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ARTICLE

Learning to “live upside down”: Experiencing the true and false self in psychotherapy training

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Abstract

The emergence of the true self is often a significant part of training to become a psychotherapist. Yet the challenge this presents, particularly in relation to the movement between a true and false self, has been largely unacknowledged. This study aimed to explore UK trainee psychotherapists' first-hand experiences of this, in order to understand how the phenomenon is experienced and explore the impact on trainees' development. Qualitative semi-structured interviews were conducted with five trainee integrative psychotherapists who identified with this struggle. Interpretative phenomenological analysis illuminated two superordinate themes: *The tensions of psychotherapy training* and *“Dropping the shackles”: The journey to self-acceptance*. Findings highlight the many challenges of the psychotherapy trainee, illustrating how a conflicting need to be “true” alongside an impossible prospect of letting go of adaptations induces shame and judgments. Findings also highlighted the liberating processes of letting go of old constraints through a journey of self-acceptance and awareness.

KEYWORDS

false self, interpretative phenomenological analysis, psychotherapy training, qualitative research, true self

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The value of the genuine, authentic practitioner in therapy outcomes has long been recognised in the psychotherapy community among most therapeutic orientations (Lambert, 1992). Rogers (1951, 1957) coined the term “congruence” to describe authenticity in counsellors. Winnicott, similarly, conceptualised the “true” self (1965) and emphasised its importance for therapeutic change (1971). The true self is our inherent, authentic being, protected by a false self when there is threat of impingements (Winnicott, 1960a). When impingements have been significant and/or continuous, a lack of confidence in feelings and actions can present in adulthood, as the individual continues to deny the expression of their true self—a form of unconscious protection (Johnson, 1987). Likened to narcissistic injury, such difficulties may present in clients, with therapy aiming to facilitate a return to the true self. It is therefore reasonable to expect that therapists are in touch with their true selves, hence most psychotherapy training requires long-term personal therapy and deep interpersonal awareness.

This, however, is no simple feat. A growing body of literature reports on the challenges of psychotherapy training. Studies have documented high levels of self-criticism when under pressure to be the “expert” (Hill, Sullivan, Knox, & Schlosser, 2007), and a need to hide vulnerabilities and self-doubt from superiors (Kannan & Levitt, 2017), as well as feelings of “playing” at being the therapist, due to a sense of overwhelm at the sheer amount there is to learn (Watkins, 2012). Similar research demonstrates that the extremely ambiguous training environment is overwhelming and anxiety-provoking, affecting trainees’ confidence in their abilities as budding therapists (Bischoff, Barton, Thober, & Hawley, 2002; Chazan, 1990; Folkes-Skinner, Elliott, & Wheeler, 2010; Howard, Inman, & Altman, 2006; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992a, 1992b, 2003; Weatherford, O’Shaughnessy, Mori, & Kaduvetoor, 2008).

These difficult experiences are somewhat unsurprising, considering that a strong driver of human nature is to “make known” the unknown. This may also be understood through research that suggests that those who train in psychotherapy have often suffered narcissistic injury themselves and are attracted to a profession where they can continue fulfilling their early learned role of looking after others (Halewood & Tribe, 2003; Menninger, 1957; Miller, 1981; Moertl, Giri, Angus, & Constantino, 2017). If true, it is understandable that a lifelong experience of living in a false self, where perfectionism is striven for, would make training in a discipline which involves huge amounts of doubt, uncertainty, and lack of structure extremely difficult (Glickauf-Hughes & Mehlman, 1995). It is also plausible to assume that experiences of ambiguity and anxiety are not conducive to an authentic, true self, but instead a protected, defended self. Despite this knowledge, there is little research exploring this with trainees.

