 2019; Nemec, 2012) to engage with their own unquestioned assumptions, and how these are shaped by the intersectionality of their class, race and privilege (Lehner, 2021; Yorks & Kasl, 2006). As Brown (2004) asserted, "before a teacher can name his or her students' growing edge, he or she has to first see what that edge is" (p. 346).

It is important to suggest that commitment to anti-racism becomes an area of continuing professional development for CPs, in order to address the existing personal, institutional and cultural racism (Fernando, 2017; Kinouani, 2021; Kline, 2014). Their skills in understanding how attitudes shift within an organisation places CPs in a position to facilitate this transformation, and this should start from within the field, not least because embedding the learning within the culture of the organisation is more effective in creating meaningful change (Ryde, 2019). Of course, transforming the curricula by itself cannot guarantee the process of transformative change. As the participants in our study remind us, “everything is about the relationship”.

Suggestions for future research

Holding a developmental perspective, various studies have investigated therapist training and TL (Greenhill et al., 2018; Nel & Fouche 2017; Nel, 2006; Nogueiras et al., 2019) using longitudinal designs. To my knowledge, no study that employed this methodology was conducted to explore the experience of CP trainees. Due to time constraints, employing a longitudinal design could not be achieved within the remit of this doctoral thesis, however this could be further explored by future research. As discussed above, learning that produces permanent change in the learner has been described as a criterion for TL (Hoggan, 2016a; Snyder, 2008), although it is difficult to attribute sustained change to a specific learning event (Van Schalkwyk et al., 2019).

Further research could investigate the training experience of other mental health professionals in the UK (counselling, family therapy programmes), to explore how TL is experienced by trainees from different strands in the helping professions. Are there factors that inhibit or facilitate students’ transformation? Is any one educational model more conducive to TL? Future studies could explore how different training programmes integrate a

focus on embodied knowing and experiential learning, and the impact it has on trainees and educators enrolled on these programmes.

Exploring instructors' perspectives is an area that deserves further research. More frequently reflected on tangentially in studies focusing on students' experience of TL, the results suggest that instructors' views are not always aligned with what students regard as supporting their development (Doucet, Grayman-Simpson, Wertheim 2013). Educators' reflections and insights on what facilitates TL is therefore very relevant.

Research with a focus on trainers' and supervisors' journeys of engaging with transformative pedagogies and practices would illuminate the process both for the learners and the educators. Trainers draw on their own previous experiences as learners and ingrained expectations associated with their role as experts facilitating the transmission of content (Baldwin, 2019). Trainers' and supervisors' beliefs about how learning happens, differences and similarities in their insights based on the different learning contexts (placement and academic) where they engage trainees are valuable. Their attitudes about incorporating experiential learning, dialogue and critical reflection into a less hierarchical instruction model is an area that deserves further attention.

Conclusions

This study aimed to explore how CP trainees are experiencing transformative learning on DClinPsy programmes. By inviting participants to engage with their embodied responses in the moment, as well as exploring retrospective accounts, the study allowed for in-depth and rich descriptions of their experiences. Results highlighted the importance of supportive relationships and engaging in affirming practices, leading to learning that is meaningful personally and professionally. Participants spoke about experiencing a shift in their attitude to emotional discomfort and were able to create meaning of their TL by becoming attuned to their bodily responses. As a result of their learning, they described an increased sense of self-

compassion, agency and trust in own abilities and skills. They acknowledged an increased awareness of their embedded position within structures of power, revised and deepened their understanding of oppression. This research added to the limited body of knowledge on TL in the healthcare professions and was unique due to its focus on the experience of CP trainees.

Personal reflections

When the topic of this research study was finally crystallised, I was connecting it to my own experience of transformative learning that took place during my first year of training. Since then, the process of building a community with my cohort through acknowledging our differences, becoming vulnerable and building bridges of connection became the most important learning. The journey was not uncomplicated, and the learning has not ended. There were many missed opportunities, painful ruptures and failed attempts at repair. What I am left with is a belief in our interrelatedness and a commitment to think relationally, which I will carry with me in the future. Engaging with my participants' accounts, I am recognising our shared journey; connecting the varied experiences that they offered gave me a sense of belonging beyond my actual cohort.

For each participant, I chose a pseudonym that is linked with an author who inspired me, and expanded my thinking and imagination: Audre Lorde, Maya Angelou, Paula Gunn Allen, Gloria Anzaldúa, Robin Wall Kimmerer, Clarissa Pinkola Estés, bell hooks. In doing so, I wanted to honour participants' openness to join me on this journey of exploring what the body can teach us, and how we can learn to listen to it.

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Appendices

Appendix A: Inclusion and exclusion criteria for systematic review papers

Inclusion criteria	Exclusion criteria
Peer reviewed	Non-peer reviewed
Topic - Literature relevant to current research	Topic non relevant
Available in English, French, Spanish	Not available in English, French, Spanish
Studies focusing on the experience of transformative learning for clinical training and health professional graduate students	Studies which provide an insight into the experience of transformative learning on theoretical courses
Studies focusing on the embodiment experience for clinical/counselling/health degrees	Studies which provide an insight into the experience of embodiment in sports, dance or other fields
Publication type (empirical article)	Review articles; research syntheses Descriptive/theoretical only (not research)
Participants enrolled in postgraduate clinical training (including nursing, medicine, social work)	Participants enrolled in theoretical courses (Undergraduate/master students) or broadly higher education

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Appendix B: Quality of the research studies selected for the Systematic Literature Review

