REGISTERED COUNSELLORS' EXPERIENCES OF THEIR PROFESSIONAL CAREER DEVELOPMENT

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DECLARATION

I, *Sanisha Vala 2007069699* hereby declare that the dissertation titled *Registered counsellors' experiences of their professional career development* is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another university or for another qualification. I further cede copyright of the dissertation in favour of the University of the Free State.

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Sanisha Vala **12 May 2017**

SUPERVISOR'S PERMISSION TO SUBMIT

I hereby approve of *Sanisha Vala (2007069699*) submitting this dissertation (*Registered counsellors' experiences of their professional career development)* in fulfilment of the requirements for the degree Magister Artium in the Department of Psychology, Faculty of Humanities, at the University of the Free State. I also declare that this dissertation has not been submitted as a whole or partially to the examiners previously.

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To whom it may concern,

I hereby confirm that the text contained in the dissertation, "*Registered counsellors' experiences of their professional career development*", of Ms Sanisha Vala has undergone language editing during April 2017.

Kind regards,

Esmé Harris

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Abstract

This study aimed at exploring the experiences of registered counsellors in their professional career development. In order to contextualize and ground the study, two models were used as theoretical lenses, namely, Skovholt and Ronnestad's phases of counsellor/development model (2003) and Stoltenberg and Delworth's integrated developmental model (1987).

A qualitative research approach with a multiple case study design was used to gain a deeper understanding of the participants' experiences. Six participants who were busy or have recently completed their registered counselling internship, were purposively chosen to participate in the study. Six semi-structured interviews and one focus group were conducted. Thematic analysis was used to analyse the data. Ethical considerations included informed consent and confidentiality. Data was secured by using password-protected files and destroyed upon completion of this study.

Research findings indicated that the participants' experiences involved mainly two themes which strongly related to the developmental models. These themes related to supervision practices and feelings of incompetence. Other themes identified from the data related to passion for psychology, self-awareness and identity integration, and coping mechanisms.

Overall this study shed light on the experience of becoming a registered counsellor from a professional and personal perspective. The study was found to be valuable in considering how registered counsellors in South Africa develop during their training and their involvement in mental health care services.

(Keywords: psychology, registered counsellor, counsellor development, South Africa)

Abstrak

Hierdie studie het ten doel gehad om die ervarings van geregistreerde beraders in hul professionele loopbaanontwikkeling te verken. Ten einde die studie te konseptualiseer en gegrond te hou, is twee modelle as teoretiese lens gebruik, naamlik Skovholt en Ronnestad se fases van berader/ontwikkelingsmodel (2003) en Stoltenberg en Delworth se geïntegreerde ontwikkelingsmodel (1987).

'n Kwalitatiewe navorsingsbenadering tesame met 'n veelvuldige gevallestudie-ontwerp is gebruik om 'n dieper begrip van die ervarings van die deelnemers te verkry. Ses deelnemers wat tans besig is met of onlangs hul geregistreerde internskap vir berading voltooi het, is doelbewus gekies om aan die studie deel te neem. Ses semi-gestruktureerde onderhoude en een fokusgroep is gehou. Tematiese analise is gebruik om die data te analiseer. Etiese oorwegings het ingeligte toestemming en vertroulikheid ingesluit. Data is veilig gestoor in wagwoord-beskermde lêers wat na afloop van die studie vernietig is.

Navorsingsbevindings het aangetoon dat die ervarings van die deelnemers hoofsaaklik twee temas uitgelig het wat sterk verband hou met die ontwikkelingsmodelle. Hierdie temas hou verband met supervisiepraktyke en gevoelens van onbevoegdheid. Ander temas wat geïdentifiseer is vanuit die data het betrekking op 'n passie vir sielkunde, selfbewustheid en identiteitsintegrasie, asook *coping* meganismes.

Hierdie studie het oor die algemeen duidelikheid gebring rakende die ervarings van geregistreerde beraders, veral vanuit 'n professionele en persoonlike perspektief. Die studie is veral waardevol wanneer in gedagte gehou word hoe geregistreerde beraders in Suid-Afrika ontwikkel tydens hul opleiding, asook hul betrokkenheid by geestesgesondheidsorg.

(Sleutelwoorde: sielkunde, geregistreerde berader, beraderontwikkeling, Suid-Afrika)

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Introduction

1.1 Introduction

The aim of this chapter is to provide an overview of this study. The chapter starts with a general discussion of the background to this study, the research aim, methodology, results and discussion. The chapter concludes with key terms used in this study. An outline of the chapter is provided in Figure 1 below.

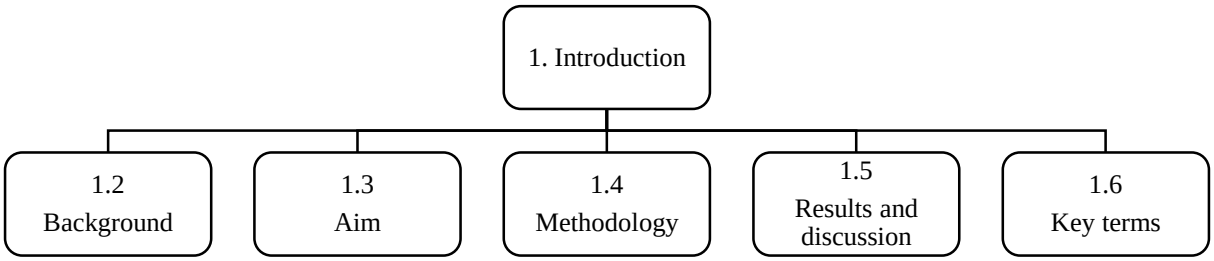

Figure 1. Outline of Chapter 1.

1.2 Background

One in four people experience mental illness in their lifetime (World Health Organisation [WHO], 2010). Mental health services are deemed to be scarce and inadequate on a global scale (WHO, 2013). This is no different in South Africa, as many people have limited access to mental health care. In 2003, the Health Professions Council of South Africa (HPCSA) created a registration category for registered counsellors. Their role is to make primary psychological services available to diverse communities in South Africa, with their key function being to prevent, promote, intervene and appropriately refer (HPCSA, 2013). Recent statistics have indicated that there are approximately 1,979 registered counsellors in South Africa and 2,151 student registered counsellors (HPCSA, 2016).

This study made use of Stoltenberg and Delworth's integrated developmental model (1987) and Skovholt and Ronnestad's phases of counsellor/therapist development model (2003) as theoretical lenses for conceptualisation. According to Stoltenberg and Delworth (1987), three phases of development can be seen within the development of registered counsellors, namely beginning, intermediate and advanced phases. This model focuses on how beginner counsellors progress from focusing on their own anxieties and being dependent on their supervisors into more stable, autonomous counsellors with professional identities.

Skovholt and Ronnestad (2003) postulated six phases of counsellor development: the lay helper, beginner student, advanced student, novice professional, experienced professional and senior professional.

These two models were chosen because they have been widely used in research within health and social sciences (Boie & Lopez, 2011; Koltz & Champe, 2010; Machatela, 2013; Moss, Gibson & Dollarhide, 2014). Research on this topic indicated that there are various challenges that counsellors face with regard to supervision, clients, anxiety and interpersonal relationships (Loganbill, Hardy, & Delworth, 1982; Moss et al., 2014; Skovholt & Ronnestad, 2003; Stoltenberg & Delworth, 1987). Furthermore, these models focus on stages of development that can be linked to the development of registered counsellors. While these models were used as lenses, the experiences of the participants of this study were not limited to these constructs of development.

There is limited research on registered counsellors in South Africa. Studies that were considered in creating the context for this study were focused on employment (Elkonin & Sandison, 2006; Kotze & Carolissen, 2005; Peterson, 2004; Abel & Louw, 2009), the role of registered counsellors (Elkonin & Sandison, 2010), registered counsellors' perceptions of their role (Roulliard, Wilson & Weideman, 2015) and the development of counsellor identity (Du Preez & Roos, 2008). Recent studies on student psychologists found that anxiety and intrinsic motivation played a role in their development and capacity to excel in their chosen careers (Booysen, 2016; Machatela, 2013).

Considering that registered counsellors provide a much-needed mental health service on a primary level and that many registered counsellors end up in alternative careers, it is necessary to explore their experiences and development. Thus, there is a need for research on this topic and this study aimed to fill the gap in literature and provide insight into the experiences of registered counsellors in their professional career development.

1.3 Research aim

The aim of this study was to explore and describe the experiences of registered counsellors in their professional career development. The phases of the counsellor/therapist development model (Skovholt & Ronnestad, 2003) and the integrated developmental model (Stoltenberg & Delworth, 1987) were used as lenses to understand the development of registered counsellors.

1.4 Overview of the research design and methods

A qualitative research design was selected for this study, as it focused on the exploration of lived human experiences (Hancock, Ockleford, & Windridge, 2007; Patton, 2002). A multiple case study design was used to gain a rich, in-depth understanding of the participants' real-life experiences (Crowe et al., 2011; Yin, 2009). Purposive sampling was used to recruit participants and this allowed the researcher to identify suitable candidates (Palys, 2008). Of the six participants, one was a registered counsellor working in private practice, two were intern clinical psychologists, one was a student clinical psychologist, one was a student registered counsellor and one was an unemployed registered counsellor. The participants who attended individual interviews consisted of five females and one male. The focus group consisted of three student registered counsellors and one registered counsellor working in private practice. The focus group participants consisted of four females.

Six semi-structured interviews (Willig, 2009) were conducted. The interview schedule consisted of six open-ended questions from which additional questions could be asked to gather richer descriptions of the participants' experiences. A focus group was also conducted with four participants, who provided a collective voice for the sample (Given, 2008; Yin, 2011). The recorded data were transcribed and analysed using thematic analysis (Braun & Clarke, 2006).

This study was approved by the Research Committee of the Psychology Department at The University of the Free State. Ethical considerations included but were not limited to (1) informed consent, (2) confidentiality and anonymity, (3) rapport and (4) debriefing (Allan, 2011). Lincoln and Guba's (1985) model provided four constructs to ensure the trustworthiness of the study: confirmability, credibility, dependability and transferability. In this study, confirmability was achieved by the researcher's journal as a source of reflexivity. That is, the researcher was aware that her own principles, background and experience with the phenomenon being studied would contribute to the research process. Credibility was assured by making use of multiple data collection methods. Dependability was shown by the thorough discussion on the methodology of this study, criteria for the inclusion of participants, the interview schedule and the steps taken in the thematic analysis. Lastly, transferability was achieved by providing the reader with rich, detailed descriptions of the participants' experiences.

1.5 Overview of results and discussion

The results of this study were categorised into two main categories, namely professional identity and personal dynamics. Each participant's case was individually discussed and analysed. Thereafter, a cross-case analysis was completed to determine the main themes. Five final themes emerged: (1) passion for the field, (2) competence, (3) supervision practices, (4) self-awareness and identity integration and (5) coping mechanisms. These themes related to both the professional and personal components of the participants' experiences.

The findings of this study indicated that participants' descriptions strongly related to the stages of development found in the abovementioned models. The participants were in the beginning stages of their training and thus experienced anxiety, feelings of incompetency and an incomplete counsellor identity. The influence of clients, supervisors and loved ones had a role in their development of self-awareness. This led to decreased anxiety, greater feelings of competency and allowed the participants to start integrating their counsellor identity.

However, the models used in this study were largely focused on the professional development of counsellors without considering the personal experiences that may also aid in the development process. This study found that personal dynamics significantly contributed to the experience of registered counsellors in their career development. Personal themes that emerged were (1) self-awareness and identity integration and (2) coping mechanisms. Linking to these themes, participants referred to the personal and professional growth that occurred as a result of personal experiences.

1.6 Key terms

Registered counsellor refers to a professional counsellor registered with the HPCSA.

Beginner/novice counsellor refers to a counsellor who is in the early stages of his or her training, such a student registered counsellor.

Practicum training refers to the six-month full-time or twelve-month part-time training that student registered counsellors are required to complete.

Clinical supervision refers to the one-on-one relationship that counsellors have with a supervisor, aimed to facilitate their therapeutic skills and understanding of client cases.

Professional development in this study refers to the progression that student registered counsellors experience on their journey toward becoming qualified registered counsellors.

1.7 Outline of chapters

This study consists of seven chapters and this section provides an outline of each chapter:

Chapter 1 contains a summary of the chapters included in this study. This is done by a brief discussion of the research background, research aim and methodology. A summary of all chapters and key terms is also included.

Chapter 2 comprises a discussion of global and local mental health care. This involves relevant statistics and discussions of psychology in South Africa, the different registration categories of the HPCSA and, specific to this study, a detailed discussion of registered counsellors.

Chapter 3 focuses on the theoretical models that were used as lenses in this study. This chapter provides the reader with an understanding of the two models, the various stages that counsellors progress through and the numerous challenges they face.

Chapter 4 orientates the reader toward the research design, sampling method, data gathering, data collection and data analysis. It also covers trustworthiness and ethical considerations related to this study.

Chapter 5 aims to provide an accurate representation of the participants' experiences through the discussion and interpretation of the results. Each participant is discussed individually and a cross-case analysis shows the final themes that emerged from the study.

Chapter 6 provides a discussion of the results of the study. Following the cross-case analysis, this chapter links the themes to relevant literature.

Chapter 7 focuses on a summary of the findings of this study as well as the limitations, implications for practice and recommendations for future research. The researcher also includes a brief personal reflection.

1.8 Conclusion

This chapter provided a concise overview of the study. This was done by providing a synopsis of the background to the research, methodology, results and discussion. Chapter 2 explores literature relevant to mental health and, more specifically, registered counsellors.

Chapter 2
Mental health

2.1 Introduction

The purpose of this chapter is to provide a broad understanding of mental health and mental health professionals to orientate the reader to the fundamental issues faced in the area of mental health. This is done by firstly focusing on mental health globally and then nationally. Mental health professionals in general but, more specifically, registered counsellors are discussed.

As this study focused on student registered counsellors and their experiences of professional career development, this chapter provides a review of literature on the development of the registration category, its scope of practice and practicum training. The chapter concludes with a discussion on recent research in this field. The structure of the chapter will hopefully help the reader to move from a broad picture of mental health to an in-depth perspective on registered counsellors and their place in South Africa. An outline of the chapter can be seen in Figure 2.

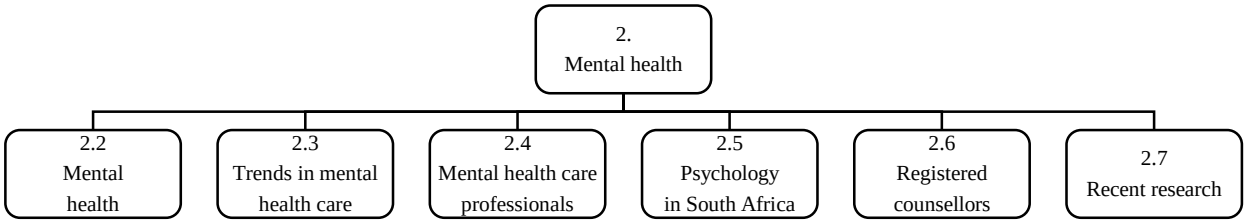

Figure 2. Outline of Chapter 2.

2.2 Mental health

In understanding mental health care, a distinction must be made between mental health and mental illness. Global and local statistics were reviewed to provide an objective view of mental health care. According to the World Health Organisation (WHO, 2001), mental health can be defined as "a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (p.1). Furthermore, mental health is influenced by multiple factors, which include social, psychological, cultural, environmental and biological factors (Solar & Irwin, 2010; WHO, 2016).

In contrast, the WHO (2016) indicated that poor mental health can be associated with social changes, gender discrimination, stressful work conditions, unhealthy lifestyle, physical

illness, risks of violence and human rights violations. In addition, a mental illness can be defined as a condition that affects an individual's thinking, feeling or mood and may affect his or her ability to relate to others and function each day (National Alliance on Mental Illness, 2016).

2.2.1 A global perspective on mental health. The WHO reported that 450 million people around the world suffer from mental illness and that one in four people will experience a mental illness in their lifetime (WHO, 2001a; WHO, 2010). On a global scale, these figures place mental illness among the leading causes of illness and disability. However, a study by the WHO (2001) indicated that most countries spend less than 1% of their national budgets on mental health. It was also estimated that 76–85% of individuals with severe mental illness do not receive treatment (WHO, 2013).

These statistics indicate that there is a desperate need for mental health care services internationally. The WHO (n.d) further stated that there are five key barriers to increasing the availability of mental health care: (1) the absence of mental health from public health programmes and the implications for funding, (2) the current structure of mental health services, (3) a lack of integration within primary care, (4) scarce human resources for mental health and (5) lack of leadership in public mental health. In addition, there is a significant inequality between the number of mental health care professionals and the number of people who require treatment.

Mental health care professionals are vital in the treatment and management of mental illnesses. Yet statistics show that on a global scale there are approximately nine mental health professionals per 100,000 population (WHO, 2014). This is broken down into 0.9 psychiatrists, 0.3 other medical doctors, 5.1 nurses, 0.7 psychologists, 0.4 social workers, 0.2 occupational therapists and 3.7 other mental health workers per 100,000 population (WHO, 2014).

2.2.2 Current state of mental health in South Africa. South Africa is a low-income, developing country with a population that faces a number of health, social and economic problems. Recent statistics indicated that 35.9% of South Africans live below the poverty line, with an unemployment rate of 25.9% (Central Intelligence Agency, 2016). Furthermore, the majority of the South African population has limited access to both general and mental health care services.

According to the WHO (2010), four out of five people, who require mental, neurological and substance-use treatment, in low- and middle-income countries, such as South Africa, do not receive such treatments. Other supporting evidence include that 38% of South African households experience food insufficiency, which can be linked to mental illness (Sorsdahl et al., 2010). Furthermore, a study in 2014 estimated that more than 17 million people in South Africa are living with mental disorders (Tromp, Dolley, Laganparsad, & Govender, 2014). In this regard, Burns (2011) used the term "mental health gap" to describe the gap between resources available for mental health care and the "burden" of suffering and disability due to mental illness.

In comparison to global statistics for mental health care practitioners, South African statistics indicate 0.28 psychiatrists, 0.45 other medical doctors, 7.45 nurses, 0.32 psychologists, 0.4 social workers, 0.13 occupational therapists and 0.28 other mental health workers per 100,000 population (WHO, 2007). Given these statistics, South Africa is in desperate need for more mental health care professionals.

2.3 Trends in mental health care

Global trends in mental health have focused on the patient at a tertiary level, with a focus on acute care. However, this sustains an inequity in care for patients once they have been discharged from tertiary-level hospitals. Saraceno and Dua (2009) discussed the need for a shift in mental health services, from short-term acute care in tertiary level hospitals to long-term chronic care in primary facilities, such as community hospitals and clinics.

The WHO (2013) listed key factors for improving mental health services, which includes care in a community context. These factors include (1) providing treatment for mental disorders in primary care, (2) ensuring increased availability of essential psychotropic medication and care on community level, (3) providing education on mental health issues, (4) involving communities, families and consumers, (5) establishing national policies and legislation on mental health, (6) developing human resources and (7) supporting relevant research. Accordingly, there has been a gradual shift in the global trend of treatment towards community-based mental health care services. However, the stigma associated with mental health services means that many people in low-income communities avoid mental health facilities, which has consequences for the treatment, management and recovery of their mental illnesses (Ruane, 2010; Wahl, 2011).

While there is a focus on those with mental illness, there is also a focus on the promotion of mental health by taking actions to generate living conditions and environments that support mental health (WHO, 2016). A study by Jung and Aguilar (2016) found that community partnership and shared commitment were significant factors in the promotion of mental health. These authors indicated that community partnerships refer to organisations interested in mental health, such as non-profit organisations, local businesses, radio stations, educational institutions, hospitals, newspapers or mental health groups. It was also found that a shared commitment between the various organisations assisted in building their partnerships (Jung & Aguilar, 2016). The authors also found that outreach programmes within a supportive environment had an influence on the promotion of mental health. Linking to these findings, the WHO (2016) indicated that promotional activities such as early childhood interventions for pregnant mothers and young children, youth development programmes, skills-building activities, social support for the elderly, mental health promotion activities in schools and at work and violence-prevention programmes were ways in which to promote mental health.

There appears to be a trend in mental health research and programmes towards a positive psychology framework, which can be described as the positive focus on human functioning and flourishing (Linley, Joseph, Harrington, & Wood, 2006; Seligman & Csikszentmihalyi, 2000). In other words, trends in mental health have shifted from being pathology- or illness-focused to being more strength-based, focusing on well-being and promotion of general health.

2.4 Mental health care professionals

Mental health professionals assess, treat and manage patients with mental illness (Magliano, 2013). An overview of mental health care professionals' roles in the treatment of mental illness is provided in this section. Alternative approaches such as traditional medicine are also discussed, as traditional healers play a significant role in the treatment of mental health in South Africa.

There are various professionals that can and may treat patients with mental illnesses, namely psychiatrists, medical doctors, psychologists, social workers, occupational therapists and nurses as well as other mental health professionals such as lay and registered counsellors. All of these professionals focus on specific areas (scope of practice) and forms of treatment, including with medication, through a process of psychotherapy, assisting in everyday difficulties, such as employment, or liaising with the family (Creek, 2010; Davies, 2003; Grohol, 2016). In a South African study on lay counsellors, Jansen van Rensburg (2008) stated

that they are generally volunteers within the non-governmental sector and their primary role is to relieve the burden of other health care professionals by educating clients and providing emotional support, most often regarding trauma and HIV and AIDS.

Returning to the role of traditional medicine, the WHO (2002) defined traditional medicines as "diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness" (p. 7). Felhaber (1997) estimated that 80% of South Africans consult with traditional healers before consulting medical treatment. Currently, there are no formally registered training programmes for traditional healers. A study by Louw and Duvenhage (2016) indicated that training organisations are strict about applicants having at least five years of training as an apprentice healer and are required to pass both oral and written examinations. These healers practise traditional forms of medicine that are grounded in cultural systems and focus on the individual within the context of family and community (Campbell-Hall et al., 2010).

Given the focus of this study, an in-depth discussion relating to psychology professionals follows.

2.5 Psychology in South Africa

Prior to 1917, psychology was considered part of philosophy at South African universities (Louw & Foster, 1991). However, Louw and Foster (1991) mentioned that in 1917, the University of Stellenbosch appointed R.W. Wilcocks as the professor of logic and psychology. As a result, other universities gradually appointed academics in psychology-related positions. This led to the development of psychology-related courses and, finally, psychology departments at South African universities. In 1974, the categories of registration in psychology were formally identified. These included clinical, counselling, educational and research psychology (Leach, Akhurst & Basson, 2003; Louw & Foster, 1991). Furthermore, the first psychological association was formed in the Free State province, namely the South African Psychological Association (SAPA) (Nicholas, 1990).

The apartheid era influenced the development of psychology in South Africa. It brought about a greater inequality in the training of students by providing white universities with more resources and prohibiting black psychologists from becoming members of SAPA (Cooper &

Nicholas, 2012). There was criticism towards psychology as a profession for focusing on the needs of the white minority and disregarding the needs of the majority (Watson & Fouchè, 2007). In order to address the abovementioned issues, the Psychological Society of South Africa (PsySSA) was formed in 1994 as an independent, non-racist and non-sexist association (Cooper & Nicholas, 2012).

In the post-apartheid era, PsySSA has been the leading association for psychologists and psychology-related professions in South Africa. Pillay (2013) noted that PsySSA successfully hosted the 30th International Congress of Psychology in 2012 (ICP, 2012) in South Africa. Furthermore, the *South African Journal of Psychology* has been a platform for psychological research regarding various issues and challenges in the country (Pillay, 2013).

Considering the already discussed statistics of mental illness in South Africa and the history of psychology, it is vital that those diagnosed with psychiatric conditions obtain adequate treatment. However, professionals in the field remain scarce.

2.5.1 Registration categories in South Africa. According to the Health Professions Council of South Africa (HPCSA, 2011), a professional who registers with the board of psychology may do so under specific categories, namely clinical psychologist, counselling psychologist, educational psychologist, research psychologist and industrial psychologist. While the HPCSA (2011) has compiled a scope of practice for neuro- and forensic psychologists, they are not yet categories for which a psychologist may register. Each category has its own requirements for registration that relate to academic qualifications and training.

A prerequisite of registration with the HPCSA (2016) is a four-year degree in psychology, an accredited master's degree, a one-year internship and passing the National Board Examination. Clinical psychologists are also required to complete a compulsory year of community service. For the purpose of this study, a brief discussion of the differences between the categories are included as per the HPCSA (2011) scope of practice.

Clinical psychologists assess, diagnose and treat clients and are expected to focus on psychopathology and psychiatric disorders (HPCSA, 2011). They differ from counselling psychologists, who are expected to treat clients with life challenges and developmental problems by optimising their well-being. The HPCSA (2011) scope of practice states that educational psychologists are expected to focus on optimising human functioning in learning and development, most often within an educational environment such as schools and other

education institutions. Industrial psychologists are usually found in the workplace and are expected to understand, modify and enhance individual, group and organisational behaviour. Lastly, research psychologists are focused on the planning, development and implementation of psychological research (HPCSA, 2011).

There has been much debate on the scope of practice of psychologists, which stems from the scope of practice that was promulgated in September 2011. A ruling by the High Court of South Africa, Western Cape Division, Cape Town, stated that the regulations defining the scope of the profession of psychology are invalid (*Recognition of Life Long Learning in Psychology Action Group and Justice Alliance of South Africa v. inter alia Health Professions Council of South Africa and Minister of Health, 2016*). The order of invalidity was suspended for 24 months. The litigation was initiated by the Recognition of Life Long Learning in Psychology Action Group (RELPAG) and the Justice Alliance of South Africa (JASA) against, amongst others, the HPCSA and Minister of Health.

However, Young (2013) stated that this debate has been present since the new scope of practice was promulgated in 2011. Seven universities that offered counselling psychology training protested the scope of practice, stating that it was "overly limiting, misaligned with most of the South African counselling programmes, inconsistent with the practice of counselling psychology in many places around the world and leaves many experienced counselling psychologists suddenly vulnerable to accusations of practice violations" (Van den Berg et al., 2011; Young, 2013, p. 423).

Ellis (2016) mentioned that the reason for the litigation came from the shared frustrations of psychologists. The author pointed out that the scope of practice allowed some psychologists to provide psychological services (developed through training and experience) even though they had not been registered to practise in those specific areas. In addition, several medical aid schemes had refused to pay psychologists by reasoning that they had worked outside their scope of practice. Furthermore, the HPCSA had taken disciplinary action against psychologists who had allegedly worked outside their scope of practice.

A recent discussion was held by PsySSA to discuss the way forward regarding the debates on the scope of practice (PsySSA, 2017). It was chaired by PsySSA President Sumaya Laher and during this discussion several models were proposed to the audience (Laher, 2017), which focused on specific changes that could be made to provide a clearer scope of practice. The first

change that resonated with the audience was that the scope of practice remains as is but that core competencies should be introduced for all psychologists and that there ought to be specialised skills for each category of registration. Secondly, the scope of practice should be changed to allow for general psychologist training at a master's level and specialised training on a post-master's level. The third recommendation was that that the 2008 scope of practice be reinstated. Lastly, the audience favoured a proposition that changes be made to the scope of practice and that a new category for 'assistant psychologist' be created at honours level. This debate and subsequent discussions demonstrate the need for a unified approach to the scope of practice.

2.5.2 Trends in psychology training. Training in psychology begins at an undergraduate level. Thwala and Pillay (2012) found that 64% of first-year psychology students who came from a rural background had not known about psychology prior to the commencement of their undergraduate training. This may be attributed to the racial inequality brought about by apartheid. Rock and Hamber (1994) discussed that training on an undergraduate level has been neglected and there has been limited continuity between undergraduate and post-graduate training. In South Africa, universities usually have strict requirements and undergraduate students are required to apply for an honours programme. Thereafter students are required to apply for a master's programme. The discontinuity in the programme, the costs involved and the small size of master's classes mean that many students who enter a first-year psychology programme do not, at the end, become registered psychologists.

A master's degree is a requirement for registration as a psychologist. This degree is a specialist degree and the selection of suitable applicants is a strict process. Pillay, Ahmed and Bawa (2013) found that universities received up to twenty times more applications for psychology master's degrees than they could accommodate. The authors estimated that despite the large number of applicants, fewer than 150 master's students are trained annually. The authors also indicated that while the selection criteria differ across universities, certain factors such as academic excellence, reflexivity, life experience and community orientation were considered during the selection process. In addition, potential applicants often volunteered in mental health care settings to enhance their applications (Pillay et al., 2013).

In 2003, community service was made compulsory for clinical psychologists. This regulation aimed to make mental health services accessible to rural communities, many of

which were disadvantaged by apartheid (Pillay & Harvey, 2006). The author also noted that community service would assist with the shortage of psychologists in government facilities.

2.5.3 Challenges faced by psychologists. A very real challenge related to being a psychologist (and especially given the scarcity of the service) is that of professional and personal burnout. Burnout is seen in a lack of empathy, respect and positive feelings towards clients, all of which compromise the therapeutic relationship and efficiency (Jordaan, Spangenberg, Watson & Fouchè, 2007). With regard to South African research, it was found that psychologists experienced moderate levels of burnout (Metz,1987; Philip, 2004; Smith, 1998). Jordaan et al., 2007 also surveyed 238 psychologists in South Africa and found that participants experienced moderate levels of burnout, which correlated with the previous studies mentioned. The authors also found a high incidence of emotional exhaustion, which they attributed to the high rates of "severe pathological situations" (p. 186), such as post-traumatic stress, alcoholism, drug abuse, family violence and rape.

Looking at the mental health statistics for South Africa, it is clear that psychologists experience a heavy workload, which is also a predictor of burnout. Other predictors of burnout within the work context relate to client-related stressors, lack of social support and time pressure (Leiter, Maslach, & Frame, 2015)

Another challenge, as mentioned earlier, is many psychologists' experience of the scope of practice as vague and undefined. This lack of definition has led to several medical aid schemes not paying counselling or educational psychologists. Gumede (2017) discussed the consequence of this on nonclinical psychologists, indicating that many have closed their practices. Considering the low numbers of psychologists in the country, this is a challenge that results in many people with mental illnesses or developmental problems going untreated.