Over 30 years ago Eckler-Hart (1987) interviewed clinical psychology doctoral students and identified this struggle between maintaining self-protective defences and becoming spontaneously involved in the therapeutic relationship. Participants described needing security in their professional identity in order to tolerate bringing their true selves into their work and at times they needed self-protective competencies to shield against the paralysing potential of making a mistake. This, however, came at a cost—the loss of creativity, spontaneity, and “aliveness.” Similar notions have been discussed in reference to the supervisor–supervisee relationship (e.g. Everett & Stricker, 1990; Ruskin, 1994). However, no other original data has been collected with trainees. We know that empathy, genuineness, and a non-judgmental attitude are key factors contributing to positive supervision and personal therapy experiences (Henderson, Cawyer, & Watkins, 1999; Shanfield, Hetherly, & Matthews, 2001; Shanfield & Mohl, 1992). In fact, this genuine relationship enables recognition of its importance, and eventual transference into trainees’ practice (Macran, Stiles, & Smith, 1999; Rizq & Target, 2008). Yet little attention has been given to the trainee experience of facing this looming expectation to be “true” and “authentic” in order to fulfil the role of a psychotherapist, and what it might be like to traverse the true and false selves during training. The primary data that does exist is generally US-based with psychology trainees or consists in dated discussion papers. This research, then, will explore the first-hand experiences of UK psychotherapy trainees as they struggle between their true and false selves and how this impacts their developing sense of self.

1 | METHOD

This study adopted qualitative methods to offer personalised, in-depth exploration with small numbers, supporting the research goal of open, descriptive discovery of this under-researched phenomenon (Johnson & Onwuegbuzie, 2004; McLeod, 2003).

1.1 | Participants

Five UK trainee psychotherapists working towards BACP/UKCP registration via a practitioner-based training course were recruited. Participants ranged from 35 to 64 years of age, and the majority were female ($n = 4$; male $n = 1$). All participants were training in an “integrative” modality, with their level of training ranging from third year to post-course completion. Post-course was still classed as “in training,” as participants had not yet completed all elements of their training.

1.2 | Participant Recruitment

Participants were recruited between August 2017 and February 2018 via adverts displayed at training/placement organisations in the Midlands (UK). Inclusion criteria comprised identifying with a true/false-self struggle, being third year or above in a developmental-relational psychotherapy course (training with a relational element and a requirement for significant personal development) and working towards BACP/UKCP registration. Third years and above were selected for their likely current experiences of the emergence of a true self, having been in personal therapy and training for at least two years. Potential participants were invited to express interest via email/phone and five individuals came forward. All five met the requirements and agreed to participate.

2 | DATA COLLECTION

This research was cleared through a UK training institution board of ethics and adhered to BACP ethical frameworks (BACP, 2018; Bond, 2004). All participants signed a consent form after being provided with detailed information on aims, involvement, and withdrawal rights. Participants were also given the opportunity to read their transcribed interview, adding a second stage to the consent process (Grafanaki, 1996).

Face-to-face semi-structured interviews were adopted to offer a flexible, collaborative, and personal way of gathering meaning-making while holding in mind the research aims (McLeod, 2003; Tripp-Reimer, Sorofman, Peters, & Waterman, 1994). This suited my philosophy of being compassionate towards and gaining a deeper understanding of the true/false-self experience (Stiles, 1993). The schedule included the following topics: experiences of and struggles with the true/false-self dynamic; experience and influence of supervision, personal therapy and training; and identity and the true/false self. Recorded interviews lasted between 56 and 67 minutes. Basic demographics were obtained, and a debrief sheet was provided following data collection.

3 | DATA ANALYSIS

Interpretative phenomenological analysis (IPA) was adopted for its ability to stimulate the descriptive uncovering of meanings, rooted in the belief that to wholly understand the world we must look at lived experiences (Husserl, 1970). IPA's double hermeneutic process involved me making sense of the participant, who was

making sense of the researched phenomenon. It was therefore crucial that I maintained awareness of potential biases. I embraced my relationship to the data as offering me potential understanding, whilst holding in mind the potential for my experiences to influence interpretations (Smith, Flowers, & Larkin, 2013; Smith & Osborn, 2015).

Analysis was approached individually using the following steps (Smith et al., 2013): (1) verbatim transcription of interviews; (2) reading and rereading transcripts, listening to the recordings and making unsystematic notes, allowing any preconceptions and emotional reactions to transpire—promoting reflexivity and lessening their impact (Larkin & Thompson, 2012); (3) rereading transcripts, taking notes on the content (descriptive), use of language (linguistic), and points of conceptual interest, reflecting on and interpreting the material at a deeper level (conceptual); (4) developing emergent themes, moving away from the transcript and focusing on the overarching messages; (5) breaking up chunks of narrative and reorganising them into recurring themes—where links were made between themes that clustered together, and others were broken down further.