Recommended Guidelines for the Evaluation of Qualitative Research Papers

Guidelines							
Paper	Owning one's perspective	Situating the sample	Grounding in examples	Providing credibility checks	Coherence	Accomplishing general VS specific research tasks	Resonating with the reader
Nogueiras, G., Iborra, A., & Kunnen, S. E. (2019).	Researchers' assumptions and orientations not stated.	Adequate demographic information is provided, while maintaining anonymity.	Quotes from participant are provided throughout	A mention of credibility checks is provided.	Clear and coherent description of themes which emerged from the data.	In-depth analysis of data from one participant. The specific aim of focusing on the emotional experience is addressed.	The paper was well written and created resonance with the reader
Nel, L., & Fouche, P. (2017).	The authors present their theoretical orientation, holding a post-modernist and social constructionist paradigm.	Adequate demographic information is provided, while maintaining anonymity	Quotes from participant are provided throughout	Credibility checks were employed and discussed: data triangulation and separate coding by both researchers.	Clear and coherent description of themes which emerged from the data	The stated aim was to explore what contributed to the professional development of Master's students	The paper was well written and created resonance with the reader.
McDowell, T., Goessling, K., & Melendez, T. (2012).	The authors state their theoretical assumptions, holding a critical multicultural lens.	Demographic information is provided, while maintaining anonymity	Rich text reporting of results to ensure trustworthiness.	Unclear what type of qualitative analysis. The authors used triangulation to	Clear and coherent description of themes which emerged from the data.	The authors state a specific aim to investigate how international immersion can contribute to TL.	The paper was well written and created resonance with the reader.

				ensure credibility.		This was then evidenced in the study.	
Dass-Brailsford, P. (2007).	Researcher shares self-reflections about the impact on her as course instructor. Assumptions and orientations as a researcher were not stated.	Adequate demographic information is provided, while maintaining anonymity	Quotes from participants to support the WRID model are provided, however these are quite sparse compared to the amount of data that the researcher collected.	No mention of credibility checks	Clear description of themes to support the stages of the WRID model. However, the model appears to have been superimposed on the data and it was not clear how/if the themes emerged from the data.	The author specifies a clear goal to identify TL conceptualised as racial identity change. This was then evidenced in the study.	The paper was well written, engaging and created resonance with the reader.
Nel, P.W. (2006)	The author states their theoretical assumptions, holding a social constructionist lens.	Demographic information is provided, while maintaining anonymity	Quotes from participant are provided throughout	Mention of credibility checks is provided (validity check by a separate researcher)	Clear and coherent description of themes which emerged from the data	The specific aim was to explore how FT trainees' identity is impacted by their training. This was then evidenced in the study.	The paper was well written and created resonance with the reader.
Damianakis, T., Barrett, B., Archer-Kuhn, B., Samson, P., Matin, S., & Ahern, C. (2019)	Researchers' assumptions and orientations not stated.	Adequate demographic information is provided, while maintaining anonymity	Quotes from participants to support the themes are provided throughout.	Researchers were guided by criteria from Lincoln & Guba, 1985). Researchers provide detailed information as to how they sought to achieve methodological rigour.	Clear and coherent description of themes which emerged from the data.	The authors articulate specific research tasks of identifying TL experiences of students and student engagement strategies. This was then evidenced in their study.	The paper was well written and created resonance with the reader.

<p>Greenhill, J., Richards, J. N., Mahoney, S., Campbell, N., & Walters, L. (2018).</p>	<p>Researchers' assumptions and orientations not stated.</p>	<p>Adequate demographic information is provided, while maintaining anonymity. Information about participants' learning stage was provided for each interview.</p>	<p>Quotes from participants to support the themes are provided throughout.</p>	<p>Coding of themes was carried out by 2 the 5 researchers; further coding and review of the evolving themes took place during regular research team meetings.</p>	<p>Clear and coherent description of themes which emerged from the data.</p>	<p>The authors identified a specific research task: to explore how different clinical contexts contribute to the process of TL. This was then evidenced in their study.</p>	<p>The paper was well written and created resonance with the reader.</p>
<p>McKinlay, E., & Donnelly, S. (2014).</p>	<p>The authors briefly state their assumptions and theoretical orientations (constructivism).</p>	<p>No demographic information was provided (age, gender, ethnicity).</p>	<p>The categories identified were supported by quotes from participants' narrative essays.</p>	<p>Categories were identified separately by the 2 authors; these were then discussed and further refined together by the researchers.</p>	<p>The research was presented in a clear manner, with results clearly illustrated. Researchers also managed to capture the nuances of participants' accounts.</p>	<p>The authors state a specific aim to support students develop reflexivity and depth of engagement with patients in palliative care. The study accomplished the specific research task of encouraging student reflection on action.</p>	<p>The paper was well written and created resonance with the reader.</p>
<p>Margolis et al, (2017).</p>	<p>The authors do not state their assumptions and theoretical orientations. They do not provide details regarding personal interest</p>	<p>No demographic information was provided (age, gender, ethnicity). The information about the countries where the GCE</p>	<p>The authors provide representative quotes to support the themes they identified.</p>	<p>Coding of themes was done separately by 3 out of the 5 researchers; discrepancies were discussed in the larger</p>	<p>Different themes were presented, however the write-up is confusing at times</p>	<p>The authors expressed a general aim to "understand the students experience" of GCE.</p>	<p>The study was easy to read. The authors discussed the implications for future research, by reflecting on practical changes that can be made</p>

	related to the research. (Qualitative Content analysis)	took place was stated.		group to enhance credibility of findings.			to the curriculum to support students' learning.
Becker, A. L. (2017).	Researcher's assumptions and orientations not stated.	Adequate demographic information is provided, while maintaining anonymity	Quotes from interviews used throughout to illustrate themes described.	The researcher checked her understanding of key ideas with each participant.	Clear and coherent description of themes which emerged from the data.	The author articulates specific research task of exploring personal transformation and development of self-authorship in the context of further learning.	The paper was well written, with thoughtful observations and created resonance with the reader.

