

DOCTORATE IN CLINICAL PSYCHOLOGY

University of Hertfordshire

**'BEHIND THE PBL MASK: NARRATIVES OF IDENTITY CHANGE AMONGST CLINICAL
PSYCHOLOGISTS ENGAGED IN PROBLEM-BASED LEARNING'**

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ABSTRACT

Clinical psychologists' experiences of training are under-represented in the research area, particularly in the field of transformational and experiential learning and its influence on trainees during their training. Yet, it is a growing topic of interest for training providers and commissioners. Understanding whether the current method of training, using problem-based learning at the University of Hertfordshire (UH), is effective in preparing trainees to work in the NHS as clinical psychologists may have wider implications for clinical psychology training and practice.

This thesis aimed at exploring clinical psychologists' narratives of identity changes through problem-based learning (PBL). For this purpose, I chose to explore their reflective PBL written accounts using a narrative analysis to identify plots and sub-plots of identity changes within their PBL stories. I knowingly took a social constructionist stance to frame this project as it reflects my constructions of clinical psychology and the epistemological choice of the UH course. This means that this research situates itself within a particular context and does not claim any truth, but proposes a constructed view on identity changes during training and their implications for clinical practice.

The analysis enabled me to identify three main plots: 'identity changes through the PBL group', 'experimenting with alternative roles and identities' and 'Identity changes through PBL & training'. The first plot was characterised by anxiety, vulnerability, tensions between individualism and collectivism and the impact of differences. The second plot was characterised by trainee psychologists finding the balance between process, task and reflections, sharing and connecting with others, changing their relationship with theories; and working to empower themselves. The third plot highlighted the demands of PBL and training and PBL's place in training. These factors seemed to have influenced and contributed to identity changes in clinical psychologists engaged in PBL during their training at UH.

The discussion highlighted which aspects of PBL relate to identity changes and their implications for training and clinical practice. To conclude, I shared my growing interest for further exploration. I also highlighted the ever-evolving nature of PBL and the importance of exploring its use in training and its implications for the professional development of trainee clinical psychologists. Finally, the project ends with reflections about the research process and epistemological considerations.

Table of contents

CHAPTER 1: INTRODUCTION & LITERATURE REVIEW	p30 – p48
1- Literature search strategy	p30
2- Social constructionism	p30 – p32
2-1 A view on social constructionism	p30 - p31
2-2 Social constructionism and research	p31
2-3 Relationship with language	p32
3- Troubles with the question of ‘identity’ and ‘self’	p32 – p35
3-1 Critical perspectives on the question of selfhood	p33 – p34
3-2 The ‘identity’ and ‘self’ as social and discursive constructions	p34 - p35
3-2-1 <i>The ‘self’ as relational</i>	p34
3-2-2 <i>Historical and cultural selves</i>	p34
3-2-3 <i>The multiplicity of narrative and storied selves</i>	p35
4- The question of personal and professional identities amongst clinical psychologists	p35 – p40
4-1 Clinical psychology professional cultures	p35 – p37
4-1-1 <i>An individualistic culture</i>	p36
4-1-2 <i>Different epistemological positions</i>	p36
4-1-3 <i>Political clinical psychology</i>	p37
4-2 Professional and personal identities	p37
4-2-1 <i>Behind the masks: who are clinical psychologists?</i>	p37 - p39
4-2-1-1 <i>Legal status</i>	p37
4-2-1-2 <i>Personal context and beliefs</i>	p38
4-2-1-3 <i>Social constructions</i>	p38
4-2-1-4 <i>Demographics</i>	p38 – p39
4-2-2 <i>Multiple roles</i>	p39
4-3 Clinical psychology and self-development	p39 – p40
5- A construction of PBL literature review	p40 – p47
5-1 What is PBL?	P41 – p42
5-2 Evidence-based supporting the use of PBL in higher education: experiential learning theory	p42 – p43
5-3-1 <i>Learning & feedback</i>	p42
5-3-2 <i>‘Learning space’</i>	p42
5-3-3 <i>Learning with peers</i>	p43
5-3 PBL & clinical psychology in the UK	p43 – p45
4-3-1 <i>The PBL philosophy</i>	p43
4-3-2 <i>UK clinical psychology training & PBL</i>	p43 – p44
4-3-3 <i>PBL & the University of Hertfordshire Doctorate Programme in Clinical Psychology</i>	p44 - p45
3-4-3-1 <i>Epistemological position of the course and PBL</i>	p44

<i>3-4-3-2 Which place has PBL?</i>	p44 – p45
<i>5-4 PBL & Research</i>	p45 - p47
<i>5-4-1 PBL in medical training</i>	p45
<i>5-4-2 PBL in mental health settings</i>	p45
<i>5-4-3 PBL and group processes</i>	p45 – p46
<i>5-4-4 More research in PBL and clinical psychology</i>	p46
<i>5-4-5 Where are we at now?</i>	p46 – p47
6- The research ‘questions’: a need for a story of exploration	p47 – p48
<i>6-1 Personal relevance</i>	p47
<i>6-2 Social relevance</i>	p47 – p48
<i>6-3 Research ‘questions’</i>	p48
<u>CHAPTER 2: ‘METHODOLOGICAL STORIES’</u>	p49 – p60
1- Qualitative methodology	p49
2- Narrative approaches	p49 – p50
<i>2-1 The case for narrative inquiry</i>	p49 – p50
<i>2-2 What is narrative analysis?</i>	p50
3- Reflexivity and researcher position	p51 – p52
<i>3-1 Reflexivity and self-reflexivity</i>	p51
<i>3-2 Researcher’s position</i>	p51 – p52
4- Stepping in: ‘sampling’ and ‘recruiting’	p52 – p54
<i>4-1 ‘Sampling’</i>	p52 – p53
<i>4-2 ‘Recruiting’</i>	p53 – p54
5- Framing the story: ethical considerations	p54 – p55
<i>5-1 Informed consent</i>	p54
<i>5-2 Confidentiality</i>	p54 – p55
<i>5-3 Participant well-being</i>	p55
6- Story of analysis	p55 – p58
<i>6-1 From fields texts to research texts: my journey through stories</i>	p55
<i>6-2 Developing the process of analysis</i>	p55 – p56
<i>6-3 Stages of analysis: ‘Multiple readings’</i>	p56 – p58
<i>6-3-1 Looking for themes</i>	p56 – p57
<i>6-3-2 Looking for process</i>	p57
<i>6-3-3 Looking to create meaning in context – across time</i>	p57 – p58
<i>6-3-4 Reading across narratives</i>	p58
7- ‘Quality’ and ‘credibility’ of the study	p58 – p60
<i>7-1 ‘Credibility’, ‘trustworthiness’, ‘coherence’ & ‘rigour’</i>	p58 – p59
<i>7-2 ‘Eight “Big-Tent” Criteria</i>	p59 – p60
<i>7-3 Relationship with the material</i>	p60

<u>CHAPTER 3: NARRATIVE ANALYSIS OF TRAINEES' REFLECTIVE ACCOUNTS</u>	p61 – p97
1. Results & findings	p61 - p96
1.1 <i>Participants' narratives</i>	p61 – p77
1.1.1 <i>Narrators' stories</i>	p62 – p77
1.1.1.1 <i>Sophie</i>	p62 – p65
1.1.1.2 <i>Camille</i>	p65 – p68
1.1.1.3 <i>Loanne</i>	p68 – p71
1.1.1.4 <i>Amandine</i>	p71 – p74
1.1.1.5 <i>Lola</i>	p74 – p77
1.2 <i>Shared narratives and plots</i>	p77 – p96
1.2.1 <i>Plot 1: 'Identity changes through the PBL group'</i>	p77 – p84
1.2.1.1 <i>Sub-plot 1: 'Anxiety and interpersonal relations'</i>	p78 – p79
1.2.1.2 <i>Sub-plot 2: 'Being vulnerable'</i>	p79 – p81
1.2.1.3 <i>Sub-plot 3: 'Tensions between individualism and collectivism'</i>	p81 – p83
1.2.1.4 <i>Sub-plot 4: 'Differences'</i>	p83 – p84
1.2.2 <i>Plot 2: 'Experimenting with alternative roles and identities'</i>	p84 - p91
1.2.2.1 <i>Sub-plot 1: Processes, tasks, reflections'</i>	p85 – p87
1.2.2.2 <i>Sub-plot 2: 'What do I share with others to connect?'</i>	p87 –p88
1.2.2.3 <i>Sub-plot 3: "Relationship with theories"</i>	p88 – p89
1.2.2.4 <i>Sub-plot 4: 'Working for ourselves & power'</i>	p89 – p91
1.2.3 <i>Plot 3: 'Identity changes through PBL & training'</i>	p91 – p96
1.2.3.1 <i>Sub-plot 1: 'Demands of PBL & clinical training'</i>	p91 - 94
1.2.3.2 <i>Sub-plot 2: 'Which place has PBL in training?'</i>	p94 – p96
2. Synopsis: 'PBL learning experience'	p96 – p97
<u>CHAPTER 4: ONE STORM AND BEGINNING ANOTHER 'CONCLUSIONS'</u>	p98 – p107
1. Final plot or 'summary of findings'	p98 – p99
2. Limitations & strengths of the study	p99 – p102
2.1 <i>Limitations</i>	p100 – p101
2.1.1 <i>Methodological issues</i>	p100
2.1.2 <i>Ethical dilemmas</i>	p101
2.1.2.1 <i>Using written accounts</i>	p101
2.1.2.2. <i>Researcher's limitation</i>	p101
2.2 <i>Strengths of the research story</i>	p101 - 102
2.2.1 <i>The experiences of trainees</i>	p101
2.2.2 <i>No previous study done as narrative, which gives an alternative perspective</i>	p101
2.2.3 <i>Richness of the data</i>	p102
3. Review of clinical and training implications	p102 - 104
3.1 <i>Implications for training</i>	p102 – p103