To limit contamination of ideas across participants' transcripts (Smith et al., 2013), key sample quotes from each participant were stored with associated themes in a table when looking for patterns (convergent and divergent) across the sample. This promoted proximity to the original data and Yardley's (2000, pp. 221–222) principle of “commitment and rigour.”

Analysis was iterative, and initially eight themes emerged. During draft write-up, analysis continued and some of these loomed large—while others faded or merged. The merging of themes which shared “higher order concepts” enabled more of the data to be presented without dilution of the overarching messages (Smith et al., 2013, p. 101). Only one theme was excluded, due to being less prominent to the research question and only represented by two participants. To demonstrate “transparency” (Yardley, 2000, p. 222), Figure 1. illustrates the process of theme delimitation. As a form of member checking, two participants and a third critical friend checked my analysis and supporting data and were in agreement with the interpretations made (Birt, Scott, Cavers, Campbell, & Walter, 2016; Elliott, Fischer, & Rennie, 1999).

3.1 | Reflexivity

A premise of IPA is that the researcher cannot bracket their experiences and become solely objective in their interpretations. It is therefore important to develop awareness of their potential influence (Elliott et al., 1999; Etherington, 2016; Finlay, 2002). As a trainee myself at the time of data collection, I was aware of my own motivations for conducting this research; I struggled with my emerging awareness of my true self, which sat uncomfortably alongside a need to maintain false-self defences. I became acutely aware that I felt incongruent, particularly in practice with clients, as I was presenting a façade of confidence. This generated shame, as I felt I was not achieving a key element of my therapeutic philosophy—to be playful, authentic, and alive (Winnicott, 1971). This experience led to a desire to seek validation through my own research—I was keen to discover that I was not alone, and other trainees were experiencing similar struggles. I maintained a research journal and engaged in regular supervision about my own training experiences and the potential impact on my interpretations (McLeod, 2013).

A particular challenge presented itself when I analysed my data for the first time: I found myself searching for my own experience in participants' transcripts, but finding that their stories did not directly correlate with my own. In particular, participants talked of feeling most true and congruent when working with clients, and I reflected on my disappointment at not being validated in this narrative. I was also forced to recognise my own continued vulnerability in this area. It was therefore crucial to gain consensus on my findings, and my supervisor offered inter-judge consensus of my data interpretations (Elliott et al., 1999), helping me to avoid overguiding the research to prove my own assumptions (Bond, 2000; Grafanaki, 1996; Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017).

I was, however, also able to utilise my own experience and reflections, with the support of my supervisor, to make tentative interpretations about participants' narratives. Nevertheless, IPA's philosophy that any researcher interpretations must be rooted in participants' quotes assisted me in staying close to their stories throughout (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith et al., 2013).