2.5.4 Gap in South African mental health care. As mentioned earlier, Burns (2011) described the "mental health gap" in South Africa, referring to the lack of resources available to people who require mental health services. The lack of resources, which also pertains to the urgent need for more mental health care professionals in this country, was substantiated with statistics. In addition, global trends emphasised the need for community-based mental health care services (WHO, 2001).

In South Africa, legislation states that community service psychologists are to provide psychotherapeutic services within a community context. However, Pillay et al. (2013) noted

that while psychotherapeutic services are valuable, the focus of mental health facilities should be on short-term, supportive and psychoeducational programmes that assist the community. In line with this, a study by Peterson (2004) suggested that there is a need for the category of a counsellor who can provide psychological services on a primary health care level. This need was the starting point for the creation of a new registration category with the HPCSA, namely "registered counsellors".

2.6 Registered counsellors

In the late 1990s, the HPCSA began creating the registration category for registered counsellors to address the abovementioned mental health gap (Abel & Louw, 2009; Elkonin & Sandison, 2006). The council aimed to do this by providing mental health care services to communities where basic mental health care was not available, thereby improving the mental health of those communities (Elkonin & Sandison, 2006). Linking to this, Peterson (2004) emphasised that registered counsellors could ease the burden placed on other mental health care professionals (such as social workers, nurses and psychologists) by decreasing their workload within the community context. The registration category for registered counsellors was signed into legislation in December 2003. Recent statistics indicated that there are approximately 1,979 registered counsellors in South Africa and 2,151 student registered counsellors (HPCSA, 2016).

The HPCSA (2013) defined registered counsellors as "psychological practitioners who perform psychological screening, basic assessment and technically limited psychological interventions with individuals and groups, aiming at enhancing personal functioning in a variety of contexts" (p. 5). The contexts referred to include primary health care centres, hospitals, education, work, sport, non-governmental organisations, non-profit organisations and communities (p. 5). The limited interventions stated by the HPCSA (2013) refer to primary interventions. These include basic mental health care, identifying and addressing the basic causes of problems or containing them so that they do not worsen (secondary intervention) and activities designed to reduce stressors and help develop coping abilities.

A registration category which falls on the same level as that of registered counsellors is for psychometrists. According to the HPCSA (2014), psychometrists can be defined as "psychological practitioners with a special expertise in the use of psychological tests, who perform assessments and also contribute to the development of psychological tests and

procedures" (p. 7). The scope of practice for psychometrists was limited to psychological testing, whereas the scope of practice for registered counsellors also included counselling.

2.6.1 Scope of practice of registered counsellors. The scope of practice of registered counsellors was structured around the core competencies that registered counsellors would require when working within the community context. Peterson (2004) discussed the core competencies required by registered counsellors providing curative and preventative care. Firstly, registered counsellors are required to administer, score and interpret a limited range of psychometric tests, including report writing. Secondly, with regard to emotional problems, registered counsellors are required to provide supportive counselling. Lastly, registered counsellors are required to develop and implement prevention programmes to address common referral complaints.

As mentioned earlier, a new scope of practice was promulgated in September 2011, which aimed to specify the role of registered counsellors within the context of primary health care. It stated that the primary function of registered counsellors was to promote psychosocial well-being, provide preventative interventions and appropriately refer mental health care users in South Africa (HPCSA, 2013). The researcher found that there was no major difference between the 2003 and 2011 scopes of practice. However, the latter appeared to be more concise in specifying the competencies of the registered counsellor, most likely to make the competencies clearer.

In line with their scope of practice, registered counsellors perform psychological screening and are expected to be at the forefront of primary psychological services in the community setting (HPCSA, 2011). Registered counsellors are also expected to identify mental health issues early on (HPCSA, 2011) and therefore require an understanding of psychopathology. In comparison, psychologists are expected to perform specialised screening, have a complex understanding of psychopathology and diagnose clients (HPCSA, 2011). Registered counsellors may support psychological interventions with individuals that are aimed at enhancing well-being (HPCSA, 2013, 2011). On the other hand, the scope of practice for psychologists indicates that they perform specialised interventions, which include psychotherapy and the treatment of severe psychopathology. In other words, registered counsellors provide counselling services and psychologists provide psychotherapy. There has been much debate about the differences between counselling and psychotherapy (Feltham, 1997; McLeod, 2013). According to McLeod (2013) and Feltham (1997), counselling-based

treatment is usually context-driven and involves using techniques drawn from various frameworks. In contrast, psychotherapy treatment is theory-driven and requires a complex understanding of the specified theoretical framework (McLeod, 2013; Feltham, 1997).

Linked to screening and basic assessments, registered counsellors may administer general psychometric assessments. These include intelligence, ability, aptitude, learning potential, personality, interest, study habits, developmental measures and scholastic tests (HPCSA, 2013), whereas psychologists may administer the abovementioned tests together with specialised assessments such as projective, neuropsychological and diagnostic tests (HPCSA, 2011). The process of psychological screening means that registered counsellors are expected to assess clients in order to identify those who require specialised services and refer them to the relevant health care professionals (HPCSA, 2011). Being able to appropriately refer clients is an imperative part of primary mental health care as each professional plays a role in the treatment and management of mental health.

Other competencies that pertain to registered counsellors relate to research, policy formation, programme design, implementation and management, supervision and expert opinion. The regulation (HPCSA, 2011) states that registered counsellors may conduct and report on research projects. They may participate in policy formulation based on various aspects of psychological theory and research. Registered counsellors may also participate in the design, management and evaluation of psychology-based programmes in the organisations including, but not limited to, health, education, labour and correctional services (HPCSA 2011). Registered counsellors may provide expert evidence and/or opinions (HPCSA, 2011). Furthermore, registered counsellors may train and supervise other registered counsellors and student registered counsellors three years after they have been registered with the board. Lastly, registered counsellors are expected to conduct their psychological practice and research in accordance with the Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974, adhering to the scope of practice of registered counsellors (HPCSA, 2011).

Rouillard, Wilson and Weideman (2015) conducted a study on the perceptions of registered counsellors with regard to their role in the South African context. The authors found that registered counsellors perceived their scope of practice as vague and this created uncertainty about their role. This also had implications for the context in which they worked. Furthermore, the researchers found that registered counsellors were often confused and fearful

in terms of the service they provided in relation to the type of mental health difficulties they should be treating. Moreover, many registered counsellors admitted to treating clients that were outside their scope of practice (Rouillard et al., 2015). This related to the fact that most registered counsellors worked in private practice on a secondary or tertiary level and would therefore see clients even after the initial psychological screening process.

2.6.2 Training of registered counsellors. The training of registered counsellors is discussed in four sections, namely registration requirements, selection criteria, practicum training and supervision. It is important to note that, according to the HPCSA (2013), the scope of practice must be used as a guideline in the education and training of registered counsellors.

2.6.2.1 Registration requirements. The HPCSA (2013) outlined the registration requirements. Registration as a registered counsellor is dependent on the completion of an accredited four-year bachelor of psychology degree. However, applicants who have completed an accredited honours degree in psychology, including an approved six-month and/or 720-hour face-to-face practicum, may also register as registered counsellors. Applicants with an honours degree in psychology who have not completed a practicum may register as student registered counsellors on condition that the student has a practicum placement. The required practicum training may be completed through several educational institutions in South Africa, although students may be placed to work in community facilities.

Student registered counsellors are required to complete their practicum training for a duration of six months full-time or 12 months part-time. During this time, they are supervised by a supervisor within the field of psychology with a minimum of three years' post-registration experience in their field. After the completion of the practicum training, student registered counsellors are required to write to the National Board Examination for Registered Counsellors and are required to register with the HPCSA within five years.

Registration requirements for counsellors vary from country to country. In South Africa, requirements are strict and governed by HPCSA policies and regulations as discussed above. In the United States, the American Counselling Association (2011) stated that licenced professional counsellors require a master's or doctoral degree in order to work. This compares to the Ugandan Counsellors Association, which differentiates between counsellors with informal and formal training. Individuals who have had informal training are known as paracounsellors and individuals with formal training, such as a diploma or undergraduate

degree in psychology, are known as counsellors (Senyonyi & Ochieng, 2015). Furthermore, individuals in Uganda with post-graduate training on a master's or doctoral level are known as counselling psychologists.

2.6.2.2 Selection criteria for practicum training. The selection criteria for applicants registering for practicum training are based on academic performance and personal abilities. Both of these aspects are considered by educational institutions/universities and the placement sites for practicum training. The HPCSA (2013) lists personal abilities as intrapersonal and interpersonal skills, ability to work in a team, ability to work under pressure, ability to work in a community and the potential to learn the skills of a registered counsellor. Similarly, the British Association of Counselling and Psychotherapy (BACP, 2009) lists qualities that counsellors are encouraged to strive for. These include, amongst others, empathy, sincerity, resilience, integrity, respect, competence, fairness, wisdom, ethics and courage.

Some South African educational institutions have included the HPCSA (2013) list of personal abilities as selection criteria and applicants are requested to write essays, undergo psychometric testing or interviews. However, due to the nature of the extensive training required, many educational institutions have discontinued the bachelor of psychology equivalence programme for student registered counsellors.

2.6.2.3 Practicum training. Applicants who meet the selection criteria for the practicum training can register with the HPCSA as student registered counsellors and complete their practicum training through various educational institutions and placement sites around South Africa. The training of counsellors aims to equip them with essential knowledge, skills and a professional identity (Hackney & Cormier, 2005). The HPCSA (2013) provided an outline of training requirements based on the scope of practice of registered counsellors. Training is not limited to these guidelines and may be adapted as long as the basic guidelines are still adhered to.

The first guideline from the HPCSA (2013) stipulates that the practicum training must include professional ethics and conduct, with a thorough understanding of the relevant legislation. The ethical rules that pertain to the professional board of psychology can be found in *Form 223: Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974* (HPCSA, 2006). In addition, an extensive list of the relevant acts that apply to registered counsellors can be found on the HPCSA website (www.hpcsa.co.za).

The HPCSA (2013) also mentions that practicum training should include interviewing techniques, observation skills and basic counselling skills. These include nonverbal communication, which is a distinct characteristic of counsellor training.

Students must gain competency in the development of preventative and developmental programmes as well as psycho-educational skills. Elkonin and Sandison (2010) discussed the number of services that registered counsellors provide within the community, ranging from career and academic counselling to trauma debriefing and psycho-education on a variety of topics, including HIV and AIDS, study methods and well-being. Supportive group counselling and workshops were also provided at certain placement sites.

Furthermore, there must be a focus on conceptualisation skills, especially with regard to the biopsychosocial and systems models, as these are appropriate for use in community interventions. Consequently, student counsellors can understand the needs of their community and form interventions around these needs. This seems to be an international trend, for example, in Switzerland, the Swiss Association of Counselling regulates the training of counsellors, which is largely focused on understanding the inner life of the client through a biopsychosocial-spiritual lens (Thomas & Henning, 2015). This is a method of conceptualisation, as the biopsychosocial model is derived from a general systems theory, which proposes that each system influences and is influenced by other systems, thus organising and integrating biological, psychological, social and spiritual aspects to gain an understanding of clients (Campbell & Rohrbaugh, 2006).

Community-based training provides a multicultural environment in which counsellors can develop a sensitivity and awareness of the diverse cultures in South Africa (Pillay, 2003). Pillay (2003) emphasises three points with regard to the experience gained from working in the community. Firstly, community work provides counsellors with a "stage" in which they can test theory in practical situations. Secondly, it provides multicultural training. Lastly, it teaches counsellors to design interventions that address the needs of a specific community.

As South Africa consists of diverse communities, student counsellors should have an understanding of the cultural beliefs and traditions as well as language sensitivity. Corey (1996) stated that "the training of a multicultural counsellor does not rest on gaining knowledge and skills with regard to different theories but also on producing counsellors who have self-awareness" (p. 109). While not specifically mentioned in the HPCSA (2013) guidelines, self-

awareness and reflexivity have been mentioned as vital in counsellor development (Skovholt & Ronnestad, 2003; Stoltenberg & Delworth, 1987) and are discussed in the next chapter.

As the South African population is often faced with violence, crime, and trauma, the HPCSA (2013) has specifically included structured trauma counselling in the list of guidelines. Lastly, student counsellors must be trained to administer psychometric assessments within their scope of practice and write structured reports. A list of assessments that are accepted can be found in *Form 207: List of tests classified as being psychological tests* (HPCSA, 2010).

The outline from the HPCSA (2013) does not include therapeutic techniques or frameworks and offers no further guidelines to the training requirements for student registered counsellors.

2.6.2.4 Supervision. Student registered counsellors are required to attend supervision with registered counsellors or psychologists with a minimum of three years' post-registration experience (HPCSA, 2013). Stoltenberg and Delworth (1987) emphasised that supervision is an organic process that is created by the supervisor and supervisee. Furthermore, researchers have developed supervision models that focus on the training of counsellors (supervisees) and the supervisor's role (Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987).

Supervisors are regarded a vital aspect of training by advising, supporting and guiding new counsellors (Stoltenberg & Delworth, 1987; Watkins, 2013). Kaufman and Shwartz (2003) emphasised that both one-on-one and group supervision are essential for the integration of other skills that counsellors learn during their training. In addition, the authors stated that the setting of supervision and level of experience of the supervisor have an influence on the supervisee-supervisor relationship. Time allocated for supervision was another factor found by Loganbill et al. (1982), who stated that with a longer supervision time, process and interpersonal issues could be included. Further discussion on supervision is provided in Chapter 3.

2.7 Recent research on registered counsellors and related topics

Registered counsellors and student registered counsellors provide a much-needed mental health service in South Africa. However, South African research on this topic is limited. There has been a focus on employment (Elkonin & Sandison, 2006; Kotze & Carolissen, 2005; Peterson, 2004; Abel & Louw, 2009), the role of registered counsellors (Elkonin & Sandison, 2010), registered counsellors' perceptions of their role (Roulliard et al., 2015) and the development of counsellor identity (Du Preez & Roos, 2008).

Regarding employment, Elkonin and Sandison (2006) found that out of 62 participants who completed their training in 2002, 2003 or 2004, 9.68% were employed as registered counsellors and 30.65% had been accepted into master's degree programmes. The remainder of the participants (59.68%) had taken up employment in other career fields. Furthermore, Kotze and Carolissen (2005) found that none of the participants had been employed within the health sector, with 34.8% working in community or non-governmental organisation settings. In addition, 26% were employed in the private sector and 17% in education. Abel and Louw (2009) found that 46% of their participants were registered and working as registered counsellors, 54% had taken up employment in alternative careers. Furthermore, 31.7% of participants stated that most of their work was in private practice. However, only 31.5% of those working as registered counsellors worked full time. Difficulty finding employment was a common reason why participants sought employment in alternative careers (Abel & Louw, 2009; Elkonin & Sandison, 2006; Kotze & Carolissen, 2005). A study by Rouillard et al. (2015) indicated that the registered counsellor category has become a popular category for registration by students who were not accepted into a master's programme and many chose to become registered counsellors as they believed that it would better their chances of being accepted into such a programme.

Regarding the role of the registered counsellor within district health services, Peterson (2004) emphasised that "the quality of care provided by counsellors could be overseen by registered psychologists deployed to provide a consultancy-referral back-up service to primary care providers" (p. 39). Pillay et al. (2013) affirmed that the reason for creating this registration category was to enable those living in poor communities to access mental health care services. Elkonin and Sandison (2010) found that registered counsellors had various roles within health services, including career and academic issues, support with lifestyle choices, trauma debriefing, psycho-education, group counselling and staff training. In addition to these roles, the authors found that many were also expected to perform organisational and administrative roles. Furthermore, Elkonin and Sandison (2010, p. 93) found that registered counsellors were described as "very effective", "reliable", "competent" and "an absolute necessity", which strengthens the argument that registered counsellors provide a much needed service.

Du Preez and Roos (2008) studied the development of counsellor identity by collecting journal writing and visual presentations that the participants created regarding their development as a counsellor. The authors identified four themes: (1) capacity for uncertainty,

(2) increased self-knowledge, (3) self-reflection and (4) growth. The first theme related to participants' increasing comfort in uncertainty or the fact that there would not always be a specified outcome. The second and third themes related to the participants' increased appreciation for self-knowledge and the value of ongoing reflection as a crucial aspect of their development. Lastly, participants indicated that their professional growth as counsellors was reflected in their personal growth.

Corresponding to the aim of this study, the researcher conducted literature searches on 23 July 2015, 31 August 2016 and 1 February 2017. The searches were conducted on Google Scholar and EBSCOHOST using the following keywords: *registered counsellor*, *experiences*, *career development*, *professional development* and *South Africa*. However, there appeared to be no existing research that aimed to explore the experiences of registered counsellors in their professional career development. This study therefore aimed to fill this gap by exploring the experiences of registered counsellors in their professional career development.

2.8 Conclusion

This chapter started out broadly by providing information regarding mental health from both a global and South African perspective. It also discussed the types of mental health professionals in South Africa, focusing on psychologists and registered counsellors. The chapter concluded with an in-depth discussion on the HPCSA registration category of registered counsellors. The next chapter focuses on models of development related to the development of registered counsellors.

Chapter 3

Developmental models

3.1 Introduction

This chapter aims to explore and identify the transition from student to professional by discussing models of development that are central to the journey to becoming a professional and that are applicable to being a registered counsellor. The focus of the chapter is on general models of development, with a specific focus on two models that relate to counsellor development, namely Skovholt and Ronnestad's (2003) phases of counsellor/therapist development and Stoltenberg and Delworth's (1987) integrated developmental model. Both of these models were used as lenses to organise the experiences of registered counsellors while analysing the collected data. An outline of the chapter can be seen in Figure 3 below.

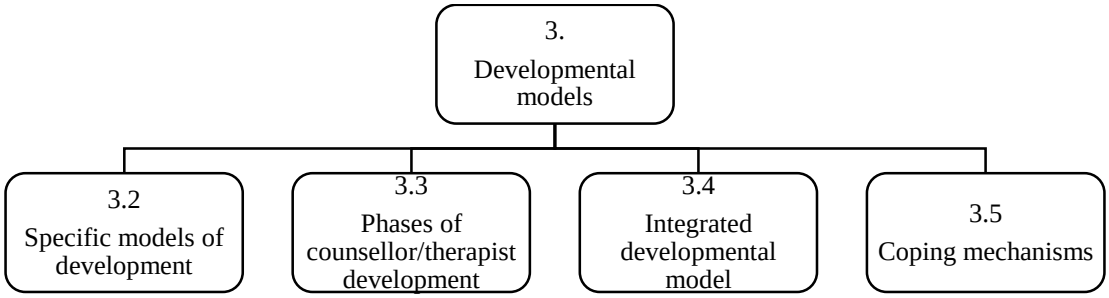

Figure 3. Outline of Chapter 3.

3.2 Specific models of development

In understanding models of development, it is necessary to first recognise how developmental theories relate to the world of professional work. Super's (1990) developmental theory stated that "in entering an occupation, people seek to implement a concept of themselves" (Savickas, 2002, p. 165). Fouad (2003) elaborated on Super's theory, stating that people explore the world of work, discover aspects of themselves, choose a field of study, pick an occupational area in which they want to work and then implement that choice. Therefore, developmental theories related to professional careers, such as registered counselling, seek to explain the changes that a counsellor might undergo as they progress in their chosen occupation.

Hess (1980) postulated that a model of development should specify assumptions or functions that are grounded in a theoretical framework. Thus, models of development provide a theoretical lens to describe and understand the unique stages of an evolving process such as

the career development of a registered counsellor. Linking to this, Lerner (1986) held that development implies change, which is organised systematically and occurs over time.

Becoming a counsellor is considered to be a developmental process (Hackney & Cormier, 2005). Stoltenberg (1981) explained that counsellors experience growth as they embark on a path of development that culminates in the formation of a counsellor identity and includes the integration of skills, theory and a greater awareness of oneself and others. Furthermore, Chagnon and Russell (1995) discussed two premises of models of counsellor development. Firstly, as counsellors develop, they progress through a series of stages that result in the attainment of new skills and competencies. Secondly, counsellors require different supervisory approaches at different stages of their training. Corresponding to these premises, two models of counsellor development are briefly discussed in this chapter. These models focus on supervision (Loganbill, Hardy & Delworth, 1982) and skills development (Dreyfus & Dreyfus, 1980).

Thereafter, the two models that have been selected as the lens for this study are discussed in detail. The first model is Skovholt and Ronnestad's (2003) phases of counsellor/therapist development. The second model is Stoltenberg and Delworth's (1987) IDM, which relates to counsellor development and supervision approaches. Both models are widely used in research and can be applied to studies within health and social sciences (Boie & Lopez, 2011; Koltz & Champe, 2010; Machatela, 2013; Moss, Gibson, & Dollarhide, 2014). The abovementioned models relate to the aim of this study, as they focus on the different stages of development that students experience as they gain further training and supervision.

3.2.1 Supervision: A conceptual model (Loganbill et al., 1982). Loganbill et al. (1982) defined supervision as "an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (p. 4). The authors proposed a three-stage model of counsellor (supervisee) development: stagnation, confusion and integration. Loganbill et al. (1982) noted that this model was based on the assumption that counsellors may "cycle and recycle through these various stages at increasingly deeper levels" (p. 17). The identified issues are based on competence, emotional awareness, autonomy, theoretical identity, respect for individual differences, purpose and direction, personal motivation and ethics (Loganbill et al., 1982). The authors emphasised that counsellors in each stage could grapple with any of the abovementioned supervisory issues.

The defining characteristics of the first stage are stagnation and unawareness. During this stage, counsellors display rigid and narrow thinking and dependence on their supervisors (Loganbill et al., 1982). The authors mentioned that the characteristics of the second stage were instability, disorganisation, erratic fluctuations, disruption, confusion and conflict. The last stage was characterised by reorganisation, integration, an enhanced cognitive understanding, flexibility, personal security based on awareness of insecurity and continually monitoring the most significant supervision issues (Loganbill et al., 1982).

3.2.2 Skills development model (Dreyfus & Dreyfus, 1980). The Dreyfus model (Dreyfus & Dreyfus, 1980) is a five-stage model based on the acquisition and development of skills through instruction and experience. The five stages of skill development are novice, competence, proficiency, expertise and mastery. The underlying assumption of this model is that as the student acquires skills, he or she becomes less dependent on abstract principles and relies more on concrete experience (Pena, 2010). Furthermore, Chaffin and Cumming (2012) maintained that as the student progresses through the stages, he or she becomes less dependent on the rules and obtains a better understanding of the context of the work and its results.

In the novice stage, students have limited or no experiential training and therefore rely on rules to guide them through the process (Dreyfus & Dreyfus, 1980). Pena (2010) proposed that the main task in this stage is the ability to memorise rules and that learning occurs in a detached manner. Furthermore, during this stage, students tend to align their behaviour to the rules and require monitoring through self-observation and feedback (Dreyfus & Dreyfus, 1980; Pena, 2010). As students progress to the competence stage, they learn strategies from their instructors and often become overwhelmed by the number of procedures and elements to follow (Dreyfus, 2004; Pena, 2010). However, the development of competence only occurs after extensive experience (Pena, 2010). Towards the proficiency stage, the student becomes more emotionally attached to the task at hand, making it challenging to detach from the experience and causing the student to behave like a beginner (Pena, 2010). However, Dreyfus and Dreyfus (1980) emphasised that the proficient student is able to adjust the learnt principles according to the context of the situation. When students enter the expertise stage, they have extensive experience, require fewer rules or principles to guide their actions and are able to use their intuition (Dreyfus & Dreyfus, 1980). Finally, in the mastery stage, as the expert no longer requires rules or principles and can perform the necessary tasks intuitively, there is a shift toward performing tasks without conscious attention (Dreyfus & Dreyfus, 1980).

3.3 Phases of counsellor/therapist development model (Skovholt & Ronnestad, 2003)

Skovholt and Ronnestad's (1992) study focused on counsellor/therapist development. Data collection for their study consisted of 100 in-depth, semi-structured interviews with participants, which included two student groups – beginner and advanced graduate students – and three post-graduate groups of participants with professional experience and doctoral degrees (Skovholt & Ronnestad, 1992). The collected data were used to develop a phase model of development and, thereafter, themes that related to counsellor/therapist development were identified. Later, they also identified stressors that related to counsellor/therapist development.

Skovholt and Ronnestad's (1992) model originally conceptualised counsellor development as a journey through eight different phases. However, it was later reformulated into six phases, namely the lay helper phase, beginning student phase, advanced student phase, novice professional phase, experienced professional phase and senior professional phase. Each phase includes specific tasks that are vital to professional counsellor development. However, only the first two phases are essential to this study, as they correspond with the professional career development of registered counsellors.

Originally, Skovholt and Ronnestad (1992) extracted twenty themes of counsellor/therapist development from the data and these were later condensed into fourteen themes, as indicated below:

1) Professional development involves an increasing higher-order integration of the professional self and the personal self.

2) The focus of functioning shifts dramatically over time from internal to external to internal.

3) Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience.

4) An intense commitment to learn propels the developmental process.

5) The cognitive map changes: beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise.

6) Professional development is a long, slow, continuous process that can also be erratic.

7) Professional development is a life-long process.

8) Many beginner practitioners experience much anxiety in their professional work; over time, anxiety is mastered by most.

9) Clients serve as a major source of influence and serve as primary teachers.

10) Personal life influences professional functioning and development throughout the professional lifespan.

11) Interpersonal sources of influence propel professional development more than impersonal sources of influence.

12) New members of the field view professional elders and graduate training with strong affective reactions.

13) Extensive experience with suffering contributes to heightened recognition, acceptance and appreciation of human variability.

14) For the practitioner, there is a realignment from self as hero to client as hero.

Skovholt and Ronnestad (2003) identified seven stressors that relate to the novice practitioner. These include acute performance anxiety and fear, illuminated scrutiny by professional gatekeepers, porous or rigid boundaries, fragile and incomplete practitioner self, inadequate conceptual maps, glamorised expectations and acute need for positive mentors. Goodyear, Wertheimer, Cypers and Rosemond (2003) identified two major strengths of Skovholt and Ronnestad's (2003) model. Firstly, it was created directly from the collected data and, secondly, it provided a view of counsellor development as a lifelong process.

3.3.1 Phases of development.

3.3.1.1 The lay helper phase. According to Skovholt and Ronnestad (2003), people gain experience in helping others even before they begin professional training. The authors defined a lay helper as a person with no formal training. Their help includes, but is not limited to, assisting family, friends or even colleagues in making decisions, resolving problems and improving relationships. With regards to this study, student counsellors were considered lay helpers prior to their practicum training.

Lay helpers quickly identify problems, provide strong emotional support and give unexamined advice, constructed from their personal experiences, thus providing authentic help (Hill, Sullivan, Knox & Schlosser, 2007; Ronnestad & Skovholt, 2003). As lay helpers tend to act from their own experiences, they may become over-involved or give specific and strong advice, based in sympathy instead of the empathy of a professional helper (Ronnestad & Skovholt, 2003).

In South Africa, lay helpers are most often recruited as counsellors for HIV and counselling testing programmes. The South African Department of Health (2008) developed a

training programme for lay counsellors that consists of five days of training in basic information related to AIDS and a ten-day HIV and AIDS counselling course.

Rispel et al. (2010) stated that lay counsellors are expected to provide HIV, antiretroviral therapy adherence, mental health and trauma counselling. However, Kagee (2013) found that lay counsellors required further training in counselling skills such as reflection, interpretation, problem-solving, confrontation and the ability to identify positive aspects related to clients. Research has shown that lay counsellors experience numerous work-related stressors such as a lack of support, under-resourced counselling spaces and working environments, limited training, not being recognised for their role and receiving an insufficient salary (Haq, Iqbal, & Rahman, 2008; Peltzer & Davids, 2011; Rohleder & Swarts, 2005).

3.3.1.2 Beginning student phase. Most often, students pursue counselling because they want more skills, want to be licenced professionals, have a desire to help others and have been told that they are natural helpers (Bischoff, Barton, Thober & Hawley, 2002; Skovholt & Ronnestad, 1992). Booysen (2016) found that students may have made several attempts to enter the field of psychology and that the main motivation behind their re-application is linked to intrinsic motivation.

Moving from the lay helper phase to the professional world of the beginner student comes with numerous adjustments. During this phase, student counsellors often question their capabilities, whether they have the personal characteristics required for counselling, the resourcefulness to complete the training and the ability to link theory and practice (Ronnestad & Skovholt, 2003). Anxiety is a prominent feeling amongst beginner counsellors, particularly when allocated their first clients (Machatela, 2013), which can be attributed to the student's lack of insight into their own strengths and weakness (Loganbill et al., 2007). This is important to the study, as student registered counsellors who begin their practicum training also see clients for the first time.

It was found that beginner students experienced the start of their professional training as exciting but also overwhelming (Ronnestad & Skovholt, 2003). Beginner counsellors were found to be dependent on their professional elders for support and guidance (Ronnestad & Skovholt, 2003). Furthermore, they were also found to be vulnerable to criticism and reactive to negative feedback (Ronnestad & Skovholt, 2003; Vakoch & Strupp, 2000).

3.3.1.3 Advanced student phase. The advanced student phase usually occurs toward the end of training, when the student is placed in an internship or practicum and receives consistent, formalised supervision (Ronnestad & Skovholt, 2003). Advanced students tend to place immense pressure on themselves due to their aspirations of becoming efficient clinicians, which may result in tense, conservative and vigilant behaviour (Ronnestad & Skovholt, 2003). There is also an increased awareness of their role as a professional.

Ronnestad and Skovholt (2003) noted that during this phase students realise that they have limited skills and may seek this knowledge from their supervisors and other professional elders. The authors also stated that while counsellors often experience supervision as positive, they may also begin to challenge their supervisors, leading to a peak in conflict. Toward the end of this phase, advanced students begin to integrate the professional and personal selves as they enter the professional world of counselling (Koltz & Champe, 2010; Skovholt & Ronnestad, 1992).