Appendix C: Ethics approval notification**HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA****ETHICS APPROVAL NOTIFICATION**

TO Anca-Stefania Panescu
CC Dr Pieter Nel
FROM Dr Roberto Gutierrez, Health, Science, Engineering & Technology ECDA Vice Chair
DATE 24/07/2020

Protocol number: **LMS/PGT/UH/04229**

Title of study: The experience of transformative learning from an embodied perspective: an IPA study with Clinical Psychology trainees.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

no additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 15/08/2020
To: 15/06/2021

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Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix D: Recruitment advert

Dear XX [Name of Course Director],

I hope my email finds you well.

My name is Stef Panescu and I am a clinical psychology trainee at the University of Hertfordshire. I am writing to enquire whether you would be willing to offer trainees at Oxford Doctoral Course in Clinical Psychology the opportunity to take part in my doctoral research project. I would be grateful if you could circulate this email about my research study. All participation will take place online, in line with COVID-19 regulations.

My project seeks to interview trainees (and recently qualified Clinical Psychologists) about their experience of significant moments of learning whilst on training. The project aims to develop insight into the processes that created an important development in the ways that trainees think about and experience their learning.

This project is being supervised by Dr Pieter Nel (UH) and Prof Glenda Fredman (Visiting Professor UH) and it has received ethical approval from the University of Hertfordshire.

I have attached the participant information sheet, should you be interested to find out more about this project. Please let me know if you have any questions.

Kind regards,
Stef Panescu,
Trainee Clinical Psychologist & Doctoral Student
University of Hertfordshire
ap18adb@herts.ac.uk

Appendix E: Participant Information Sheet**UNIVERSITY OF HERTFORDSHIRE****ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
(‘ETHICS COMMITTEE’)****FORM EC6: PARTICIPANT INFORMATION SHEET**

1. **Title of study:** *The experience of transformative learning from an embodied perspective: an IPA study with Clinical Psychology trainees*

2. **Introduction**

You are being invited to take part in a study that looks at experiences of significant moments of learning while on Clinical Psychology training for current trainees, or within six month of qualifying.

Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision.

Thank you for reading this.

3. **The purpose of this study**

The purpose of this study is to understand how Clinical Psychology trainees experience significant moments of learning while on the doctoral programme.

Experiences of significant learning can be described as moments during training when your views have been challenged, when you were personally or professionally impacted by what you learned. Significant learning can encompass a broad range of situations, but it can be defined as a change in someone’s understanding of themselves and their assumptions about the world, and developing a more complex perspective of a situation.

As part of this research, you will be invited to take part in an individual interview with myself using Zoom. I will invite you to talk about your experience of significant learning and encourage you to reflect on it from an embodied perspective. I aim to recruit 6-8 trainees (or newly qualified Clinical Psychologists within 6 months of qualification) for the interviews. I will invite you to reflect on your experience and link it to any emotion or physical sensation that might arise.

4. **Do I have to take part?**

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw without giving a reason. You can withdraw by emailing the Director of Studies (p.w.nel@herts.ac.uk).

5. **What will happen if I take part?**

If you decide to take part in this research, please e-mail me (ap18adb@herts.ac.uk). If preferred, you may use an anonymous e-mail address to contact me and take part in this project. I will check whether you have any further questions about the research project and that you meet the inclusion criteria. I will then send you a consent form. Once you have completed and returned the consent form, I will contact you to arrange an interview with you which will take part over Zoom. The interview could take between 60 and 90 minutes.

6. **Will I be recorded and how will the recordings be used?**

If you are invited to take part in the individual interview, this will be video and audio recorded via Zoom. The audio recording will be transcribed in order to be analysed. The recordings will be used only for analysis and will be destroyed once the analysis is completed. The recordings will be stored securely in a password-protected environment, and only the immediate investigative team will be able to access it. Transcribed interviews will be anonymised and any personally identifiable information will be redacted.

If, during the interview, we lose internet connection or we experience any other type of technical difficulties that obstruct our communication, we will reschedule the interview.

7. **Use of Zoom**

To carry out this research I will create an account with Zoom. If you choose to take part in the study, I will request that you create an account with Zoom and will send an invitation to your email account. Once the research study has been submitted to the University of Hertfordshire as part of my Doctoral Research project, I will close the account.

8. **What are the possible benefits of taking part?**

Whilst there are no explicit benefits of taking part in this research project, reflecting on your experience while on training might enable you to increase your self-awareness and support your overall experience on training. Talking about your journey of significant learning may contribute to your understanding of this experience.

9. **What are the possible disadvantages, risks or side effects of taking part?**

It is possible that talking about your experience of significant learning during training may cause you some distress. If you do experience distress during the interview, the interview will be paused and you will be supported to feel less distressed. You will be

supported to decide whether you feel ready and able to continue the interview or whether you would like to stop the interview.

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

All the information we collect about you during this research will be kept strictly confidential. You will not be identifiable in any ensuing reports or publications. Some anonymised direct quotes might be used in the final report to illustrate the points being made.