<i>3.1.1 Implications for trainers</i>	p102
<i>3.1.2 Implications for trainees</i>	p103
<i>3.2 Clinical relevance</i>	p104
4. Suggestions for further research	p105
5. ‘Wrapping up’	p105 – p107
<i>5.1 Self-reflections on the research process</i>	p105 – p106
<i>5.2 Post-epistemological reflections</i>	p107
<u>REFERENCES</u>	p108 – p121
<u>APPENDICES</u>	p122 – p154
1- Prologue	p122 - p124
2- Literature search strategy	p125 – p126
3- Limitations of social constructionist approaches	p127 - p128
4- PBL literature review	p129 – p136
5- Ethical approval	p137 – p139
6- Information sheet	p140 – p141
7- Consent form	p142
8- Debrief form	p143
9- Performative aspects	p144
10- Eight “Big-Tent” Criteria	p145 - p148
11- Table of plots and sub-plots	p149
12. PBL & Key clinical skills	p150 - p153
13. Participants’ quotes PBL learning experience	p154

CHAPTER 1: INTRODUCTION & LITERATURE REVIEW

"The key to growth is the introduction of higher dimensions of consciousness into our awareness" Lao Tzu

The first chapter of the story begins with a word on the literature search in the hope that this will guide the reader. Then it evolves to introducing social constructionism, which is the epistemological underpinning in which the study is located, including a dialogue on my relationship with language (for more detail see appendix 1). Then the story explores the question of 'identity' and 'self', the professional and personal identities amongst clinical psychologists and self- development. The first chapter ends with a review of the literature around problem-based learning and presenting the aims and relevance of the research.

1- Literature Search Strategy

The literature search followed a systematic approach designed to research the terms pertinent to the project over an 18 months period. I used key terms related to problem-based learning, experiential leaning, identity, self, professional identity, clinical psychologists, narratives, narrative approaches, narrative research, critical psychology, in various databases. These included Google, Google, Scholar, Psycinfo, the Pep Archive, PsyArticles, PubMed, Medline and Tapcat (Tavistock & Portman Library Catalogue). Relevant articles and references were followed up and both listed and thematically organised in a folder. Books were also consulted and gathered to build on an existing personal library.

A detailed literature search strategy can be found in Appendix 2.

2- Social constructionism

2-1 A view on social constructionism

Social constructionism can be thought of as an alternative theoretical orientation as opposed to the traditional approach to the study of human beings as social animals (Burr, 2003). Embracing this approach has implications for how clinical psychology tries to understand human beings and for the discipline of psychology itself (Burr, 2003). Social constructionism may be seen as offering radical and critical alternatives to understanding human being in comparison with more modernist and realist approaches. This can be understood as a reflection of the postmodernist philosophical movement, which attempts to move away from the modernist perspective (Burr, 2003). The central idea of social constructionism concerns the possibility of objective truth. This involves the belief that there are as many truths as realities and individuals. This suggests that apparent realities are only social constructs,

which are subject to change depending on the surrounding context and the societal evolution. Social constructionism emphasises the role of language and power relations, and is influenced by many disciplines including sociology, philosophy, psychology and linguistics (Burr, 2003). Social constructionism challenges the idea that knowledge is objective and unbiased, and questions our own assumptions about how the world appears to be (Burr, 2003). Therefore, knowledge is seen as something that people do together (Burr, 2003). Social constructionism challenges traditional psychology for adopting an implicit imperialism in which Western ways of viewing the world are automatically assumed to be the correct ways. The dominant discourse in psychology and its imposition upon others is criticised and challenged (Burr, 2003). Therefore, social constructionism locates the problem away from the person and the pathologised and focuses on the dynamic of social interactions (Burr, 2003). It tries to understand the processes by which we make sense of our world and since there is no objective reality, all knowing requires an act of interpretation (White & Epston, 1990). Individuals give meanings to their lives by telling stories about themselves (Bruner, 1990 & Ricoeur, 1992).

2-2 Social constructionism and research

In my opinion, this perspective on understanding human beings and problems is reflected within the narrative approaches to research. Narrative approaches move problems away from people, focus on social interactions and address issues of power and oppression (White & Epston, 1990). Narrative approaches are concerned with alternative stories, which are exceptions to the dominant story in an individual life or in the communities (White & Epston, 1990). These approaches separate the individual from qualities or attributes that are taken-for-granted within a modernist and traditional approach to human understanding. It is about understanding the relationship to a problem and externalising the problem from the person or communities to place it within the societies (White & Epston, 1990). Therefore, narrative research emphasises the deconstruction of a position, understanding the multiple influences and relationships of culture and reconstructing meanings around an experience. The term narrative may be seen as reflecting the multi-storied nature of human identities and related meaning. In that sense, narrative research reflects the social constructionism stance, which insists on multiple perspectives of understanding.

In relation with this present research, I decided to take a social constructionist position because it reflects my understanding of clinical psychology but also my values as a human being. However this implies a particular position to exploring narrative of identity changes in clinical psychologists. It was felt that a narrative approach would fit well within my epistemological position to understanding psychological processes within a socio-psycho-politico-economical approach. However, I am aware that this position has its limitations, which has implications for the whole project itself (see appendix 3).

2-3 Relationship with language

Throughout this thesis, the reader may be surprised by inconsistencies in my use of language in many different ways.

Firstly, my use of the English language is sometimes “wobbly” or *bancale* depending on what I am trying to explain. I have noticed that my use of English is very different when writing within the academic standards and when writing personal reflections. I believe that this may be reflective of my story with clinical psychology. In my French training, self-reflection was constant and it was the language we used when discussing clinical cases and theories. I feel that it is therefore embodied in my thoughts. I tend to construe language and sentences with my “French” brain when reflecting and thinking about emotions. In my opinion, emotions are difficult to translate into a clear language and defined words. I believe that my emotional language is still very French, which may confuse the reader at times.

Secondly, I have chosen to mix styles of writing and you may find academic and personal manners appearing depending upon what is discussed. Gergen (2000) argues that personal language used in an academic piece of work can enhance a relationship with the reader, and also remind the reader of the researcher’s influence on the story told. Gergen (2007) also argues that writing creates a relationship. I used ‘I’, ‘we’, ‘you’ and the third person pronouns through the research, which reflects different parts of my selves emerging through the project, telling a story in the story.

Finally, I also decided to use inverted commas when discussing concepts and words to highlight the multiple meanings a word can have. Taylor (2003) argues that language is a vehicle for meaning, which is created and changes depending on contexts and individuals. I believe that this stance ensures consistencies with my social constructionist position.

3- Troubles with the question of ‘identity’ and ‘self’

The notion of ‘self’ or ‘identity’ has been theorised by many philosophers, sociologists, theologists, artists, historians and psychologists. The question of ‘identity’ and attempts to define the concept of ‘self’ appears like a tricky intellectual adventure.