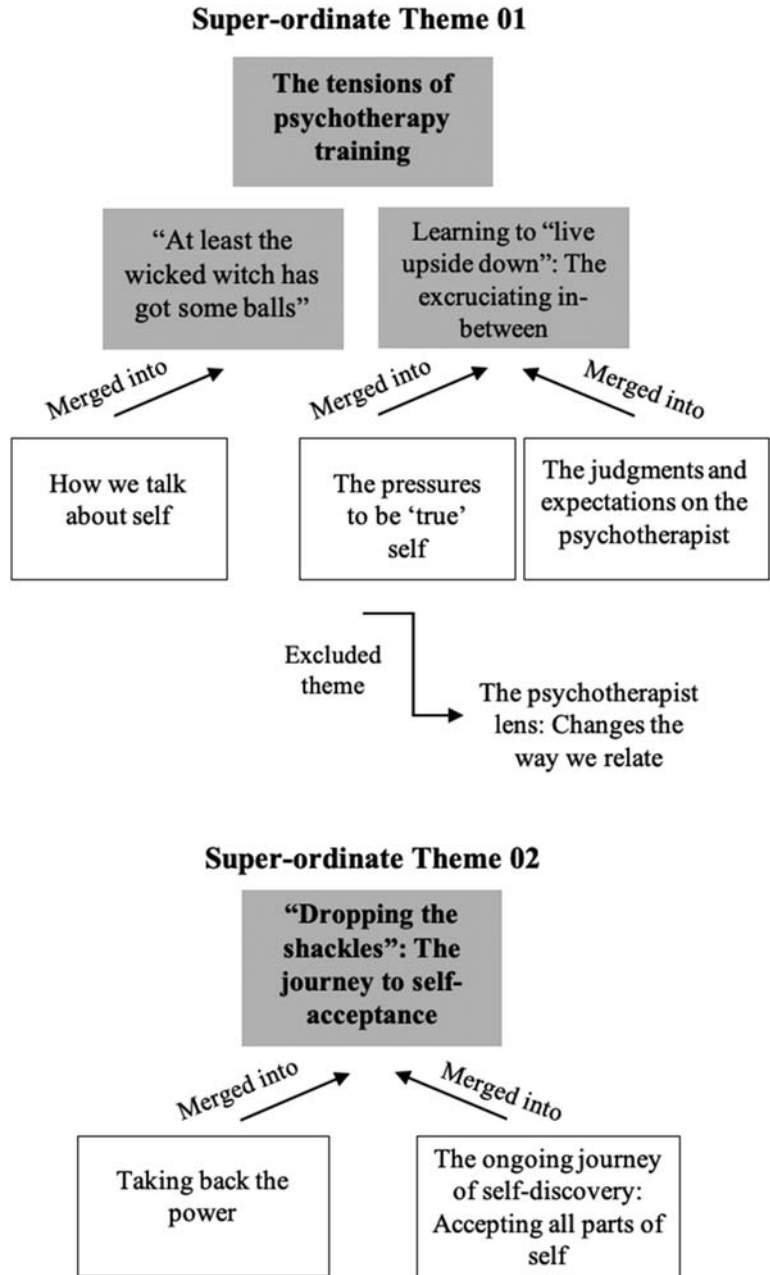


FIGURE 1 Process of theme delineation. Shaded boxes represent finalised themes

*Shaded boxes represent finalised themes

4 | RESULTS

Analysis yielded two overarching superordinate themes (Table 1). The first represents the difficulties associated with the true/false-self dynamic during training. The second portrays participants' resolve and the journey they undertake in dealing with these difficulties (some quotations are truncated (" . . .") or edited ("[]") for readability. This has not changed their meaning).

5 | THEME 1—THE TENSIONS OF PSYCHOTHERAPY TRAINING

This theme captures the tensions that became apparent between participants' sensed requirement to be true, authentic therapists and an unconscious, habitual adoption of old defences associated with the false self, required to survive the difficulties of training. This was exacerbated by a conflicting internal dialogue about the importance of a false self for professional psychotherapists, based on the impossibility of sitting in a true self all the time. These conflicting messages were intensified further by a resistance to identifying with the term "false self."

5.1 | Subtheme—learning to "live upside down" (Mia): The excruciating in-between

Participants experienced tension due to a sense of feeling stuck between historic, adapted false selves that had been crucial to survival, and a need to be true and authentic to meet the demands of becoming a psychotherapist:

I just had to . . . survive somehow using a pretend part of who I was just to cope, just to get through and manage, but it was terrifying. Yeah, it was really scary (Mia).

The true self was so underdeveloped that I didn't feel like I could get away with using my false self in the triad work, and so I found that so incredibly painful, because I felt like I felt so exposed . . . I felt like people would spot my false self, but in dumbing down that part of me I had nothing to work with . . . both of those parts were diminished. Both of those parts were under scrutiny. (Olivia)

It [the true/false-self dynamic] was horrendous . . . the defences, urm, which is part of me, that's my true me . . . wou-would not let go. But at the same time I wasn't able to be my false self . . . So the false self couldn't be there, wasn't allowed to be there, urm, the other wouldn't let me be false. (Sophia)

Participants portrayed a need to avoid exposure during their journey to becoming qualified psychotherapists. Using a "false" part of self was the way participants would normally survive this—but this appears difficult, and in some cases impossible. There is a sense that the ability to adopt both a false and true self is diminished, as participants' descriptions depict a sort of "rabbit in the headlights" experience—exposed, frightened, but unable to move. Olivia's words

TABLE 1 Superordinate themes and associated subthemes

Superordinate theme	Subtheme
1 The tensions of psychotherapy training	1.1 Learning to "live upside down": The excruciating in-between
	1.2 "At least the wicked witch has got some balls"
2 "Dropping the shackles": The journey to self-acceptance	N/A (see Figure 1. for subtheme delineation)

“dumbing down” seem associated with the typical process of becoming conscious, and then letting go, of old defences, but the language indicates a silencing or reduction, leaving her with “nothing.” Participants’ language indicates a microscope of judgments, where they did not feel they could call upon their normal defensive processes to manage. There is a sense of powerlessness, and the depiction directly contradicts the heart of what being “true” as a psychotherapist is about.