3.3.1.4 Novice professional phase. The novice professional phase of this model relates to the first years following qualification and is distinguished from the other phases by the specific changes that occur. Ronnestad and Skovholt (2003) asserted that these changes follow a structured order. First, the novice professional tries to confirm the validity of his or her training. Second, he or she experiences disillusionment with his or her professional training and self, which occurs as a result of inadequately mastering challenges. This leads to the third change, an exploration of the self and the professional context. Furthermore, novice professionals experience an integration of their personal and professional selves, which occurs as they feel more comfortable in their work and realise the significance of the therapeutic relationship (Ronnestad & Skovholt, 2003; Fouad, 2003).

3.3.1.5 Experienced professional phase. In this model, an experienced professional is a person who has been practising for numerous years and has experience with an extensive variety of clients in different settings (Ronnestad & Skovholt, 2003). A defining characteristic of this phase is the development of congruency between the counsellor's therapeutic role and self-perceptions, which allows him or her to apply professional skills in an authentic way (Moss

et al., 2014). Dreyfus and Dreyfus (1980) described experienced professionals as competent and independent.

In this model, the therapeutic relationship has been viewed as essential to client progress. A participant from Ronnestad and Skovholt's (2003) study said, "the relationship is understood even more deeply at this point where the therapist's power, attention, expectations and own personality, including short-comings and strengths, can be seen, understood and used in a more direct and clear way than before" (p. 20).

3.3.1.6 Senior professional phase. Counsellors in the senior professional phase have practised for at least twenty years and are professional experts (Dreyfus & Dreyfus, 1980; Ronnestad & Skovholt, 2003). Fouad (2003) affirmed that the characteristics of senior professionals included generativity and the capacity to deal with difficulty and ambiguity. Moss et al. (2014) pointed out that experienced counsellors could appreciate the contribution of their life experiences, religious beliefs, values, interests and personal losses toward their professional growth.

However, it was also emphasised that senior professionals are likely to experience boredom, apathy, depression and burnout (Fouad, 2003; Ronnestad & Skovholt, 2003). Expert counsellors also had decreased job satisfaction due to facing the same challenges year after year (Gibson et al., 2010; Moss et al., 2014). Campagne (2012) noted the importance of differentiating between professional boredom and burnout. The author described boredom as a "feeling that one's professional activity is not of much importance, that it does not do much good, that one's place in the world is not (much) supported by what one is doing, that one's work is not really worth the effort" (p. 80). It was also described as an extreme loss of motivation, which is often mistaken to be a result of burnout (Campagne, 2012). Sarros and Densten (1989) defined burnout as a maladaptive way of coping in working conditions that are stressful, demanding or have insufficient challenges and limited appreciation. As discussed in Chapter 2, South African psychologists experience high levels of burnout even though they may not be in the senior professional phase.

Another significant issue that Ronnestad and Skovholt (2003) noted was that many senior professionals experience the loss of their professional elders and colleagues as well as a sense of loss of their capabilities.

3.3.2 Themes of counsellor/therapist development. As mentioned in earlier, Skovholt and Ronnestad (1992) originally identified twenty themes related to counsellor development that they later reformulated into fourteen (Skovholt & Ronnestad, 2003). These will be elaborated on in the following sections.

3.3.2.1 Theme 1: Professional development involves an increasing higher-order integration of the professional self and the personal self. The integration of the personal self and professional self is the foundation of a professional identity (Gazzola & Smith, 2007; Gibson et al., 2010), which counsellors rely on as a frame of reference when they make decisions regarding their clients (Skovholt & Ronnestad, 1992). This integration process involves two factors: (1) the rising congruency between the counsellor's personality and theoretical knowledge and (2) the counsellor's selection and formulation of their professional roles (Skovholt & Ronnestad, 2003). Moss et al. (2014) found that beginner counsellors separated work from other areas of their lives and as they gained experience they experienced an integration of their professional and personal selves, which led to greater congruency. Skovholt and Ronnestad (2003) explained that the integration process often involves letting go of values, beliefs and methods that no longer fit the personality and self of the counsellor.

3.3.2.2 Theme 2: The focus of functioning shifts dramatically over time from internal to external to internal. Skovholt and Ronnestad's (1992, 2003) model emphasised the relationship between internal and external realities for therapists. In the lay helper phase, helping behaviour was largely based on the counsellor's interpretation of effective helping and was fuelled by personal experiences (Ronnestad & Skovholt, 2003). Thus, helping was based on internal realities.The shift to an external reality occurs when the lay helper enters professional training. During this shift, the counsellor supresses his or her natural characteristics, leading to rigid and anxious behaviour and a fear of negative feedback (Fouad, 2003). Functioning remains external as counsellors focus on theoretical frameworks and concepts (Ronnestad & Skovholt, 2003). After the training period, counsellors have increased professional experience and are more assured, congruent and flexible in their professional capacity, thus returning to an internal focus of functioning.

3.3.2.3 Theme 3: Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience. According to Ronnestad and Skovholt (2003), there are three elements of continuous reflection. Firstly, professional experiences occur through interpersonal interactions with clients, lecturers, supervisors and peers. Personal

experiences also occur through interpersonal interactions with parents, spouses, children and friends. Secondly, an open, supportive work environment fosters independent reflection as well as with peers and professional elders. Lastly, a reflective stance is vital because it means that the counsellor is consciously giving time and energy to processing significant experiences. The value of self-reflection in skills development must be emphasised, as it allows the counsellor to make sense of the counselling process (Van Schalkwyk, Kokot-Louw & Pauw, 2002) and use themselves as a "tool" (Du Preez & Roos, 2008, p. 706). Ronnestad and Skovholt (2003) also noted the importance of the counsellor's ability to be open and his or her willingness to reflect and ask for feedback.

3.3.2.4 Theme 4: An intense commitment to learn propels the developmental process. Moss et al. (2014) found that beginner counsellors were comfortable and enthusiastic knowing that continuous learning was a part of their professional development. In addition, they were committed to increasing their knowledge in areas of interest and were willing to take risks within ethical boundaries (Moss et al., 2014; Skovholt & Ronnestad, 2003). Stoltenberg and McNeill (2010) emphasised that beginner counsellors were often eager to learn. Furthermore, Ronnestad and Skovholt (2003) indicated that experienced and senior counsellors continued to grow from learning. In South Africa, many registered counsellors have been found to opt to pursue a master's degree in psychology (Elkonin & Sandison, 2006; Rouillard et al, 2015). Booysen (2016) emphasised the internal drive that psychology students have in order to re-apply for a master's degree programme despite not having been selected the first time and therefore displaying an intense commitment to learn.

3.3.2.5 Theme 5: The cognitive map changes: Beginning practitioners rely on external expertise and seasoned practitioners rely on internal expertise. Ronnestad and Skovholt (1993) discussed how beginner counsellors are reliant on external expertise, which can be seen in their demand to observe supervisors and other professional elders. However, as counsellors progress through training, there is a shift away from following concrete conceptual frameworks and there is less dependence on their supervisor for support, direction and structure (Lambie & Sias, 2009). More experienced counsellors are aware of the role of important others in their work, which allow them to use strategic external factors to influence their internal processing. However, they were also self-directed regarding what they wanted to learn and the way in which they learnt it (Fouad, 2003; Ronnestad & Skovholt, 2003).

3.3.2.6 Theme 6: Professional development is a long, slow, continuous process that can also be erratic. Professional development is typically experienced as a continuous increase in competence and mastery (Dreyfus & Dreyfus, 1980; Ronnestad & Skovholt, 2003). Skovholt and Jennings (2005) considered feelings of mastery to be cyclical in nature. Counsellors develop differently with regard to the duration and intensity of the process, the experience of critical incidents that may slow change or transforming life events (Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 1992). While this cyclical process builds confidence and enthusiasm, feelings of self-doubt and anxiety may emerge when counsellors face new challenges. Skovholt and Ronnestad (1992) used the example of confidence to describe this theme. The authors stated that a lack of confidence, which is apparent during the first year of graduate school, may suddenly re-emerge in subsequent years on increasingly deeper levels (Hess, 1980; Loganbill et al., 1982).

3.3.2.7 Theme 7: Professional development is a lifelong process. Counsellor development is a continuous and lifelong process that begins when an individual enters professional training and continues until he or she retires (Borders & Usher, 1992; Gibson et al., 2010; Moss et al., 2014). Professional growth can be increased through involvement in mentoring, supervision, teaching and consulting. Moss et al. (2014) found that beginner counsellors were comfortable with the idea of continuous and lifelong professional development. Further research indicated that senior professionals were committed to growth and development, even in their senior years (Ronnestad & Skovholt, 2003; Orlinsky & Ronnestad, 2005).

3.3.2.8 Theme 8: Many beginning practitioners experience much anxiety in their professional work; over time, anxiety is mastered by most. Beginner counsellors often voice their doubts about their abilities and desire for more confidence, questioning their credibility and competency as counsellors (Dermer, Hemesath & Russell, 1998; Moss et al., 2013). High levels of anxiety may be detrimental to the beginner counsellor and can be seen in the counsellor's self-consciousness (Ronnestad & Skovholt, 2003). This has a bearing on the quality of the therapeutic relationship as the counsellor's attention is directed toward reducing their own anxiety and they cannot fully focus on the client (Schwing, LaFolette, Steinfeldt & Wong, 2011). Furthermore, beginner counsellors' performance anxiety relates to fears of incompetence in therapeutic skills. Skovholt and Ronnestad (2003) reported that confidence in therapeutic skills could assist counsellors in managing their anxiety. In another study (Gibson et al., 2010), counsellors indicated that as they gained experience, they also gained confidence

in their abilities and could acknowledge their limitations, thus mastering their anxiety. Further discussion on anxiety as a stressor in counsellor development can be found in section 3.3.3.1.

3.3.2.9 Theme 9: Clients serve as a major source of influence and serve as primary teachers. Psychology students experience a considerable amount of anxiety about counselling their first clients (Machatela, 2013; Ronnestad & Skovholt, 2003). Experience in therapy with clients was rated as the most important factor in professional development (Skovholt & Ronnestad, 2003). Nel (2011) indicated that psychology students found meaning in their interactions with their clients. Furthermore, therapeutic processes confronted the psychology students with aspects related to their own personal dynamics, providing an opportunity for increased self-awareness and growth. One of Machatela's (2013) participants said:

> My first adult client taught me a lot about who I am as a therapist… She pushed some of my boundaries, and taught me about some of my triggers that may lead to countertransference. She also taught me to be more patient, and showed me the meaning of truly being with your client. (p. 98)

A recent study by Moss et al. (2014) indicated that clients provided positive feedback, which motivated beginner counsellors to do their work. In comparison, a lack of feedback was experienced as threatening and sometimes traumatic (Ronnestad & Skovholt, 2003).

3.3.2.10 Theme 10: Personal life influences professional functioning and development throughout the professional lifespan. According to Skovholt and Ronnestad (2001), personal life experiences influence professional development throughout the professional lifespan. The authors identified two areas in which personal life experiences influenced professional development. These were the profound impact of early life experiences and the profound personal experiences in adult life. Interestingly, counsellors in Skovholt and Ronnestad's (2003) study experienced negative early life experiences, including psychological abandonment, rigid or restraining child-rearing practices, conditional love from parents, demanding achievement orientation during their upbringing and growing up in a family that did not express emotions. Research also found that psychologists were more likely to have experienced childhood issues and a desire to resolve personal problems influenced their career choice (Goodyear, Litchenberg, & McPherson, 2001; Radeke & Mahoney, 2000).

Negative early life experiences continue to affect the counsellor's work as an adult in professional training. However, while difficulties seemed to have an immediate negative

impact on professional training, it seemed to have a positive long-term outcome (Ronnestad & Skovholt, 2003). Positive consequences included an increased ability to understand and relate to their clients, improved tolerance and patience, heightened credibility as a model and more awareness of what effective service entails (Ronnestad & Skovholt, 2003). In accordance with these findings, Radeke and Mahoney's (2000) participants reported that their professional work made them better and wiser people, enhanced their capacity to appreciate relationships, increased self-awareness and improved their tolerance of ambiguity and their ability to enjoy life. However, relating to current negative life experiences, Nel (2011) found that personal problems had a detrimental effect on psychology students' professional abilities.

3.3.2.11 Theme 11: Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence. Participating counsellors in Skovholt and Ronnestad's (1992) study indicated that intense interpersonal experiences, such as counselling, supervision, personal therapy and personal life, had a strong influence on their professional development. The authors found that the people most often related to these experiences were clients, professional elders (that is, supervisors, therapists, mentors), peers, friends and family members.

Professional interpersonal relationships, such as those with supervisors, give counsellors the opportunity to discuss thoughts, feelings and challenges they faced during their training (Hill et al., 2007), whereas peer relationships provided counsellors with support and an understanding of their professional challenges (Orlinsky & Ronnestad, 2005). Edwards, Ngcobo and Edwards (2014) stated that peer relationships also acted as a coping mechanism for students in training. Nel (2011) found that although peer relationships were positive, they could also be a negative influence, creating jealousy and competition between students.

Personal interpersonal relationships provided psychology students with support and helped them cope with challenges they faced during their training (Booysen, 2016; Machatela, 2013). However, psychology students often experience disturbances in their interpersonal relationships (Truell, 2001). Nel (2011) attributed these disturbances to the "process of re-examining their relationships" (p. 91). Furthermore, psychology students who attended personal therapy had increased self-awareness (Von Haenish, 2011) and found it to be an effective coping approach (Nel, 2011). Research indicated that meaningful contact with others was considered beneficial to counsellor development and growth (Orlinsky, Botermans, & Ronnestad, 2001; Skovholt & Ronnestad, 1992).

3.3.2.12 Theme 12: New members of the field view professional elders and graduate training with strong affective reactions. Professional elders tend to be idealised or devalued by newer members of the profession (Skovholt & Ronnestad, 1992). However, new counsellors typically express strong admiration for professional elders with more experience and often look to them for knowledge, guidance and support, often modelling their behaviour (Moss et al., 2014; Skovholt & Ronnestad, 1992). Furthermore, counsellors reported that positive feedback from supervisors empowered them to complete difficult tasks, leading to a realistic understanding of their abilities and role (Hill et al., 2007; Moss et al., 2014).

3.3.2.13 Theme 13: Extensive experience with suffering contributes to heightened recognition, acceptance and appreciation of human variability. Suffering is an aspect of human life and Skovholt and Ronnestad (1992) found that exposure to human suffering aided counsellors in understanding the depths and variability of human suffering. This improved their ability to assist clients in coping with and resolving both complex and simple issues. The study also suggested that counsellors became less judgemental of others and more empathic. Green and Hawley (2009) attributed increased empathy to the environment and types of clients that psychologists counsel. Furthermore, introspection as well as insight into and reflection on the issues related to human suffering contributed to the development of wisdom in counsellors (Skovholt & Ronnestad, 2003).

3.3.2.14 Theme 14: For the practitioner, there is a realignment from self as hero to client as hero. During the developmental process, the counsellor experiences both success and failure in counselling clients. As counsellors develop their skills, they begin to experience a shift in the therapeutic process and start to view the clients as heroes and heroines who have an influence on the therapeutic process (Duncan, Miller, & Sparks, 2000; Skovholt & Ronnestad, 2003). Gordan (2012) discussed the internal and external resources that clients bring into the therapeutic space that can influence the therapeutic process. Internal resources refer to, but are not limited to, the client's motivation, his or her ego strength and psychological mindedness. The external resources that Gordan (2012) listed refer to the client's support system, employment, finances or events that occurred during the course of therapy.

3.3.3 Stressors essential to counsellor development. Ronnestad and Skovholt (2003) identified seven stressors that are essential to counsellor development. These are (1) acute performance anxiety and fear, (2) illuminated scrutiny by professional gatekeepers, (3) porous or rigid boundaries, (4) fragile and incomplete sense of self, (5) inadequate conceptual maps,

(6) glamorised expectations and (7) acute need for positive mentors. Each stressor is discussed in the sections below.

3.3.3.1 Stressor 1: Acute performance anxiety and fear. As previously discussed under Theme 8 (Section 3.3.2.8), anxiety is a stressor for many beginner counsellors. This can be attributed to their limited counselling skills (Orlinsky & Ronnestad, 2005) and consequent anxiety regarding their competence when approaching clients (Ronnestad & Skovholt, 2003). A South African study on the experiences of master's degree students found that students expressed both excitement and anxiety about psychotherapy with their first adult clients (Machatela, 2013). The author noted that the students' anxiety was related to feelings of insecurity about treating their first adult clients. It was also found that counsellors' anxiety levels decreased as they developed their skills and mastered their anxiety (Dennhag & Ybrandt, 2013; Skovholt & Ronnestad, 2003).

A factor that may contribute to anxiety is the context in which counsellors work. In South Africa, counsellors are often placed to work within a rural or underprivileged community context. Psychologists completing their community service year expressed sadness at working in poverty-stricken communities and felt pressured to make changes (Langa & Graham, 2010). Linking to this finding, Sterling (2002) emphasised that psychologists exposed to extreme poverty often felt overwhelmed and pressured to provide solutions. The author noted that this occurred on an external and internal level.

3.3.3.2 Stressor 2: Illuminated scrutiny by professional gatekeepers. Student counsellors are required to work under supervision (Health Professions Council of South Africa [HPCSA], 2011), which includes professional elders in the field who assist them with therapeutic processes and ethical principles. However, counsellors usually experience evaluation and feedback of their abilities as stressful (Skovholt & Ronnestad, 2003). Machatela (2013) indicated that psychology students may become preoccupied with "doing the right thing" due to the pressure of being evaluated (p. 111). Furthermore, the author stated that this preoccupation resulted in poor attention on the client during the session. Bernard and Goodyear (2009) recommended that regular feedback be given throughout the supervisor-supervisee relationship to manage this stressor. Research also indicated that counsellors are aware of the influence that supervisors have on the progression of their professional career development (Mateo, 2011) and may admire or fear their supervisors (Skovholt & Ronnestad, 2003).

Regarding community work, Langa and Graham (2010) emphasised that supervision provided a space for psychologists to manage their anxieties and find meaningful ways to give back to the community without material or financial donations. Furthermore, Nel and Fouchè (2017) identified four themes that related to supervision as a significant contributor to the development of student psychologists. These were emotional support, self-acceptance, autonomy and personal growth. However, the authors indicated that the quality of the supervisee-supervisory relationship was the most crucial factor to the students' experiences of supervision.

3.3.3.3 Stressor 3: Porous or rigid boundaries. According to Buhari (2013), boundaries are "intended to set limits and clearly define a safe therapeutic connection between the therapist and client…as a positive therapeutic relationship leads to a better outcome while a negative one becomes detrimental to the client" (p. 162). Initially, counsellors struggle with regulating their emotions and may behave in an inappropriate or unethical manner, leading to porous or rigid boundaries (Skovholt & Ronnestad, 2003). This may result in over-involvement in clients' cases, as psychology students act from the perspective of a lay helper (Machatela, 2013). A South African study by Langa and Graham (2010) found that community-service psychologists often wished to assist poor communities with material or financial donations, thus crossing the boundary of their role within the community. Linking to this, Hill et al. (2007) stated that student psychologists were often drawn to overstep boundaries by giving advice to clients, self-disclose inappropriately, soothe clients or cry with or for their clients. Although the students experienced discomfort, they could work through boundary issues during supervision and found other meaningful ways to contribute to the community (Langa & Graham, 2010). As counsellors develop, they can acquire the skills for regulating their emotional boundaries, empowering them to support their clients without crossing any ethical boundaries (Skovholt & Ronnestad, 2003).

3.3.3.4 Stressor 4: Fragile and incomplete practitioner self. The practitioner self can be referred to as the growth, success, skills, knowledge and value that the practitioner relates to his or her work (Gazzola & Smith, 2007). However, beginner practitioners, such as student counsellors, often present with a fragile and incomplete practitioner self, which Skovholt and Ronnestad (2003) associated with the mood of an adolescent. The authors explained that, like an adolescent, the counsellor shifts through various moods: enthusiasm, insecurity, elation, fear, relief, frustration, delight, despair, pride and shame. This variation in their moods make

beginner counsellors highly reactive to negative feedback from supervisors, clients or other professional elders (Skovholt & Ronnestad, 2003). As psychology students do not generally possess a strong professional identity or an awareness of clear boundaries, they often experience anxiety during their training (Machatela, 2013). However, as counsellors develop, they acquire skills to regulate their emotions and attend to their own mental health (Skovholt & Ronnestad, 2003). According to Fouad (2003), counsellors understand that professional development is linked to mental health and that effective problem-solving is related to increased empathy and flexibility. Furthermore, Nel and Fouchè (2017) indicated that psychology students could recognise their own triggers for growth and could further recognise that personal growth was a product of managing challenges.

3.3.3.5 Stressor 5: Inadequate conceptual maps. According to Skovholt and Ronnestad (2003), conceptual maps guide counsellors during every stage of experience, with experienced counsellors having vast knowledge and experience to guide them when counselling clients. However, for the beginner, the map of the lay helper is most accessible and typically involves quick problem identification and formulation, direct advice, emotional support and sympathy (Ronnestad & Skovholt, 2003). While the beginner counsellor is aware that this basic conceptual map must be replaced by a professional map, this is considered to be a difficult process. As previously discussed, beginner counsellors experience anxiety attributed to their limited knowledge and training in counselling clients (Mateo, 2011). Skovholt and Ronnestad (2003) stated that beginner counsellors often experience a sense of disillusionment with their training programme regarding their limited skills, with one participant stating, “If I was better trained, I wouldn’t feel so lost and so incompetent” (p. 52).

3.3.3.6 Stressor 6: Glamorised expectations. A study by Moss et al. (2014) indicated that beginner counsellors found the reality of their role to be different from the idealised role that they had anticipated and experienced differences between the workplace and graduate school. As previously discussed by Skovholt and Ronnestad (2003), many students embark on the journey to becoming a counsellor because of personal experiences and to make a difference in the lives of others. However, the authors also noted that counsellors often had idealistic models in the form of inspiring older professionals in their lives, such as therapists, teachers or nurses, whom they considered to be gifted. These models feed their glamorised expectations and make them seem realistic (Skovholt & Ronnestad, 2003). Machatela (2013) found that psychology students had glamorised expectations of themselves and validated success by positive

outcomes with clients. However, as they progressed, counsellors developed more realistic expectations (Skovholt & Ronnestad, 2003).

3.3.3.7 Stressor 7: Acute need for positive mentors. As previously discussed, student counsellors are required to receive supervision (HPCSA, 2011) and often model their supervisors (Moss et al., 2014). Furthermore, they are often dependent on experienced supervisors or other professional elders for advice and support (Machatela, 2013; Skovholt & Ronnestad, 2003; Stoltenberg & McNeill, 2010). Counsellors often feel distressed without the guidance they receive from supervisors, whom they often view as positive models (Skovholt & Ronnestad, 1993; Skovholt & Ronnestad, 2003).

3.4 Integrated developmental model of supervision (Stoltenberg & Delworth, 1987)

Stoltenberg (1981) proposed a counsellor complexity model that conceptualised the training process of counsellors as a series of four levels through which counsellors advance and develop. The author described the prominent characteristics of counsellors and the appropriate supervision environments required on each level. Later, Stoltenberg and Delworth (1987) reformulated this model and introduced the integrated developmental model, which also consisted of four levels that counsellors progressed through during their training. Though the model focuses on the development of counsellors, it was developed as a supervision model.

Powell and Brodsky (2004) emphasised that supervisors can use models of development to determine which supervisory approach will be best suited to student counsellors at different stages of professional development. Research has found that supervision was beneficial to counsellors in developing a strong professional identity (Bischoff et al., 2002; Brott & Myers, 1999). Other studies stressed the value of supervisors to beginner counsellors as they adjusted to the counselling world (Clandinin & Cave, 2007; Machatela, 2013; Nel & Fouchè, 2017). In addition, Bernard and Goodyear (2009) stated that the integrated developmental model is the most frequently applied supervision model. While the value of supervision is not minimised, this study aims to explore the experiences of counsellor development. Hence, only those aspects of the model that concentrate on the characteristics of counsellors as they develop are highlighted.

The original integrated developmental model (Stoltenberg & Delworth, 1987) consisted of three levels: Levels 1, 2 and 3. However, Stoltenberg and McNeill (2010) proposed a fourth level, 3i (integration), stating that the original model lacked the necessary depth to guide the

supervision process. The authors maintained that the designation of the levels as 1–3i should not be perceived as an overall assessment of the counsellor's professional development, but rather be viewed as domains of development through which the counsellor progresses. The transition from one level to another is a process that can be assisted or hindered by the supervision environment (Stoltenberg & McNeill, 2010).

Stoltenberg (1993) maintained that developmental progress can be observed across categories, namely self- and other-awareness, motivation and autonomy. The author noted that although these categories reflect important aspects of counsellor development, they do not limit development into specific categories. The first category, self- and other-awareness, refers to the influence of emotions (affective) and thought processes (cognitive). The author noted that affective and cognitive processes indicate where the counsellor is regarding self-preoccupation, an awareness of the client's world and self-awareness. The second category, motivation, relates to the counsellor's interest, investment and determination in training and practice. Lastly, autonomy is linked to the increasing autonomy that counsellors experience as they become more confident in their abilities. Stoltenberg (2005) stated that the integrated developmental model is grounded in the idea that trainees', or supervisees', "changes in self and other awareness, motivation, and autonomy tended to occur systematically as supervisees gained proficiency" (p. 859).

In addition, Stoltenberg, McNeill and Delworth (1998) specified areas in which counsellor development and supervision occurred. These were intervention skills, assessment techniques, interpersonal assessment, client conceptualisation, individual differences, theoretical orientation, treatment plans and goals and professional ethics.

3.4.1 Levels of the integrated developmental model.

3.4.1.1 Level 1. Level 1 counsellors are considered to be entry-level trainees, as they are most often new to the field of counselling and have limited relevant experience (Stoltenberg & McNeill, 2010). However, it must be noted that Level 1 counsellors have had academic preparation before commencing training and thus the student registered counsellor can be placed on this level.

This level is marked by the self-focus of counsellors and the ensuing preoccupation with their performance (Machatela, 2013; Stoltenberg & McNeill, 2010). This self-focus does not bring about insightful meaning and tends to elicit anxiety, which may influence his or her

performance (Machatela, 2013; Stoltenberg, Delworth, & McNeill, 1998). As Level 1 counsellors tend to be self-focused and anxious, they have a lower capacity for self-awareness. Hebert (1992) defined the counsellor as a "therapeutic instrument" (p. 131) when discussing the value of self-awareness. The author indicated that counsellors are expected to adapt themselves during the therapeutic process. For this to happen, the counsellor has to become aware of his or her own needs, defences and coping strategies, which may be difficult for Level 1 counsellors.

As Level 1 counsellors are challenged with learning new skills, theories and techniques, they tend to become anxious due to feelings of incompetence, a perceived lack of efficacy, uncertainty regarding what to do or fear of critical feedback from supervisors (Stoltenberg & McNeill, 2010). Moreover, South African student counsellors are required to be competent in multicultural counselling and have insight into diverse cultural beliefs (HPCSA, 2013). Langa and Graham (2010) found that community-service psychologists were overwhelmed with the cultural differences between urban and rural settings. Thus, South African student counsellors may experience increased anxiety when working in rural communities. Minieri, Reese, Miserocchi and Pascale-Hague (2015) described multicultural competency as "knowledge, awareness, and skills for working with diverse clients…that encourage therapists to reflect on their own biases and worldviews in services of providing culturally relevant services to all individuals" (p. 306). Ngcobo and Edwards (2008) found that most psychologists were sensitive about cultural issues when treating clients.

Anxiety usually decreases as Level 1 counsellors gain therapeutic skills, ethical knowledge, an increased ability to conceptualise their cases and successful administration of therapeutic techniques with their clients (Machatela, 2013; Stoltenberg, 1993; Stoltenberg & McNeill, 2010). It was recommended that role play be used in supervision to increase the counsellor's self-efficacy and consequently decrease anxiety (Leach, Stoltenberg, McNeill & Eichenfield, 1997).

Initially, Level 1 counsellors are dependent on supervisors due to their lack of experience and limited understanding of therapeutic processes (Machatela, 2013; Stoltenberg & McNeill, 2010), but as Level 1 counsellors develop confidence, there is an accompanying increase in autonomy (Nel & Fouchè, 2017; Stoltenberg, 1993). However, Du Preez and Roos (2008) found that student counsellors often fluctuated in terms of autonomy.

Generally, the Level 1 counsellor displays high motivation, which can be attributed to their desire to become expert clinicians. However, this may also be a result of heightened anxiety that later decreases as the counsellor gains confidence and feelings of self-efficacy (Stoltenberg, 1993; Stoltenberg & McNeill, 2010). For example, Hill et al. (2015) found that second-year educational psychologists had increased confidence and taken on more responsibilities. Furthermore, a study by Elkonin and Sandison (2006) found that supervisors' limited knowledge about the scope of practice of registered counsellors and their competencies led to problems in the supervisee-supervisory relationship. The characteristics of Level 1 counsellors are similar to those of early phases mentioned in previously discussed models (Dreyfus & Dreyfus, 1980; Loganbill et al., 1982; Skovholt & Ronnestad, 2003).

3.4.1.2 Level 2. Level 2 counsellors are characterised by an increased focus on the client and decreased focus on the self (Stoltenberg, 2005). Therefore, counsellors place their attention on clients and can immerse themselves in the client's world, which leads to a greater understanding of the client (Stoltenberg & McNeill, 2010). A negative outcome of an increased outer focus is the possibility of over-identification with clients, which may cloud the Level 2 counsellor's ability to be objective (Stoltenberg, 1993). In this level, both motivation and autonomy fluctuate. Level 2 counsellors tend to have high motivation when they feel confident and low motivation when they experience uncertainty or negative emotions (Leach et al., 1997; Stoltenberg, 1993). This is comparable to autonomy, which increases due to success and decreases when counsellors face confusion or frustration. Stoltenberg (1993) termed this the dependency-autonomy conflict. However, Level 2 counsellors strive for autonomy and welcome challenges from supervisors and other authority figures (Hill et al., 2015; Stoltenberg, 1993; Stoltenberg, Delworth, & McNeill, 1998).