In the literature, the notions of ‘identity’ are referred to by different linguistic terms such as ‘identity’, ‘self’, ‘selfhood’, ‘personality’ and ‘personhood’ and those terms will be used interchangeably in this project. These notions are multifaceted and complex and can be conceptualised in many different ways depending on the stance one chooses to take. As Brinthaupt & Lipka (1992) note, the self can be defined in many different ways as it is shown in research and theories. They stress that when a study

incorporates the self it is important to define what we understand by self. As this research is situated within a social constructionist perspective, the present section will give an overview of the alternative understandings to the question of selfhood; theories which will be referred to later in the study.

3-1 Critical perspectives on the question of selfhood

This section will emphasise the alternative theories of the notion of ‘self’ and ‘identity’. However, it is important to note that this is a view and not the only view about identity and self within psychological theories.

In the traditional literature, the concept of ‘identity’ is related to searching for ‘true’, ‘real’ and ‘indispensable’ qualities in the ‘self’, with regards to sexual orientation, life vocation, interpersonal relationships, community involvement, ethnic group membership; and to moral, political, religious and cultural ideals (Berk, 2000). The ‘self’ emerges from a young age and is influenced by the relationship to caregivers. It is argued that emotion and emotional regulation play a central role in the development of self-awareness and understanding (Berk, 2000).

The ‘traditional’ definitions seem to emphasise on ‘personality’, ‘uniqueness’ and psychological ‘individuality’, but needing relationship to develop. They seem to be reflecting the Western understanding of ‘self’, which differs from other cultures. Eleftheriadou (2010) argues that human development varies according to the cultural context. She shows that the sense of ‘self’ is different if people come from ‘individualist’ or ‘collectivist’ cultures. She highlighted that ‘individualistic’ cultures promote independence and the respect of people’s physical and psychological space; whereas ‘collectivist’ cultures favour a group ‘identity’ and belongingness. Although both cultures have implications on the development of a sense of ‘self’, she emphasises that in most countries, individualistic and collectivist ways of being coexist and vary in degrees.

One can wonder at the meanings of this modern ‘search for identity’ in Western societies and its implications on human well-being. Questioning this modern ‘search’ may also imply questioning the base on which psychology exists as a discipline, and therefore its values. Many critics of psychology emphasise that the discipline built itself by inventing the notion of ‘self’ and ‘individualism’, which allowed the categorisation of individuals (white & black, good & bad personalities, mentally able and mentally sick), and also their separation and distinction (Rose, 1998 & Sampson, 1989). Although the discipline of psychology defines its mission as *‘reducing mental distress and improving mental well-being’* (BPS, 2010), the division and categorisation of individuals also contributes to wider pejorative distinctions, racial differences and power relations, which may support political agendas (Parker, 2007).

Sampson (1989) argues that the preoccupation with independence is harmful and creates racial, sexual and national divisions and does not allow for observation of the self in others and others in the self. Rose (1998) sees psychology and, the notion of selfhood that derives from Western Psychology, as purposefully serving capitalism. He explains that, in his view, psychology is another way or ‘technology’ that allows humans to buy an ‘invented’ false sense of ‘self’, which enables government to exploit individuals.

In response to these ‘traditional’ views, critical approaches challenge the permanence and individualistic status of the ‘self’ and ‘identity’ and propose an alternative understanding.

3-2 The ‘identity’ and ‘self’ as social and discursive constructions

3-2-1 The self as ‘relational’

The question of ‘identity’ and ‘self’ can be conceptualised as social constructions narrated through language and the stories people tell about themselves in relation to others. Gergen (2009) argues that individuals or ‘bounded entities’ are social constructs that should be understood not as a self-evident phenomena but rather as emerging from relationships and as arising from the larger social context. Gergen (2009) also argues that the ‘self’ can be seen as discursive constructions through language. Anderson (1997) locates the ‘self’ as existing in dialogue and in relationship. Werner-Wilson (2001) argues that ‘identity’ is social and personal and that family relationships influence the development of ‘identity’ and that ‘personality’ also influences family relationships.

3-2-2 Historical and cultural selves

Bruner (1990) situates the ‘self’ not only within a relationship context, but also within cultural and historical contexts. He suggests that human beings form a sense of “ordinary” and ‘self’ by interacting with one another. He explains that, by interacting with one another within the ‘same’ culture, human beings are able to make sense and give a ‘narrative meaning’ to divergence or variation from the ‘normal’ or acceptable human condition within a given culture. For Bruner (1990), the ‘narrative meanings’ given to different states of the human condition are a basis for ‘negotiation’ and communication between human beings, which allows the formation of culture and the ability to live together.

Gergen (2006) argues that the concept of self-construction is developed within a historical context. He emphasises that changes in societal practices impact the way individuals construct themselves in interaction with others, and also in interactions with wider organisational and societal changes. Freeman (1993) argues that people live in history and are being affected by all things that happen

around them. He explains that individuals need stories related to one another and need to see a plot develop with regards to one's life. He also argues that the concept of self-development is related to the narratives or stories people tell about their life and their past.

3-2-3 The multiplicity of narrative and storied selves

Bruner (1990) exposed the idea that the 'self' is a "story-teller" and a "constructor of narratives about a life". Bruner (1990) explains that this refers to narratives as plural, which may mean that when a person tells a story about their life, this story may change in different contexts and in relation to the person the story is told to. Therefore, one may suppose that the 'self' is multi-storied and not "fixed" per say but in relation to the external and internal worlds. Self-construction is therefore not a reality in relation to autobiographical memory, but is a multiplicity of constructions.

Ricoeur (1992) argues that '*narrativization*' of the 'self' or creating personal narratives allows the connection of events constituted by emplotment (which is defined as the assembly of a series of historical events into a narrative with a plot). This emplotment permits the integration of diversity, changes, discontinuity, discordances, variability and instability into the permanence of 'self' in time by recreating or transforming stories about oneself. These alternative understandings situate the 'self' within relationships, language, culture and wider societal and political context. The 'self' is viewed as created by the stories people tell about themselves and told about themselves, which evolve through relationships and life.

In the next section, we will try to understand how these concepts relate to clinical psychologists and what this may mean for the profession.

4- The question of personal and professional identities amongst clinical psychologists

This section will explore the question of professional and personal identities situated in context. First, the professional cultures¹ within clinical psychology and secondly the identities of clinical psychologists in the UK will be discussed. Thirdly, I will discuss personal and professional development amongst clinical psychologists.

4-1 Clinical Psychology professional cultures

The cultures of clinical psychology are situated within the wider Western cultures and the existing philosophical stances within these cultures (Sampson, 1989; Rose, 1998; Parker, 2007).

¹ I chose to refer to culture(s) as plural as this reflects my stance.

4-1-1 An individualistic culture

Orford (2008) argues that Western practices of clinical psychology are ‘individualistic’ and have neglected the social context of the individuals working in clinical psychology and receiving psychological services. In my opinion, our current NHS practices and reorganisations of service may reflect a more individualistic understanding of human distress. The current access to services is based on clusters and labels, and services are designed to respond and treat specific diagnostic categories such as ‘Eating Disorders’, ‘Borderline Personality’, ‘Learning Disabilities’ and ‘Complex needs’ to cite a few. This stratified organisation may also be problematic for individuals who do not fit into any of these categories. Research shows that individual treatments are less effective than those based within the community and using the resources around the individual (Orford, 2008). However, the understanding of what may be effective and if individuals should be ‘treated’ as opposed to having their stress reduced in communities, depends on the epistemological positions inherent within clinical psychology.

4-1-2 Different epistemological positions

The field of clinical psychology seems to have always struggled to agree on a common set of values due to differing epistemological positions. Groups were formed that disagreed on what approach to take to understanding individuals and groups (i.e. scientific versus humanist) (Kimble, 1984). Two cultures have developed in psychology, based on competing systems of values and underpinned by divergent epistemological and political positions (Kimble, 1984).

The Boulder Conference of 1949 determined the shape of Western clinical psychology, based on the medical model to understanding and ‘treating’ people’s difficulties, known as the scientific-practitioner approach (Albee, 1970). The separation between the scientific and social approaches became clearer as did their political divergence. Psychology, by adopting the medical model, agreed with psychiatry and contributed to social control (Johnstone, 2000). Based on the ideas of Foucault (1967), Albee (1970), Johnstone (2000), Parker (2007) and Bentall (2009) argue that, the current practice in psychology similar to the one in psychiatry, encourages social control rather than serving an ideology supporting victims of social injustice (human welfare) and enforces the idea that psychology may have contributed to social inequalities. However, the anti-psychiatry movement arose (Szasz, 1974) and critics attacked psychology being based on this model. Alongside the medical model, a community and reflective-based model developed within clinical psychology attempting to enable the support of communities rather than ‘treating’ individuals (Orford, 2008).