There was an essence of brutality to this seemingly impossible experience: “Completely and utterly exposed and naked and not good enough . . . I was stripped of resources . . . there was so much shame” (Olivia). Luke described becoming aware of his defensive ways: “It was a slap in the face really . . . like someone had just chucked a cold bucket of water on my face.” All participants described training as challenging and life-changing:

It's been a real struggle. It's been a fight. At one point I didn't wanna let them [relationships] go, and I thought about quitting the course and I thought, oh my God, this is wrecking my life, it's destroying (laugh) all my friendships. And I felt very alone, I thought there was just me in the world. And I didn't have a soul, I didn't have anyone. I didn't have a mother, sisters, you know. I thought: gosh, I haven't got anyone . . . It was like getting in a spaceship and going to a different planet thinking “Oh my God, everything's upside down. I've got to learn to live upside down.” (Mia)

Mia refers to the painful process of relationships ending due to her becoming a more “true” version of herself whilst others remained the same. She portrays the magnitude of the change in her identity, referring to having to “learn to live upside down.” This process appeared exacerbated by an intrinsic pressure to be true and vulnerable: “I have to be vulnerable and not put the guarded defences up about not being good enough or whatever” (Emma). Similarly Mia states:

It was just really important to be authentic, and to be really present and be really congruent. And so, I put that pressure on myself to be, 100% (breath out) you know, and everything had to fit and everything had to work. (Mia)

Reflecting on her very first session with a client, Mia highlights the pressure she placed on herself to be “100%” and “congruent.” Emma echoes this, but her use of “whatever” indicates a blasé attitude, which seems in direct contrast to the challenge this process presents. These narratives contradict the nature of a true self (where there are no requirements, pressures, or rules). Whilst Mia and Emma do not appear aware of this dissonance, Olivia exasperates over this:

HOW CAN YOU FUCKING BE WITH SOMEBODY? WHEN YOU ARE HOLDING ALL THIS LANGUAGE? (voice lowers) and all these ... THEORIES?! We're supposed to have them like, theorilly rolling around our heads and just being who we are, but we have to be the authentic us (sarcastic tone). (Olivia)

Olivia sheds light on the contradictory nature of being asked to *be* something, and how this automatically creates an impasse for authenticity, preventing her from fully being with her clients: “I don’t think I featured as the therapist in the early work” (Olivia).

5.2 | Subtheme—“at least the wicked witch has got some balls” (Olivia)

Alongside dialogue about the difficulty of needing to be authentic practitioners, participants discussed the necessity of the false self. This somewhat contrasts the previous subtheme, demonstrating further apparent tension.

Participants grappled with the terminology “true” and “false,” and how they fitted within their identity. Discussions about the importance of the false self were embedded within a narrative of the vulnerable true self:

To me in relationship there has to be a certain level of objectivity, otherwise you cannot protect yourself, you would get lost within the process and that's really difficult, to keep that objectivity, yet, be subjective in in what you do . . . that's where your false self would, you would naturally slip into a false self to protect yourself, to distance yourself, to give you some objectivity. (Luke)

Participants walked a tightrope of being authentic and still needing defences. Luke also highlighted how the false self can be useful in the initial stages of working with a client: “A client in their initial journey needs us to be infallible, as a child would need their parents to be super.”