3.4.1.3 Level 3. According to Stoltenberg and McNeill (2010), counsellors enter Level 3 after a few years of supervised practice, for example, two to three years of post-degree supervision after completing a master's level programme. This level greatly overlaps with Skovholt and Ronnestad's (2003) novice professional phase. Level 3 is characterised by the resolution of previous conflicts. Firstly, Level 3 counsellors have mastered both self- and other-awareness while remaining empathic and objective (Stoltenberg, 1993). Secondly, their motivation becomes constant, with an increased understanding of the consultation process and their own strengths and weaknesses. This also allows the counsellor to develop a personalised therapeutic approach. Lastly, Level 3 counsellors experience greater autonomy as they become

aware of their areas of competency and know when to seek advice from supervisors (Stoltenberg, 1993).

3.3.1.4 Level 3i. Although this model suggests that Level 3 is the peak of development across domains, Stoltenberg and McNeill (2010) maintained that the main task for Level 3 counsellors is to integrate their skills and understanding across areas of practice. Therefore, the goal of professional development is to be functioning as a Level 3i (integrative) counsellor. However, the authors noted that counsellors do not often reach this level, but are considered experts if they do.

3.5 Coping mechanisms

From the abovementioned models, it is evident that counsellors face many challenges during their journey to becoming a professional. Therefore, it is important to consider the coping mechanisms that counsellors may employ in buffering these challenges. Machatela (2013) found that psychology students utilised diverse coping strategies. However, for the purpose of this study, Hammer and Marting's (1988) coping resources were considered. The authors identified five domains for coping resources: cognitive, social, emotional, spiritual and physical. Each domain will be briefly discussed in relation to counsellor development.

3.5.1 Cognitive. Cognitive methods of coping that psychology students employ include normalising their experiences, rationalisation, refocusing attention to the client during a session and structuring sessions (Machatela, 2013). In addition, the author found that positive self-talk increased psychology students' feelings of self-efficacy.

3.5.2 Social. Social resources refer to supportive relationships with friends, family or others (Hammer & Marting, 1988). Ronnestad and Skovholt (2003) emphasised the significance of social (interpersonal) relationships in professional development. The authors stated that interpersonal sources of influence were more likely to propel development than impersonal sources of influence. This was related to interpersonal relationships with friends, family, supervisors and clients.

As already discussed, peer relationships were found to be supportive (Edwards et al., 2014; Orlinsky & Ronnestad, 2005). Linking to this, Lee, Eppler, Kendal and Latty (2001) indicated that peer relationships are beneficial for counsellors, as peers can assist them in understanding client cases and they can share each other's achievements and frustrations. Arnolds and

Boshoff (2002) added that peer relationships also contributed to a positive self-esteem and increased motivation.

Research has shown that supervision is considered an effective coping mechanism as supervisors can support, guide and advise counsellors when dealing with anxiety, difficult client cases or personal issues (Hill et al., 2007; Loganbill, Hardy & Delworth, 1982; Ronnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010). Lee et al. (2001) found that when student counsellors perceived their supervisors to be understanding, they felt comfortable and thus experienced a decrease in their anxiety.

3.5.3 Emotional. Emotional resources refer to the ability to identify, communicate and manage stressful emotions (Hammer & Marting, 1988). An emotional resource that was rated one of the top ways of developing professionally was personal therapy (Ronnestad & Skovholt, 2003). Counsellors that attended personal therapy indicated that their personal growth had an influence on their professional growth (Furr & Carroll, 2003; Orlinsky et al., 2001). Another emotional resource that counsellors may utilise as coping mechanisms is self-reflection. A South African study by Du Preez and Roos (2008) indicated that initially self-reflection was a difficult task for counsellors. However, continuous self-reflection allowed counsellors to consider their competencies, emotional experiences, behaviour, therapeutic processes and personal issues (Toohey, 2002; Skovholt & Ronnestad, 2003).

3.5.4 Spiritual. McSherry (2000) described spirituality as the desire to identify meaning and purpose in life, which results in a sense of fulfilment. Case and McMinn (2001) stated that spirituality was the most prevalent coping strategy for religious psychologists. Furthermore, the authors found that spirituality played a significant role in the functioning of professionals. Religion was also found to play a role as a coping strategy and has an influence on health (Idler, McLaughlin, & Kasl, 1992). Case and McMinn (2001) listed the most employed coping behaviours in a sample of religious psychologists. These were (1) meditation or prayer, (2) attendance at religious services, (3) reading, (4) socialising with friends and (5) physical exercise. This indicates that religious psychologists are most likely to turn to their faith in times of crisis.

3.5.5 Physical. Physical resources refer to taking care of the body by eating healthily, getting adequate sleep and exercising (Hammer & Marting, 1988). Psychology students tend

to use different forms of exercise as a coping strategy during their training (Edwards et al., 2014; Machatela, 2013).

3.6 Conclusion

This chapter focused on the transition from student to professional by discussing two developmental models as a lens through which to explore and understand the experiences of beginner counsellors. The themes relevant to the phases and/or stages of development were explored and discussed. This theoretical framework structured the study in the sense that it provided an objective view of the features of counsellor development. The next chapter focuses on the research methodology used in this study.

Chapter 4
Research methodology

4.1 Introduction

This chapter aims to provide an outline of the research design and methodology applied in this study. It seeks to do so through discussing the research paradigm, process of data collection, data analysis and concepts of trustworthiness related to the study. The chapter concludes with a discussion of the relevant ethical issues. The outline of this chapter can be seen in Figure 4 below.

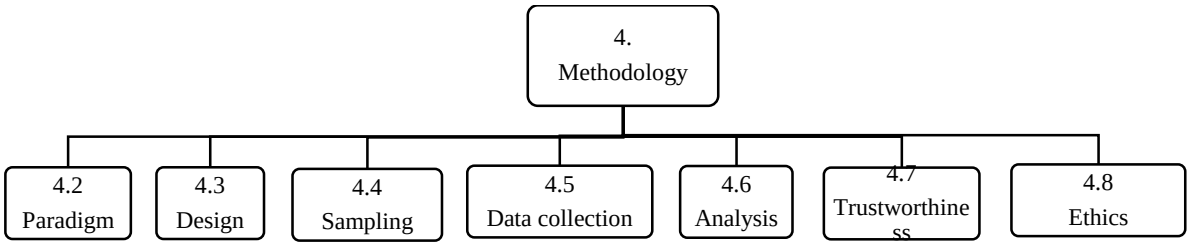

Figure 4. Outline of Chapter 4.

The aim of this study was to explore and describe the experiences of registered counsellors and student registered counsellors in their professional career development. The Health Professions Council of South Africa (HPCSA) developed this registration category in 2003 to address the urgent need for mental health care services on a primary health care level. The transition from student to professional was discussed in Chapter 3, using two theoretical frameworks, namely the phases of counsellor/therapist development model (Skovholt & Ronnestad, 2003) and the integrated developmental model (Stoltenberg & Delworth, 1987), as these models address specific areas associated with the training and development of counsellors.

4.2 Research paradigm

The broad theoretical orientation to which a research study belongs is known as a paradigm and it serves to arrange the principles by which the study is interpreted. Lincoln and Guba (1985) stated that “paradigms represent what we think about the world” (p. 15) and any action taken as a researcher cannot occur without reference to those paradigms.

In psychology, the social constructivism paradigm (Berger & Luckmann, 1966) is often used, as it holds the view that individuals seek an understanding of their world context through the development of subjective meanings of their experiences (Lincoln & Guba, 2000; Creswell,

2014). As multiple realities and perspectives of the same phenomenon were obtained in this study, it was important for the researcher to reflect on the complexity of the data collected and therefore adhere to the principles of social constructivism.

4.3 Qualitative research design

Qualitative research is concerned with "understanding the processes and the social and cultural contexts which underlie various behavioural patterns and is mostly concerned with the exploring the 'why' questions" (Niewenhuis, 2008, p. 51). Therefore, qualitative research studies people by interacting with them in their natural environment as well as focusing on their meanings and interpretations (Holloway & Wheeler, 1996) with the emphasis on the quality and depth of the information gathered. It is most often used when the research question is based on an exploration of views within a real-life context (Hancock, Ockleford & Windridge, 2007) as well the meaning that an individual or group attributes to an experience (Creswell, 2014).

In this study, qualitative research methods allowed the researcher to gain a rich and descriptive understanding of the emotions, actions and experiences of the participants through the application of "a flexible, emergent but systematic research process" (Hancock et al., 2007, p. 6). A qualitative research design was useful as it sought to explain participants' perceptions of their world and interactions within their environment (Creswell, 2014; Hancock et al., 2007; Yin, 2011). As a qualitative researcher, the researcher was interested in the patterns and themes that emerged from the data gathered in the interviews and focus group (Yin, 2011).

This study's design can be further described using Yin's (2011) five distinct features of qualitative research: First, qualitative research allowed the researcher to study the meaning of counsellors' development under real-world conditions. Second, it represented the views and perspectives of the counsellors in this study. Third, qualitative research covered the contextual conditions within which the counsellors live and work. Fourth, it contributed insights into existing or emerging concepts that may help to explain human (i.e. counsellor) behaviour. Fifth, the researcher strived to use multiple sources of evidence, such as semi-structured interviews and a focus group.

4.3.1 Case study approach. According to Yin (2009), a case study can be defined as an empirical inquiry that investigates a single phenomenon in depth and within its real-life context. A case study design was used as the experiences of counsellors represent unique cases.

Yin (2011) discussed single and multiple case study designs. A single case study design is focused on one specific data collection unit, whereas a multiple case study design employs multiple sources of data to obtain an understanding of the variables being studied (Baxter & Jack, 2008).

For the purpose of this study, a multiple case study design was employed, as it provided a rich, in-depth understanding of the counsellors' real-life experiences across different contexts and allowed the researcher to find meaning in their individual and shared experiences (Crowe et al., 2011). Yin (2009) also stated that a multiple case study design could be utilised when a theoretical lens is used. As mentioned earlier, the integrated developmental and phases of counsellor/therapist development models served as the theoretical lenses for this study. Both models focus on elements of counsellor development that were used to identify the themes and subthemes employed to explore and describe participants' experiences.

4.4 Sampling procedure and participants

According to Barker, Pistrang and Elliott (2002), sampling refers to the procedure of specifying and finding participants for a study and consists of three steps: (1) the researcher determined what the target population was, (2) a sampling procedure was selected and (3) a sample size was chosen. Kuzel (1992) stated that the aim of sampling is to "obtain the broadest range of information and perspectives on the subject of study" (p. 32). In qualitative research, such as this study, purposive sampling is most often used (Yin, 2011).

Palys (2008) viewed purposive sampling as a set of strategic choices about with whom, where and how the researcher will conduct research. According to Ellsberg and Heise (2005), stratified purposive sampling allows the researcher to demonstrate characteristics of the particular subgroup of interest, such as counsellors. Purposive sampling allowed the researcher to identify and recruit the specific counsellors who participated in the study.

As the researcher was a registered counsellor, she was able to identify potential participants for this study. Six counsellors (one male and five female) were purposefully selected on condition of being registered as a counsellor or student counsellor with the HPCSA. The criteria for inclusion in the study were limited to students or counsellors who were registered after the new scope of practice was promulgated in September 2011. They were recruited from different cities in South Africa and there were no specific requirements regarding age, work history or current career.

For the purpose of the focus group, six counsellors who were based in the city of Bloemfontein, Free State province, were invited to the focus group. It was convenient to conduct the focus group in Bloemfontein as all of the participants resided in the city. Of the six counsellors who were invited, four participated in the focus group discussion about their experiences in their professional career development. Of these four participants, only one had had an individual interview as well. Again, the criteria for inclusion in the focus group were also limited to students or counsellors who were registered after the new scope of practice was promulgated in September 2011 and there were no specific requirements regarding age, work history or current career. The demographics of all the participants are listed in Table 1 below.

	Participants (pseudonyms)		**Age**	**Gender**	**Educational institution**	**Current employment**
1	Individual interviews	John	30	Male	South African College of Applied Psychology	Student registered counsellor
2		Sonica	28	Female	University of South Africa	Registered counsellor (private practice)
3		Cindy	26	Female	University of the Free State	Intern clinical psychologist
4		Dominique	26	Female	University of the Free State	Student psychologist
5		Michelle	24	Female	University of the Free State	Teacher
6		Mariette	24	Female	North-West University	Intern clinical psychologist
7	Focus group	Adrienne	50	Female	University of the Free State	Student registered counsellor
		Sonica	29	Female	University of South Africa	Registered counsellor (private practice)
		Catherine	26	Female	University of the Free State	Student registered counsellor
		Denise	24	Female	University of the Free State	Student registered counsellor

Table 1. Demographics of participants.

4.5 Data collection

4.5.1 Qualitative interviews. Joniak (2006) stated that knowledge emerges from gaining an understanding of the data and the context in which it is rooted. In this study, knowledge was derived from semi-structured interviews with participants. Interviews can take many forms but will fall into one of three categories: unstructured, structured or semi-structured. Willig (2009) stated that semi-structured interviews are the most commonly used method of data collection

in qualitative psychology research as the data can be analysed in various ways and are compatible with many different methods of data analysis.

For the purpose of obtaining rich descriptive data, six semi-structured interviews and one focus group were conducted from November 2015 to July 2016. The structure of the interviews provided a conversation-like method of interviewing, which established rapport between the researcher and participants (Merriam, 2002).

An open-ended interviewing approach was utilised to collect detailed views from participants. One interview was conducted with each participant. An interview schedule was prepared before the interview process began. Moreover, during the interviews, the researcher incorporated participants' comments into additional questions that helped to maintain coherence and continuity throughout the interview (Willig, 2009). The interview schedule (see Appendix A) consisted of seven broad questions, which focused on professional and personal experiences of counsellor development. For example, participants were asked "What was your experience of being a counsellor?" or "Tell me about your training." The questions were broad, which allowed the researcher to make use of funnelling by probing the participants for more detailed information. A total interview time of 174 minutes was transcribed to 48 pages of data. Rapport was easily established with the participants and the researcher experienced the interview process as valuable and meaningful.

4.5.2 Focus group. A focus group is a method of qualitative interviewing in which the researcher, known as the moderator (Yin, 2011), leads a group discussion that creates data. Focus groups are naturalistic and flexible (Belzile & Oberg, 2012; Wilson & Maclean, 2011), which lends to the qualitative research design. An advantage of gathering data from a focus group is the efficiency of data collection, as several participants can be reached and may be more likely to express themselves within a group setting (Yin, 2011). Stewart and Shamdasani (1990) stated that participants "react and build upon" the responses of other participants, which generates a broader range of ideas than individual interviews (p. 16).

For the purpose of this study, one focus group consisting of four participants, was conducted. The focus group provided a collective voice for the sample, as it was formed by participants who shared common experiences and views (Given, 2008; Yin, 2011). The researcher encouraged the participants to express their opinion by asking open-ended questions with little direction. A total of 76 minutes of data was transcribed to 26 pages. The researcher

experienced the focus group as a meaningful method of gathering data, as participants were able to share and compare their own experiences with other participants.

4.6 Data analysis

Data gathered from the interviews and focus group were analysed by means of thematic analysis. According to Braun and Clarke (2006), thematic analysis is "a method for identifying, analysing, and reporting patterns (themes) within data" (p. 6). It is also a flexible way of organising and describing the data. In this study, an inductive and deductive approach was taken during the analysis of the data. An inductive approach focused on the themes that emerged from the data (Patton, 1990). Additionally, a deductive approach was utilised to generate themes from existing theory (Boyatzis, 1998), considering two pre-determined theoretical lenses, namely the phases of counsellor/therapist development model (Skovholt & Ronnestad, 1993) and the integrated developmental model (Stoltenberg & Delworth, 1987).

Braun and Clarke (2006) identified six steps of thematic analysis: (1) familiarisation with the data, (2) coding, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) writing up. These steps are discussed in more detail considering the specifics of this study.

4.6.1 Familiarisation with the data. Familiarisation with the data is vital in understanding the depth and breadth of the content. To familiarise herself with the data, the researcher began by listening to the recordings of the interviews that she had conducted. Thereafter, she transcribed the verbal data. She read and reread the interviews in an attempt to be fully immersed in the data. Immersion in the data required the repeated reading of the data in an active way in order to search for meanings and patterns (Braun & Clarke, 2006). The search for meanings and patterns was done by making notes of significant factors relating to each participant during the immersion process.

4.6.2 Coding. After becoming familiar with the data, the researcher and her supervisor generated a list of factors that appeared to be prominent in the data. Boyatziz (1998) stated that codes refer to the most basic element of the collected data that can be assessed in a meaningful way. The researcher identified 16 codes (see Appendix B) that were applicable to this study and manually coded all the transcriptions. This process was completed twice to ensure that meaningful data were extracted from the transcripts.

4.6.3 Searching for themes. Braun and Clarke (2006) explained that searching for themes refocuses the analysis on a broader level and captures vital information about the data that relates to the research question. While the researcher used the integrated developmental (Stoltenberg & Delworth, 1987) and phases of counsellor/therapist development models (Skovholt & Ronnestad, 2003) as theoretical lenses in this study, she was open to themes that emerged from the data. The researcher combined the identified codes into broader themes. The codes were organised into themes of professional development and personal components. Thereafter, subthemes were organised under these themes. For example, the acquisition of skills, clients and supervision were subthemes of professional development. For personal components, subthemes such as support, self-awareness and individual characteristics were considered.

4.6.4 Reviewing themes. The fourth phase involved refining the identified themes (Braun & Clarke, 2006). The researcher reviewed the data by rereading the transcriptions and themes to determine whether there were enough data to support the identified themes or whether themes could be merged. The main themes that emerged from the data were professional identity and personal dynamics. Subthemes were also identified for each individual interview as well as the focus group.

4.6.5 Defining and naming themes. This phase of analysis involves analysing and identifying the core of each theme (Braun & Clarke, 2006). The researcher reviewed the analysed transcriptions to identify the relevant narratives of main themes and subthemes. By the end of this process, the themes were clearly defined for each individual interview and the focus group. Furthermore, most of the themes that emerged from the data were linked to aspects of counsellor development as mentioned in the phases of counsellor/therapist development (Skovholt & Ronnestad, 1993) and the integrated developmental models (Stoltenberg & Delworth, 1987). Inductive analysis involved the back-and-forth process between the themes and the data until the researcher identified an inclusive set of themes (Creswell, 2014), whereas deductive analysis required the researcher to consider whether the themes were linked to the theoretical frameworks in the study.

4.6.6 Writing up. In this phase, the researcher aimed to provide a "concise, coherent, logical, non-repetitive, and interesting account of the story the data tells" (Braun & Clarke, 2006, p. 23) by writing up the identified data and providing evidence in the form of verbatim quotations to support the themes. The main and subthemes derived from the thematic analysis

were merged with the integrated developmental and phases of counsellor/therapist developmental model (see Chapter 6).

4.7 Trustworthiness of the study

The trustworthiness of a study refers to its reliability and validity. It indicates to the reader that the research results are a true reflection of the collected data and that bias was minimised (Patton, 2002). Lincoln and Guba (1985) referred to trustworthiness as the as the researcher's ability to persuade the reader that the results of the study are valuable. In this study, Lincoln and Guba's (1985) model of trustworthiness was used, as it has been widely used in many research studies and pertains to all aspects of trustworthiness. Lincoln and Guba's model (1985) provided four constructs against which the quality criteria of this study were evaluated and which were used to ensure the trustworthiness of the study. These constructs are confirmability, credibility, dependability and transferability.

Confirmability required the researcher to show how conclusions and interpretations had been reached (Cope, 2014) and was assured by keeping a journal as a source of reflexivity. Reflexivity is the understanding that the researcher's principles, background and previous experience with the phenomenon being studied can impact the research process (Cope, 2014; Bhana & Kanjee, 2001). The researcher's journal allowed her to reflect on her own emotions and thought processes throughout the duration of the study and to make meaning of the research process (Hiemstra, 2001). As the researcher was also a registered counsellor, having a journal increased her awareness of her own experiences and assisted in maintaining objectivity about the participants' experiences.

Credibility, or the veracity of the data (Cope, 2014), was assured by data triangulation, which is the process of using multiple sources of data to draw conclusions (Shenton, 2004; Casey & Murphy, 2009). The researcher made use of multiple methods to collect data (semi-structured interviews and a focus group), which allowed her to gain a rich view of the experiences of participating counsellors. Furthermore, the findings of the study were made available to the participants for them to comment on the degree of synonymity of the findings with their own experiences. Another method of ensuring credibility was through theory triangulation, which involved the use of two theoretical models as the lens for the study (Flick, 2009). As the results of the study were analysed by both the researcher and her supervisor, this study also utilised researcher triangulation (Kitto, Chesters & Grbich, 2008).

Dependability involved the researcher providing sufficient information to the reader in order to determine how dependable the study and the researcher were (Ryan, Coughlan, & Cronin, 2007). The researcher discussed and motivated the design and sampling method used in the study. She stipulated the criteria for inclusion in the study and provided a description of the participants. Furthermore, the interview schedule and steps taken in the thematic analysis were also included. Thus, dependability was further assured by providing details on the processes within the study, which will allow future researchers to replicate the study.

Lastly, Merriam (1998) stated that transferability is the extent to which the findings of the study could be applied to other situations. This was assured by providing thick descriptions and details of the participants' experiences.

4.8 Ethical considerations

Ethical considerations provide guidelines about the values, principles and procedures of a specific group of people (Farrimond, 2012). In research, ethical considerations demand increased attention (Creswell, 2014), because they ensure that the researcher has adhered to a set of values, principles and procedures. The researcher had an obligation towards her profession and the participants to undertake this research in an ethical manner. This was in accordance with the guidelines provided by the Ethics Committee of the Faculty of Humanities of the University of the Free State.

Prior to each interview, participants were required to sign an informed consent form (see Appendix C), which informed them about this study. The informed consent acknowledged that participation was voluntary and participants had the right to withdraw from the study at any time. They were provided with information on the nature of the study, what was expected of them as well as the confidentiality and anonymity of their data. Each interview and the focus group were audio recorded. After the interview, participants were given the opportunity to ask questions.

All names and identifying information were removed from transcripts to ensure the anonymity of the participants. The recordings of the interviews were safely stored in password-protected files. All data collected were carefully destroyed upon completion of the research process.

In this study, the researcher was the primary instrument for data collection and analysis (Creswell, 2014; Merriam, 2009). It was imperative to build rapport with each participant to

ensure that sufficient data could be attained. A calm and encouraging relationship was built for participants to feel comfortable enough to freely express themselves. The researcher was also a registered counsellor and therefore able to identify with the participants' experiences. Caution was taken to remain objective while still demonstrating empathy towards participants. As a psychologist, the researcher was sensitive to the participants' experiences and therefore careful not to treat the interview as a therapeutic session. Debriefing was available to participants after the interview process and the results of the study were made available for them to view.

4.9 Conclusion

This chapter provided a summary of the research methodology utilised in this study. The next chapter focuses on the research results and the rich, thick and detailed data that were collected.

Chapter 5
Research results

5.1 Introduction

Chapter 4 provided a discussion of the research design, methodology and data analysis used in this study. The purpose of this chapter is to present the analysed data in the form of the main themes and subthemes identified. A description of the results and supporting evidence from the transcribed interviews is provided. The participants' verbatim responses were used as means of validating the results presented.

5.2 Research results

The analysis of the interviews is based on the experiences of counsellors in their professional career development. The data were collected from six semi-structured interviews and one focus group. The audio recordings, with a total duration of 250 minutes, were transcribed into 74 pages of data.

From the analysis of the seven transcripts, professional identity and personal dynamics were identified as the main themes for all participants. However, the subthemes identified were specific to each participant. The results are presented in a narrative format (to stay true to the original data) and thereafter the subthemes are discussed for each case. A cross-case analysis was also completed as a means of integrating the analysed data. Lastly, five consolidated themes were identified from the results and are discussed in Chapter 6.

5.3 Main themes

For the purpose of this study, the research results were organised into two main themes, namely professional identity and personal dynamics. As the researcher read and reread the transcribed data, it became evident that participants had experiences that could fit into these themes of development. *Professional identity* refers to components that the participants experienced during their training or as a result of their training. Examples of these components include motivation, emotions, practicum training, skills, supervision and issues related to scope of practice. *Personal dynamics* refers to individual components (unique to the participant) that served as a filter for the experiences of the participants. Interpersonal relationships, social support, spirituality, self-awareness and personal characteristics are examples of individual components.

5.4 John: Living in two worlds

John is a 30-year-old student counsellor from Johannesburg. He owns an information technology (IT) company but made the decision to pursue his interest in psychology three years ago. A significant factor that has played a role in his personal and professional development is what he described as "living two separate lives". By this, he was referring to his work in IT and psychology. He is completing his practicum as a telephone counsellor at the South African Depression and Anxiety Group and also counsels patients at a head injury centre. On weekends, he tutors English at a rural school in Johannesburg. During the interview, John displayed some anxiety but also passion and motivation to pursue his chosen career. The significant themes that emerged from John's interview can be seen in Figure 5 below.

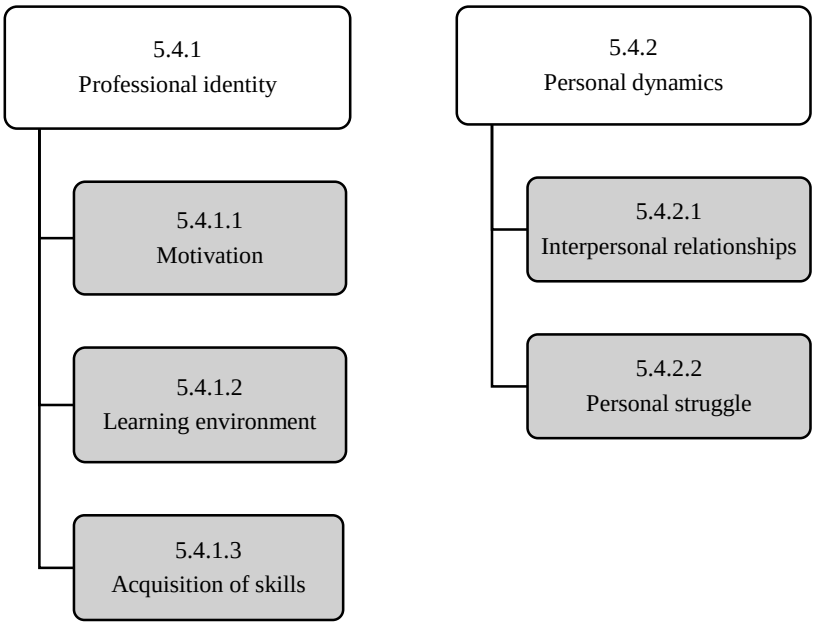

Figure 5. Significant themes which emerged from John's data.

5.4.1 Professional identity.

5.4.1.1 Motivation.

John displays motivation in his desire to work with people and although he wants to apply for his master's degree in psychology, he acknowledges the importance of becoming a registered counsellor. In the following quotations, he elaborates on these two areas of his development:

> It is my intention to pursue master's, so I would like to be a psychologist, but if that doesn't materialise, it's not the end of the world. There are a lot of other things I can do as a registered counsellor – I can train other registered counsellors, which means I

> can lecture, you can get involved in research, you can write books, you can do all kinds of things. So it's not the end of the road for me if I don't progress onto becoming a psychologist. I would like a scenario where I have a practice but I also work part-time at a high school as a guidance counsellor or whatever, some sort of diverse work environment would be great for me.
>
> I think personally, honestly, I look forward to working with people and I enjoy the community work that I do. So for me, it's not about having a big, fancy practice, it's about really helping people's state of mental health.

John has a high motivation level, which can be seen in his determination to become a qualified professional and make a difference in the lives of his clients.

5.4.1.2 Learning environment.

John is studying part-time at the South African College of Applied Psychology while also completing his practicum. When discussing the training, he had received, he described a supportive and positive learning environment. In this quotation, he indicated how the size of the class and access to professional elders was valuable to him:

> The class that I'm in is very small, there's only seven of us, which is very different to sitting in a massive lecture hall with hundreds of people. So that for me has been a good experience; I've made a lot of good connections since I began. All of my lecturers are leaders in their field, they are all either clinical or counselling psychologists. It's because of the more intimate learning environment, you get a lot more value out of each lecture.

In the second quotation, John identified experiential learning as an effective training method. He also mentioned class activities, such as working together and role playing:

> The lecturers prefer a more experiential way of learning rather than a lecturer-student method of learning. So I found that very valuable. In class we pretty much just spread out our books and papers and we normally work together with somebody else in the class. Sometimes we actually sit on the floor, we draw up big flow charts and diagrams and we do a lot of role plays. We do a lot of videotaped role plays, which we then analyse afterwards and play back for the class and give each other input.

Overall, John displayed gratitude for the supportive and experiential learning environment that he received and is part of.

5.4.1.3 Acquisition of skills.

As John developed skills during his practicum training, it assisted him in making decisions with regard to what techniques or methods he is comfortable with. However, in the following quotation, John expressed feeling overwhelmed by the number of techniques that are available and having to make decisions on what to do:

> I'm not going to lie, I'm overwhelmed with the amount of techniques that are available. I think for me, to be as integrative as possible is important. Certainly from a counselling perspective, I find to be useful whatever is most empowering and useful for the person at the time.