11. **What will happen to the data collected within this study?**

- The data collected (audio-video recordings) will be stored electronically, in a password-protected environment (hard drive), until completion of the study, after which time they will be destroyed under secure conditions;
- Interview transcripts will be stored electronically, in a password-protected environment (hard drive) for 5 years, after which point they will be destroyed;
- All data will be anonymised prior to storage.

12. **Will the data be required for use in further studies?**

The data will not be used in any further studies.

13. **Who has reviewed this study?**

This study has been reviewed by:

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is < **LMS/PGT/UH/04229** >

14. **Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by email: ap18adb@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix F: Consent Form**UNIVERSITY OF HERTFORDSHIRE****FORM EC3 - ETHICS COMMITTEE CONSENT FORM FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS****The experience of transformative learning from an embodied perspective: an IPA study with Clinical Psychology trainees**

(UH Protocol number: **LMS/PGT/UH/04229**)

1. I Confirm that I have read and understand the Participation Information Sheet dated 10/07/2020 and have had the opportunity to consider the information and ask the questions I had, which were answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw following my interview without giving any reason and without my legal rights being affected.
3. I understand that my interviews will be recorded and transcribed without my name attached, and I give permission for this.
4. I consent that data collected could be used for publication in academic journals and/or could be presented in academic, community or online forums (such as conferences, seminars, workshops) or could be used for teaching purposes. I understand that all data will be presented anonymously.
5. I understand that when a report is written and published about the study, quotes from interviews are likely to be used. I give my permission for publication of quotes and understand that my identifying details will be removed and my confidentiality protected as much as possible.
6. I understand that the information I provide will be anonymised.
7. I understand that my anonymised data will be stored in a password protected electronic environment (hard drive) for five years before being destroyed.
8. I understand that the anonymised data will be used as the basis for a dissertation to meet the requirements of the doctoral qualification in Clinical Psychology at University of Hertfordshire.
9. Please send me a summary of the findings of the research.

Signature of participant.....Date.....

Name of participant [*in BLOCK CAPITALS please*]

.....

Signature of (principal)
investigator.....Date.....

Name of (principal) investigator [*in BLOCK CAPITALS please*]

...Anca-Stefania Panescu.....

Appendix G: Interview Schedule

Research Title: The experience of transformative learning from an embodied perspective: an IPA study with Clinical Psychology trainees

Participant number: _____

Date completed: _____

Thank you for agreeing to participate in this interview.

Can you tell me a little bit about yourself? What year of training are you in?

What previous training have you had? Can I ask you about your ethnicity? And your gender?

This is a study that will be looking at significant times in your training, when you felt moved to a different position, you noticed a shift in your views, you learned something that made a big difference to the way you work...

I am curious about one important event and the impact it had on you, how you experienced it. There are no right or wrong answers.

Information Questions

1. Can you cast your mind to a time when you had an experience of training that had a significant impact on you? It could be recent, it could be a while ago... what might you call that?

Ok, that might be one...is there another one, that might be more or less significant to you? What might you call that, can you give me a sentence?

I'm going to ask you for a third one, just to give you time to revisit your training diary...this is a big question.

If you want to choose one of those experiences, the one that had the biggest impact on your development...

Prompts: recall in detail that particular experience, When did it happen? Who was involved, Where did it happen? What happened?

2. What was it about this experience that was significant, and made a difference?

Prompts: How did it affect your learning? What did it make possible?

What did you learn? How did you know you learned it?

Transport Qs:

Where has this [event that the participant mentioned] taken you to, that you would not otherwise have arrived at, if you hadn't had this experience?

In what way have you become other than who you were on account of having this experience?

3. Why was this experience of [using the words that the participant is using] important to you?

What does it say about what it important to you?

Beliefs?

Values?

Experience Questions

Encouraging the noticing

1. What did you notice in your body just now, as you were describing this experience of [insert interviewee words]?

What are you feeling now as you were talking about your experience of significant learning?

Describe the feeling. Where or how do you experience it? How does it affect you?

How do you know you are feeling what you describe?

Is it positive, or negative, or something else to feel this way?

Prompts: Can you describe any physical sensations including sounds, colours, textures, movement?

2. Where in the body did you notice that?

Prompts: was it in your head, upper body, lower body; heart, head, gut, etc... What do you mean by that, can you tell me more about that? (inviting a richer description, rather than just the location)

Did the feeling have a particular sensation? Did it have a temperature?

Is it just sensations?

3. What did those sensations in the body tell you about your emotions in the moment?

Prompts: How do you make sense of this? What meaning does this have for you?

4. Did you notice any words, phrases or images that came up which particularly resonated for you?

Prompts: can you tell me more about that? – can you expand on this, what do you make of this?

Linking

How do the sensations/ emotions/ thoughts you were noticing now, relate to the experiences you have spoken about today?

Prompts: If your body was getting ready for a particular kind of action or expression NOW, what would that be?

Focusing on the participant's response

(Attending to a part of the participant's story in which s/he described an emotion or bodily sensation and enquiring:

1. Was there anything specific, as you were talking about this, that you noticed that your body was doing, your legs, your hands, a particular area of relaxation or tension ...?
2. How might that action or expression relate to the episode you described?

Gathering possibilities

What has this episode [that you spoke about] made possible for you now, in your future work as a clinician?

How has our conversation and reflecting on this experience now – what effect has it had on you? ...and on how you perceive your work, how you look at that example of the work you are doing or have done?