The false self appeared to be a protector for participants when the true self was not strong enough to tolerate certain experiences:

Yeah I think she [true self] is shaming . . . She is, she's not very kind, considering that we've got words like congruence. And f-what the f-you know, fuck congruence. If I'd been congruent I wouldn't have survived, actually, so urm, she is exposing and undefended and raw. (Olivia)

Olivia's statement about survival highlights the true self's vulnerability. Her use of profanities suggests anger towards her true self, which created direct tension between survival and being an authentic therapist. Olivia describes her true self as “shaming” and unkind, which contrasts the theoretical depiction and generates a fondness towards her false self: “at least the wicked witch [false self] has got some balls” (Olivia). This was echoed by others:

Defences are really helpful you know, you have to build them to survive. And we don't want to get rid of them ... because what are you without them? So the defences are the part of m-me being true. (Sophia)

Sophia questions her identity if “we” did not have the defences of a false self. This third-person dialogue suggests a strong and generalised view of its necessity. It may also indicate difficulty in owning the need for defences, possibly a consequence of the previously discussed pressures to be “true.” However, Sophia owns that her defences are part of her “being true,” as she viewed her defences, once conscious, as part of her true self. Perhaps calling them true made them easier to own. This philosophy was a way of talking about self that most participants adopted; it seemed to arise out of a rebellion against the dichotomy of “true” and “false,” which was not congruent with participants' lived experience: “We talk about doing an integrative, there is so much polarisation . . . it [the true/false-self dichotomy] can simplify what's going on” (Olivia); “I struggle with the terms true and false self . . . a true self of, knowing you truly. And that's t-to know every facet” (Luke).

Participants referred to their false self as an important part of who they are, whilst simultaneously not wanting to associate a part of themselves with being “false.” However, all participants seemed to reach a resolution: instead of working towards eventual freedom from their false self, participants expressed the importance of being conscious of their defences, a concept that is expanded on below.

6 | THEME 2—“DROPPING THE SHACKLES” (LUKE): THE JOURNEY TO SELF-ACCEPTANCE

This theme encompasses a sense of reparation of the painful process described. Participants talked about their developing psychotherapist identity as a journey of self-acceptance, rather than letting go of defences and adaptations:

Instead of the false self at the beginning of the training being really dominant and like a bit of a bully, befriending is a big thing, you know, we're kind of like holding hands and I'm looking after it now . . . occasionally, depends on the client . . . some of my defences come in, but I'm conscious of them . . . you can't not have that, so that's my true self coming in. (Sophia)

Sophia describes the well-known process of befriending defences and acknowledging their importance for survival, rather than rejecting and being critical of them. Sophia also describes consciously using her defences with clients, and how this makes up part of her true self. Similarly, Luke states: "Those facades are not, in essence, false selves. They're just, adapted parts of you. And it's when you integrate all those parts you do get, truly, who you are" (Luke).

Both participants describe the true self as encompassing defences, and thus the ultimate goal is to accept and integrate all parts of self by "bringing the unconscious conscious" (Luke). Participants seemed to be seeking a language that made sense for them, and Winnicott's dichotomy was too distinct. Changing the view of this appeared to provide solace to the excruciating tensions that arose from the dichotomy:

Liberating, freeing, it's almost like dropping the shackles. And I guess that's very much how it would be with, a false self and a true self, when insight has g-been gained, you then choose, to step into that, role, rather than it, shacking-shackling you down. (Luke)

"It was really liberating to realise what I was doing and why I was doing it and where it came from, and then, to make . . . to have a choice, it's quite powerful" (Mia). The idea of raising conscious awareness and accepting all parts of self seemed to provide not only consolation for participants, but an ability to take back power. Where before there were constraints in their psychotherapy identities, there now appeared to be freedom. However, this solace was not evident for all: "It's really hard. We're doing int-we talk about integration, I wonder whether it's just ever possible" (Olivia).

Olivia expresses hopelessness about a seemingly never-ending journey. This concept of an ongoing journey was a theme for others: "I feel as though, as though I'm on a journey to discover my true self . . . I feel as though I'm not complete yet, and perhaps one day I will be" (Emma).

Participants described an enduring and potentially never-ending journey to integration, clashing with their previously described need to have already arrived as a "true," "authentic" psychotherapist. For most there appeared to be an eventual acceptance, even liberation in this. However, this was not the case for all, and it seemed that the tensions between authenticity and fulfilling the requirements of a psychotherapist identity was an ongoing challenge for all participants.

7 | DISCUSSION

This study has highlighted trainee psychotherapists' painful struggle between simultaneously needing to be "true" to be a psychotherapist and requiring defences to survive the training process. Participants discovered liberation from these constraints through developing awareness and acceptance of all parts of self. This has added to a neglected area, where there appears to be resistance to exploring the negative experiences of training (Truell, 2001).