4-1-3 Political clinical psychology?

It seems that politics and clinical psychology have a strong relationship. Therefore, the model that clinical psychologists chose to practice appears to have political repercussions on a wider level. Mainstream clinical psychology is part of the dominant discourse and is seen as contributing to oppression, social injustice and inequalities by focussing on individualism and personal goals, which maintains the wider social order and system, based on scientific ‘facts’ (Hughes & Youngson, 2009; Bentall, 2009; Parker, 2007 & Johnstone, 2000). At the other end, critical psychology is concerned with transforming psychology and therefore society by challenging dominant discourses and the systems which maintain social inequalities and human distress (Hughes & Youngson, 2009). In between, many clinical psychologists will adopt different positions depending on their own personal beliefs systems and views of the world.

The current context of clinical psychology in the UK is complex and under re-organisation, so it is difficult to know what the profession will become in the future. It is also difficult to define what clinical psychology is and what the aims of the profession are because of the different paradigms which can inform practice. Thus, one can wonder how clinical psychologists’ personal and professional identities are understood and what this means to clinicians as they may vary depending on the society they live in and how they see and relate to each other (Attenborough et al, 2000). Therefore, one can question who clinical psychologists are.

4-2 Professional and personal identities

In the next sub-sections, we will explore who are behind the masks of clinical psychologists and the roles of clinical psychologists in the current practice in the UK, which contribute to their identities.

4-2-1 Behind the masks: who are clinical psychologists?

I will try to unravel who clinical psychologists are by clarifying the legal, the personal and social constructions of clinical psychology and looking at the current demographics in clinical psychology in the UK.

4-2-1-1 Legal status

From a legal perspective, a clinical psychologist is an individual who has completed their training in clinical psychology from an accredited programme in the UK or who has gained equivalence through the regulatory body, currently the Health Professions Councils (HPC) and works as a clinical psychologist.

4-2-1-2 Personal context and beliefs

However, behind the legal mask, I believe that there is a person who decided or chose to become a clinical psychologist. And behind this decision, there are the personal values, political ideas, cultural background, beliefs and personal factors of the person. Beliefs affect the way one works, the model one chooses (or plurality of models one works with), and the way one labels and gives meaning to human experience (Winter, 2008; Neimeyer, Saferstein & Arnold, 2005). Beliefs and political values might drive ideas and be reflected into each clinical psychologist's work.

4-2-1-3 Social constructions

Behind the personal constructions, there are also social constructions associated with who a clinical psychologist is. Davidson & Patel (2009) argue that power is inextricably linked and central to the development of clinical psychologists' personal and professional identities. The way 'clinical psychologist' is talked about in different contexts and cultures has a varying impact on how one perceives the role of clinical psychologist and how one defines oneself. Winslade (2002) argues that, historically within the professional counselling world, it was assumed that 'counsellors' or 'therapists' or 'psychologists' were people more 'self-actualised'. They were 'better' humans that could 'help' others. This assumes that psychologists do not experience the same difficulties that others experience in life and contributed to the development of a highly powerful view of a professional identity (Winslade, 2002).

The majority of the public and those using mental health services do not know the difference between clinical psychologist and psychiatrist (Riddle, 2012), which may indicate the power attributed to psychologists in society. There are also discourses in which the psychologist is seen as the 'expert' (Nel, 2012), which again gives power to the profession.

4-2-1-4 Demographics

When looking at the demographics, the profession of clinical psychology evolved in relation to those in power within the profession.

With regards to gender, since the 1990's in the UK, the profession of clinical psychology shifted from a white male-dominated profession to a white female dominated profession, which had implications for the status of clinical psychology and its loss of prestige and financial remunerations (Ussher & Nicolson, 1992). However, if this reflects a certain "reality" within the profession, the issue of class is still ignored and not reflected upon, which influences the development of professional and personal identities.

With regards to class and ethnicity, a study focussing on promoting diversity in clinical psychology in the UK (2001-2002) reports that the profession of clinical psychology is currently middle class white female dominated. The study highlights that people from ethnic minority communities, those with disabilities and males are under-represented in the profession's workforce and there are low numbers of applications from these under-represented groups.

4-2-2 Multiple roles

Hughes & Youngson (2009) highlight that the profession of clinical psychology is always changing and evolving, and clinical psychologists and training programmes have to constantly adapt their ways of working, training and thinking about the roles of clinical psychologists within the health services in the UK. This ever-changing world may impact on the development of one's identities and self. New Ways of Working (Lavender & Hope, 2007) identifies clinical psychologists' roles: psychological therapies, research and evaluation, training, supervision, development, consultancy, leadership and, managerial and capacity building.

These roles are various and need constant adaptation in an ever-changing organisational system. Hence, personal and professional development seems central to the profession of clinical psychology because of its ever-evolving status in the society and because of the demands of the roles themselves (Hughes & Youngson, 2009).

4-3 Clinical psychology and self-development

As seen previously, professional and personal identities in clinical psychology may be varied and are intertwined. It will be assumed that, within the reflective model culture, personal and professional development is closely related to what and who a clinical psychologist is. This section will argue that self-development on a professional level contributes to self-awareness and knowledge on a personal level and that one does not go without the other. This view is reflected by Winslade (2002), who argues that professional identity cannot evolve separately from personal experiences in life.

Hughes & Youngson (2009) argue that clinical psychology has to maintain and develop its identity, position and goals based on evidence-based practice and practice-based evidence using both the scientific-practitioner and reflective-practitioner models. They emphasise that the work one does as a clinical psychologist impacts one's identity as one's identity impacts on the work. Therefore self-awareness and growth are important elements of the profession. It seems essential that one who aspires to become a clinical psychologist works on understanding and knowing oneself.

Hughes & Youngson (2009) suggest that personal development involves a willingness to become more aware of the self, to try to understand oneself, to explore and experiment with oneself, to take risks in doing things differently, to face fears, and to challenge oneself. They argue that personal development enhances professional development. The literature on personal development suggests that not only knowing oneself and understanding how one relates to others in different contexts is important, but also recognising aspects of our hidden selves will create a better understanding of the clients and colleagues. It helps one to work in a more effective manner by being congruent with who one is and acceptant of who others are (Hughes & Youngson, 2009; Mearns, 1997). It is also argued that transformational and experiential learning on a personal level enhances professional competencies (Nel, 2010; Moon, 1999).

The literature on psychotherapy effectiveness shows that the personal styles of clinical psychologists and their therapeutic orientation may impact positively on the therapeutic relationship and outcomes of therapy if well matched with the personal styles of the client (Allen, 2011; Winter, 2008; Winter, Metcalfe, & Grenyer, 2008; Winter, Tschudi & Gilbert, 2006). These findings suggest that knowing oneself and being self-aware of one's identity is part of developing oneself as a clinician. Hughes & Youngson (2009) suggest that the reflective-practitioner model emphasises that to understand others' experiences and support them, it is crucial to understand the impact hearing those stories has on oneself. They argue that this model also focuses on the personal factors within therapeutic relationships. This is evidenced by research showing that it is not the theoretical model applied that accounts for positive therapeutic outcomes but the quality of the therapeutic relationship itself (Norcross, 2002) and the clinician's qualities (Wampold & Brown, 2005). Thus, understanding oneself and knowing one's identities in different contexts seem beneficial to the work of clinical psychologists not only as therapists, but also when working in teams.

Training courses aim to prepare clinical psychologist trainees to be competent in many models and approaches and to work in different contexts. Each training course approaches self-development differently, however, and more and more courses are currently incorporating problem-based and experiential learning in their curriculum to support this development. The next section will review the literature on PBL and how PBL can enhance the development of the skills and competencies of clinical psychologists in training.

5- A construction of PBL literature review

The literature concerning problem-based learning (PBL) is substantial. Within a social constructionist view, the literature can be reviewed in many different but equally valid ways. Although many narratives can be constructed from the available literature, I have decided to focus on relevant literature that was felt appropriate and useful to the project. This section will include an overview of

PBL and its uses, the supportive evidence for using it in higher education, and its relevance to clinical training in the UK. Then its uses in clinical psychology programmes will be discussed. I will then focus on the context and uses of in the DClinPsy at University of Hertfordshire (UH). Finally, I will consider the research evidence of PBL and clinical psychology, and provide a rationale for this project.