TRANSFORMATIVE LEARNING FROM AN EMBODIED PERSPECTIVE

Appendix H: Example of analytical process from transcript to final themes and quotes

Transcript of Interview with Maya

P4 23.09.2020

Normal text indicates descriptive comments

Italics text indicates linguistic comments/interpretations

Bold text indicates conceptual/thematic comments

Exploratory comments	Original Transcript	Emergent themes
<p>Learning from difficult experience <i>Difficult cases X2</i></p> <p><i>“Going forward...I will continue to draw on that”</i></p> <p>Rich source of learning Lasting impact – shaping the view of CP role The value of direct experience</p> <p>Gaining deeper understanding</p>	<p>Maya: So...what did it make possible...in certain difficult cases, I’ve drawn on those experiences and kinda thought...well, what did I do then? And I guess kinda returning to those principles, so it’s made it possible to kind of continue working with difficult cases and have the confidence to do that.</p> <p>And I think, going forward into post-qualification work...I think I will continue to draw on that experience...and also, facilitate with other professionals, certainly in kinda erm...my conversations about post-qualification role, I can kinda see that I’ll be moving more into a role of helping with reflective practice with other professionals, and I guess that experience in particular is quite valuable for that, because I’ve kinda seen first hand how important it is, and, you know...it’s kinda going back to that sort of deeper understanding of it.</p> <p>I think prior to this case, my awareness of reflective practice was you know, it’s this thing that we do for these reasons...whereas now, I feel like</p>	<p>Learning from previous experience is important Feeling confident</p> <p>Significant learning has a lasting impact - consequential learning</p> <p>Learning is experienced as deeper understanding</p> <p><i>“I feel like I get it”</i> – Learning is experienced as deeper understanding</p>

<p><i>"I get it!" – a sense of achievement</i></p>	<p>I get it [participant’s emphasis] on a deeper level, and I think that I can use that to go forward, and kinda model it and facilitate it with other professionals in the team.</p>	<p>Significant learning has a lasting impact –consequential learning</p>
<p>The value of supervision in pointing out the learning Containing supervisor <i>Scaffolding X2</i></p>	<p>I: Thank you. You already spoke about what you learned, and what you took from it, in terms of being comfortable in taking this risk and being vulnerable, and the value that this carries...but I was wondering...how did you know you learned this?</p> <p>P4: Ermm...I think my supervisor helped, a lot. I think my supervisor was very good at pointing out to me: “look at the difference”, and I think, I think initially that was really scaffolded for me, because, with this case in particular, I used to come into supervision and be like “whoaa” [gesturing vomiting] and kinda just...you know, fire up all these things and my supervisor did a good job at saying: “ok, let’s put these bits together [gesturing putting things away], I’m gonna scaffold this for you”.</p>	<p>Supervisory relationship is containing Scaffolding – supervisory skill which facilitates learning</p>
<p><i>"drawing out"</i> – a sense of movement, transition Noticing the difference</p>	<p>And she really drew out for me...erm...you know, “look at what you’re doing now, and look at what you were doing before, and kinda look at the differences in this case”,</p>	<p>Supervisor facilitates the learning by noticing the development</p>
<p><i>"I caught myself"</i> – increased self-awareness <i>Change X3</i></p>	<p>And I think through having that modelled to me...erm...I’ve kinda looked back ...erm...I kinda caught myself in sessions subsequently with others parents and other carers and thought “oh, I’m doing that again”, or, you know, I kinda noticed a change in myself, a change in my confidence, a change in how I feel [changing her posture, straightening her back], so I’ve had a conversation that I think, you know, previously I would have found that quite difficult, actually, and...even just as I’m talking...as I’m having a conversation, I can just feel the difference,[again, straightening her back] I guess...</p>	<p>Developing self-awareness Feeling confident Developing self-awareness Bodily posture mirroring the emotional posture <i>I can just feel the difference – embodying the learning</i></p>
<p><i>"I can just feel the difference"</i> Scaffolding in learning</p>		