A predominant theme was the overall challenge of training to become a psychotherapist, which coincides with previous literature (Folkes-Skinner et al., 2010; Kannan & Levitt, 2017; Watkins, 2012; Weatherford et al., 2008). Participants talked of a conflictual requirement for authenticity and defences, and there was a sense of "stuckness" between the two. This resonates with Kannan and Levitt's (2017) findings; however, where their participants hid their anxieties by portraying false confidence, the current participants appeared unable to do this in the early stages of training (hence the excruciating experiences that were depicted). This supports Winnicott's (1960a) idea that the true self requires protection from impingements. Winnicott talked of

annihilation, and perhaps participants' stories portray how psychotherapy training can lead you to the very edge of this.

The painful pressure to be authentic also contrasted with previous research where authenticity reduced self-criticism around needing to be the expert (Kannan & Levitt, 2017). This study portrayed authenticity to be another instruction and condition of worth, contradicting its entire philosophy and actually increasing incongruence and the need to hide behind a façade (Rogers, 1961). If we follow for a moment the idea that this may be due to a high level of narcissistic injury in the psychotherapy trainee (Halewood & Tribe, 2003), it highlights a danger that trainees may strive for perfection to uphold an idealised, yet unreal picture of themselves to defend against vulnerabilities (Barnett, 2007). As postulated by Watkins, (2010, p. 249) when discussing the trainee-supervisor, this need for self-protection means "safety trumps engagement ... and concealment trumps authenticity," which can ultimately derail the therapeutic relationship.

It seems the psychotherapy profession has indirectly created a condition of worth by stating that authenticity is highly valued, making it harder for trainees and possibly experienced psychotherapists to own their vulnerabilities. This may be exacerbated by the notion that evaluation of the trainee can feel like an evaluation of the person, due to the extensive involvement of self (Eckler-Hart, 1987). Conditions of worth are reflected in the entire process of training, with grades, costs, and governing body standards all creating judgments which inevitably clash with the internal true self and can cause anxieties (Ladany, Hill, Corbett, & Nutt, 1996). This may enforce a power-play of "right" and "wrong," which may slow trainees' development (Carlsson, 2012; Kernberg, 2000; Ladany, 2007; Raubolt, 2006). In this sense, it is no wonder that participants talked of needing their false self; they require something to block this internal-external clashing.

However, this need to protect the self ultimately gets in the way of our ability to be authentic. For participants, it was authenticity vs. survival, and the latter won out in the early stages of training but caused great tension. This tension may be understood through the self-critical process that has been identified in the trainee literature; perhaps if participants had been able to accept their position, rather than battle with an unrealistic pressure to already *be there*, this might have alleviated some of the tension (Hill et al., 2007; Kannan & Levitt, 2017). This aligns with research that has identified the "role conflict" experienced by trainees, who simultaneously identify as students required to follow advice, and practising counsellors required to be autonomous (Olk & Friedlander, 1992, p. 393).

Participants did, however, find some resolve, illustrated in the latter theme. There was consensus that becoming a full, "true" self was not possible. This aligns with Winnicott's, (1960b, p. 142) idea that the false self enables a "polite and mannered social attitude" to gain a place in society which could not be achieved solely by the true self. However, participants resisted identifying with the false self, particularly when referring to work with clients. This may be understood by the inherently contradictory nature of the false self, as it is viewed simultaneously as both negative because it hides the true self (Miller, 1983, 1997; Winnicott, 1960a), and vital for protecting our vulnerabilities. Participants' interviews focused on experiences during training days and supervision, steering clear of associations with client work. Instead they discussed stories of feeling fully true with clients, mirroring Kannan and Levitt's (2017) participants who also disproportionately focused on supervision experiences when discussing self-criticism. This raises an important consideration around participants' willingness, or capacity, to talk about experiences of feeling false. It may be that this was simply too exposing; based on their narratives about the pressures to be true, this would not be implausible. This difficulty has not been reflected elsewhere and highlights important implications for trainers teaching trainees about these concepts. It seems necessary to raise awareness (and normalise the importance) of both a true and false self among trainees, to reduce the pressure to be the "perfect" therapist and validate the challenge that being authentic presents.

