

On clinical training, learning to like cabbage and how what doesn't kill you makes you stronger

Elina Baker

University of Birmingham, Clinical Psychology Training Course

With reference to both personal experiences and relevant literature, this paper discusses the nature of clinical psychology training and how it may need to take greater account of the individual personal development needs of trainees.

Clinical training has been described as a Holy Grail whose attainment is accompanied by both relief and bitter resentment (Cushway and Jay, 2000). These authors attributed this experience to the pressures that budding clinical psychologists place upon themselves, and consequently the high expectations they have of the course. It has been identified that many trainees do indeed experience clinical training as a disappointment because it does not have all the answers (Cheshire, 2000).

However, this experience may not be attributable solely to the perfectionist traits of trainees; it is apparent from a number of other commentators (for example, Bender, 1995; Pilgrim and Treacher, 1992) that something may be rotten in the state of clinical training itself. After all, somehow it became a Holy Grail that was only attainable by the pure of heart, or rather, the incredibly perfectionist. As a current trainee, I cannot reasonably pretend that I am able to give an objective account of what the problems might be. I am also aware that through having attained the Holy Grail I am in a very privileged position and that to critically comment on training may seem like ingratitude or complaining for the sake of it. However, I feel that my personal experience has indicated some valid concerns, not only about the personal impact of training on individual trainees but also about the possible impact of this process on us as therapists.

To digress briefly, I learnt at a lecture on food preferences in autism that unless children are exposed to certain flavours at least 14 times during a critical period in infancy they would subsequently find these flavours unpleasant. The result of failure to reach this magic threshold is years of mealtime conflicts, where well meaning parents use cajolery, bribery or threats to persuade their child to eat their vegetables. As a child, I thus learnt that unless I ate my cabbage I would not grow up big and strong, or deserve any pudding. However, as an adult it never occurs to me to buy cabbage in the supermarket and I guiltily scrape it to the edge of my plate in restaurants (before ordering a portion of double chocolate fudge cake with extra cream). This though, it would seem, is fair enough; I am now an adult, I do eat other vegetables that serve the same nutritional function and even if I didn't, it is my body and within the limits of the law, I am entitled to do with it as I please.

In contrast, a friend of mine recently decided to spend two years doing voluntary work in Russia, where doubtless he will consume quite a lot of cabbage. Fortunately for him he eats all vegetable indiscriminately but he will face many other forms of distress and hardship. For him however, this is part of the point, as he hopes the experience will be "character building". In other words, he is choosing to do the last thing he feels inclined to do because it will be good

for him, or metaphorically he is going to eat cabbage for two years because it is a good healthy thing to eat.

To return to the issue at hand, my experience of the first two years of clinical training has similarly involved doing things that I found difficult, and would not otherwise have chosen, in the name of personal and professional development. There are a number of reasons why placements can be difficult; the environments in which clinical psychologists work are often unpleasant, and feeling under pressure to perform is a common experience among trainees that I have spoken to. I admit that some of the pressure that I have experienced has been self-imposed (fool as I am, I feel a responsibility to offer my clients a quality service, although I have been told at least once that this should not be my top priority). However, I suspect that experiencing placements as difficult may also be a result of being required to change job every six months (with all the associated loss and anxiety), and to work with client groups that I am personally uncomfortable with and will never work with again.

I suspect that the restricted length of placements may actually operate as a social defence system (Menzies, 1970) against the personal issues raised for trainees by certain clients. In her study of student nurses, Menzies identified that the mode of functioning of an organization is partly influenced by the need to protect its members from anxiety but, like intrapsychic defences, this actually prevents confronting and learning to tolerate the source of anxiety, and may result in symptoms. Restricting the length of time trainees spend with any particular source of anxiety may be the defence offered by the course; however, it also restricts the length of time available for trainees to adequately work through the issues raised by certain client groups in supervision.

Using supervision for this purpose may also be inhibited by the nature of the appraisal system. Performance on placement is rated by supervisors on a five-point scale in 20 areas, including sensitivity to others in the workplace, punctuality, appearance, interest and enthusiasm. This can make trainees feel as if even relatively trivial aspects of their personal presentation are under scrutiny. It can also contribute to feeling under pressure not only to perform but also to project an image of being the perfect psychologist, which is not helpful to anyone, and is most likely not what supervisors intend.

The use of appraisal both to ensure that performance is at an acceptable level and to provide an opportunity for supervisors to give constructive feedback has been identified as problematic elsewhere (McCrea and Fatimilehin, 1996). In particular, it has been identified that the supervisor is placed in a position of power, inhibiting honest and open reflection by the trainee, and thus their development (Cheshire, 2000; Pilgrim and Treacher, 1992). Where the trainee disagrees with the appraisal they may feel threatened and betrayed; this may then affect the standard of their work and the accuracy of subsequent appraisals. Furthermore, the rating given cannot reflect the trainee's performance alone but the interaction between them and the system they work in (McCrea and Fatimilehin, 1996). The rating system thus appears to reflect an expectation that trainees will somehow fit seamlessly into the complex social structure of the setting where, on some courses, they may be placed without their consultation.

The nature of the appraisal process is at least mitigated, and rendered meaningless, by the vast unlikelihood of actually failing a placement. As the work of trainees is very rarely directly observed (Cheshire, 2000), it would, in fact, be difficult to find valid grounds for doing so. The same principle applies to the assessment of academic work, which, at Birmingham, in order to eliminate competitiveness amongst trainees, is never graded as anything more than

acceptable. (It seems ironic that such lengths are taken to eliminate competitiveness, a trait that is selected for, and reinforced, by the application process). While, as a trainee, the “expectation”...of automatic qualification” (Bender, 1995) is not to be sniffed at, it also generates anxiety about your actual standard of performance and contributes to a paradoxical form of learned helplessness, where you are not damned if you do and not damned if you do not.