<p><i>I caught myself</i> – 3rd time</p> <p>Self-awareness and reflection skills supported in different learning contexts <i>“I’ve just kinda caught myself”</i> – surprised at noticing her development?</p> <p><i>Doing it again</i> – a skill that I own & can access <i>“I can sort out my own”</i> Noticing the change Self-containment</p> <p>Exploring discomfort <i>“a bit of a cue”</i> – drawing attention, discomfort signalling something important</p> <p><i>“not comfortable”X2</i></p>	<p>So, initially it was very much pointed out to me, but then subsequently...erm...I kinda caught myself...and I also think in terms of the way that our training is structured, there’s a lot of opportunity to check in with that, isn’t it...</p> <p>So, for example, for the [name of the course] we have clinical tutors, and we have meetings with them at specific points, and those conversations erm...very much draw out those kinds of things, it’s kinda an opportunity to reflect on what you learned, and what the differences are...so, I think partly having that scaffolded, but also my own experiences – I’ve just kinda caught myself and thought “actually, that is a change, I do feel different there”.</p> <p>I: Where has this experience of being vulnerable taken you to, that you would not otherwise have arrived at, if you hadn’t had this experience?</p> <p>P4: Mhm...[sighs, thinking] again, I think this level of confidence in...I think it’s...it’s quite hard to articulate...</p> <p>So I think it’s taken me to a place where... erm...I guess kinda doing it again, I can do it again and I can sort out my own...if I’m feeling uncomfortable with a case, I can kinda...I’m more able to sort that out for myself, whereas previously I would go into supervision and I would be really like...this and that [gesturing chaos] and I would just be everywhere. And like I said, my supervisor really scaffolded that for me...</p> <p>Whereas now I’m at a place where...if I’m feeling that, it’s kinda a bit of a cue [participant’s emphasis] that I need to think about this case a bit more, I need to sort this out, you know, sort out in my head what’s going on, you know, really look at that...erm...</p>	<p><i>I caught myself:</i> developing self-awareness</p> <p>Learning happens by: self-reflection, scaffolding from supervisor, direct experience</p> <p>Noticing own development</p> <p>Trusting own abilities to cope</p> <p>Becoming a more autonomous practitioner</p> <p>Discomfort as a cue for the work that is needed Willingness to engage with discomfort</p>
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<p>“getting it out for other people to look at” – valuing transparency Increased therapeutic skills</p> <p>“There’s less of a sting, the discomfort is less visceral” Building on previous learning Desensitisation to an anxiety provoking situation</p> <p>More comfortable X3 Difficult X3 New skills Becoming more able to handle discomfort</p> <p>Difficult things X4</p>	<p>And I guess that’s not always a comfortable thing to do, because if we’re feeling, if a case is making you feel incompetent, or making you feel like you always try and play catch up it’s not comfortable...but, I guess, having recognised the power of looking at that vulnerability, and getting it out for other people to look at, I kinda...it’s taken me to a place of realising there’s value in doing that, even if I might be initially a bit uncomfortable, then it’s worth it...</p> <p>And I guess, also, I feel less discomfort with doing that, it’s less of a kind of “oh, this case just makes me feel rubbish”, ermm...it’s more...there’s less...there’s less of a sting, the discomfort is less visceral, because I kinda feel that...having had this experience, and seeing the value of it, it’s more of a clue that there’s something that we can explore and that might be helpful...erm...so there’s kinda two things there, isn’t it...there’s this sort of: I can see the value of exploring something that’s uncomfortable, but also, with that, it takes away some of the discomfort, if that makes sense...</p> <p>I: I guess you already answered my next question, but in what way have you become other than who you were, on account of having this experience?</p> <p>P4: Yeah, so I guess, like I said, more comfortable, more comfortable owning my own discomfort and exploring it, more comfortable having difficult conversations as well, because through training this is something that I have found difficult, and I kinda ...I do find it difficult to say things that will potentially make other people feel uncomfortable, I think that is....</p> <p>I struggled with that, so I think it’s made me more comfortable to point out the difficult things and have the confidence to discuss the difficult</p>	<p>Learning happens by engaging with discomfort</p> <p>Willingness to engage with discomfort</p> <p>Embodying the experience of working through discomfort</p> <p>Discomfort as a cue for the work that is needed</p> <p>Changing relationship with discomfort - turning toward it</p> <p>“owning..., exploring it”: Changing relationship with discomfort - turning toward it Learning the value of taking relational risks</p> <p>Willingness to engage with discomfort</p>
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<p>Learning experience leads to increased empathy <i>“your stuff...their stuff”</i></p> <p>Feeling confident & competent – flexible? – <i>“I can explore it “</i></p> <p>Initial understanding of “delivering therapy” <i>“structured, enclosed,” – containing or constraining?</i></p> <p>A gradual move to valuing the therapeutic relationship A more thoughtful approach</p> <p>A shift in perspective – holding a <i>both and</i> stance <i>Important X2</i></p> <p><i>Confidence X3</i></p>	<p>things, and I think part of that came from some of the difficult things being my [participant’s emphasis] difficult things, so I think having had that experience, you know, you can understand what it feels like when it’s your stuff that you’re talking about, so it gives you that level of empathy for the other person that you’re speaking to when it’s their [participant’s emphasis] stuff that you’re talking about...</p> <p>So, I guess, with that empathy, comes the confidence to do it, because I feel like I can explore it in a way that is helpful and in a way that is manageable for both of us.</p> <p>I: Thank you. Why was this experience of being vulnerable and putting yourself out there, why was it important to you?</p> <p>P4: I think because...I think it kinda took me to a different kind of, almost like a bit of a step up...so if I think back to my first year of training, ermm, I was very CBT-based, and you know, I’m delivering CBT, this is what you do, it was very structured and like, you know, it kinda felt much more enclosed [gesturing with palms the shape of a square box] and you know, I’m delivering this therapy.</p> <p>Erm...and I think, that’s been more gradual as well, but specifically this experience, it was much more kinda relational, and I guess it’s not so much, obviously there are therapeutic principles in there, but I think it’s taken me beyond the, you know, just “I’m delivering this therapy, here you go”, it’s much more thinking about the relationship in the room and how we can work with that...</p> <p>I guess, there’s part, some of it is having the confidence to just explore that, and not to...you know, it doesn’t mean that you’re veering off from an evidence-based treatment, it just means, you know this is important too...so I think that’s definitely important.</p>	<p>Discernment through self-reflexivity</p> <p>Trusting own abilities to cope</p> <p>Noticing own development</p> <p>Relationship is more important than technique</p> <p>Relationship is more important than technique</p> <p>Growing confident Relationship is more important than technique</p>
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<p><i>Difficult x2</i> Valuable piece of work</p> <p><i>“I managed that, so I can manage things going forward”</i></p> <p>Professional stance The role of the CP <i>Uncomfortable X2</i></p> <p>Spatial & movement metaphors <i>“being willing to go there”</i></p> <p>What enables the therapeutic relationship: openness, <i>trust</i></p> <p><i>Othring X2</i> <i>Own X2</i></p>	<p>And I think, just for my own learning and confidence, it’s been important, because it was so difficult [participant’s emphasis], I found it so difficult initially, and I felt so uncomfortable, and then overtime, it’s actually become one of the cases where I feel I had the most success and actually genuinely really done something... that I guess... for my confidence and development it’s been so important, because I can kinda look back on it and think: well, I managed that, so I can manage things going forward.</p> <p>I: What does it say about what it important to you, in terms of your beliefs or values?</p> <p>P4: I think, going back to what I said about having empathy, and kinda understanding, and erm...I guess having had the experience of putting myself out there in a way that’s uncomfortable, I think that’s important because our job is to have difficult conversations and talk to people about uncomfortable feelings.</p> <p>I think it’s important that you understand what that feels like and then you can kinda, erm...I guess for me it’s important to be willing to go there with somebody, to be as uncomfortable as they are, and to not be super distant clinician [raising hands gesturing a barrier], you know, you feel uncomfortable, but I’m here, completely fine...erm...</p> <p>And I think, looking back on what I’ve said about it being such a successful case, I wonder if that is partly what has helped the therapeutic relationship so much with this case was that I did go there, and say I’m uncomfortable too, and that there’s kind of an element of trust there...</p> <p>And I think it kinda speaks to my feelings that... we should be there [participant’s emphasis] with people, not very distant and, not kinda othering, I suppose. I feel very strongly that we shouldn’t be</p>	<p>Feeling uncomfortable</p> <p>Noticing own development</p> <p>Significant learning has a lasting impact – consequential learning</p> <p>Learning happens by engaging with discomfort</p> <p>Learning happens by engaging with discomfort</p> <p>Being vulnerable strengthens the therapeutic relationship Relationship is more important than technique</p> <p>Relationship is more important than technique</p>
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	<p>othering the people that we work with, and that everybody experiences difficulties and mental health difficulties and I think we should own that and kinda own our discomfort as well.</p>	<p>Acknowledging a shared humanity with clients</p>
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Repeated pertinent themes emerging from transcript - Maya