John also had the experience of discovering which therapeutic frameworks "fit" with his professional identity;

> One of the therapies which we learnt last year that I particularly enjoyed was feminist therapy, because of the way in which it can be applied to just about any individual or any situation, and the way it promotes that individual to go out and effect change after they have had their own internal change. You'll be surprised how useful that is in counselling. I also find the principles of things like person-centred therapy in an environment like this, where you're doing telephonic counselling, you don't have the patient sitting in front of you and most times people calling a suicide crisis line are in the deepest, darkest part of their lives and you need to draw on those principles of just listening and just being with the person on the other side of the phone. So I enjoy the constructs of things like person-centred therapy and so on…

In the last quotation, John discussed the experience of telephone counselling, where he cannot see the client and has to rely purely on his listening skills. This seems to be a positive factor in his skills development:

> There isn't a protocol, you go on feeling. And it's really difficult when you don't have the person sitting in front of you; you can't see any emotion… And I'll say one thing, my listening skills have improved quite a lot, purely by listening to people over the phone.

Initially, John expressed feeling overwhelmed by the vast knowledge he had been taught. However, as he developed, he gained an understanding of which theoretical frameworks he was comfortable in using with clients.

5.4.2 Personal dynamics.

5.4.2.1 Interpersonal relationships.

As a result of his new career choice, John experienced changes in his interpersonal relationships. In the following quotations, he referred to these changes due to counselling and volunteer work but also mentioned that he had made new connections because of his career path. Furthermore, he mentioned how his age played a role in the friendships he would continue to nurture:

> I certainly see less of my friends because the studying is intense and I dedicate a lot of my time to volunteer work. But through my volunteer work, I've met a lot of new people and I work with people that I like on a regularly basis, so I have a lot of social interactions that pretty much make up for any void of not being able to see my regular friends because of studying.
>
> Also, getting to the age of 30, like your social life becomes less important, you tend to focus on specific friendships that you put a lot of character and integrity into building so the rest of the friendships just fall to the side.

As discussed in previous chapters, interpersonal relationships are attributed to greater counsellor development (Skovholt & Ronnestad, 2003). John expressed the value of both his professional and personal relationships as significant in his journey to becoming a registered counsellor.

5.4.2.2 Personal struggle.

John experienced a personal struggle that he described as "living two separate lives", that is, having a business in the IT industry while pursuing a career in psychology. This has been a significant factor in John's professional and personal development. In the following quotations, he explained that he may lose clients if they think he is not committed to his business. Furthermore, he aspires to become more congruent:

> I haven't told my clients that I'm now studying, because I run the risk of losing clients. When clients feel that you aren't completely dedicated to them, they look elsewhere.

> And if I lose my clients, I lose my income, which means I can't study. So that's been an experience as well. I'm almost living two separate lives.
>
> I'm in the psychology world where I study and volunteer and I do other things. Then I've got this work life; everybody related to the work life knows nothing about my other life. I have one or two clients which I know more personally and I have told them about what I'm doing. And also, I told them because the risk of losing them as clients hasn't been a major issue. And they've been very supportive.
>
> It's very difficult and I'm trying as best I can. This year I'm trying to find a bit more congruency. What I'm trying to do is to restructure my business in such a way that I spend less time in my actual business and more time on my psychology.

John's experience of "living two separate lives" illustrates the intensity with which personal issues can contribute to counsellor development.

5.4.3 Summary of results.

From the above quotations, John evidently demonstrates a high motivation and determination to become a qualified professional by his desire to make a difference in the lives of others. He also continues to face the challenge of "living two separate lives", which can be seen in his quotations that refer to the risk of losing clients and his process towards congruence.

5.5 Sonica: Passionate counsellor

Sonica is a 28-year-old registered counsellor and had been in private practice for one year at the time of the interview. She registered with the Health Professions Council of South Africa (HPCSA) in 2013 and specialises in trauma, sexual health and marriage counselling. Sonica thoroughly enjoys working in private practice. During the interview, she displayed passion and motivation for her profession despite facing a number of challenges during her journey to becoming a registered counsellor. The significant themes that emerged from Sonica's data can be seen in Figure 6.

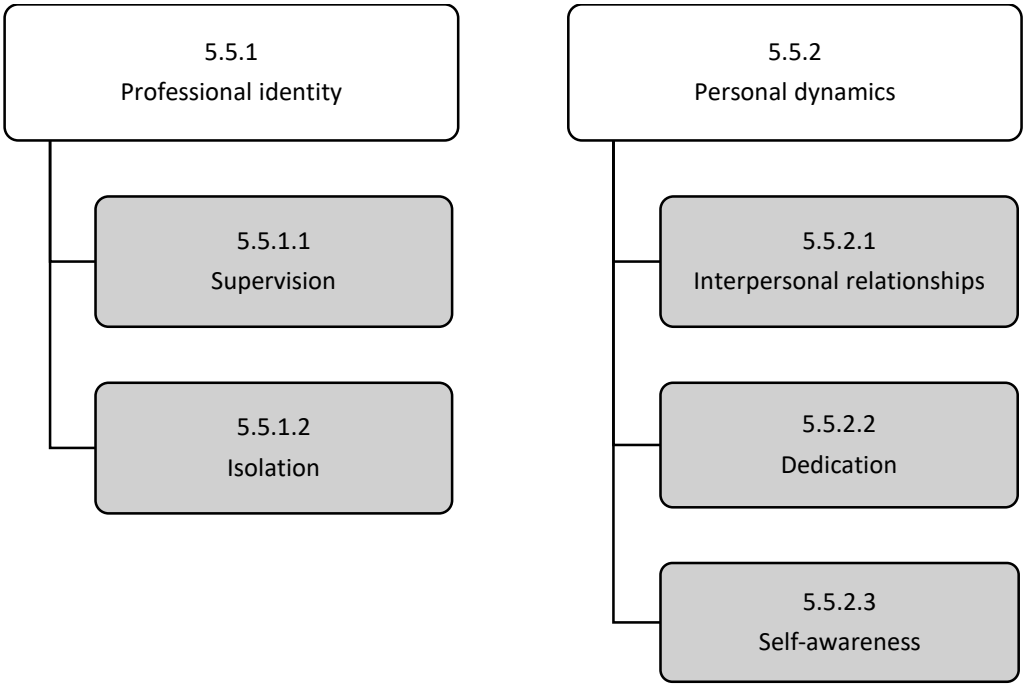

Figure 6. Significant themes which emerged from Sonica's data.

5.5.1 Professional identity.

5.5.1.1 Supervision.

As discussed in Chapter 3, a supervisor plays an essential role in the development of a professional identity, as they advise and guide the student counsellor during their journey to becoming a professional (Skovholt & Ronnestad, 1992). Sonica had two supervisors, a psychologist at a government facility and, later, a psychologist in private practice. While she had an unsatisfactory experience with her first supervisor, she expressed positive emotions towards her second supervisor. The following quotation indicates the lack of support she felt from her first supervisor in terms of feeling safe enough to express her own emotions:

> So, there's no help for you to feel safe. Because if you now go to your supervisor and say "I'm burning out", then he'll stop giving you people. So it's not a safe place for you to feel vulnerable; you can never be vulnerable. And I felt you needed a place to go, that's just yours, that's safe, with somebody that's outside the whole system, that you could just go and speak to about your worries, about the boards and just feel safe.

However, the next quotation highlights the ways in which her second supervisor provided a safe space in which Sonica could explore her role as a student counsellor:

> She was fabulous. She would spend hours just showing me how it worked, the process of counselling, what to look for in your clients and if I was worried about anything, I

> could just text her and say "I have this person, his symptoms are this, this, this. What do I do?" And she'll help me, she'll send me lots of articles, she borrowed me her books. She sat and explained like Jungian therapy to me, archetypes, Gestalt therapy… all these methods that made me feel more prepared.

In the following quotation, Sonica referred to the style in which her second supervisor approached training. She found this direct method of training to be effective with regards to her professional identity:

> And then she would sit down and say, "Okay fine, trauma looks like this, you handle it like this. Solution-focused therapy works like this, you can get training here. Jung works like this, you handle it like this. Here's a book, here's the forms, if you get stuck, tell me." She helped me to not flounder and to not hurt people. And she made very, very sure that I knew my limits.

Sonica's quotations reflect how a different, direct and open supervisory approach decreased her feelings of incompetence.

5.5.1.2 Isolation.

Sonica had a theme of feeling isolated during her interview. As mentioned in Chapter 3, negative emotions, such as isolation, can influence the beginner counsellor's motivation and autonomy (Skovholt & Ronnestad, 2003; Stoltenberg & Delworth, 1987). The following quotations highlight Sonica's experience of feeling isolated:

> I sometimes really feel like I'm the only one in the world, like there's no one else trying to make an actual living out of this. That it's just me, trying to fight the entire world and hearing constantly "You're just a counsellor". So, one feels quite alone, adrift, because everybody in your field have at one stage just given up and gone teaching. Or some did their M in psychology and are now onto bigger and better things.

> I worked at a hospital for about three months and it was just horrible. It was absolutely horrible. I liked the one guy that was working there and that was it. I did not like my supervisor there. There was no support, there was no care for the young counsellors there. My first person that I had to see, I was sent into a hospital. Alone, I had no forms, I had no training, I had no background about who this guy was. I was sent there completely on my own.

Sonica referred to isolation in both quotations. However, she also expressed the need to be supported by professional elders and be considered as a professional providing a service.

5.5.2 Personal dynamics.

5.5.2.1 Interpersonal relationships.

Interpersonal relationships refer to the people, such as mentors, family and friends who played a role in Sonica's journey. In the previous section (5.5.1.1), the quotations expressed the sense of safety that she felt with her second supervisor, who allowed her to express herself during this journey. In the following quotation, she referred to the termination of unhealthy friendships:

> Socially, I ended several friendships in that time, that were just unhealthy. You are under so much pressure, that you're dealing with so many people's pain and so many people's issues and you sit there and think "Just walk away" and you realise maybe it's time that you just walk away from a few things. So I ended three friendships in that year, that I just said, "This is toxic, this is not helping me, it's not helping them, we're not growing, it's not pleasant, it's not supportive" and you walked… yeah, you just left. And at first it's very stressful and then it's incredibly liberating to realise that you don't need that drama.

Sonica also referred to support in terms of finances. Although the following quotation relates to starting a private practice, research has indicated that many registered counsellors struggle to find employment and turn to private practice (Elkonin & Sandison, 2006; Kotze & Carolissen, 2005). This quotation highlights the importance of financial support when starting a private practice:

> If you haven't married a rich man or woman, if you don't live with your mother, if you didn't have a rich great-aunt that died that left you a lot of money, then private practice is very unstable. You do not know where your next pay check will come from, you don't know if your clients will pay. You don't know if they pay, when they'll pay.

In this section, Sonica referred to two aspects of her development. Firstly, she displayed an awareness of her needs in an interpersonal relationship. Secondly, she expressed the value of the financial support she had received when starting her private practice.

5.5.2.2 Dedication.

From Sonica's interview, it is evident that she was dedicated to becoming a registered counsellor despite having faced difficulties during her practicum. This seemed to be a personality trait, as it was consistent throughout her journey. The following quotations highlight her positive attitude during times of illness and starting a private practice:

> I loved it. I loved being useful to somebody, that somebody would come and see me and they'd leave feeling better. I loved it. I got the worst bronchitis of my entire life, which I'm still actually suffering from, in June of my internship year, June/July of 2012. Because I was burnt out, but it was worth it because it was fine, they just said "Go home, go sleep, get better." I learnt a lot about who I was, about what I can and can't do.

> Since I started to work for myself in the whole private practice thing. It's daunting, it's very daunting, because you don't know where to get clients, you don't know where the money will ever come from, you grow used to thinking you are now poor and this is how it is. You don't make a salary at all. But you're very comfortable knowing what you can and can't do. And you know that your clients are in good hands. And that makes you feel good because you're not part of the problem, you're part of the solution. And that's nice to know. It took three years to figure out, but it's nice to know.

This next quotation showed the determination that Sonica had towards her goal of opening a private practice:

> I have the type of personality that if I want something, I keep pushing even though it pushes back sometimes, you keep pushing. And I have great faith that eventually it has to work. But I don't think that most counsellors have this, because there are no places where you can just go work for a salary. There is this niche, there is this gap that needs to be filled. And if you can just hold on for three years, it can be filled. It takes three years to build up a new practice, any new practice. So if you can hold on for three years, you're gonna be fine.

Sonica's high level of dedication has most probably allowed her to progress facing many challenges.

5.5.2.3 Self-awareness.

Sonica became more self-aware during her practicum. Self-awareness was significant in that it enabled her to distinguish her identity as a student counsellor. From the quotations below, it is evident how an enhanced level of self-awareness helped her (1) to establish which kind of clients she prefers to work with and (2) facilitated a deeper understanding of psychological theories once they could be applied:

> I did play therapy with a few clients, not many. I had four or five child clients and it broke my heart completely, I could not get any distance from these kids at all and I told them, "No more kids". So, I learnt very, very fast what I can and I can't do. I am not made to work with children. I'm too soft.

I learnt that I am very good at seeing things like rape cases, very, very good at any sexual trauma, any sexual dysfunction. I was very good at marriages, which is awesome to find out that you can really, really handle this. And to find that you have this niche market, something that's very useful to do. I learnt that you don't have to have everything sorted out immediately, that you are learning and it's okay to ask.

> And when you start working, you suddenly say, "Ha, Piaget – all makes sense now. Vygotsky – let's do this." And there were these names that you just had to learn: Rogers, Jung, even Freud – God bless him. And you start to actually use it. And suddenly you bring the theory to the practice. Then it starts to grow, then you start to use it, then it starts to matter.

From the above quotations, it is evident that Sonica gained insight into her strengths and weaknesses and used this insight in forming her professional identity.

5.5.3 Summary of results.

Sonica faced challenges throughout journey to becoming a registered counsellor. Emotions, specifically negative emotions, directly influence counsellor motivation and autonomy (Stoltenberg & Delworth, 1987). In Sonica's case, her quotations show her dedication to and passion for her profession despite facing many stressors.

5.6 Cindy: "Living the dream"

Cindy is a 26-year-old student psychologist from a small town in the Eastern Cape. At the age of 17, she moved to the city to pursue her dream of becoming a psychologist. She viewed

her practicum training as a stepping stone towards this dream. During her interview, it was obvious that she has a passion for psychology and, more specifically, community work. The significant themes that emerged from Cindy's data can be seen in Figure 7.

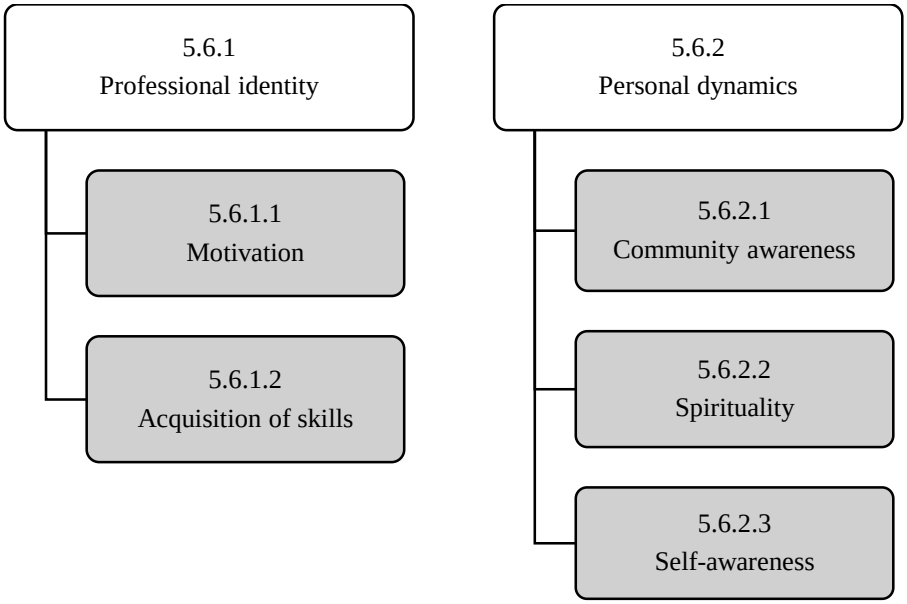

Figure 7. Significant themes which emerged from Cindy's data.

5.6.1 Professional identity.

5.6.1.1 Motivation.

Motivation was a strong factor in Cindy's experience of developing her professional identity. She displayed intrinsic motivation, which was evident from the internal drive she displayed toward attaining her goal. In the following quotation, she expressed how she motivated herself to continue working despite being unpaid during her practicum:

> Due to the fact that we didn't get paid… that for me, the motivation… I had to motivate myself in understanding that this is only a step to the next. I think that if I didn't know I really wanna do master's and I really wanna be a psychologist, I might not have finished my internship year. Because, apart from not being paid, you work in an environment where the rest of the individuals are getting paid and you have to deal with that every end of the month or whenever they paid. You are reminded of the fact that you have a degree that's even higher than theirs but yet you have nothing to show for it.

In the following quotations, Cindy mentioned the struggle of finding employment after she had been registered and how she had begun to isolate herself after feelings of failure. She emphasised being intrinsically motivated:

> After qualifying and not getting a job for two years, it kinda did make me exclude myself socially because, like, you were asked "Where are you working?", "Why are you not working?", "Why don't you just make your own practice?" – like it's that easy to just open up a practice. So, I think socially I started withdrawing because it was better to just be on my own rather than having to deal with those questions. Because that also kinda makes you feel like a failure. Because you've put in so much and yet you have, not to show for them, but also something to have to show for yourself.
>
> But I would say, the motivation in internship, that's a big thing, because you don't know whether you gonna be stuck here, whether you gonna be selected for master's, but also you not getting paid… When you're qualified, you don't get a job. So, it's really about something has to keep you going.

The role of intrinsic motivation was a catalyst for Cindy achieving her goals. This was evident from Cindy's experience as she was determined despite facing the challenges described.

5.6.1.2 Acquisition of skills.

Cindy referred to the counselling skills she obtained in her practicum year. In this first quotation, Cindy expressed gratitude toward the placement sites in which she worked, which offered her exposure to different psychological conditions:

> What I loved most about our internship was the fact that we didn't stay at one place, so we had clinic and hospital experience. And it also gave us a wide variety of conditions to work with.

In this second quotation, Cindy referred to her two supervisors who focused on developing her counselling skills. She also expressed a need for training in specific therapeutic techniques:

> In terms of supervision, I think they assisted us a lot in growth. I feel like my internship year was a time I could really work on basic counselling skills and I think that's something that they really focused on, like your non-verbal communication. So, our

> training, for me, was on a good level in terms of the practical things, but I would suggest that they focus more in terms of training as a therapy. Maybe assist us more in therapy… maybe give us a lot more tools… I feel like I had to go figure out how can I help my client and sometimes it felt like I couldn't or I didn't actually help my client.

Cindy's quotations reflect the importance of placement sites for student counsellors and the type of supervision they receive. Both of these factors contribute to counsellor confidence and competence in counselling skills (Powell & Brodsky, 2004; Stoltenberg & Delworth, 1987).

5.6.2 Personal dynamics.

5.6.2.1 Community awareness.

Community awareness refers to Cindy's involvement in and awareness of her community. In this first quotation, Cindy mentioned being different from her family and community but accepting the differences and using them to make a change in her life:

> I found peace with being different than the rest of my family members or community members, but where I am now is using that, the fact that I'm different, and seeing where I can channel that into my life. So, I think that I've accepted myself as I am at the moment, but it's now taking who I am and seeing how that can lead to productivity in my life.

In the following quotation, Cindy referred to the need to alter existing dynamics within her family:

> I felt like psychology gives me that opportunity to give a different line for my generation so it feels like I'm cutting off where my parents tried to do their best and I'm creating something new. So that's something that drove me, I want something new, something different.

Ronnestad and Skovholt (2003) indicated that personal experiences had an influence on counsellor development. It is evident that Cindy's community and upbringing contributed to her development as a counsellor and wanting to make a difference in the world.

5.6.2.2. Spirituality.

For Cindy, spirituality played a significant role in her professional development as a counsellor. In the following quotations, she referred to finding meaning in her role as a professional and how her religious beliefs assisted her when counselling clients:

> …it's almost like you start questioning, "Why am I in this profession, if nothing is happening of it?" But I must say, as a registered counsellor, the spiritual experience I had with it… you start being grateful for what you have because you see what your clients don't have. But also, you start wondering how religion fits in with what you doing.
>
> But another thing that I've learnt, or made peace with religion, but I also see it as growth, is it's not necessarily that I would encourage Christianity or encourage my religion on my clients but I worked from the point of just being a support basis because Christianity is being there for your neighbour. So I took as not saying that you should, God says don't do this or God says that, but rather "I'm here for you"

From these quotations, it is evident that Cindy's spirituality contributed to an awareness of her role as a mental health professional. Furthermore, she used her religious beliefs to better her counselling skills, without imposing them on her clients.

5.6.2.3 Self-awareness.

As discussed in Chapter 3, a counsellor's capacity for self-awareness and reflection promotes both professional and personal development (Ronnestad & Skovholt, 2003). In the next quotation, Cindy demonstrated an understanding of her capabilities as a counsellor in referring to her client load and working with the various challenges that clients were faced with. Cindy also expressed an awareness of her goals in pursuing further studies in psychology:

> …emotionally, I wasn't prepared or ready to deal with the amount of cases that we worked with but also the degrees of it. So emotionally, I feel like I had to somehow teach myself to deal with my client's baggage and also go home and be fine with myself. So, the most emotional challenge, but I think also growth that came with internship year, was I learnt to deal with my clients' baggage without making it pull me down.
>
> I wasn't okay with being a registered counsellor. Yes, it would have been a way to make money or it would have been a way to at least have a professional qualification while

> waiting for master's but I wasn't okay with being just a registered counsellor. And not that there's anything wrong with being that, but it was my personal goal. I felt like I would have never been happy if I was a registered counsellor, because it wasn't what I went for when I went to varsity.

From the above quotations, it is evident that Cindy developed self-awareness during her training. Another factor that can be seen in her quotations is her ability to reflect on her professional and personal experiences, which is essential to counsellor development (Ronnestad & Skovholt, 2003).

5.6.3 Summary of results.

Cindy displayed motivation toward achieving her dream of becoming a psychologist. This motivation fuelled her determination to excel, despite the financial implications that she faced. She is truly living her dream.

5.7 Dominique: Overcoming my fears

Dominique is a 26-year-old registered counsellor from the Northern Cape. She completed her practicum in 2013 and successfully completed the National Board Examination in the same year but was unable to obtain employment as a counsellor. She mentioned that she had spent the next two years counselling at a local church and lecturing undergraduate psychology modules. At the time of the interview, she had been selected for her master's degree in clinical psychology. One of the most significant aspects of Dominique's development was how she overcame the immense anxiety she felt when she began her practicum. She used spirituality as a coping mechanism in this process. The significant themes that emerged from Dominique's data can be seen in Figure 8.

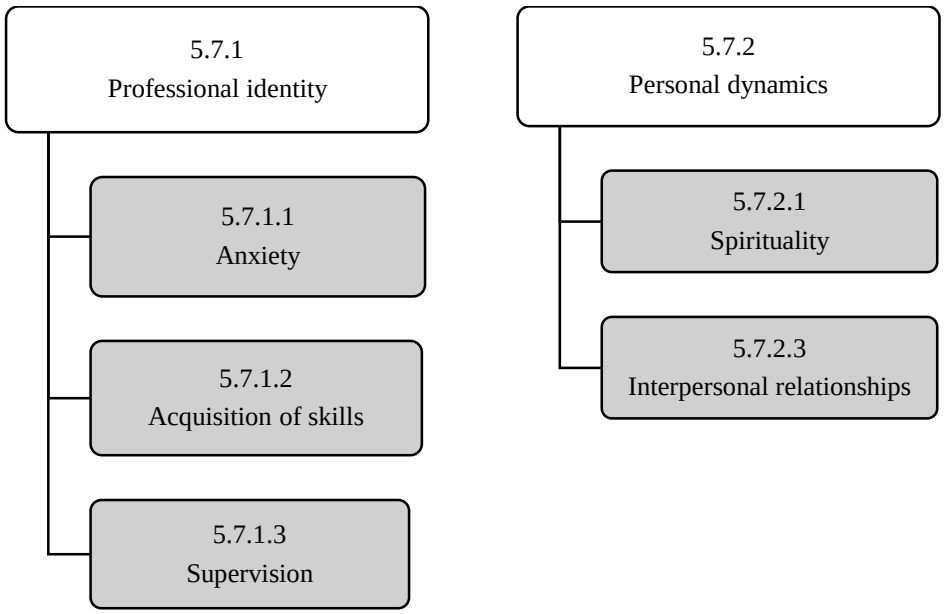

Figure 8. Significant themes which emerged from Dominique's data.

5.7.1 Professional identity.

5.7.1.1 Anxiety.

As previously discussed, anxiety is a common challenge in the development of beginner counsellors. Dominique was open in sharing her feelings of anxiety. In the following quotation, she expressed the initial anxiety she had had regarding her capabilities as a counsellor. She also referred to the confidence she gained during the training process:

> I was very anxious. Especially in the beginning. You're always so worried… What if I don't know what to say or what if I don't know what to do? What if I just sit there in silence? So, my anxiety played a big role in my counselling but eventually you gain a lot of confidence and you become more relaxed. And you also realise that if you're an anxious counsellor, you're gonna make your client anxious.

In the next quotation, Dominique referred to the difficulty she experienced in attending to the client's needs because of her self-focus:

> I wouldn't say it went too bad, I was anxious but I could still get through the session. When you're so anxious, you tend not to listen. So you're so focused on what the person is saying and you're so focused on what am I gonna say next, that you kind of miss the client completely. Because you have these other thoughts in your head, that you don't really listen.

Lastly, Dominique referred to the decrease in anxiety as she counselled more clients. She also demonstrated insight into which cases she was comfortable working with and how this decreased her feelings of anxiety:

> How did I deal with my anxiety…? I think, just the more clients I saw, the more confident I became. So with that, just the self-doubt, well it never really leaves you, but you do become less anxious. With every person you see, you become less anxious. And also when you're exposed to different cases, you find that okay, that you can actually do this, you can actually deal with depressed clients or anxious clients or people going through whatever life crisis. And when you can get through those sessions, you find that you can actually deal with things. And then your anxiety becomes less.

In Dominique's case, it is clear that her feelings of anxiety were related to feelings of incompetence. However, as she counselled more clients, she developed confidence in her abilities and her anxiety decreased significantly.

5.7.1.2 Acquisition of skills.

Although counsellors acquire skills during their practicum training, they come to the realisation that learning is a lifelong process. In the following quotations, Dominique referred to therapeutic skills obtained during her practicum training. As was mentioned in the previous section, her anxiety decreased and her confidence grew in relation to the number of clients she counselled. Therefore, her volunteer work added to her skills development. She also gained lecturing skills and strengthened her theoretical knowledge of psychology:

> We did do some training on like CBT… but also, you don't really know are you doing it right. Because we only had like one observation of therapy. So basically, you're just trained to listen. So how you respond is actually entirely up to you.

> I tried to stay in the field of psychology so I used to volunteer at the church and just do counselling sessions with church members or just people in the community. Then I also did some lecturing at the beginning of this year. I lectured second- and third-year students in therapeutic interventions, social psychology and personality psychology. And then I applied for master's and got in, so just basically trying to stay within the field of psychology.

As Skovholt and Ronnestad (2003) indicated, commitment to lifelong learning is an element of counsellor development. It is evident that Dominique displayed a continuous commitment to learning throughout her experiences.

5.7.1.3 Supervision.

In Dominique's following quotation, she expressed a positive experience regarding supervision and referred to techniques that her supervisor utilised, specifically with regard to setting boundaries with clients:

> The supervision was really, really good. Because we had voice recorders and used to play our sessions in supervision. So, that was really good. Especially for me, because I had issues where I would have difficulties setting boundaries with a client. So the client would talk and talk and talk and I wouldn't interrupt. It was like it was their session and it wasn't my session. So, that really helped me in terms of setting boundaries with my clients.

Dominique's next quotation indicates her ability to reflect on the supervision process and how it contributed to her development as a counsellor:

> Supervision sessions help you to see things a little differently, to see things from a different angle. In terms of when to interrupt and when to take control of the session. So, that also made me think, is there something about me that just lets people take control? 'Cause like they say, whatever happens in therapy, happens outside. So you kinda think, okay, is this about me or is this about them? Is it something I struggle with? I honestly don't think that any counselling internship should practise without supervision.

In Dominique's quotations, she referred to the benefits of obtaining supervision such as learning to set boundaries with clients and reflecting on therapeutic processes.

5.7.2 Personal dynamics.

5.7.2.1 Spirituality.

Dominique expressed that she is spiritual and believes that spirituality and psychology complemented each other. In the following quotations, she expressed how this had helped her in coping during her practicum training:

> I won't say I'm religious, but I am spiritual. But I think to combine the two is really, really good. I'm not saying that you should practise religion in your counselling, but as an individual, to have that psychology background and spiritual background together really does complement each other, if I can put it that way. When you look at just coping in general, when you're a spiritual person, automatically you cope a little bit better.
>
> > Sometimes you're so… I can't say scared… but you don't really know what to expect. And sometimes your expectations, or not expectations, but fear of the unknown, can really overwhelm you. So, if you're a spiritual person and you kind of have the faith that things will work out or that somehow you'll be okay, it just calms you down.

From the above quotations, it is evident that Dominique's spiritual beliefs were coping mechanisms during her training.

5.7.2.2 Interpersonal relationships.

As a result of the training process, Dominique experienced conflict between her professional and personal lives, which had an influence on her interpersonal relationships. She referred to having an awareness of psychological symptoms in the people around her. This posed a challenge as she mentioned that she had to "turn off" this ability. This can be seen in the quotation below:

> Like, obviously you do notice certain things in certain people, but you'd never say "Oh, you have symptoms of this or that or whatever." But you never really say it to people and you try to turn off those feelings or intuition that you have about someone.

Dominique also expressed the challenge of being a counsellor on a professional level and having to step out of that role in social situations:

> Your whole life can't just be counselling. Like working Monday to Friday and not doing anything in between. So… socially, I tried not to be a counsellor in a social setting.