Since training courses were criticized in the past for their failure to recognize the person of the trainee and to offer appropriate support for dealing with personal issues or developing self-awareness (Nichols et al., 1992; Pilgrim and Treacher, 1992), there has been an increased commitment of some courses to providing support for trainees (Cushway et al., 1993; Mitchell, 1995). Such personal support and development mechanisms might seem an ideal opportunity to address social and personal defences and confront the source of anxiety. However, these mechanisms seem to operate as tacked on, optional extras, which the individual trainee must actively pursue. This suggests that they are not considered as important or valuable as the teaching (which is most definitely compulsory, with non-attendance resulting in an irate phone call from a course administrator).

Developing self-awareness is an inevitably uncomfortable process and therefore not a process that should be, or can be, enforced. However, my experience of the “personal awareness” group was that it served only to provide mutual affirmation rather than a challenging opportunity for personal growth. Mitchell (1993) similarly reported that participants in a formally evaluated support group did not experience it as “risky” enough. This may be a result of the redefinition of the need for support among trainees as resulting not from the need for self-understanding, as argued by the critics of training, but from “stress”. This shifts the focus to practical issues (travelling, finances, deadlines, workloads) and suggests practical strategies that every trainee can adopt (Cushway, 1992; Cushway et al., 1993), rather than supporting each trainee in attempting to understand better their individual selves (and perhaps thus, their clients [Morgan, 1993]). The compulsory nature of teaching also seems to deny the individual needs and characteristics of the trainee, and is a further example of how courses infantilise trainees, by assuming fallaciously that they have little prior knowledge and experience (Bender, 1995; Pilgrim and Treacher, 1992).

As a psychologist, and conversant with the nature of abuse, a power imbalance where the weaker individual does not have their needs recognized, is exposed to inconsistent standards, experiences excessive attention to their weaknesses and a lack of praise for good performance, seems disturbingly familiar. It is certainly reminiscent of having to choke down a great big plateful of cabbage in order to grow up to be a big strong psychologist, and to be allowed to leave the table.

It is often said that “what doesn’t kill you makes you stronger”, which would suggest that these experiences have indeed rendered me strong. However, as psychologists, we know that this cliché is not entirely true. Abusive experiences that do not actually kill you can leave you traumatized and victimized and with some highly suspect attitudes that you may unwittingly enact on others in turn. Perhaps, rather than strong, I am now actually at risk of victimizing my clients, forcing them to endure distressing exposure tasks or radically restructure the values that have always made them essentially who they are, using the justification that there is “no gain without pain”.

Being able to choose

So how could training be different? While training one must demonstrate that one has certain skills or else there would be no point in issuing formal qualifications. Furthermore, if (as every parent knows) you have not tried something you cannot know if you like it. The battle over the eating of vegetables is not simply about taste however, but also self-determination. Could the process of training acknowledge that we are adults and hence able to make decisions about what we need, from placements, feedback and teaching, that we can decide to substitute one source of necessary elements with another slightly less foul tasting one?

As adults, we can also take responsibility for the consequences of our decisions, so if we develop scurvy, or fail to qualify then this is for us to deal with. I would argue that as professionals concerned with self-realization we are very likely to choose to push our own boundaries by setting ourselves personal challenges, as my friend's trip to Russia so clearly illustrates. Perhaps if training were to be more trainee-centred in this way it might promote the development of more client-centred therapists, able to recognize that clients, as adults, can make decisions about balancing what is good for them with what makes them feel good. Clients too seem likely to be able to set themselves meaningful personal challenges, as well as to know how far is too far, or they would not come and see us, or stick around once they had realized what seeing us would mean.

While not necessarily recognizing my individual development needs, my experience of training has however, fostered my personal growth. Rising to the challenge of eating all that cabbage has required considerable determination and taught me acceptance, so perhaps it is to some extent true that what does not kill you makes you stronger. Being a trainee has however, also given me the opportunity to meet some sensitive and thoughtful supervisors, tutors and fellow trainees, with whom I have been able to reflect on what being a clinical psychologist might really be about. Getting this support has been the psychological equivalent of covering up the taste of my vegetable with ketchup. It has also served to reassure me that quite soon I will no longer have to eat cabbage myself and that at least I have learnt not to force it on anyone else.

References

Bender, M. (1995) The "is that all there is?" reaction among clinical psychology trainees: is it preventable. *Clinical Psychology Forum*, 85, 38-40

Cheshire, K. (2000) Clinical training in the 1990s: trainees' perspectives. *Clinical Psychology Forum*, 145, 37-41

Cushway, D. (1992) Stress in clinical psychology trainees. *British Journal of Clinical Psychology*, 31, 169-79

Cushway, D., Dent, H., Offen, L. and Howells, K. (1993) Providing personal support at Birmingham: answering the challenge to training courses. *Clinical Psychology Forum*, 58, 20-23

Cushway, D. and Jay, A. (2000) Pursuing the Holy Grail on the Coventry and Warwick clinical psychology doctorate. *Clinical Psychology Forum*, 145, 34-36

McCrea, C. and Fatimilehin, I. (1996) Evaluation in clinical psychology training: considerations for improvement. *Clinical Psychology Forum*, 89, 29-32

Menzies, I.E.P. (1970) *The Functioning of Social Systems as a Defence against Anxiety*. London: Tavistock

Mitchell, A. (1995) Personal support for clinical psychology trainees: the experience of a facilitated support group. *Clinical Psychology Forum*, 76, 20-22

Morgan, S. (1993) Trainees in therapy: why not? *Clinical Psychology Forum*, 59, 32-33

Pilgrim, D. and Treacher, A. (1992) *Clinical Psychology Observed*. London: Routledge