<p>Self-doubt/feeling unprepared X7 Feeling overwhelmed X15 Developing self-awareness X10 Cycle of growing competence and increased self-reflexivity X4 Building on previous experience X5 The value of direct experience X4 Lasting impact - consequential learning X4 Being vulnerable strengthens the therapeutic relationship X4 The value of the supervisory relationship - Supervisor essential for the learning X9 Scaffolding – supervisory skill which facilitates learning X2 Supervisor essential for the learning “Gradual shift” – the experience of change X3 Resonance for the personal and the professional Self X7 <i>I can just feel the difference</i> – embodying the learning X7 <i>I feel like I get it</i> - Learning is experienced as deeper understanding X3 <i>Opening the door to a different way of working</i> – Change in context is destabilising X7</p>	<p>Discomfort as a cue for the work that is needed X4 Willingness to engage with discomfort X17 Learning happens by engaging with discomfort X4 Reaching a position of safe uncertainty Learning happens through MDT work Valuing the therapeutic relationship X6 - Relationship is more important than technique Becoming a more autonomous practitioner X16 Feeling confident, proud X19 Noticing own development X6 Accepting the learning stage “No fireworks, nothing happened in the moment” - Engaging with relational risk Learning the value of taking relational risks X12 “Feeling a little bit taller” - Body posture mirroring emotional posture X7</p>
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Superordinate and subordinate themes - Maya

Clustering of themes

<p>Moving toward a more autonomous practice is a rollercoaster journey Noticing own development: becoming a more autonomous practitioner Feeling confident, proud</p> <p><i>Opening the door to a different way of working – Change in context is destabilising</i></p> <p>Self-doubt/feeling unprepared Feeling overwhelmed</p> <p>Embodying the learning</p> <p><i>I can just feel the difference – embodying the learning</i> <i>I feel like I get it - Learning is experienced as deeper understanding</i></p> <p><i>“Feeling a little bit taller” - Body posture mirroring emotional posture</i></p>	<p><i>I caught myself: Developing self-awareness is a gradual process</i> Developing self-awareness Cycle of growing competence and increased self-reflexivity <i>“Gradual shift” – the experience of change</i> Resonance for the personal and the professional Self</p> <p>Valuing the relationship Learning the value of taking relational risks Being vulnerable strengthens the therapeutic relationship The value of the supervisory relationship - Supervisor essential for the learning Relationship is more important than technique Learning from previous experience is important</p> <p>Significant learning has a lasting impact <i>“Harnessing the power of your own discomfort” - Discomfort as a cue for the work that is needed</i> Discomfort as a cue for the work that is needed Willingness to engage with discomfort is important Learning happens by engaging with discomfort</p>
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Superordinate and subordinate themes	Quotes
<p data-bbox="192 272 869 344">Moving toward a more autonomous practice is a rollercoaster journey</p> <p data-bbox="192 643 434 675">Feeling confident</p> <p data-bbox="192 903 555 935">Noticing own development</p> <p data-bbox="192 1050 833 1121"><i>Opening the door to a different way of working – experiencing uncertainty</i></p> <p data-bbox="192 1198 636 1230">Change in context is destabilising</p>	<p data-bbox="907 272 2029 379">I would think about sort of adjusting to... owning more responsibility and I guess for me it's about the decision-making, and being a bit more lateral with your thinking, something that is a bit more outside of the box.</p> <p data-bbox="907 424 2029 603">So I think it's taken me to a place where... erm...I guess kinda doing it again, I can do it again and I can sort out my own...if I'm feeling uncomfortable with a case, I can kinda...I'm more able to sort that out for myself, whereas previously I would go into supervision and I would be really like...this and that [gesturing chaos] and I would just be everywhere.</p> <p data-bbox="907 643 2029 715">I guess there's an element of kinda having to trust that whichever direction it goes in, you'll be able to cope with it, you'll be able to handle it...</p> <p data-bbox="907 754 2029 826">So, I guess, with that empathy, comes the confidence to do it, because I feel like I can explore it in a way that is helpful and in a way that is manageable for both of us.</p> <p data-bbox="907 903 2029 1010">When I talked about noticing the development, even the way I feel I can talk about it, it made me feel less like a trainee who doesn't know what they're doing and more like a professional who does know what they're doing.</p> <p data-bbox="907 1050 2029 1201">you know, in that moment, I was completely outside of my comfort zone in terms of how the session had been set up, umm...and the position I found myself in and being ok with the fact that it was really stressful...and it's still, you know, I think about that now and it's still feel like...gosh, it does still cause me a bit of stress...</p> <p data-bbox="907 1233 2029 1305">I think that's why I was uncomfortable with it, because it wasn't the usual set up that I was used to throughout training, and sort of prior to training as well.</p>