Ronnestad and Skovholt (2003) identified that counsellors experienced an integration between the personal and professional selves. As Dominique was a beginner counsellor, she had the experience of trying to separate her personal and professional selves, which is common in her stage of development.

5.7.3 Summary of results.

Dominique often referred to her anxiety and uncertainty regarding her professional role. However, she also had to manage anxieties related to interpersonal relationships. From her quotations, is it evident that she overcame these specific fears.

5.8 Michelle: Pastoral counsellor

Michelle is a 24-year-old registered counsellor from the Northern Cape. She completed her practicum through the University of the Free State in 2014. Due to the lack of employment for registered counsellors, she turned to part-time teaching and also opted to further her studies in pastoral counselling. Although Michelle experienced many negative emotions during her practicum training, she expressed that, overall, she found her training programme and supervision valuable. The significant themes that emerged from Michelle's data can be seen in Figure 9.

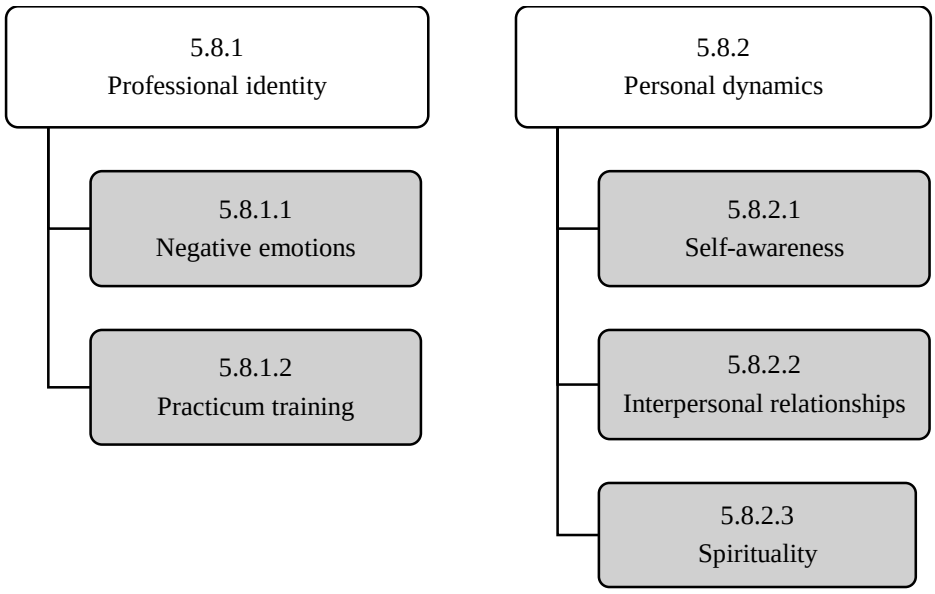

Figure 9. Significant themes which emerged from Michelle's data.

5.8.1 Professional identity.

5.8.1.1 Negative emotions.

Michelle's negative emotions were related to certain aspects of her training, such as client load, working hours, limited knowledge and lack of employment. Her negative emotions consisted of feeling overwhelmed, incompetent and disillusioned with the profession. In her first quotation, she referred to the intense work load that she experienced and how this was overwhelming to her:

> Oh goodness, it was terrible! It was very hectic… the hours… it was completely overwhelming… the amount of hours we have to do in our first year of actually seeing patients, it's our first time that we actually see patients and the amount of people we have to see… we see six or seven patients a day. It's completely overwhelming.

Michelle expressed feelings of incompetence related to her limited knowledge and counselling skills. In the second quotation she explains how this propelled her to do research whenever she felt that she lacked certain knowledge or skills:

> The negative aspect, I think, was that the whole year I had to do a lot of research, I still felt like I didn't know enough, I didn't even know just the tip of the iceberg. When someone comes to you with a problem, yes, you have certain skills that you've been taught and that you are being taught in the process of the practicum, but still you lack so much knowledge. So I had to do so much research, I kept feeling sort of inadequate to deal with their problems.

In the following quotation, Michelle expressed feeling disillusioned by the registration category. She referred to being trained for a profession and the inability to continue working due to limited job opportunities:

> It's sort of disappointing, because they train all these people, all these registered counsellors, but they have no place for us to go from there. They have interns which are all taking up all the spots in government because they work for free so they not gonna hire registered counsellors. So it was sort of a big disappointment for me, you know, coming out of the practicum, getting all this training, thinking it's wonderful and I can see myself doing this, but then you have nowhere to go.

In Michelle's case, feeling incompetent due to having limited knowledge motivated her to do further research into counselling skills.

5.8.1.2 Practicum training.

During their training, counsellors expand their knowledge and skills, thus increasing their feelings of competence (Ronnestad & Skovholt, 2003). In this regard, Michelle reported on what she had gained during her journey. In the following quotation, she referred to the workshops that were provided by the university:

> I think the training we received was quite good, I have to be honest, from the university's side as well as the Department of Health. In our year they revamped the entire course, so almost every Friday we had to attend specific workshops. So we had multicultural workshops, trauma counselling, Biopsychosocial Model, Egan's Skilled Helper Model and how to use all these different models in counselling. So I really think that was a good experience and the training as well was good. And then when we practically applied it.

At the beginning of her practicum, Michelle had regular supervision but indicated that this changed as a result of being "busy". The limited access that Michelle had to her supervisor intensified her anxiety. In the quotations below, she mentioned both positive and negative aspects of supervision:

> At the beginning of the year we received very attentive supervision and training and before we even started we did observation intakes where we would just sit in and see how an intake is done. And then each of us would have a turn to do an intake and we received feedback. So the training was very good but then once we started getting busy and seeing patients… So it was about six months before I had my first individual supervision session.

> It was difficult for your first time seeing patients, not knowing how do you cope with all these emotions inside yourself, not really having the experience to know where do you go from here and then you don't have very regular supervision because the schedule is so completely full and busy.

> I wanted to sit and discuss all my patients and know that I am actually on track. And, you know, just to get some guidance on what I should do if something arises. So I had to do a lot of independent research, but the training was lacking for those few months. Once I started having regular, individual, supervision, honestly, I can say the training was again of a good standard. I really received guidance on what to do, I received resources that I could read and was helpful.

Michelle therefore mentioned two aspects of her training: firstly, the exposure to various models and theories, which she could practically apply to her own client cases, and, secondly, she referred to her experience of supervision in ways that were both supportive of and detrimental to her professional identity.

5.8.2 Personal dynamics.

5.8.2.1 Self-awareness.

Michelle displayed self-awareness that related to her professional and personal growth. Since she was unable to find adequate employment opportunities, she expressed the need to further her studies for "self-enrichment". This demonstrated her commitment to development on a personal level and, consequently, her professional development:

> I think on a personal level, I realised that it is the line of work that I want to be in but that I also want to continue enriching myself, which is also why I'm studying pastoral counselling now and I'll continue doing other courses like the play therapy courses, because I feel I need to enrich myself.

Michelle also displayed an awareness of how her life experiences might influence her when counselling clients. In this quotation, she showed an understanding of how traumatic life events may be retriggered by clients with similar traumas. Another aspect that she pointed out was the value of attending personal therapy and practising self-care:

> Another thing that I realised personally is that even if you've had past traumas and you've dealt with it, I've been in therapy personally, it helped a lot because a lot of these things do get triggered when you hear a similar story for the first time. I also grew a lot personally having to cope with that and having to relook where I am emotionally and my emotional well-being. And I learnt how to take care of myself emotionally as well.

Ronnestad and Skovholt (2003) emphasised the role of continuous reflection in counsellor development. From the above quotations, it is evident that Michelle demonstrated the ability to reflect, which has increased her capacity for self-awareness.

5.8.2.2 Interpersonal relationships.

Relationships with clients contributed negatively to Michelle's professional development. As she lives in a small town, she would often see her clients. As a result, she avoided certain places and felt that her world had become "small". This can be seen from the quotation below:

> Socially I can say, it sort of impacted my life negatively, I have to be honest. On a social level, my world became very small. When you go to town, you see your patients. So,

> you ended up not going to certain places; let's say, a patient works at that shop, I would avoid going to that shop. So, my world did become very small.

Beginner counsellors are likely to have had experience as a lay helper. When they begin their professional training, it can be difficult to distinguish their new role when it comes to personal relationships (Ronnestad & Skovholt, 2003). In the following quotations, Michelle expressed the need to distance herself from others and create boundaries for her own well-being.

> Also, the friends that I have, I was very selective because a lot of my friends actually used me as counsellor. But now, having to actually work as a counsellor the whole day, over the weekend I don't feel like being my friend's counsellor as well. So, a lot of my friendships, I won't say they ended but, definitely, I distanced myself from friends. Not all of them, but the ones that were emotionally draining.

> I think I've learnt how to set better boundaries with my personal life and how to take care of myself emotionally and especially how to say no when I am already overwhelmed and already tired and not getting dragged into someone else's problems when I know I don't have the capacity to deal with them.

From the abovementioned quotations, it is evident that Michelle's awareness of her interpersonal relationships educated her about her own needs and capabilities. She also discussed the challenge of seeing her clients outside of the therapeutic space.

5.8.2.3 Spirituality.

Michelle mentioned that she had furthered her studies in pastoral counselling, indicating the value of religion in her life. It also links to her personal beliefs as she also referred to her honours mini-thesis on spirituality and resilience. This can be seen from the quotations below:

> I mean, in my own life, my religion is very important to me, that's how I overcome difficulties so that's why I'm studying the pastoral counselling – because I've seen that people draw on that, draw on their faith or on their religious system to help them cope with difficulties.

> In my honours I actually did my research on spiritual well-being and how it impacts resilience, when you are faced with a trauma. So it's something that I've always been interested in, but it was definitely enhanced.

As can be seen in these quotations, spirituality was a coping mechanism for Michelle and it is likely what motivated her to further her studies in pastoral counselling.

5.8.3 Summary of results.

In Michelle's case, strong themes of negative emotions, self-awareness and spirituality were found. Her negative emotions resulted from the challenges she faced during her practicum year. However, her challenges and experiences led to an increased awareness of her own needs and capabilities. Spiritually, her experiences as a student counsellor contributed to her decision to further her studies in pastoral counselling.

5.9 Mariette: Finding my path

Mariette is a 24-year-old clinical psychology intern. She completed her student counsellor practicum in 2014. The experiences she had during this year motivated her to apply for her master's degree in clinical psychology. During the interview, it was evident that Mariette had had a positive experience of training, which will be discussed in the sections to follow. The significant themes and subthemes that emerged from Mariette's data can be seen in Figure 10.

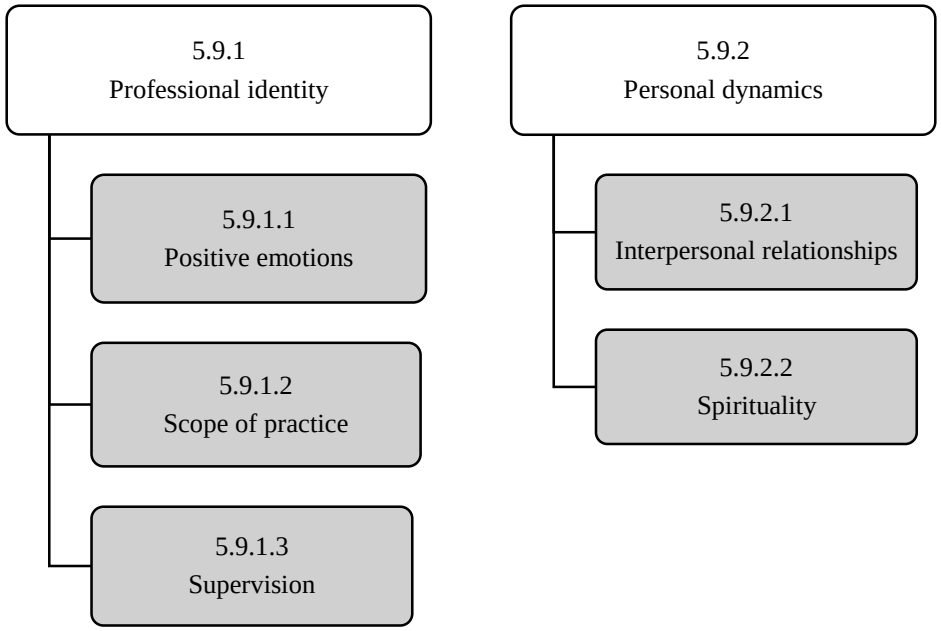

Figure 10. Significant themes which emerged from Mariette's data.

5.9.1 Professional identity.

5.9.1.1 Positive emotions.

Mariette referred to experiencing positive emotions related to the journey to becoming a counsellor. This links with her professional identity as her positive emotions were likely to have contributed to her development. The following quotations highlight her emotions of excitement, joy and passion:

> I enjoyed it, it felt like a very useful thing to do, to be honest, because it's more empowering almost… I enjoyed being able to deliver a service to people I could see needed it.
>
> … I think it gave me the reassurance that this is what I want to do with my life and that this is my passion. I could see that I enjoyed my work and I developed with regards to learning what my blind spots were, what I enjoyed, what I didn't like… So I'm very grateful for the experience.
>
> I was putting so much pressure on myself, but in the end, it was such a, in a way, relief, because that's the whole point of not being the expert in the room. It's kind of allowing the patient just to be themselves and to go with it.

In the quotations above, Mariette described the joy she felt in providing a service to others. She expressed that the training experience confirmed that she wanted to be in the profession of helping others. She also appears to have been highly motivated, which is a common trait in beginner counsellors (Stoltenberg & Delworth, 1987).

5.9.1.2 Scope of practice.

The scope of practice for registered counsellors lists the competencies that registered counsellors are expected to have (HPCSA, 2011). In the following quotations, Mariette expressed that the scope of practice was vague and restrictive:

> …I wanted to stick to the scope of practice, but it seemed a bit vague at times. So I found myself being kind of cautious to do things. So sometimes I also felt a bit restricted; that's also why I decided to go and study further.
>
> Master's… during my registered counselling year, I was very much on the fence about it… because of the restrictions of counselling and there were times that I felt the Brief-

> Solution-Focused therapy wasn't the ultimate treatment for everyone. I don't think you can use that for everyone.

While Mariette expressed a desire to make a difference in others' lives, another factor that motivated her to further her studies in psychology was her limited scope of practice. She found the scope to be restrictive in terms of the clients that she could counsel and it limited her theoretical knowledge.

5.9.1.3 Supervision.

In the quotations below, Mariette referred to the training she received before the commencement of her practicum and expressed that, for her, supervision was the best method of learning:

> Supervision was a good experience for me… It felt like a type of way to develop as well and also have someone to point out to you when there's something you're missing. And to be able to speak about the client, I think, was the best way to actually learn.

> We had a two-week training before the university started where they basically oriented us. We worked in rotation basis. So you never did the same thing every day. They also sent us to courses with regards to crisis and crisis work… Brief-Solution-Focused therapy… ethics training… telephone counselling...

Mariette expressed a positive experience of supervision and the training that her supervisors provided.

5.9.2 Personal dynamics.

5.9.2.1 Interpersonal relationships.

Interpersonal relationships can provide support for beginner counsellors. In Mariette's case, her colleagues became her friends. In the quotations below, she expressed the value of having these relationships:

> I actually made quite good friends... we were six interns… and we got very close…we supported each other and helped each other.

> … I grew very close to them because you relate to someone in a different way because they understand you professionally and they also get to know you personally. So it's a different type of support that you are able to give each other.

Mariette's circle of colleagues became a close-knit circle of friends. She expressed the value of having friends who were able to understand her on a professional level and also provide help with challenges.

5.9.2.2 Spirituality.

Mariette expressed that her spirituality was a coping mechanism during her practicum training. This can be seen in the quotations below:

> I was especially scared with regards to getting something like a suicide case and feeling that you don't know what to do or whatever. So I think that kind of centred me in my religion again to, like, just try and be calm.

> I really think spirituality is a good coping mechanism to have in a tough year like this. I don't know how I would have managed without it.

As also mentioned by previous participants, spirituality is an effective coping measure during the practicum year. Mariette's quotations indicate the manner in which her spiritual beliefs grounded her when dealing with challenging cases.

5.9.3 Summary of results.

Mariette mentioned that when she began her practicum training, she felt immense joy in helping others. She seemed to have had uncertainty about applying for a master's programme and the experiences during her practicum year had motivated her to apply. She found a new path and a new goal to achieve, which were related to her experiences as a student counsellor.

5.10 Focus group: A collective voice

In this study, the focus group generated a collective voice for registered counsellors. The focus group consisted of four participants: Adrienne (50 years old), Beth (26 years old), Sonica (29 years old) and Denise (24 years old). Only Sonica also attended an individual interview as part of this research. Adrienne, Beth and Denise are student counsellors, completing their practicum training. Sonica is a registered counsellor in private practice.

Initially, the group was hesitant to open up about their experiences and required reassurance that the collected data would remain confidential. Thereafter, they were honest and spoke freely, with all members having equal opportunities to express themselves. Interestingly, the group dynamic was such that the conversation related more to professional components than personal dynamics. This is likely because of the size of the group as participants in a one-

on-one interview opened up about their personal experiences. The significant themes that emerged from the group data can be seen in Figure 11 .

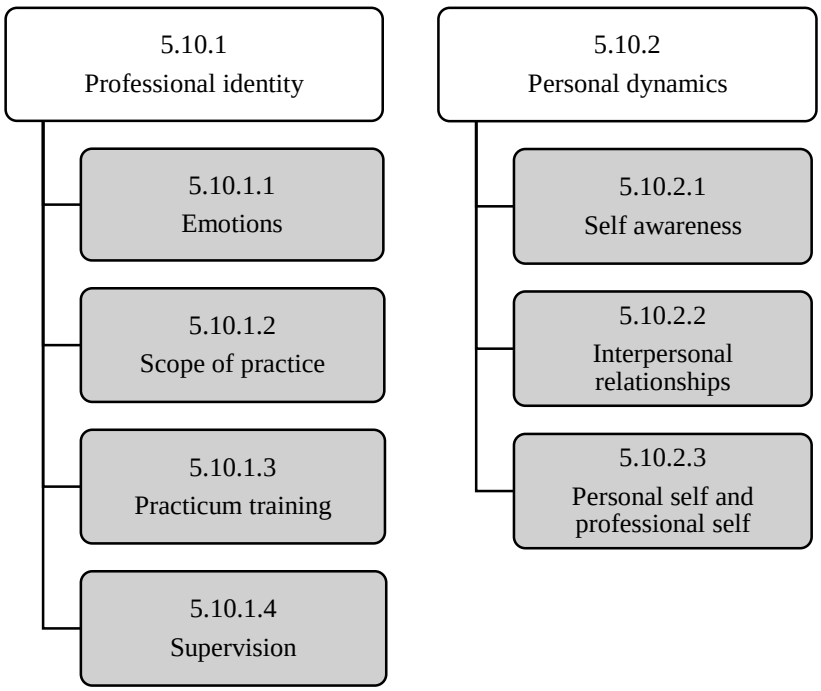

Figure 11. Significant themes which emerged from the focus group's data.

5.10.1 Professional identity.

5.10.1.1 Emotions.

The participants referred to experiencing both positive and negative emotions related to their journey to becoming registered counsellors. They expressed feeling anxious because of their training programme. Denise discussed the heavy case load that she had and the expectations that clients had:

> We go into this programme and we're thrown in the deep end. You can see a lot of clients, especially when you're working in a clinical perspective, in the clinics. You can see a lot of clients some days and some days you may not see any clients. It depends. But it's still, you're interacting with humans on a daily basis, people of every age group are coming to you with various diagnostic criteria and you all of a sudden… they walk in and they want help. And you need to know.

Adrienne agreed with the heavy case load and expressed that she did not take lunch breaks due to the number of clients that she was required to consult. She also expressed feeling tired because she had to complete her related administration tasks at home:

> I really worked, you know. It's not like I'm sitting there and looking at my fingers. We are there at 7:30 in the morning and every afternoon I lock up that place at 4 o' clock. We don't take lunch, we don't have lunchtimes. We really work and see people and then you come here at the university and you know these academic things don't work for us and nobody is really helping us. This is not working for me. I'm seeing patients the whole day, I didn't write the process notes. That is the thing for me, now getting home tonight, I must write process notes. I'm going home with packets of files and sometimes that can catch up on me.

In the next quotation, Sonica also expressed feelings of anxiety that were linked to feelings of incompetency. She also highlighted a sense of calmness as she gained more knowledge:

> You still freak out because you don't know whether you're hurting somebody because you don't know enough yet. And the more training I got, the more I calmed down into my role and the less I burnt out.

Beth felt as if she had to "fix" her clients and this also caused a considerable amount of anxiety:

> Actually, for me, when I started, it was bad. I was really taking a strain, because for me it was like you have to give them solutions. It was more of fixing… so come here and sit and fix. And you are sitting there like I don't know what to do! But you don't say that to them.

Another emotion that participants expressed was the feeling of subordination. In the following quotations, they expressed that people may have the perception that counsellors are not as well-trained or knowledgeable as other professionals:

> *Denise*: I feel a sense of degradation. I totally feel it…
>
> *Sonica*: Yes! You're *just* a counsellor. Have you heard that? You're *just* a counsellor. And it drives me up the bloody wall! Hearing you're just a counsellor when you take pride in it.
>
> *Denise*: I think, overall, from a clinical perspective, in our clinics, even at the university, I feel sometimes the division of you're not a clinical psychologist or you're not yet in the master's programme or maybe we're not focused so academically. But at the end of

the day, people tend to forget that we're still dealing with up to eight clients a day, five days a week.

The participants also expressed feeling a sense of achievement during their practicum. In the following quotations, they used a metaphor for the process of training, likening it to pushing a rock up a hill.

Sonica: I tell people about this job, it's like pushing a rock up a hill… and you really want the rock at the top of the hill. This is not like a futile thing, and it's hard, but it's so worth it…

Adrienne: When you see that rock on top of that hill…

Sonica: When you see the rock there and suddenly your hill makes sense…

Sonica: It's sort of like, this is brilliant, this is my life, this is my joy, this fuels me. It energizes me, you said it beautifully. And it's exactly that and the more people you see, the better you feel.

The participants expressed both negative and positive emotions. From the above quotations, it is evident that their experiences of anxiety could be attributed to their limited knowledge (Skovholt & Ronnestad, 2003). Furthermore, the participants voiced concerns about the perception that other mental health professionals might have of them.

5.10.1.2 Scope of practice.

The participants also expressed discomfort in their scope of practice, explaining that it was vague and limited them. In the following quotations, the participants revealed a positive experience of working in multidisciplinary groups and expressed feeling supported. Furthermore, Adrienne indicated that she increased her knowledge by working with other mental health professionals:

Adrienne: It's very great for me, the fact that we work in multidisciplinary teams; we working with a psychiatrist, with the doctors, we've got the…

Sonica: You've got the support…

Adrienne: Yeah, we can refer people to the psychiatrist, to the doctors. So we learnt out of that perspective, so say, for example, we must have our own practice one day, I know

> if the person is taking this medicine and he has certain depression levels, thing cannot be working well. And you know things must be done or whatever.

The participants found their scope of practice to be vague and limiting. In the following quotation, Denise referred to conducting screening on all the clients referred to her at the clinic without knowing what their psychiatric diagnosis may be:

> We see everyone. If you have a psychopath walk through the door, you will see him, if you have chronic depression, you will see him. Bipolar, see him. Personality disorder, see him. I've seen someone who's had schizophrenia. Out of my scope of practice but we see them. We do the screening processes, we don't do therapy.

In the next quotation, Adrienne expressed some frustration at the lack of psychologists available to treat clients. She emphasised that if clients fall outside of her scope of practice and if there are no psychologists available to see them, they will remain untreated:

> And now there is not so much psychologists that can help the people, especially when we going to the clinics. We are the psychologists. Really. If they are not with us, then there is nobody there that can help them. So it's easy to say it is out of your scope of practice and what, but then nobody sees these people.

In the quotation below, Denise reflected on the connection she experienced with a client who was outside of her scope of practice. She questioned what her role was if a client did not want to be referred to a psychologist:

> I had a client with severe bipolar. And I had to refer him even though I had a really good session and I felt like maybe we connected. Just on speaking, active listening, that's it. And when I referred him, he didn't want to go to the clinical psychologist, he wanted to go to me. But he's out of my scope of practice. Now what do I do?

Linking to this, Adrienne mentioned that if clients who were outside of their scope of practice were referred back to them, it was considered "supportive therapy":

> But you know what's happening now, say, for example, a person is bipolar, okay, that is not in our scope of practice. But now, they send that same person back to me, just for supportive counselling and that is what I must do. But it's still about the bipolar patient

> that's out of my scope. But just to clear everything up, they are here for supportive therapy.

Interestingly, Beth had a different experience. In the following quotation, she indicated that she received referral letters from other health professionals. She expressed that this helped her feel prepared to assess clients and decide whether she would counsel or refer them:

> But for me it's different, they get referral letters from doctors, sisters, anyone. So I don't see anyone without a referral letter. So if you're coming and you say you don't have a referral, I'm not supposed to see you. So what I normally do is I can read what is there and then I'm gonna ask you about it. And then I'm gonna look at severity to know is it low, moderate, medium, high. And then I'll refer you to the psychologist. And I know we have two psychologists only, so they have to wait, they really have to wait.

Another significant factor expressed by Sonica was the vagueness between the scope of practice of psychologists and registered counsellors. In her view, the only difference was that psychologists are expected to treat psychopathology:

> There is a separation between what we do, our scope, and what a clinical or counselling psychologist can do, their scope. It's so vague. The only big difference, if you look at the scope, is that we can't do psychopathology. That is it, we cannot handle psychopathology. But we still have to fight for that professionalism, you have to fight for your identity sometimes because with the doctors you're like, "Oh, she's a counsellor, they're like social workers but not really…" or they're like, "Oh, no, she's like a clinical psychologist, but not really." So you have to fight for this identity and you need to fight for that authority. And at the same time, you need to be true to who you are.

Denise further elaborated that the only distinction between a clinical psychologist and counsellor is a master's degree. She also expressed some pressure from her supervisor to apply for the master's programme. However, she stated that she was content being a counsellor:

> What differentiates us from a clinical psychologist is a master's degree, right. Coz we've all done our honours… But I feel, it's because we haven't gone to a clinical psychologist point, but we're working in a clinical perspective... We're working hand-in-hand with clinical psychologists, if anything, we're doing just what they're doing…

coz they can't prescribe medication… Our supervisor, he keeps asking us, "Are you guys applying, are you guys applying?" because if we do our master's we'll be clinical psychologists if we pass. There's a reason I don't want to do that. Maybe I'm just, I'm really tired of studying… I don't wanna study. I just wanna carry on doing counselling and I'm content with that!

The participants also reflected on the title "counsellor". In the following quotations, they expressed the challenges of explaining their role to other professionals and clients:

Beth: And I also feel like they must put something in front of counsellor. Because when you say a counsellor people say "Oh, a HIV counsellor" and then they say "Oh, a psychologist" and then you have to explain.

Sonica: And it's like you have to explain all the time. It's like "psychology-like", I do everything that a therapist does, except… Or they call you doctor and now you have to start explaining.

Denise: We've given up on that… At our clinic, they call us clinical psychologists.

From the above quotations, it is evident that the participants were frustrated with the vagueness of their scope of practice. This is in line with the recent debate regarding the scope of the profession for the board of psychology (Laher, 2017).

5.10.1.3 Practicum training.

Practicum training refers to the compulsory year of training that student counsellors are required to complete. The participants shared different views regarding their practicum training. Their experiences related to the structure of a session, the manner in which to assess and assist clients and workshops they attended. In the following quotation, the Denise expressed a sense of incompetence regarding the structure of a session and how to manage challenging clients:

Sometimes I still wish I had more help in the sense of someone giving me a structured way of what exactly to do with a session. I mean, it's easy to say, "Let the client give their stories and then take it from there", but sometimes the client walks in and they say, "Listen, I have this problem" and then they tell you for three hours or a two-hour

session how they hit their wife and their wife is wrong. There's a certain way to handle these kinds of clients and we're not really trained in that way.

In the next quotation, Beth expressed how her training was different and that it helped her feel prepared:

> I got some sense of training for two weeks where they went through to say that you need to do your process notes like this, this is what you need to include, these are the papers… I was actually given a file when I arrived on the first day. I was introduced to everyone and given a file with all the papers. But for me it didn't make sense. But my supervisor took the time to go through each and every paper to say, "This paper is what you do for process notes, on the first page this is what you say, this is what you can write, so you write what you did and like this." That made me feel prepared.

On the other hand, Sonica did not receive any training:

> I didn't get training, I had to go and look for it for myself. I felt like saying if you want better, you need to help, if you want me to be better at seeing clients, you need to train me.

In the following quotation, Adrienne reflected on training received at the university. She explained that despite providing a service, the practicum still had an academic component. Adrienne expressed the incompetence she felt in this regard:

> And from the university's side…, you know it is nice working with the people, but then you come here and you have to do this assignment and nobody really shows you what they expect from you, you know. So you don't really know what you must do. They just say, "Do an assignment on this", but what they really want, you don't know. And then you really feel like a failure when you get these things back. And at the end of the day you have to pass this academic thing, you know, to pass the course.

In the next quotation, Beth acknowledged the use of technology by referring to conducting an internet search when she becomes stuck with clients:

> I normally depend on my phone; I always have to have data to Google everything and to know what I should do. So in a first session, you get to have a sense of what is happening, but remember you are working with the community so the papers that say

> you start step 1, step 2, step 3 – it's not reality. So you work with what comes to you and do the best you can at that moment.

Denise expressed that the workshops provided by the university were too theoretical and that that theoretical knowledge did not assist her when counselling clients, as she needed practical skills during a counselling session:

> We have workshops… and it's so theoretical! As people of this field, we want to know the broader research, all of that, but at the end, what we need, the type of training we need is structured in the practical sense of what to do, coz when a client is sitting in front of you, you don't want to say let me tell you about Erikson's theory right now and why you are where you are. There's a few diagnostic criterias [sic] that are very common… adjustment disorders, anger management and depression, right. These are the three things, if you can even give us a structure for that, like a training, I would not complain. I would feel, like, okay, I have somewhat, like, probing questions that I feel can actually help. And not just for the first session, work on in the third session when I have done the majority of the stuff with the client.