5-1 What is PBL?

PBL was developed in the 1960's in McMaster University and was seen as an innovation in medical education (Albanese & Mitchell, 1993). The introduction of PBL was to develop an education focusing on independent learning and problem-solving (Muller, 1984). This change of focus in education reflects a shift from the 'teaching' to the 'learning' paradigm, reflecting problem-solving processes used at work and in life (Barrett, 2005). It is now widely used in medical and nursing training in the USA and Canada (Kelson & Distlehorst, 2000).

Barrows (1985, p15) gives a broad definition of PBL: "*the basic outline of the PBL process is encountering the problem first, problem-solving with clinical reasoning skills and identifying learning needs in an interactive process, self-study, applying new gained knowledge to the problem and summarizing what have been learned*". For this author, PBL is an instructional method characterised by the use of patients' problems as a context for students to learn problem-solving skills and develop clinical knowledge.

One aim of PBL is also to develop a better understanding and management of the patient's difficulties (Albanese & Mitchell, 1993). The definition of PBL remains ambiguous but Barrows (1985) highlights that in PBL, the problem is given prior to learning clinical skills and does not provide a comprehensive synthesis of the information needed to solve the patient's problems. Hence, he shows that PBL seems more reflective of realistic situations and practices. Neufeld et al. (1989) perceive the important input of the PBL curriculum as a main method of problem analysis and applying knowledge in health care. They demonstrate that PBL enables the development of independent learning skills, and the use of small groups and facilitators. For Walton & Mathews (1989), the features facilitating PBL are that the responsibility is placed on the learners, who become active and self-directed within a small group using real-life situations to learn from direct experience.

In their review of PBL use in higher education, Barrett & Moore (2011) argue that diverse disciplines and professions are using PBL in various ways, some systematically across the whole programme of training, others in particular modules of a programme, in many different countries. They define PBL as a 'total approach' to education as opposed to a learning and teaching technique: "*(PBL) focuses on students learning, not on teachers teaching [...] a total approach, not just a teaching technique or tool*" (p.4). They advocate PBL as a six-dimensional interrelated approach to higher education. The six dimensions focus on: - a philosophy of PBL (which encourages to challenge higher education as it is) -

the problem design (which should stimulate curiosity and learning) - the tutorials in small teams (which enhance the construction of knowledge in team) - the assessments (which should enhance capabilities) - the development of knowledge and capabilities (which enhance learners to transfer their skills and creative thinking to professional context). Albanese & Mitchell (1993) show that faculties tend to enjoy using PBL as it is more collaborative.

The concept of learning has evolved since the middle of the last century and psychological theories were developed to support the use of PBL in training. There is a vast body of research concerned with psychological processes involved in learning and how to create learning experiences that enhance these. The use of PBL seems to be supported by the latest evidence as we will see in the next section.

5-2 Evidence-based supporting the use of PBL in higher education: experiential learning theory

Learning and therefore teaching are key components in education and a vast body of research is conducted to develop ways to maximise and improve the learning process in higher education.

5-2-1 Learning & feedback

In their review on learning processes in higher education, Kolb & Kolb (2005) explain that the experiential learning theory understands learning as a process in which feedback on the learning effort is crucial. This view is supported by the literature on assessment, which suggests that assessment drives student learning (Biggs, 2003). Research in this domain also shows that creating self-learning spaces, in which feedback on competencies and learning style is given, enhances the development of meta-cognitive skills, which promote active learning (Bransford, Brown & Cocking, 2000; Keeton, Sheckley & Griggs, 2002; Kolb & Kolb, 2005).

5-2-2 'Learning Space'

Within experiential learning, research shows that there is a learning cycle (Kolb, 1984; Kolb & Kolb, 2005). This cycle includes four components of learning by concrete experience (having an experience), reflective observation (reflecting on the experience), abstract conceptualisation (learning from the experience) and active experimentation (trying out what has been learned) (Kolb, 1984; Kolb & Kolb, 2005). However, individuals' learning styles will interfere with learning and it is important that teaching programmes are designed in a way that promotes learning for all. Learning styles differ from person to person, and also depend on stages of training and personal context. Kolb & Kolb (2005) argue that the interface between student learning styles and the institutional learning environment is a constructed 'learning space' between 'learners' and 'teachers' in which the learning process and development can take place. They argue that transforming the role of learners from passive recipients to being in control and responsible for their learning enhances their ability to learn from experience.

5-2-3 Learning with peers

It is argued that individuals learn better in small groups (Barrett & Moore, 2011). Facilitated small groups enhance the development of communicating, presenting, problem-solving and interpersonal skills. These are skills otherwise difficult to develop in isolation (Barrett & Moore, 2011).

These developments in research concerning the learning process have important implications for the design of training programmes in many disciplines, and particularly for clinical psychology. Clinical psychology training courses in the UK respond to a committee of accreditation, intending to develop core competencies in clinical psychologist trainees. Meta-cognitive thinking skills are required for practising clinical psychology in the UK (BPS, 2006). In the next section, we will try to understand the development of PBL in clinical psychology training programmes in the UK and how experiential learning can develop the skills required to become a clinical psychologist.

5-3 PBL & clinical psychology in the UK

I will start by giving the reader a brief overview of the epistemological position behind PBL, its application in the clinical training in the UK and its uses for clinical training at UH.

5-3-1 The PBL philosophy

Barrett (2005) argues that PBL is essentially an epistemological stance towards knowledge in higher education. PBL is situated within post-modernist approaches, which challenge the purpose of higher education and traditional forms of training (Barrett & Moore, 2011).

Barrett (2005) argues that PBL reflects the Freirian philosophy that sees knowledge as created in dialogue and relations rather than as static. This position is reflected in social constructionism, which argues that knowledge is co-constructed in relationship, in history and in culture through language. Barrett (2005) positions PBL in cognitivism, social constructivism and post-modernism thinking, in which dialogue allows people to create acts of knowledge together.

5-3-2 UK clinical psychology training & PBL

The first university that integrated PBL in their curriculum was the University of Plymouth. University of Hertfordshire introduced PBL in their training in 2006. PBL is now used in clinical psychology training programmes at the University of Exeter, the University of Newcastle, the University of Surrey, the University of Leicester and the University of Manchester.

It is important to note that different training programmes use PBL in different ways. However the emphasis is on self-directed learning within a group-based approach to understanding and resolving of

a problem. These problems are scenarios reflective of the ‘real-life’ issues that psychologists encounter (Stedmon et al., 2005; Nel et al., 2008; Keville et al., 2009, 2010). The problem requires individual learning, which is shared and discussed in the group and learning from the group processes, which reflect teamwork in work settings. Research stresses that discussing the nature of the stimulus material and weighing up what is still unknown stimulates self-directed learning in which students collaborate in achieving a shared perspective. Research within clinical training using PBL emphasises that self-reflection on the learning process in PBL is crucial and will engage trainees in generating their learning needs and strategies for themselves (Stedmon et al., 2005).

The literature shows that clinical training programmes using PBL aim at supporting the role of creative thinking in clinical decision-making, the exploration of collaboration and team working and the development of personal styles of working. Research also stresses that PBL enables the development of communication and presentation skills, time management through psychological content, and dealing with anxiety (Nel et al., 2008; Keville et al., 2009, 2010).

Overall, it is argued that PBL enables the development of professional knowledge through personal processes (Nel et al., 2008). Research emphasises that PBL facilitates emotional development, awareness of issues of power and responsibility, in being respectful and open, and in developing compassion and acceptance. PBL seems to interest clinical training programmes. There is evidence that PBL, as a learning tool in higher education, is efficient (Albanese & Mitchell, 1993; Major & Palmer, 2001; Musal, Taskiran & Telson, 2003, Barrett & Moore, 2011).

5-3-3 PBL & the University of Hertfordshire (UH) Doctorate Programme in Clinical Psychology

5-3-3-1 Epistemological position of the course and PBL

The DClinPsy at UH is based on social constructionist ideas, and we have seen that PBL itself reflects this epistemological stance. Therefore, it seemed natural that UH, in 2006, integrated PBL into their curriculum to address the limitations of ‘traditional’ education (Nel, 2008). PBL, with its emphasis on reflection, promotes learning within a clinical context, encourages collaborative learning and facilitates a culture of life-long learning and continuous personal and professional development following the reflective-practitioner model (Nel, 2008).

5-3-3-2 Which place has PBL?