<p><u>Valuing the relationship</u> The value of the supervisory relationship - Supervisor essential for the learning</p>	<p>And again, I remember the initial, a little bit of freeze response, like “I thought this was going to be a cognitive assessment, I was totally not prepared for...this”...erm...and kinda talking though it...</p> <p>I feel gratitude towards my supervisor as well, because I think my supervisor was, in this placement, for a lot of different reasons in terms of my learning, was really key, and in this experience, she really scaffolded it, and really pointed it out to me where the learning was, where the development was, which really helped.</p> <p>Erm...I think my supervisor helped, a lot. I think my supervisor was very good at pointing out to me: “look at the difference”, and I think, I think initially that was really scaffolded for me, because, with this case in particular, I used to come into supervision and be like “whoaa” [gesturing vomiting] and kinda just...you know, fire up all these things and my supervisor did a good job at saying: “ok, let’s put these bits together [gesturing putting things away], I’m gonna scaffold this for you”.</p> <p>And she really drew out for me...erm...you know, “look at what you’re doing now, and look at what you were doing before, and kinda look at the differences in this case”...</p>
<p><u>Embodying the learning</u> I can just feel the difference</p> <p>The embodied experience – “energised”</p>	<p>I kinda noticed a change in myself, a change in my confidence, a change in how I feel [changing her posture, straightening her back], so I’ve had a conversation that I think, you know, previously I would have found that quite difficult, actually, and...even just as I’m talking...as I’m having a conversation, I can just feel the difference,[again, straightening her back] I guess...</p> <p>I suppose, when I kinda talk about it, when I put myself back into the...you know, how it felt, how I felt at the time and I was uncomfortable and I was stressed about it, I do find myself kinda feeling that, you know, a bit more... a little bit anxious, and just a bit kind of ...sort of a bit more energised...</p>

<p>Body posture mirroring emotional posture - Embodying the feeling of competence/qualified professional</p> <p>Awareness of the body facilitates learning</p> <p><i>I caught myself: Developing self-awareness</i></p> <p><i>“harnessing the power of your own discomfort” - Discomfort as a cue for the work that is needed</i></p>	<p>But, actually, when I think about it now, now I feel confident and strong [opening the chest and the arms] and I feel it even in my posture [sitting upright], it sounds like a strange thing, but I feel like, I feel more as a qualified professional because I think...erm...</p> <p>I also think, noticing the physical, even the physical changes in your body as you're talking about it, again...really draws out those experiences and those processes.</p> <p>So, initially it was very much pointed out to me, but then subsequently...erm...I kinda caught myself...and I also think in terms of the way that our training is structured, there's a lot of opportunity to check in with that, isn't it...</p> <p>Because I think that's what it was about, it was about noticing and bringing into attention what I was feeling and then kinda bringing it to the attention of the person I was working with...erm...</p> <p>I think it's that sense of being able to manage a difficult conversation or difficult situations, and being able to reflect on things, and to cope with ...to sift through your needs and piece it together and figure out what's going on, and use it...</p> <p>Whereas now I'm at a place where...if I'm feeling that, it's kinda a bit of a cue [participant's emphasis] that I need to think about this case a bit more, I need to sort this out, you know, sort out in my head what's going on, you know, really look at that...erm...</p> <p>I kinda feel that...having had this experience, and seeing the value of it, it's more of a clue that there's something that we can explore and that might be helpful</p>
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<p>Willingness to engage with discomfort</p>	<p>And...I did, and I was really, really anxious about doing it, cause I was feeling really argh [furrows her eyebrow], when I went into the sessions, I just felt completely...like I never knew what I was doing...erm...and actually it was such a turning point...</p>
<p>Learning happens by engaging with discomfort</p>	<p>Yeah, so I guess, like I said, more comfortable, more comfortable owning my own discomfort and exploring it, more comfortable having difficult conversations as well, because through training this is something that I have found difficult.</p> <p>erm...so there's kinda two things there, isn't it...there's this sort of: I can see the value of exploring something that's uncomfortable, but also, with that, it takes away some of the discomfort, if that makes sense...</p>

Appendix I: Cross-referencing of emerging themes across transcripts

Theme	Gloria	Maya	Bell	Audre	Robin	Paula	Clarissa
Valuing the relationship with peers/systems	X	X	X	X			X
Internal validation	X	X	X	X	X		X
Emotional discomfort	X	X	X	X	X	X	X
Valuing the supervisory relationship		X	X		X	X	X
Feeling a bit taller	X	X	X	X	X	X	X
Integrating personal and professional selves feels authentic	X	X	X	X	X		X
Changing the relationship to self: I've become more me	X	X	X			X	X