From the above quotations, it is evident that placement sites provide diverse training methods. However, this may influence the competency of counsellors, e.g. Denise expressed feeling prepared, whereas Adrienne did not feel prepared to counsel clients.

5.10.1.4 Supervision.

In the following quotations, Sonica expressed her anger at the lack of support she received from her supervisor. Adrienne expressed a similar feeling, indicating that she was expected to attend supervision, but did not gain value from it:

> *Sonica:* I was so angry because we got no support. It was like, "Okay fine here, you are now…". At that stage I was 23 so I was a baby. And it's like, "Here, you go and handle this, you go and handle this pain, you go handle somebody' life, you go handle all of this, we're not going to give you any training, we're not even gonna give you forms." No one teaches you. They said go do notes and then they marked them. I hated it. They mark your notes and then I got a letter, I didn't even get called in or whatever, I got a letter that said, "We looked at your files and your notes are at a…", I think I got like 72% for my notes. I'm like, you marked my notes?

> *Adrienne*: There's no structure and then it is just this thing of going for supervision but nobody really teaches you what you must do.

In the last quotation, Beth mentioned that she had a different experience, as her supervisor was available via text message and she saw her at least once a day:

> With my supervisor, even though I go to the clinic and this appointment is there, I can always text her or ask her in the morning, because I go to the same office to sign in. And I will say something because I need the help.

Research has indicated that supervisors can influence counsellor development by assisting and guiding beginner counsellors (Skovholt & Ronnestad, 1992). In this case, Sonica and Adrienne did not feel supported and this led to anger and disappointment during their training process.

5.10.2 Personal dynamics.

5.10.2.1 Self-awareness.

Self-awareness was included as a personal dynamic in this study, because it linked to personal factors of the participants in the focus group. In the following quotation, Denise referred to the type of work she that performed. She mentioned that her counselling experience and exposure to human challenges was not something that many people would see in their day to day lives:

> I think on a personal level, I grew a lot. I don't know how to really explain… to say, the things that I dealt with. It's not what a normal person or average person just deals with, right. My clients deal with trauma and things that not everyone sees in their daily lives.

5.10.2.2 Interpersonal relationships.

Interpersonal relationships were found to be a significant theme with the participants. In the following quotation, Beth reflected on the challenge of being in the field of psychology and the way that loved ones may react:

> For me, the social level is, like, when you talk, it's more, like, when you speak to someone, they don't take you as you, you are saying something… It's like they are always saying, "Are you saying this because you are a psychologist?" or "Do you see

> that I have something?" And even in relationships, it's like "Are you investigating me?" "Are you analysing me?" Then you have to stop saying, "No, I'm asking, I'm just asking." And it also becomes a challenge to yourself to sit and think am I really asking because I'm a counsellor or I'm asking because I'm me.

Denise expressed that she felt treated like a "child" in her family home even though she was an adult and assisting clients in decisions:

> With family, they don't realise the type of things I work with, so they wanted to make me realise that I'm still a kid. I'm still a child. I'm still a child. But I guess when you help people make such big decisions, help people, help heal them in such vast problems, that when you go home and it's a thing of, you're still treating me like a child… it becomes a thing, for me, it becomes a problem.

In the next quotation, Sonica mentioned the termination of friendships:

> I had to end a few friendships, because I realised that for me to cope in my work, I can't be on edge with my friends. One friend ended me, I ended another one. And I'm better for it.

5.10.2.3 Personal self and professional self.

The integration of the personal and professional selves is a theme in counsellor development (Ronnestad & Skovholt, 2003). In the following quotations, Denise and Adrienne provided different views on this aspect. First, Denise expressed that when she was in a therapist role, she was calm and responsible, but when she was out of her professional role, she wanted to feel carefree and without responsibility:

> At work, I'm calm, I'm peaceful, I remember, I'm patient and then the moment I step out of that role as a therapist, I felt like it was taking a toll on me. And I had to really go and find… like, I had to really go and search and try to find a way to get rid of that. Like, I wish I had a debriefing session. I felt like at work I had to be this responsible person and I can't, like, say what I would really say, just naturally, like, "What? You're stupid" type of thing… Or if someone comes in with an abuse case and just look him bluntly in the eye and say, "You're wrong, you can't do that." That I felt, when I go home, I wanna be the most irresponsible person, to feel like I'm allowed to do, react however I want to…

On the other hand, Adrienne referred to having “one life” and being congruent:

> I’m really trying to have one life and I’m telling you, what I will tell somebody inside my office as a client that is sitting in front of me, I will tell my friend, I will tell my daughter, I will tell my husband. That is who I am. I don’t have another story for you and another story for you and another story for you. I want one life. I want to be the person that I am.

From the above quotations, it is evident that the participants had different experiences related to the integration of the personal and professional selves.

5.10.3 Summary of results.

The participants in the focus group provided a collective voice for counsellors and, from their quotations, the different experiences of counsellors can be more clearly seen than in the individual interviews. As indicated, strong themes of professional components were identified from this data set, which are attributed to the format of the group.

5.11 Cross-case analysis of data

A cross-case analysis of the data was completed to identify the strongest and most common themes in this study (Figure 12).

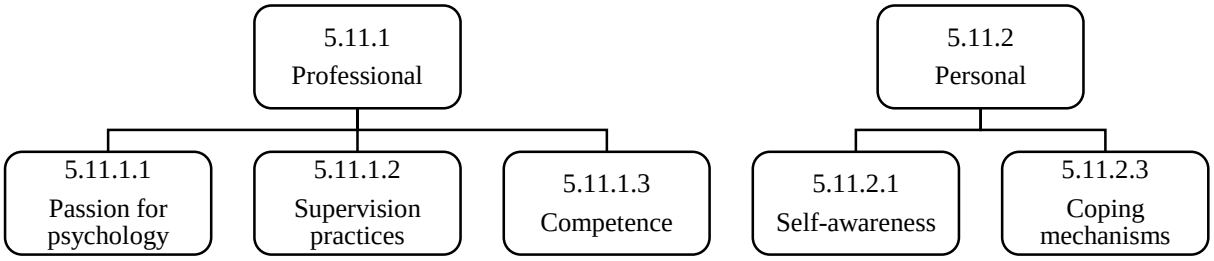

Figure 12. Most common themes identified from the cross-case analysis.

5.11.1 Professional identity.

5.11.1.1 Passion for psychology. A common theme in this study was the passion that participants displayed for the field of psychology, evident from the motivation they displayed to pursue their goals. Intrinsic motivation was a prominent factor, with many of the participants indicating that they had an internal drive towards attaining the goal of becoming a registered counsellor. Some of the participants were also motivated to pursue further studies in psychology. From the results, it is also clear that many participants faced challenges regarding

the training programme, supervision and their personal lives. However, participants managed these challenges and this is further evidence of their high level of determination.

5.11.1.2 Supervision practices. Many of the participants indicated that supervision was a valuable aspect of their training. As previously discussed, supervisors can advise, support and guide beginner counsellors during this process of development (Skovholt & Ronnestad, 1992). Most of the participants in this study expressed positivity towards supervision. From the results, it is evident that many of the participants were dependent on their supervisors for guidance and support during their training. However, some of the participants felt unsupported at times during their training.

Evaluation by supervisors was another factor that participants in the focus group experienced. They made statements regarding the lack of support they felt due to being constantly evaluated by their supervisors. However, most of the participants indicated that professional growth was attributed to feedback (positive and negative) that they received from their supervisors.

5.11.1.3 Competence. Most of the participants expressed feelings of anxiety during their journey towards becoming a registered counsellor. In this study, it is evident that various factors triggered the participants' anxiety. This quotation by Dominique summarises what many of the counsellors expressed:

> I was very anxious. Especially in the beginning. You're always so worried… What if I don't know what to say or what if I don't know what to do? What if I just sit there in silence? So, my anxiety played a big role in my counselling, but eventually you gain a lot of confidence and you become more relaxed. And you also realise that if you're an anxious counsellor, you're gonna make your client anxious.

A common factor in heightened anxiety levels stemmed from the participants' limited knowledge and counselling skills. Participants reported feelings of incompetency, questioning their potential to become counsellors. Another factor that played a role was self-focus. This affected the performance of counsellors during sessions with their clients. Counsellors had a tendency to focus on their own anxieties, rather than attending to their clients. Some participants described a decrease in their anxiety levels as they treated more clients. Lastly, many participants reported an increase in feelings of competency when they had acquired a greater knowledge of theory and counselling skills. In addition, the successful application of techniques also increased their competency levels.

5.11.2 Personal dynamics.

5.11.2.1 Self-awareness and identity integration. From the abovementioned results, it is evident that many of the participants experienced increased self-awareness and identity during their training. Many participants indicated that they had reflected on both their personal and professional roles, which allowed them to gain an understanding of their capabilities and weaknesses. The participants also referred to reflecting on their professional and personal experiences, which led to growth.

A vital aspect of identity integration involves the integration of the professional and personal selves. A prominent theme of participants in the focus group was the challenge of the professional vs personal selves in relation to loved ones. The participants mentioned the challenge of approaching interpersonal situations either as a friend or family member or as a counsellor. However, most of the participants discussed the challenge of performing in their professional and personal roles separately, showing that integration had not yet occurred.

5.11.2.2 Coping mechanisms. Coping mechanisms assisted the participants in managing challenges during their training. From the results, it is evident that many participants used spirituality as a coping mechanism. In this study, the theme of spirituality was left undefined. Many participants mentioned both religion and spirituality, or a combination of the two, as coping mechanisms. Although supervision has been discussed as a theme, it is crucial to note that supervisors provided support and guidance for the participants during their practicum training. Examples of support included assistance with counselling skills, theoretical frameworks and difficult cases. This assisted the participants in coping with challenges, as they could discuss issues with their supervisors.

5.12 Conclusion

Chapter 5 discussed the research results related to this study. The results were organised into themes and subthemes and each participant was discussed in detail. From the analysis of the results, several factors were identified in the journey to becoming a registered counsellor.

Chapter 6
Discussion

6.1 Introduction

From the results discussed in Chapter 5, it is evident that multiple factors contribute to the experience of counsellors in their professional career development. Six themes that related to professional components and the personal dynamics of the participants' development were identified. The themes identified within the professional identity domain were (1) passion for psychology, (2) supervision practices and (3) competence. The themes linked to personal dynamics were (1) self-awareness and identity integration and (2) coping mechanisms. In this chapter, these themes are discussed and integrated with relevant literature and, more specifically, the theoretical lenses used in this study. However, as mentioned previously, the discussion of the experiences of the participants was not limited to these models. The chapter concludes with an integrated discussion of the identified themes. The outline of the chapter is shown in Figure 13 below.

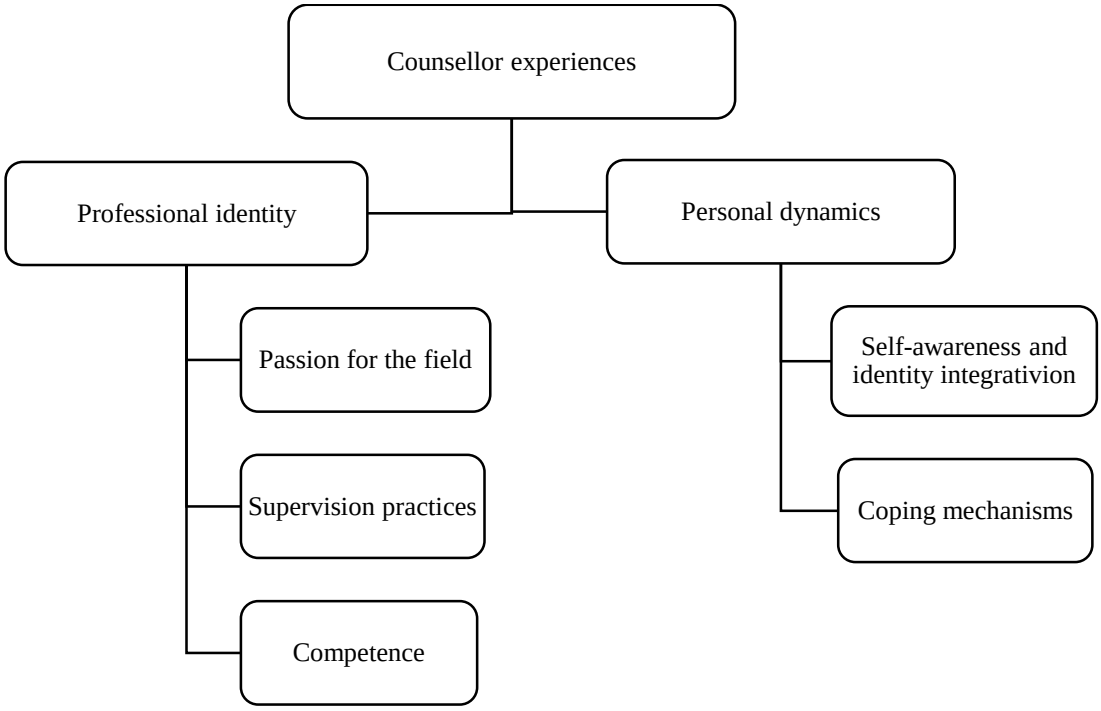

Figure 13. Outline of Chapter 6.

6.2 Professional identity

As discussed in Chapter 5, professional identity refers to components that counsellors experienced during or as a result of their training. After the cross-case analysis was completed,

three themes were identified: (1) passion for psychology, (2) supervision practices and (3) competence.

6.2.1 Passion for psychology. This theme refers to the passion and dedication shown by participants when they discussed their journeys to becoming registered counsellors. From the findings, it is evident that participants possessed a desire to help others, were committed to learning and were intrinsically motivated to become counsellors.

Many participants referred to their desire to help and make a difference in the lives of others. Literature indicates that most counsellors gain experience in helping others prior to beginning professional training (Bischoff, Barton, Thober & Hawley, 2002; Hill, Sullivan, Knox & Schlosser, 2007; Skovholt & Ronnestad, 2003). Participants described helping their friends and family members and engaging in volunteer work. As discussed in Chapter 3, this phase of helping includes identifying the problem, providing emotional support and providing advice based on their own experiences (Hill et al., 2007; Ronnestad & Skovholt, 2003). Furthermore, these findings are in line with literature that states that counsellors' desire to help others may be attributed to an innate need to empathise and elicit prosocial behaviour (Rouillard, Wilson & Weideman, 2015). A factor that also demonstrated the participants' dedication towards becoming registered counsellors can be seen in their willingness to complete an unpaid year of employment.

From the findings, it was further evident that participants faced a variety of challenges during their training. These challenges were related to health problems, burnout, feelings of isolation and supervision issues. However, their passion for and dedication to pursuing a career in psychology was used as a motivator to buffer these challenges. Thus, participants displayed a high level of intrinsic motivation. Booysen (2016) and Machatela (2013) emphasised that psychology students have an internal drive to advance in their careers, which could be seen in the perseverance of the participants in their professional journeys.

A factor that also demonstrated the participants' passion for their career was eagerness and commitment to learn. Moss, Gibson and Dollarhide (2014) and Stoltenberg and McNeill (2010) indicated that an eagerness to learn is a vital aspect of professional development. Many of the participants referred to learning outside of their practicum training, such as attending workshops and courses and further reading. According to Ronnestad and Skovholt (2003), a commitment to learn propels the developmental process. A few of the participants indicated

that a lack of knowledge increased their interest in continuous learning. Accordingly, Booysen (2016) argued that although psychology students derived meaning from pursuing a career in psychology, they also continue to study as means of acquiring more knowledge and skills.

While several participants expressed their desire to pursue a master's degree in psychology, some participants had been in the process of completing their master's in psychology at the time of the interviews. Elkonin and Sandison (2006) and Abel and Louw (2015) indicated that many registered counsellors viewed the registration category as a "stepping stone" toward a master's degree in psychology. A number of the participants were content with being registered counsellors, although they had not been successful at being selected for a master's programme.

6.2.2 Supervision practices. As discussed in Chapter 3, supervision is an essential part of counsellor development (Langa & Graham, 2010; Loganbill, Hardy & Delworth, 1982; Machatela, 2013; Mateo, 2011; Moss et al., 2014; Nel & Fouchè, 2017; Stoltenberg & McNeill, 2010). Supervision has been widely researched and this theme provides more specific information on the supervision of student counsellors in South Africa. Many of the participants' experiences were related to the process of supervision and interactions with their supervisors.

Most of the participants described supervision as a valuable and necessary component of the training process. However, two participants referred to specific negative experiences they had had and the effect it had on their development. The participants who recalled having a positive experience of supervision referred to the support of their supervisors, the influence of the supervisory-supervisee relationship and the personal growth they experienced as a result. From the findings, an active, hands-on approach in which supervisors provided structure appeared to be the most appreciated supervision approach. According to Machatela (2013) and Stoltenberg and McNeill (2010), this approach is favoured by student counsellors as they are aware of their limited knowledge and counselling skills and therefore look to their supervisors for guidance.

The two participants who had negative experiences in supervision referred to feeling isolated and unsupported. This appeared to increase feelings of incompetence. Furthermore, as they did not receive feedback on their performance, they questioned their abilities. Furthermore, participants in the focus group discussed the experience of being constantly evaluated and referred to the assessment of client notes. Ronnestad and Skovholt (2003) termed

this stressor as illuminated scrutiny by professional gatekeepers. The participants' experiences indicated the value of a healthy supervisor-supervisee relationship, which includes regular feedback as Bernard and Goodyear (2009) have also recommended.

From the findings of this study, many participants appeared to be dependent on their supervisors. This is evident from their expressed need for support, guidance and structure during the training process. Literature confirmed that student counsellors often look to their supervisors for knowledge and guidance (Moss et al., 2014; Ronnestad & Skovholt, 2003; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010). A reliance on supervisors was acknowledged as a theme of counsellor development by Skovholt and Ronnestad (2003). Furthermore, Lambie and Sias (2009) explained that student counsellors initially rely on external expertise, but as they develop they become less dependent and can rely on internal expertise. The participants described gaining therapeutic competence and increased autonomy during their training. Literature also indicates that therapeutic competence and autonomy are developed during the training process (Loganbill et al., 1982; Machatela, 2013; Skovholt & Ronnestad, 2003;). Somewhat in contrast, Du Preez and Roos (2008) and Stoltenberg and Delworth (1987) found that counsellors' autonomy fluctuated throughout the training process.

The supervisor-supervisee relationship contributed to the participants' personal growth. Participants referred to feeling "safe" and supported with their supervisors. Hill et al. (2007) indicated that this sense of safety allowed post-graduate counselling students to freely discuss thoughts, feelings and the challenges they experienced. One participant specifically referred to personal dynamics regarding boundary issues and that supervision had assisted her in overcoming this. Accordingly, Nel and Fouchè (2017) stated that the most integral aspect of supervision is the quality of the supervisor-supervisee relationship.

From the discussion, it is evident that supervision is a significant contributor to counsellor development. This was further confirmed by Nel and Fouchè's (2017) study, which indicated that there are four themes associated with supervision, namely emotional support, self-acceptance, autonomy and personal growth, all of which were evident in this study.

6.2.3 Competence. Many of the participants discussed several factors related to competence, such as first exposure to clients, self-focus, lack of knowledge and counselling skills as well as supervision. Furthermore, anxiety was identified as a strong contributor to feelings of incompetence. The anxiety expressed by participants appeared to be in line with

available literature that argued that beginner counsellors are often prone to anxiety (Machatela, 2013; Moss et al., 2014; Orlinsky & Ronnestad, 2005; Skovholt & Ronnestad, 2003; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010).

Several participants referred to the anxiety they experienced when counselling clients. Literature stated that counsellors experienced anxiety when counselling clients as a result of doubting their abilities and competency as counsellors (Dermer, Hemesath & Russell, 1998; Moss, Gibson, & Dollarhide, 2014). Participants also referred to uncertainty in how to approach the counselling process, what to say to clients and which techniques to use. As Skovholt and Ronnestad (2003) mentioned, beginner counsellors are often lay helpers before they enter professional training and initially draw their helping skills from personal experiences. However, these skills are not adequate for professional counselling, as the counsellors tend to react out of sympathy instead of empathy, which can lead to over-involvement and porous or rigid boundaries.

From the findings, self-focus appeared to intensify feelings of anxiety. Participants referred to focusing on their own thoughts, feelings and actions during a counselling session as opposed to attending to the client. Schwing et al. (2011) pointed out that this has an impact on the therapeutic relationship as the client is not being fully attended to. Furthermore, Machatela (2013) emphasised that psychology students usually experience anxiety related to insecurities about effectively helping clients. Many participants referred to a decrease in anxiety as they gained more experience. Stoltenberg and Delworth (1987) argued that as beginner counsellors develop, their self-preoccupation decreases and their empathy increases, allowing them to give their full attention to the client.

This decrease in anxiety is likely to occur as a result of a shift from what Howell (1982) termed “unconscious incompetence”, toward conscious incompetence, that is, becoming aware of lack of knowledge and counselling skills. This is supported by Ronnestad and Skovholt’s (2003) notion that many beginner counsellors experience anxiety, but, over time, the anxiety is mastered by most. The participants also referred to confidence in their abilities and an awareness of their limitations as they gained experience in counselling clients. This finding correlated with the findings of Machatela (2013) and Moss et al. (2014). Literature also explains that experience with the diversity of human challenges allowed counsellors to deepen their understanding of their clients and this is likely to lead to a decrease in anxiety (Ronnestad & Skovholt, 2003).

Another factor that contributed to participants' feelings of incompetence was their limited knowledge and counselling skills. Skovholt and Ronnestad (2003) described this stressor as inadequate conceptual maps and explained that beginner counsellors often rely on a basic conceptual map developed during the lay helper phase, as this is most easily accessible for them. Furthermore, the authors indicated that beginner counsellors experience difficulty in the transition from basic conceptual maps to more professional ones.

In discussing conceptual maps, a fundamental task of counsellor development is the acquisition of counselling skills and knowledge. As already mentioned, many participants experienced feelings of incompetence related to their lack of knowledge and counselling skills. The participants also expressed a need for less theoretical knowledge and more practical counselling skills. Supervisors from Elkonin and Sandison's (2010) study indicated that there is a need for improved practical training for registered counsellors. This was also evident from the focus group results in which participants requested more structure and training in more specific techniques for counselling. Machatela (2013) had a similar finding and attributed this to student psychologists' struggle to trust the therapeutic process.

A component of competence is linked to an individual's understanding of their roles and responsibilities. From the findings, it is evident that several of the participants were uncertain of their role and described their scope of practice as vague and restrictive, a finding that correlated with those by Rouillard et al. (2015). Participants also mentioned applying for a master's degree, as it would be less restrictive. Booysen (2016) found that registered counsellors felt limited in their counselling skills and believed that a master's degree would expand their knowledge their scope of practice.

6.3 Personal dynamics

As discussed previously, personal dynamics refer to the individual components that are unique to every counsellor and that serve as a filter for experiences. Following the cross-case analysis, two themes were identified: (1) self-awareness and identity integration and (2) coping mechanisms, which are discussed in the sections below.

6.3.1 Self-awareness and identity integration. Many of the participants made reference to the personal growth that they experienced during their journey to becoming a registered counsellor. While the participants did not specifically refer to the term "self-awareness", their descriptions of growth could be attributed to their developing greater self-awareness. This links

to Du Preez and Roos' (2008) theme of growth, which highlighted the significance of personal experiences as a contributor to development during counsellor training. Furthermore, these authors found that student counsellors increased their self-knowledge as they developed during their practicum training. Factors that are encompassed in this theme are self-reflection, counselling processes with clients, re-examining personal relationships and the integration of the personal and professional selves.

From the findings, it is evident that several participants had the capacity for self-reflection. This could be seen in their references to examining their thoughts, emotions and experiences. Ronnestad and Skovholt (2003) identified this as a theme of counsellor development, stating that continuous reflection is a condition for optimum learning and professional development at all the stages of experience. These authors also indicated three factors of reflection: interpersonal relationships, a supportive work environment and a reflective stance. As discussed previously, supervision provided a supportive environment for most of the participants and allowed them to share their experiences and safely reflect. Linking to registered counselling, Du Preez and Roos (2008) found that although self-reflection was a difficult task for student counsellors, continuous self-reflection allowed them to consider their doubts, competencies, emotional experiences and behaviour. Participants in this study also referred to an increased awareness of their competencies and limitations. Similarly, a study by Elkonin and Sandison (2010) found that registered counsellors were cognizant of their competencies and able to self-monitor.

Many of the participants were able to describe the growth they experienced as a result of counselling clients. Ronnestad and Skovholt (2003) indicated this as a theme of counsellor development and stated that clients serve as a major source of influence and as primary teachers. Nel (2011) indicated that during therapeutic processes psychology students found meaning in their interactions with clients. Thus, during the counselling process, the participants were confronted with aspects of their own personal dynamics, which provided an opportunity for self-reflection, increasing self-awareness and personal growth. One participant referred to the emotional challenge of learning to manage her clients' emotions when she got home from work.

As Ronnestad and Skovholt (2003) indicated, interpersonal relationships strongly influence professional and personal development. On a personal level, a few of the participants referred to the loss and termination of friendships that they considered to be toxic or unhealthy.

Nel (2011) indicated that psychology students often re-examine their existing relationships. Initially, the participants stated that this was a negative experience, but that upon reflection they realised that it contributed positively to their functioning and personal growth.

Another factor related to participants' experiences was the integration of the personal and professional selves, which Ronnestad and Skovholt (2003) identified as another theme of counsellor development. Many of the participants expressed distress regarding their roles and referred to separating the personal and professional selves. This was achieved by assuming the counsellor role during training hours but deliberately separating it from the role they had with family and friends. The focus group participants discussed the difficulty of keeping these roles separate. They referred to specific instances in which they felt confused on whether to respond as a counsellor or as a friend or family member in social situations. Therefore, separating the professional and personal selves appeared to serve as a protective mechanism, as it prevented them from being counsellors in a social situation. One participant, who was considerably older than the others, expressed that she did not experience identity fragmentation. This can be compared to Skovholt and Ronnestad's (1992) finding that older counsellors tend to progress through the stages more quickly than younger counsellors and are thus able to integrate their counsellor identity more quickly.

6.3.2 Coping mechanisms. From the findings, it is evident that the participants faced various challenges during their journey to becoming registered counsellors. Various coping skills were used to buffer the stressors they encountered. These included spirituality, supervision, peer relationships and self-reflection.

Most of the participants referred to spirituality as a coping mechanism during their practicum training. Spirituality was left undefined, allowing participants to assign their own definition to it. As discussed in Chapter 3, McSherry (2001) described spirituality as the desire to identify meaning and purpose in life, which results in a sense of fulfilment. Many of the participants linked spirituality with religion and appeared to use the words interchangeably. The findings showed that participants employed spirituality broadly, including their religious beliefs, as a coping strategy. Literature indicates that both spirituality and religion play significant roles in the functioning of professionals, specifically as a coping mechanism (Case & McMinn, 2001; Idler, McLaughin, & Kasl, 2009; Nel, 2011; Nelson, Dell'Oliver, Koch & Buckler, 2001).

Supervision has been included as a coping mechanism because it involves the student counsellor seeking help with difficulties during the training process. As discussed in Section 6.2.2, many of the participants referred to the guidance and support they received from their supervisors (Hill et al., 2007; Loganbill et al., 1982; Ronnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010) as a coping mechanism. Linking to this, student counsellors experienced a decrease in anxiety when they felt comfortable in supervision (Lee et al., 2001).

Another factor that some of the participants referred to was peer relationships. In this context, peer relationships refer to the relationships that participants had with their colleagues, who were often also student counsellors. They indicated that they had become friends with or been supported by peers. This is evident from their references to the help and guidance they received from their peers. Participants also expressed that peer relationships provided them with a space in which they could be understood on a professional level. Orlinsky and Ronnestad (2005) and Edwards Ngcobo and Edwards (2014) noted peer support as a valuable resource during the training process. In addition, Arnolds and Boshoff (2002) emphasised that positive associations with peers contributed to a positive self-esteem and increased motivation. Linking to supervision and peer relationships, Ronnestad and Skovholt (2003) emphasised the value of interpersonal relationships, stating that interpersonal sources of influence propel professional development more than impersonal sources of influence do.

Another coping mechanism identified was self-reflection, as many participants referred to an increased capacity for introspection and a re-examination. As Ronnestad and Skovholt (2003) stated, interpersonal sources of influence propel the developmental process. Thus, the re-examination and termination of unhealthy relationships give rise to further development. Furthermore, Hammer and Marting (1988) referred to emotional resources as the ability to identify, communicate and manage stressful emotions and which can be linked to the concept of emotional intelligence. From the findings, it is evident that the participants displayed emotional intelligence and this is likely to have played a role in their functioning.

6.4 Integrated discussion

From this study, a number of confirming results arose when considering professional career development as described by the phases of counsellor/therapist development model (Skovholt & Ronnestad, 1992; Ronnestad & Skovholt, 2003) and the integrated developmental model (Stoltenberg & Delworth, 1987). The first of which is that counsellors progress through specific stages of development. This can be seen in the participants' progression from what

Howell (1982) termed “unconscious competence” to conscious competence as well as the shift from dependency on the supervisor to more autonomous behaviour. Ronnestad and Skovholt (2003) and Stoltenberg and Delworth (1987) emphasised the role of supervision in counsellor development. Secondly, the acquisition of knowledge and counselling skills led to a greater sense of competence. Thirdly, the results indicated that participants experienced increased self-awareness and many challenges related with identity integration. The greatest overlap between the theoretical models used and this study can be seen in the themes of (1) supervision, (2) competence and (3) self-awareness and identity integration. This suggests that while each counsellor develops in a unique way, certain facets of development are common.