Trainees have to experience and learn academic, research and clinical aspects of the clinical psychologist’s work. It is important to note that UH aims to train its students as reflective-practitioners but also works toward an integration of evidence-based and practice-based evidence. The course team members incorporated PBL into the programme in order to facilitate interactive and self-directed learning, and group collaboration (Nel et al., 2008). PBL is an integrated part of the UH clinical training

programme and new trainees are familiarised with it in their first year. Nel et al. (2008) argue that PBL enables trainees to experience how to deal with uncertainty, which is a major part of clinical training (Pica, 1998) and understand group dynamics and it fosters better interrelation and interpersonal skills. Nel et al. (2008) state that their primary hope is that, by managing uncertainty and ambiguity, trainees will self-direct learning rather than being passive recipients of their trainers. Their secondary hope is that trainees may use their skills in other parts of their training, such as clinical practice and working in teams.

The next section will resume the body of evidence on PBL and clarify how the present project may contribute to the literature on PBL.

5-4 PBL & Research (See appendix 4)

5-4-1 PBL in medical training

There is a vast literature around problem-based learning, which is conducted in North America, mainly using quantitative methods and focussing on the effectiveness and cognitive aspects of PBL in medical training (Norman & Schmidt, 1992; Strobel & Van Barneveld, 2009; Ditlehorst & Robbs, 1998; Antepohl & Herzig, 1999; Hmelo at al., 1997; Hmelo 1998).

5-4-2 PBL in mental health settings

Some reviewing and comparative research was conducted in mental health settings looking at skills enhanced by PBL. They show that PBL enhances the development of understanding multiple perspectives, learning to negotiate roles and conflicts, understanding the degree to which one contributed to resolving or exacerbating difficulties (Block, 1996) and the development of effective meta-cognitive skills through group processes (Savery & Duffy, 1995). It is argued that PBL is a complex adaptive system, which offers new perspectives on knowing and learning that focus on the stability or instability of dynamic patterns and interactions, changes in a system over time and the conditions that promote self-organisation and the emergence of learning in an evolving context (Mennin, 2007).

5-4-3 PBL and group processes

More research focuses on group processes and self and professional learning, conducted in medical settings in the USA, and in graduate training and clinical psychology training in the UK and on using various approaches (reviews, quantitative and qualitative enquiry). The literature shows that PBL provides a space for self-directed learning, exploring of group processes and self within groups, and reflecting on one's personal impact on the group and the group dynamic's impact on the self. Learners develop through group processes, which enhance self-knowledge, learning to understand different

perspectives, cooperation, managing conflicts and systems thinking (Nel, 2008; Barrett; 2005; Barrett & Moore, 2011; Keville et al., 2009, 2010; Stedmon et al., 2005; MPofu, Das, Stewart, Dunn & Schmidt, 1998; Willis et al., 2002; Papinczak, Young & Groves, 2007; Fenwick, 2002).

5-4-4 More research in PBL and clinical psychology

Educational research argues that PBL is a holistic training approach, in which theory and practice, reading and skills training, scholarship and ethical behaviour, personal and professional development, critical and creative thinking and teaching and research are integral and integrated components (Barrett & Moore, 2011).

Different methodologies including quantitative and qualitative approaches were used to explore PBL in its various aspects. However, there is little research, which focuses on learners' experience of PBL (Musal, Taskiran & Telson, 2003; MPofu et al., 1998; Willis et al., 2002; Papinczak, Young & Groves, 2007). This research explores students' opinions on the effectiveness of PBL, learners' perceptions of important group dynamics, learners' perceptions of working in small group and peer assessment.

In UK clinical psychology training, research supports the use of PBL in training and was conducted using quantitative, review and qualitative approaches. It is argued that effective reasoning in clinical practice is interrelated to personal and interpersonal skills, which the PBL group format can enhance by supporting the identification of interpersonal difficulties and the consolidation of existing skills (Huey, 2001). Other research shows that PBL addresses the limitations of traditional education, and focuses on the importance of using PBL to address professional level competencies through teamwork, self-direction, collaboration over clinical material and peer review (Stedmon et al., 2005; Nel, 2008). It is also emphasised that PBL enhances self-knowledge, reflexivity and understanding of emotional responses in trainees through them becoming more open to the recognition of emotions and their impact through experiential learning (Nel et al., 2008; Keville et al., 2009, 2010). It is also shown that the challenges and dilemmas trainees experience in PBL facilitate self-development, understanding others and the ability to 'sit' with uncertainty (Keville et al., 2010).

5-4-5 Where are we at now?

There is no quantitative or qualitative enquiry which explore the learners' experiences of PBL in any discipline, nor on PBL reflective accounts. Kelson & Distlehorst (2008) also argue that PBL research has failed to define its essential elements and what contributes to the learning experience. This gap in research is understood within the context in which PBL developed, which was mainly in US medical schools to improve teaching.

PBL has been implemented only recently in clinical psychology training in the UK. These programmes are only starting to evaluate the integration of PBL into their curriculum, its impact on trainees and trainers, and its implications for the design of training. This is where this enquiry situates itself. I hope that by exploring the narrative of identity changes that may take place within the PBL experience at UH, I will contribute to understanding the process of PBL and its influences on the practice of clinical psychology in the UK as it is currently defined. Research exploring PBL and the needs of professional graduate learners shows that learners perceived their most significant learning was related to group processes and self-knowledge, learning to understand different perspectives and to manage conflicts (Fenwick, 2002). I hope that the present research will be able to see if this applies to clinical psychology trainees.

6- The research ‘questions’: a need for a story of exploration

This study aimed at exploring narratives of professional and personal identity changes in clinical psychologists engaged in Problem-based Learning (PBL) group work at UH. It is important to clarify that the project intended to look at identity changes taking place within the PBL experience and process and not as two separate processes (i.e. looking at PBL and identity changes separately). The study aimed at identifying how the PBL experience may influence the construction of professional and personal identities within the context of training and becoming a clinical psychologist. This section will clarify the research’s personal and social relevance. It is hoped that this will demonstrate the ‘quality’ of the research and the ‘worthiness’ of the topic chosen as understood by Tracy (2010). The issue of ‘quality’ in narrative research will be discussed further in chapter two.

6-1 Personal relevance

This project reflects my personal interest in social constructionism and PBL. I found the PBL process fascinating to experience as it feels like a perpetually evolving process. To me, I feel that it is sometimes difficult to put the PBL experience into words. By doing this research, I may be able to get a different grasp on group and individual processes involved in PBL in relation to the development of professional and personal identities as a trainee clinical psychologist. I hope that this project will have training implications not only for learning, but also have clinical implications for trainees so that they can gain a better awareness of the processes involved in the PBL experience and how they may use these in clinical practice.

6-2 Social relevance

Evensen & Hmelo (2008) argue that the point of PBL research is the improvement of practice. I hope that this research project will contribute to understanding the implications of PBL for trainees and trainers from a social constructionist perspective. I am very curious about narratives of professional

and personal identity changes and how these are developed over time in relation to PBL and the wider professional context in clinical psychology. Carr (2003) highlights that most of our experience of growing up as a child seems to take place in a group (the family and social context) and I wonder how being in a PBL group may shape our development and discovery of ‘self’ as trainees and clinical psychologists on personal and professional levels. The experience of group helps to develop an awareness of the ‘self’ in relation to others and contributes to the process of learning from each other within a critical reflective approach (Kondrat, 1999). Within a social constructionist perspective, the concept of ‘self’ is understood within a relational frame (Gergen, 2009). Group dynamics theorists such as Lewin & Foulkes saw the individual as both operating within and influenced by the group. For me, it is also important to understand the factors that may be beneficial for learning through PBL. As Keville et al. (2009) note, PBL enables emotional development, and might be personally challenging for trainees and trainers. PBL group work involves exposure and learning to work with anxiety in a “safe” place, which aids the experience of and tolerance to anxiety, crucial to clinical work (Keville et al., 2009). This project may be able to inform not only the clinical training course team at UH, but also other Doctorate in Clinical Psychology training course teams on ways in which PBL has contributed to the development of professional and personal identities for clinical psychologists in training.

6-3 Research ‘questions’

The main research ‘question’ is how clinical psychologists narrate their experience of identity changes through PBL?

The underlining ‘questions’ are:

Which stories do clinical psychologists engaged in PBL tell about themselves (how they make sense of their experience)? How do they tell their stories and why are they telling their stories this way?

Which aspects of PBL are most related to identity changes?