The dichotomous nature of the true and false self also seemed to impair participants' identification with the concepts; this oversimplification created another instruction as to how to be. Instead, they talked of multiple parts of self, and the false self as part of them feeling true. This appeared to offer resolution and is, in fact, a more realistic representation of an adult true self. This is an important finding, as it may offer solace and validation for trainees to

know that owning our vulnerabilities around our true and false selves is key. It seems important to note that this difficulty identifying with the false self contrasts Eckler-Hart's (1987) findings, where participants talked openly about their adoption of a false self and a loss of spontaneity and authenticity as a consequence. This could be understood in a number of ways: perhaps the current participants experienced a genuine comfort within client work; perhaps they were rebelling against the prescriptive nature of language; perhaps there was resistance to exposing themselves to judgments; or perhaps the societal shift towards the importance of best practice and robust evaluation is placing indirect pressure on the trainee. Each should be interpreted with caution.

8 | LIMITATIONS

The current sample is small, and although the aim was not to generalise, it is important to evaluate its limitations. The current study is supported by and focused on an established theory (Winnicott, 1965), had a specific selection of participants (identifying with the true/false-self struggle), and strong interview dialogue (the researcher was also a trainee, aware of and empathic to participants' experiences), all of which supports the ability of a small sample to address the research aims (model of information power) (Malterud, Siersma, & Guassora, 2016, p. 1753). In addition, IPA benefits from "concentrated focus on a small number of cases" (Smith et al., 2013, p. 51), thus a larger sample would not automatically correlate with better research. I felt the sample allowed for sufficient depth of engagement with each individual, as well as examination of convergence and divergence (Smith & Osborn, 2015). However, the majority (4/5) of participants were from the same training organisation, and, although achieving homogeneity for IPA is important, the representation of different training experiences is thus limited. Nevertheless, the results are comparable to much of the US literature, suggesting there are parallels to the trainee experience regardless of location/organisation.

9 | CONCLUSIONS

This research has highlighted the excruciating experience that psychotherapy training can entail. Specifically, it illustrates how a conflicting need to be "true" alongside an impossible prospect of letting go of adaptations induces shame and judgments. In light of research which suggests that trainee stress is associated with client outcomes and impaired working alliances (Gnilka, Chang, & Dew, 2012; Orlinsky, Rønnestad, & Willutzki, 2004), it is important to consider how this could be improved for the trainee. It is recommended that training providers encourage tutors and supervisors to share stories from their own training: including difficulties, "mistakes," and experiences of navigating between authenticity and a need to protect oneself. As in therapeutic work, normalisation is anticipated to provide healing and support (Erskine, 1993) and has been recommended elsewhere (Howard et al., 2006; Kannan & Levitt, 2017; Klein, Bernard, & Schermer, 2011). Being an authentic therapist is amongst the attributes that distinguishes a "master"/"high-performing" therapist from an early career psychotherapist (Bernhardt, Nissen-Lie, Moltu, McLeod, & Råbu, 2018; Jennings & Skovholt, 1999; Rønnestad & Skovholt, 2013; Sullivan, Skovholt, & Jennings, 2005), and the current findings highlight a need to make this more transparent in an attempt to alleviate some of the pressures that early career therapists place on themselves.

This research also highlighted the complexities of applying language to experience, and the sensitive nature of exploring vulnerable experiences with trainees. The experience of conducting this research has offered validation and solace, as this is something I struggled with myself. However, I am grappling with the idea of making such vulnerabilities public. I fear there is belief in society that psychotherapists should be "sorted": and thus baring all, including our very human nature, feels exposing. I am left wondering what it might be like for a client to read such research, a client who needs their therapist to be stable and "issue-free"? What could the negative consequences of such a wakeup call be? But what power-play are we holding onto while we keep our vulnerabilities hidden? I

have listened to my gut here, and believe more attempts like the current one are needed to normalise therapists' experiences. Future research should extend this study to other locations and psychotherapeutic-orientations, and explore the perspectives of experienced practitioners. Sensitive topics may be best understood with "professional maturity" and "hindsight" (Barnett, 2007, p. 269). This would promote a key recommendation of this research: to encourage supervisors and trainers to be open about their own difficulties in their professional journey, normalising the painful struggle of authenticity vs. needs, true vs. false, and congruence vs. survival within training.

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