However, some themes that could not be directly linked to the theoretical models arose from this study. Firstly, this study highlighted that intrinsic motivation played a significant role in the participants’ capacity to manage challenges. The participants also displayed a passion for psychology, which was clear from their determination to become qualified professionals. Secondly, many of the counsellors were inclined to rely on spirituality, peers and supervisors as coping mechanisms to buffer the stressors of development. The value of supervision was emphasised as indicated in the theoretical models.

The theoretical models used in this study were therefore found to be relevant. A main contribution of this study’s results is the emphasis on how the personal experiences of counsellors are linked to professional development. This is evident from the struggle with the integration of the personal and professional selves. The process of the participants in this study echoed elements of development as reflected in their statements about growth and development on both a professional and personal level.

6.5 Conclusion

This chapter discussed themes related to the participants’ journey to becoming a registered counsellor. These themes were discussed using the phases of counsellor/therapist development model (Skovholt & Ronnestad, 1992, 2003) and the integrated developmental model (Stoltenberg & Delworth, 1987). The themes were linked to the relevant literature so as to provide insight into the experiences of counsellor development and the interpretation thereof.

Chapter 7

Conclusion, limitations and recommendations

7.1 Introduction

This chapter focuses on a summary of the study, the known limitations of this study, implications for practice and recommendations for future research. The outline of the chapter is shown in Figure 14 below.

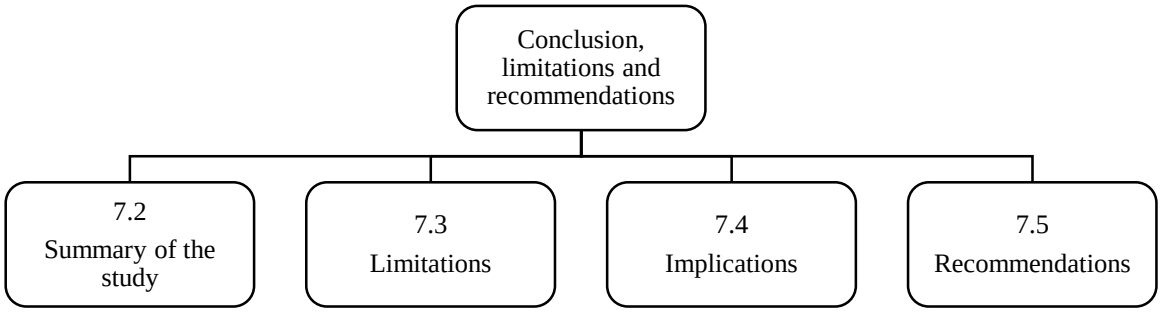

Figure 14. Outline of Chapter 7.

7.2 Summary of the study

This study focused on the experiences of registered counsellors in their professional career development. A qualitative research design, including a multiple case study, was used to understand the participants' experiences. Six semi-structured interviews and one focus group were conducted with participants who were student registered counsellors or registered counsellors with the Health Professions Council of South Africa (HPCSA). The study intended to contribute to the limited literature available on the experiences of registered counsellors in South Africa.

Thematic analysis was used to analyse the data. Each participant's results were discussed in detail and thereafter a cross-case analysis was conducted. Five main themes were identified and discussed in Chapter 6. The themes were (1) passion for the field, (2) competence, (3) supervision practices, (4) self-awareness and identity integration and (5) coping mechanisms. These themes were discussed in relation to relevant literature.

The two models used in this study were those of Skovholt and Ronnestad (2003) and Stoltenberg and Delworth (1987). These authors argued that counsellors progress through stages during their development. Through the participants' reflections on their experiences, it is evident that they struggled with various issues related to counsellor development, such as

counselling their first clients, anxiety and feelings of incompetence. However, it was clear that personal dynamics played a significant role in counsellor development, serving as a filter for all other experiences. In this study, the significant personal themes that emerged were (1) self-awareness and identity integration and (2) coping skills.

It was concluded that the two theoretical models used were relevant but that personal experiences of counsellors are linked to their professional development and should be further studied.

7.3 Personal experience

The researcher could identify with the topic of this study, as she is a registered counsellor. On her journey to becoming a registered counsellor, she encountered other registered counsellors who were completing their practicum training. It is evident that registered counsellors did not have a voice for their experiences; this study aimed to voice their experiences. Furthermore, as the study was based primarily on international literature, the researcher aimed to contribute to the South African perspective pertaining to the experiences of registered counsellors in their professional career development. During the course of this study, the researcher was reminded of her own experiences of becoming a registered counsellor and felt a sense of nostalgia. She experienced gratitude for her experiences and her own professional and personal growth during her practicum training.

7.4 Limitations

Although measures were taken to ensure the reliability of this study, there were certain limitations that should be taken into account. Some of the participants had already completed their practicum training prior to this study. Therefore, their responses were based on their ability to recall that information, which may not have been entirely accurate. The researcher noted that to enhance the richness of the data, this study could have included more participants who were in training during the study period or had completed their training not long before the commencement of the study.

The focus group was small, as it consisted of four participants, three of whom were completing their practicum training at the University of the Free State. These factors may have skewed or limited their discussion. The lack of personal information shared during the focus group could be attributed to the fact that the participants knew each other. Furthermore, having an all-female focus group altered the dynamics of the group.

As the researcher is a registered counsellor, this may have contributed to an over-identification with the participants. However, this was decreased by the researcher's capacity to remain objective during the interviews and focus group. She was careful not to self-disclose her own experience during her journey to becoming a registered counsellor. The researcher's supervisor also coded the data and searched for themes, thus ensuring objectivity during the thematic analysis.

Another shortcoming of this study was that the majority of the participants were from the University of the Free State, which may raise questions concerning the representativeness and diversity of the sample. However, it must be noted that most of the findings of this study were in line with relevant literature, specifically regarding the two models used as lenses in this study.

The last limitation was the limited literature available on the topic of registered counsellors and South African studies on counsellor development. Literature forms the foundation of any research and the limited literature did not allow for stronger arguments during the discussion.

7.5 Implications of this study

The value of this study lies in the rich, in-depth descriptions of registered counsellors' experiences of their professional career development. Currently, there is a scarcity of studies that focus on registered counsellors and therefore this study contributes to the limited literature available. The identified themes may contribute to a deeper understanding of registered counsellors by voicing their experiences. This study highlighted the participants' experiences in their professional career development.

As several participants expressed isolation in this registration category, this study may have normalised the experiences of registered counsellors. It also provided a realistic view of what it means to become a registered counsellor and this may be useful to individuals considering a career as a registered counsellor.

Furthermore, institutions that offer the practicum training programme may consider the experiences of counsellors in order to provide a more practical and useful learning environment. Factors related to supervision reinforced the value and need for regular supervision. In addition, it was noted that supervisors should be aware of the scope of practice so as to provide an effective supervisory approach.

This study may also be of value to the HPCSA, as it provides valuable information regarding the practicum and scope of practice of registered counsellors. This study can be used to inform the HPCSA and training institutions of the challenges faced by student registered counsellors and registered counsellors. This could also be considered in the recent debates regarding the scope of practice for the board of psychology.

The Department of Health may consider the value of the registered counsellor as a mental health professional. The registration category was created to serve the primary health sector, but many registered counsellors are employed in alternative careers or private practice. This study provided evidence of the passion and determination of participants to become registered counsellors, only to be disappointed at the lack of employment.

Lastly, a factor that is not linked directly to the aim of this study is the urgent need for mental health care services in South Africa. This study has indicated that there are registered counsellors trained and willing to counsel clients. This would be a great benefit to the South African population. Therefore, this study, together with the relevant literature, is a clear indication that jobs need to be made available for registered counsellors so that primary mental health care services can be available to the majority of South Africans who cannot afford the fees of private practitioners.

7.6 Recommendations for future research

There is a broad range of factors that could be further explored to boost the limited literature on registered counsellors. To gain a deeper understanding of the themes that emerged from this study, further research could focus on exploring individual themes in greater depth.

Data collected at a single point in time limited the results of the study. The researcher recommends that the study be expanded into a longitudinal study, collecting data at various points of the training process to accurately explore and describe the stages of student registered counsellors' development. A comparison could also be made between the progression of the stages in older and younger counsellors, as this can inform the design of training programmes in the future.

Furthermore, as the majority of the sample was from one university, the researcher suggests that future research be conducted with a broader sample to obtain results that may be more representative of the diverse population of registered counsellors. In addition, research on institution-specific training programmes may assist in the future development of training

programmes. Further research in the field of registered counsellors in South African may aim to focus on policies, regulations and scope of practice.

7.7 Conclusion

This study focused on the experiences of registered counsellors on their journey to becoming registered counsellors. It is evident that the participants managed a variety of challenges during their training but concluded that they had had mostly positive experiences. From the discussion of their results, it was also evident that the participants experienced personal growth and development in their professional competencies.

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APPENDIX A

INTERVIEW SCHEDULE FOR INDIVIDUAL INTERVIEWS AND FOCUS GROUP

1. Tell me about yourself (organisation, currently employed or not).
2. What was your experience of being a registered counsellor?
3. What other aspects do you relate to the experience? Both good and bad.
4. What was your experience on a personal level?
5. Any other levels? (social, spiritual…)
6. Tell me about your training.
7. How do you feel about your future as a mental health professional in SA?

APPENDIX B

CODING

CODES	
as	Acquisition of skills
s	Supervisor (positive & negative)
E	Emotions
sa	Self-awareness
cl	Client
I	Independence
Proff	Personalised approach Empathy Professional identity
so	Sub-ordinate
spec	Specific role/job, scope of practice
1	Individual characteristics
2	Needs
3	Finances
4	Need to be perfect
5	Support (positive & negative)
6	Employment
Pers	Personal - Spiritual - Social - Physical

APPENDIX C

INFORMED CONSENT FORM

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HUMANITIES
GEESTESWETENSKAPPE

INFORMED CONSENT FOR STUDENT REGISTERED COUNSELLORS/REGISTERED COUNSELLORS

Name and surname : _____

HPCSA registration number : _____

I understand that **Sanisha Vala** is a registered Student/Intern Psychologist and is currently completing her dissertation as a requirement for her Master's degree at the University of the Free State.

I understand that my personal information will be kept confidential.

I understand that all recordings and notes will be securely stored.

I understand that my personal information will remain anonymous.

I understand that this research will consist of one semi-structured interview and/or focus group.

I understand that I am allowed to terminate this process at any time.

I have read and understand the above, and give my consent to participate in this research.

_____ _____

Signature **Date**

APPENDIX D

INDIVIDUAL INTERVIEW TRANSCRIPTION

Name: **Sonica Kotze** Date: **27 Nov 2015** Length: **40m 08s**		
1.	Sanisha: Tell me about yourself. Sonica: I am Sonica. I stutter, I'm sorry, I hope you don't have to transcribe the stutter. I am in private practice as a registered counsellor. I specialise in trauma, sexual health and marriages. I did my honours in 2010 and I improved my marks in 2014. I'm busy with my Master's now in research, specialising in marital intimacy. I'm short, what else in relevant? I'm single, not single, just unmarried because I'm poor. I've been in private practice for little over a year now, about a year and three months. I count the months because they say it takes three years to build a practice so it's like, "A year and three months is going well!" as soon as I start to get worried. I worked on campus as a facilitator in Psychology for a year, hopefully I can keep doing that next year. Ya, the vacuum forming here now… I'm out of things to say about me.	
1a.	Sanisha: How long have you been registered for? Sonica: I've been registered since 2012. Sorry, 2013. Did my internship year in 2012 and I wrote the boards in 2013.	
2.	Sanisha: What is your experience of being a registered counsellor? Sonica: I sometimes really feel like I'm the only one in the world like there's no one else trying to make an actual living out of this. That it's just me, trying to fight the entire world and hearing constantly "You're just a counsellor". So one feels quite alone, adrift, because everybody in your field have at one stage just given up and gone teaching. Or some did their M in Psychology and are now onto bigger and better things.	
2a.	Sanisha: Did you do your internship through UFS? Sonica: I did not. I was one of the last group to do it through UNISA. So it was very distant, I had to get my own supervisor, which worked out for me very very well, for my personality. It worked out incredibly well because I got a psychologist that I trusted, to have my best interests at heart. I had to find my own place to work. I worked at National Hospital for about three months and it was just horrible. It was absolutely horrible. I liked the one guy that was working there and that was it. I did not like my supervisor there. There was no support, there was no care for the young counsellors there. My first person that I had to see, I was sent into a hospital, into Universitas. Alone, I had no forms, I had no training, I had no background about who this guy was. I was sent there completely on my own. Walked in and it's a gang member, he's	

	chained to the bed, was just diagnosed with HIV, convicted rapist, and had his first suicide attempt that previous night. It was one of the hard cases anyway and I was sent with no preparation at all. And that was sort of my start at National Hospital, lasted for three months and then I told them, "You know what, cheers". And then I started at the VVA which is like a NGO/welfare type thing. My contact there was a social worker and she said that they have no mental health services there at all. If they think someone needs help, they send them to FSPC, which has a long waiting list, it's overpopulated so I showed up there. I worked there for free. I saw between 4 and 8 clients a day, depending on the day, depending on the month, whatever. And there was such a need! And there was a need for, not for the serious stuff, for a psychologist. There was a need for a counsellor, specifically a trauma counsellor. The things that I saw there was mostly mild depression, anxiety a little bit, nothing hectic, grief counselling – so much grief counselling. But there it was me and the social workers and the social workers didn't know what my role was. They wanted me to report back to them about my clients and you sort of sit there going "No, there is no written consent to do this". So it's a hard place to work, very nice to be there. And I worked at Jean Weber Home, where there are wheelchair bound clients. That was very interesting because their prognosis isn't gonna change so you sort of work on just wellness. It was very cool. So ya, that was my internship year that I sort of had to forge my own way with no support, sort of have to do it by yourself.	
2b.	Sanisha: Do you know any other registered counsellors that had support in their internship year? Sonica: I know Kirsty, not sure how you pronounce her surname, I think it's Bauser. She did it through UFS and she said she had great support. But I think she's the only one. I don't know of anybody else. And Kirsty, I think she's got an easier personality to work with than mine. I'm very loud. I'm obnoxious. I'm independent. I wanna do things my way. And she's not like that so maybe she had it a bit easier. She's more pleasing.	
2c.	Sanisha: What kind of support would you have liked? Sonica: More supervision meetings, more training, just somebody to say "Listen here, sit down, this is how it's done". More help, like if you do something wrong, like if you don't do your process notes exactly right, somebody will sit down and say "We want it in this format, here's one to look at", not just "Okay, well this sucks, redo it". Uh, thanks? That doesn't help me. Emotional debriefing, just somewhere you could go as a therapist, and just say "Listen here, this was a hard case, this was a tough week or you know…" Because they what they do is say "Don't see lots of people, you'll burn out". But you have to see people, 'cause you have to get your case load done. So you start to burn out because they're stopping you seeing people and when you start to burn out, they just say "Don't". And it's like, "Oh okay, I won't. I'll just stop burning out 'cause that's how it works!" So there's no help for you to feel safe. Because if you now go to your supervisor and say "Etienne, I'm burning out", then he'll stop giving you people. So it's not a safe	

	place for you to feel vulnerable, you can never be vulnerable. And I felt you needed a place to go, that's just yours, that's safe, with somebody that's outside the whole system, that you could just go and speak to about your worries, about the boards, and just feel safe. Like you'll know with your M, I've heard there's nowhere to go and speak that's completely safe. Sanisha: Makes sense, you need an environment that can just hold you. Sonica: Yeah.	
2d.	Sanisha: What is your experience of supervision? Now that you mentioned specifically that it wasn't a safe place. Sonica: My supervisor that I got then later who was a private psychologist. She was fabulous, she was really really nice. When I left National and I left the whole system, the clinical system, I went all private. She was fabulous. She would spend hours just showing me how it worked, the process of counselling, what to look for in your clients and if I was worried about anything, I could just WhatsApp her and say "I have this person, his symptoms are this, this, this. What do I do?" And she'll help me, she'll send me lots of articles, she borrowed me her books. She sat and explained like Jungian therapy to me, archetypes, Gestalt therapy… all these methods that made me feel more prepared. And it helped to see that they worked, that people got better. So she was wonderful but in the system, not so much.	
3.	Sanisha: What other aspects do you relate to the experience?	
4.	Sanisha: What was your experience on a personal level? Sonica: I loved it. I loved being useful to somebody, that somebody would come and see me and they'd leave feeling better. I loved it. I got the worst bronchitis of my entire life, which I'm still actually suffering from, in June of my internship year, June/July of 2012. Because I was burnt out but it was worth it because it was fine, they just said "Go home, go sleep, get better". I learnt a lot about who I was, about what I can and can't do. I did the Play Therapy, with you, with Rinda Blom, and I thought "I'm gonna do Play Therapy now!". Back then we were allowed to do Play Therapy but that too has now changed.	
4a.	Sanisha: Oh, I didn't know that. Sonica: Yeah, social workers and registered counsellors cannot give Play Therapy anymore according to the HPCSA so a few of my friends lost their jobs because of this now. Whoops. Again, you're not supported because you're not recognised. You're <u>just</u> a counsellor. It's like a weigh station. But never mind that. I did Play Therapy with a few clients, not many. I had 4 or 5 child clients and it broke my heart completely, I could not get any distance from these kids at all and I told	

	them “No more kids”. So I learnt very very fast what I can and I can’t do. I am not made to work with children. I’m too soft. They crawl right into my heart immediately and it’s like if somebody hurt this child, bring me an axe! Which is not helpful to the child so I said “No, no, no”. And I referred to a Play Therapist and my M2 friends at that stage who were doing proper therapy. And I learnt that I am very good at seeing things like rape cases, very very good at any sexual trauma, any sexual dysfunction, I was very good at marriages, which is awesome to find out that you can really really handle this. Sometimes, always, much better than the social workers could. Or my social workers, I haven’t met all social workers. And to find that you have this niche market, something that’s very useful to do. I learnt that you don’t have to have everything sorted out immediately, that you are learning and it’s okay to ask. That was a recent one… When I was in my internship year at National it was incredibly competitive, very, very competitive. People would squabble for a client which to me was very unprofessional. Like I say, I wasn’t happy over there so maybe a little bit too critical of them. So people squabbled and said “She’s got 4 clients and I’ve got 3” and I’m like “Hello? I’ve got 1, screw you people, find more clients”. I didn’t like that at all. And then when you find out you’ve got this niche then you sort of go, “Okay, that’s nice, now I can find out about this niche”. And it’s okay to ask. And I could ask my supervisor. And when I started to actually work, when I joined a group private practice and you find that you can ask and there is a safe space to ask – that was awesome. So you grow a lot and you get very, very happy, very comfortable in your role and knowing what’s not your role. That, okay fine, this person has borderline. And a borderline, you sort of pick them out very easily when they start to hug you on the first go and they want your private number and they phone you 6 times and you go “Okay… Refer!”. And you don’t feel bad to do that. You can just say, “You know what, this is not my scope and it’s okay, I don’t have to do everything. So you learn really a lot about what you can and can’t do and what you’re good at and what you’re simply not good at. And it’s okay.	
4b.	Sanisha: Well it sounds like you’re quite comfortable with doing what you are doing. Sonica: Yes, I am now. Since I started to work for myself in the whole private practice thing. It’s daunting, it’s very daunting, because you don’t know where to get clients, you don’t know where the money will ever come from, you grow used to thinking you are now poor and this is how it is. You don’t make a salary at all. But you’re very comfortable knowing what you can and can’t do. And you know that your clients are in good hands. And that makes you feel good because you’re not part of the problem, you’re part of the solution. And that’s nice to know. It took 3 years to figure out but it’s nice to know.	
5.	Sanisha: Any other levels? Sonica: For me, I had quite a spiritual moment at one stage. I am Dutch orthodox, NG Kerk. But for us it’s sort of okay you grow up NG, you go to church, you know, you go on. And for me I had several instances of	

	just seeing like, okay sometimes you are sent, sometimes you are chosen, sometimes you are picked, and you don't have to know you can do it because you were sent. Now you better do it. And I'm not a very spiritual person, I don't go to church as often as I should… But that was quite a moment, to have such a spiritual, personal growth. That was quite nice. Socially, I ended several friendships in that time, that were just unhealthy. You are under so much pressure, that you're dealing with so many people's pain, and so many people's issues and you sit there and think "Just walk away", that you realise maybe it's time that you just walk away from a few things. So I ended 3 friendships in that year that I just said, "This is toxic, this is not helping me, it's not helping them, we're not growing, it's not pleasant, it's not supportive and you walked… yeah, you just left. And at first it's very stressful and then it's incredibly liberating to realise that you don't need that drama. And that it was just drama. So let's see what else do we have. Biological, I got sick. Educational, ooh application of the things that we learnt in Honours. We learnt it and we had no idea why. We had no clue what we were learning and what the point was of what we were learning. It didn't feel practical at all. And when you start working, you suddenly say, "Ha, Piaget – all makes sense now. Vgotsky – let's do this.". And there were these names that you just had to learn: Rogers, Jung, even Freud – God bless him. And you start to actually use it. And suddenly you bring the theory to the practice. Then it starts to grow, then you start to use it, then it starts to matter. At varsity learning about Jung was like "What is the point? This man is insane, this man is strange, this doesn't matter". And then when you start using Jungian therapy and start to work with archetypes, it's like "Ahh… okay… ".	
6.	(Tell me about your training.) Sanisha: You mentioned that at National you didn't get much training, or that there was no training at all and then when you found your new supervisor then you got a lot more training and advice. Can we go into more detail about what kind of training it was, what kind of supervision… that sort of thing? Sonica: She worked with me on things that I needed. So I went to her with a problem and she said "Try this" and I'm like "I don't know that". She said "Okay, fine, it works like this" and she'd go fetch her books and we'd spend time figuring out what's going on. It's hard to keep training when you are not even yet a registered counsellor. And nobody wants to train you, I don't know how this works. Like yes, you're gonna handle trauma, you're gonna handle rape, families and all these bad things but we're not gonna train you to handle this. So I don't know how the reasoning works there. And then she would sit down and say, "Okay fine, trauma looks like this, you handle it like this. Solution focused therapy works like this, you can get training here. Jung works like this, you handle it like this. Here's a book, here's the forms, if you get stuck, come help me". So all these things that you could get in books, it was no formal training because again, you're just a counsellor. So she helped me to not flounder and to not hurt people.	

	And she made very, very sure that I knew my limits. Like this one case, this woman was so traumatised, she was still sitting with childhood trauma, rape case. And she was so traumatised still, that she was beating her children, almost compulsively. And I didn't know what to do, because what do you do with this? These children aren't safe, what do you do? And she said, "You know what, this one is not your problem, report". Just that, of, "Don't worry, this is outside your scope – report. This is social work, this is psychiatry, don't worry about it". That helped so much, to really operationalise your scope of practice. That helped so much. So yeah, she organised solution focused training, like proper, proper, certificate and everything. That was lovely. And a little bit of neuro-linguistic programming but I didn't like it. She checked my process notes… hers are the same as mine. I still have great anxiety about my notes always because my notes are very, very short. They are: this person showed up, they looked like this, they sounded like this, they complained about this, we did this. 6 lines. Nothing more. And she said it's fine, as long as you show what you did. And you don't need to go into much detail, because why? These are your notes, you must just know what's going on. Have their story, have their reason for being there and have what you did – did it work? Yes or no. I still have anxiety about my notes because that's what they look like. I keep the notes that I make in their sessions with all my little diagrams and all my little notes.	
6a.	Sanisha: What is the anxiety about? Sonica: Imposter syndrome – you're always scared that you're doing something wrong and that you'll get caught out doing something wrong even though you know you're not actually doing something wrong because you can see everyone else is doing what you're doing but you're still scared because you can't look at somebody else's notes. You can't ask your friend for confidential, locked up notes. So that's one part that you'll never see. So you never know is yours up to scratch. And does it really, really matter if you know what's happening with your client? I don't know, it probably.	
6b.	Sanisha: You said a few times that you are "just a counsellor", describe that a bit more. Sonica: I feel that what I do is necessary and valid, that it is a needed gap that needs to be filled and that it's not filled. People see it as a sort of weigh station, we're just stopping here, we're maar doing this, just quickly before we move onto real work like Clinical Psychology. And most people don't want to make a living out of being "just a counsellor". It's somehow not as glamorous as what people want or seen as necessary or you're not seen as being competent, as "real psychologists". And it does go to your heart, you think this is the job that I have chosen. I do not want to be a Clinical Psychologist. I wanted to be one but the more I did this job, I saw that it's not necessary, that I do not want to work on a clinical level, that I do not want to work with that degree of psychopathology. I don't want to, I don't need to. I don't want to be a counselling psychologist because I don't want to do all	

	this testing, I don't want that. So what is wrong with just being a registered counsellor? Why is this so looked down on? So you're a registered counsellor, are you going to do M? No, I'm a registered counsellor, I'm happy being a registered counsellor. But don't you want to be a real psychologist? Hmmm, don't you want to drop dead? So it's still sort of this idea that oh well, I failed at this so let's maar do this. And for me it was never that, for me it was, this is my job. And you get very, very tired of hearing that you can't get training, that you can't claim from many medical aids, that people would rather go to a real psychologist when what they need is a counsellor. You get tired of hearing that. But it's my job to see things differently. But because I work with marriages and sex therapy, people have a tendency to think I'm a sexologist. No, I'm a sex therapist and registered counsellor. So you keep on hearing that what you're do isn't as good as somebody else. But the worst is that they won't give you training (MEISA, play therapy, hypnotherapy). You want to be the best that you can be but the system won't let you be. The system sees you as lesser even though you studied for 6 years and have 3 degrees. But what also doesn't matter is what people think you can and can't do so hey, you just keep on going on.	
7.	Sanisha: How do you feel about your future as a mental health professional in SA? Sonica: I feel very, very good about my future but I worry desperately about other people's future. I have the type of personality that if I want something, I keep pushing even though it pushes back sometimes, you keep pushing. And I have great faith that eventually it has to work. But I don't think that most counsellors have this because there are no places where you can just go work for a salary. I mean where can you go as a trauma counsellor and get paid a salary? You get the police that employ social workers for some unknown reason. And you've got Auksano, I thik there are 2 or 3 posts. Again, the system is being difficult. But if you can make it into your own little private practice, there is a lot of work. And it's necessary work, it's needed work. There is this niche, there is this gap that needs to be filled. And if you can just hold on for 3 years, it can be filled. It takes 3 years to build up a new practice, any new practice. So if you can hold on for 3 years you're gonna be fine. Unless the HPCSA starts to narrow the field. Again. You reach the point of thinking why be registered? And if you leave the system, will it be better or worse? And I hope I never have to find out.	
7a.	Sanisha: I haven't worked in private practice before and I'm interested in the difference between being in state or the public sector and being in private practice? Sonica: Huge difference. Enormous. Absolutely staggering difference. The first thing is your support structure. In your private practice, yes you're competing with everybody else but I'm in a group private practice and what you find there is great support. Because nobody cares what you're doing as long as you're paying your rent. So everybody is like "Let's go have coffee, let's chat, let's have fun"	

	whereas in the state everybody is checking up on you all the time, everybody has something to say about what you're doing. High pressure – in the state it's high pressure where you feel burnt out but in private practice it's motivation. It's growing this great, beautiful beacon where in the state it's just trying to not drown. Your clientele, it's very, very different, in the state you are working with people who with a much lower cognitive level. You are dealing with people who are not paying for your services. So they cancel like nobody's business, they simply don't show up. They don't do what you tell them. You often have your clients stolen. You often have people saying "No you can't see this, we are sending them to a psychologist". And you go "But that's my client and it's in my scope so why are you moving them?" "No, no, you're not ready." "But shouldn't I decide this?"And the paper trail you must do, the big parameters you must work in. We were told to do CBT even though it doesn't match your personality you were told, you are doing CBT. So I said I was trained in Gestalt and they were like "No, we don't do Gestalt". What do you mean "we don't do"? I'm not you, I'm myself and this is my way of working. And in private practice, you do what you want. And you take the consequences. If it doesn't work then you try something else. And if your client sues you then she sues you, not the hospital. It's you, it's personal. So more risk, more reward. Emotionally, much nicer. You don't share the office with 3 people who get upset if you leave your mug there. It's just much, much nicer for me, my personality. Because I don't work, I don't play well with others, I don't play well in a team, I don't want people to scrutinize what I do. I don't like people to look over my shoulder the whole time. And I don't like people to get upset when I don't do it their way. And that is the state in a complete nutshell. Also, you work with a network of professionals in private practice and that is lovely. If you need to send someone to a psychologist, you don't need to fill in an H03 form, which you can't find anyway because somebody lost the book. You phone that person and say "I'm sending you somebody". You send your client and follow up 3 weeks later. It's safer, everything feels safer. If you fail, it is because of you, and only you. It's not because the system was somehow broken. One consideration however, if you haven't married a rich man/women, if you don't live with your mother, if you didn't have a rich great-aunt that died that left you a lot of money then private practice is very unstable. You do not know where your next paycheck will come from, you don't know if your clients will pay. You don't know if they pay, when they'll pay. You are in a constant battle with the medical aids to get money and then sometimes you get the story that you are "just a counsellor" and they're not gonna pay. And then you sit with a client who really had no plan to pay you. And then get your money 6 months later if you're lucky. I have 3 clients who owe me a sum of R2000 and it doesn't seem like a lot of money but in private practice that is the amount between paying your rent or not paying your rent and that's scary. And in the state you have a salary which is much more safe. If the MEC doesn't freeze all the internship posts which he did. So your private practice is then safer because you know it is guaranteed and it is up to you. And the state is more stable if you can get in and you have that personality.	

	And of course private practice in the long run is much more profitable. In the state, you work yourself to death, you burn out, there is issues with holiday time, if you dare to be little bit tired one day and come in late, everybody goes “Ha ha”. Soon there’ll be a new post. There’s no care for people working there unless you care for each other which you tend not to because you’re in constant competition. And in private practice if you need a day off, you take it. You don’t get paid for this day, you lose the money but there is a lot more scope for self care and that is fabulous.	