“If you wake up at a different time, in a different place, could you wake up as a different person?” Chuck Palahniuk

CHAPTER 2: 'METHODOLOGICAL STORIES'

"Research emerging from a postmodern paradigmatic framework might intentionally be written to show inconsistencies or fragments of a scene. Furthermore, meaningful coherence does not mean that a study cannot borrow from multiple paradigms" S.J. Tracy

This part of the story aims to describe to the reader the methodological rationale used for this project. I hope that this chapter will enable the reader to follow my thoughts and decisions. It begins with justifying the choice of qualitative methodology and particularly narrative analysis. It moves to 'reflexivity' and my position as researcher. Then it discusses ethical considerations, participants' recruitment and my journey through the stories. Subsequently, the 'quality' and 'credibility' of the study will be discussed.

1- Qualitative methodology

The research aimed at exploring narratives of identity changes in clinical psychologists engaged in Problem-based Learning (PBL) at UH. Therefore, because this project is mainly exploratory and seeking to encapsulate clinical psychologists' experiences, a qualitative methodology was chosen. Qualitative research provides a flexible way to understand and describe accounts of an experience and understanding how participants make sense of their experiences (Smith, 2008).

2- Narrative approaches

2-1 The case for narrative inquiry

I decided to choose a narrative inquiry to approach the present project for many reasons.

The present project is concerned with exploring narratives of identity changes. Telling stories about past events or experiences seems to be a universal human activity, which enables people to claim identities and construct lives (Riessman, 1993). People create a narrative identity through stories (Ricoeur, 1988). Telling stories is also one of the first forms of discourse humans learn as children and is used throughout life (Riessman, 1993). Therefore, a narrative inquiry seemed most relevant to studying identity changes through written stories (reflective accounts).

Narrative analysis also allows multiple meanings in view of the wider personal, social and cultural contexts in which the stories develop (Andrews, Squire, & Tamboukou, 2008), which reflects the epistemological position in which this research is situated. Narrative approaches appeared best

suited to the aims of the present research and the material used (written accounts). When one wishes to explore meanings and experiences many researchers suggest that narrative inquiry is the most appropriate method (Clandinin & Connelly, 2000; Sparkes & Smith, 2009).

Beforehand, I considered an Interpretative Phenomenological Interpretation (IPA) and discourse analysis. However, it was felt that none of these approaches were suitable to exploring stories through written reflective accounts. IPA has been criticised for not taking a critical stance towards its understanding of phenomena (Yardley, 1997), which did not fit the research epistemological frame. IPA is also based on transcripts from semi-structured interviews (Smith, 2008), which did not fit with exploring written reflective accounts. Discourse analysis focuses on the use of language but dismisses the wider context in which individuals create social meaning (Burr, 2003), which did not correspond to the research aims. A narrative approach was chosen because it does not have overall rules about suitable materials, or modes of investigation, or the best level at which to study stories (Andrews, Squire, & Tamboukou, 2008). It does not tell researchers where to look for stories (Andrews, Squire, & Tamboukou, 2008). This seemed to fit well with my approach of using reflective written accounts as a source to understanding narratives of identity changes.

2-2 What is narrative analysis?

Andrews, Squire, & Tamboukou (2008) associate narrative analysis with the term “portmanteau”, which means that it is an umbrella term. Narrative analysis encompasses a variety of interpretative approaches based on textual or any storied data (Riessman, 1993). In narrative analysis there is no starting or finishing point, which is different from many qualitative methodologies. This allows great flexibility and the possibility to enter the narrator’s world (Andrews, Squire, & Tamboukou, 2008).

In social research, “narrative” refers to a diversity of topics of study, methods of investigation and analysis and theoretical orientations. Narrative research allows the investigation of how stories are structured, the ways in which they work, who the narrator is and how narratives are silenced, contested or accepted (Andrews, Squire, & Tamboukou, 2008). It also allows understanding how individuals construct their identities through the act of telling stories (Ricoeur, 1988).

Riessman (1993) emphasises that telling stories is a human activity and interpretation of stories is necessary because narratives are representations. Narrative analysis allows the researcher to see not only multiple perspectives, but also conflicting layers of meaning, which, if brought together, enables the researcher to understand more about individual and social changes.

The following section will highlight my relationship with the material and how my own views may shape the ‘new’ stories created from the analysis.

3- Reflexivity and researcher position

Riessman (1993) argues that research is “story-telling” to a reader, which emphasises the importance of the context in which the text is constructed. Tracy (2010) highlights that self-reflexivity reflects the ‘sincerity’ of qualitative research, which contributes to its ‘quality’.

3-1 Reflexivity and self-reflexivity

Reflexivity is about making explicit the implicit and clearly highlighting how the researcher’s position and views influenced the research and how the research impacted on the researcher (Smith, 2008). Andrews, Squire, & Tamboukou (2008) argue that narrative researchers are part of the data they collect, which need to be explored and reflected upon. Reissman (1993) argues that the construction of any work always bears the mark of the person who created it. Hence, she insists that it is crucial to position oneself as a researcher and locate the context that shapes one’s point of view.

Self-reflexivity refers to sharing with the reader the researcher’s own voice through the project, which will ensure transparency, and therefore attest to its ‘quality’ and ‘credibility’ as we will see later. The next part will attempt to clarify my position as a researcher and highlight my stories, which influenced my relationship to the participants and material.

3-2 Researcher’s position

As mentioned in the introduction, I decided to construct this project within a social constructionist perspective, which reflects my perception of the world and clinical psychology. I chose to apply this frame of understanding the world to Problem-Based Learning (PBL) as this made sense to me. A reader looking for some kind of truth may be disappointed by my approach. However, I would like to invite you into this unique story. I believe that it would a different story at a different time of my life and in a different context. It may be even a different story at the time of the Viva in comparison with the time of writing. This internal dialogue brings me to the importance of identity and what it means to me.

“What is identity?” is a question, which stimulates my personal introspection and reflections. At present, I consider identity as multi-faceted and ever changing depending on the context we are in, the people we are surrounded with, and what is happening in our lives. Jung (1986) conceptualised humans as relational beings having a collective unconscious or *archetypes*, which can be understood as psychical schemas shared by all individuals. These *persona* or *archetypes* can be seen as *masks* that give the individual the countenance of a ‘self’, which echoes my understanding of identities. Jung (1986) argued that it is an artifice and one may only discover his “real” self by understanding the

masks he is wearing and the circumstances in which he is wearing them. For me, personal and professional identities are one of a kind.

I would define myself as '*entiere*', which means that I bring my whole person everywhere I go and in everything I do. Therefore, to me my roles as a psychologist and 'masks' are intertwined with who I am depending on contexts: 'researcher', 'therapist', 'humanist', 'political', 'curious', etc... I don't believe I can fragment myself, which will influence my relation with the analysis and participants. At the moment of writing and in relation with the context of writing, I would define myself as a 33 years old woman, born and raised in France. Therefore the way I construe language within a 'French mind' will influence my reading of the accounts and the meanings I will attach to them.

I am also concerned with political issues of power and often identify with minorities and challenge the dominant discourse. I believe that this would also influence my understanding of the stories. I may be inclined to notice hidden parts of stories, in which the narrator has less power.

These are a few things that will influence the research and will be reflected upon throughout the story I am telling.

4- Stepping in: 'sampling' and 'recruiting'

One of Tracy's (2010) eight criteria for the 'quality' of qualitative research rests upon the 'rigour' in choosing the number of participants and the 'data collection'. I hope that being transparent about this process will support the 'credibility' of this study.

4-1 'Sampling'

A purposive sampling was adopted for this project, reflecting the research's narrative aim to create a story from individuals' lived experience of identity change through PBL.

At first I intended to create a sample of eight participants in line with the recommendations in qualitative approaches (Smith, 2008; Smith, Flowers & Larkin, 2009). However, Wells (2011) argues that narrative projects involving highly detailed analysis require fewer participants. I decided to limit my participants to six sets of five reflective accounts and conduct an in-depth narrative analysis. Emerson & Frosh (2009) argue that critical narrative analysis is concerned with a "*detailed investigation of very small numbers of research 'subjects', whose processes of accounting and making sense of their experience is seen as being the intrinsic interest, rather than a source of generalisations*" (p17). Wells (2011) argues that five is a sufficient number for studies involving complex analysis and Emerson & Frosh (2009) highlight that the interaction of individuals' social and personal stories is

what matters. Therefore, I decided to limit myself to five participants' stories in the hope that it will permit a thorough investigation. It was felt that the narrative analysis designed for this project allowed a detailed analysis of the participants' stories through multiple readings focusing on content as well as performative aspects across time and across participants.

The inclusion criteria were that:

- Being a qualified clinical psychologist who trained at UH using PBL as an integrative part
- Having an experience of PBL that began at the start of training and that incorporated a group presentation and writing a reflective account of each PBL experience as part of their assessment (x5)
- That their PBL accounts discussed self-reflection, group processes reflections, reflections upon issues of diversity, reflections upon personal and professional learning and theory-practice links
- Were allocated randomly to their PBL group, which remained constant during the training

The exclusion criteria were:

- Still being in training
- All PBL experiences that did not encompass all of the above

These criteria were chosen so that individuals were involved in a consistent PBL process throughout their course of training as a clinical psychologist at UH, which would enable them to share a narrative of identity change through PBL and their journey with PBL. Trainees were excluded on the sole basis that their journey was not over and therefore their story unfinished. The focus of written accounts on particular themes also enables the focus of self-reflections and the creation of a story between 'self' and PBL. Clinical psychology is bounded to its context and the emphasis on UH training was chosen as it differs from other training. The language was not a concern as English is the official and only language in UK training courses.

4-2 'Recruiting'

Participants were recruited through the UH training course, which uses PBL in their training designed as explained in the inclusion criteria. It was agreed with the participants that the UH training course would be mentioned. However, confidentiality will be maintained to ensure the anonymity of the participants. Prior to approaching the people, consent was sought through the Programme Director to ask ex-trainees to participate. It was decided that a designated administrator of the course would contact ex-trainees from this course with the research proposal and an information sheet. Potentially interested people were given the researcher's contact details.

No demographic details were asked as it was felt that this was not relevant to the research's aims. However, it could be argued that demographic information can situate the 'sample' (Elliot, Fisher & Rennie, 1999). It was felt that the wider clinical psychology context will be sufficient to situate the 'sample', but also assuming that, behind this mask, the participants are just like you and me, human beings with stories.

5- Framing the story: ethical considerations

To enable this story to be brought to life and to have 'quality' as Tracy (2010) understands it, ethical approval was sought through the University of Hertfordshire Ethics Committee following confirmation that this research did not require ethical approval from the National Research Ethics Service as the participants would not be recruited through the NHS. Ethical approval was granted with a suggestion of isolating aspects of PBL that contribute to personal development and identity (Appendix 5). This consideration was taken into account and is one part of the aims of the research. The ethical considerations as described below were guided by the British Psychological Society code of ethics (2009).

5-1 Informed consent

An information sheet (appendix 6) was given to anyone who would potentially be interested in participating in the research. This sheet gave an overview of the research and information on consent and confidentiality. It also highlighted the potential benefits of being involved. This information was aimed at helping the potential participants to make an informed choice as to whether they would take part in the study. If the people approached decided to participate, a consent form was sent, clarifying the condition of consent (appendix 7). Signed consent forms were gathered prior to accessing the accounts.

5-2 Confidentiality

The participants for this project were all clinical psychologists who were engaged in PBL experience through their training at UH. They were all aware that agreeing to participating meant that I would access their anonymous PBL reflective accounts, written whilst on training and that the UH training would be mentioned.

To ensure confidentiality, I sent the list of participants to the course's administrator, who assigned each participant with a student number, which I am not aware of. This prevented my supervisors and I from identifying the participants. Each set of accounts was given a name. It was also clarified that a story would be created from their accounts, which would be my own construction and therefore

would hope to guarantee confidentiality. All information and accounts were kept in a protected cabinet or password protected documents, which only I could access.

5-3 Participant well-being

No risks or potential harms in participating in the study were identified. Participants only gave their consent for me to access their accounts. However, a debrief sheet (appendix 8) was also created to give the opportunity for participants to hear about the findings of the story if they wished to. It will be sent after the completion of the research and is not part of the research. Provisions will be offered to contain any distress eventually caused.

6- Story of analysis

In this section, I am inviting the reader into “my head” in the hope that this will clarify the thought processes I went through at different stages of the process of analysis. This follows “good practice” in narrative research. Yardley (2008) refers to the concept of ‘transparency’, which allows the reader to follow the stages of analysis and process of interpretation of the data. Tracy (2010) also emphasises that offering a transparent account of the analysis process to the reader enhances ‘rigour’ and ‘credibility’ of the research. Hence, by being transparent about the research process from taking field texts to creating research texts, I hope to reflect my position that process and interpretation are intertwined.

6-1 From field texts to research texts: my journey through stories

Riessman (1993) argues that “story telling” is what we do with our research and what informants do with us. In the context of this research, the material I choose to use was not created for the purpose and context of the research itself. The reflective accounts were stories and texts created in a particular context: as part of an academic assessment of trainee clinical psychologists’ reflective experiences of PBL (i.e. self-reflection, reflections on group processes and their impact on the group experience). Therefore, I deliberately transformed “field” texts into “research” texts, which is a common practice in narrative research. I thus created what Riessman (1993, p.13) called a “metastory” or “hybrid story”, which represents my own journey through the stories.

6-2 Developing the process of analysis

Developing the process of analysis was a difficult process due to the ‘nature’ of narrative analysis; not having one clear method but many depending on one’s stance and context. I could not find and satisfy myself with a single approach to explore the themes of identity changes. I also felt that a single

approach would not ‘give justice’ to the richness of the accounts and would not fit within the theoretical framework in which this research is situated. Therefore, I followed different approaches to reading the narratives, which allowed for a multi-faceted understanding of the texts and therefore multiple meanings.

To develop a method of analysis appropriate for this research, I was inspired by the writings of Riessman (1993, 2008), Andrews, Squire, & Tamboukou (2008), Smith (2008), Herman & Vervaeck (2001), Emerson & Frosh (2009), Clandinin & Connelly (2000) and Wells (2011). I created my own little recipe, which has two components of analysis: thematic and performative. The thematic analysis followed the PBL written accounts themes and the performative analysis followed Herman & Vervaeck (2001)’s suggested method.

I decided to ‘pilot’ my analysis with my own accounts at first. However my intimacy with the stories limited my experimentation. I then asked a friend and fellow trainee for their stories. I sought feedback and validation from them. They felt that my analysis was relevant to their experience and really enjoyed the process. After completion of the pilot and the analysis of participant 1, I also sought validation of the process of analysis from my supervisors who were able to follow it and understand my analysis. In the validation process, all interpretations were confirmed, although the discussion highlighted the importance of the researcher background in the process of interpretation.

6-3 Stages of analysis: ‘Multiple readings’

As a starting point for my analysis, I choose to read the whole reflective account and immerse myself within the story noting my emotional responses to the story. Then, I read the account again, as a whole, several times, focusing on the content (‘What’) and the performative aspects (‘How’) of the texts. The analysis encompassed repeated readings of each individual account, following the different PBL stages (Formative, PBL1, PBL2, PBL3 & PBL4). This allowed me to develop a relationship with the individual narratives across time. I analysed each account at each stage before analysing the individual narratives across time and then across trainees. In order to incorporate both the content and performance of the narratives, I used different coloured pens.

6-3-1 Looking for themes

The reflective accounts were written within a particular academic context and submitted for assignment. They had to include specific themes, which I looked for within the stories:

- Reflections on self
- Reflections on group processes
- Diversity issues

- Reflections on personal and professional learning
- Theory-practice links

I also looked for specific themes relating to the research enquiry:

- identity claims or self-structure
- self in relation
- self in multiple roles (personal and professional)
- self in the wider context/in community

I also noted the “emphasised” themes by the narrator, which may be reflective of individual experiences, which are related to the attention the narrator wishes to pay to certain points in their account. Attention was paid to emergent themes rather than having predetermined ones.

It is important to note that this thematic division was created for the purpose of the project but many themes were intertwined and impacted on each other. It is also noteworthy to highlight the fact that thematic and narrative analysis may also suggest the same interpretation. However, they were used to complement one another.

6-3-2 Looking for process

I focussed on the “telling” of the story and the way the stories were told, looking at the relational and performative aspects of the writings inspired by some suggestions of Herman & Vernaec (2001) narrative method of analysis. I chose particular aspects that felt relevant to analysing personal narratives.

The different aspects are: ‘the narrator ‘I’’, ‘narrator and perception’, ‘sequence of the story’, ‘inside and outside the story’, ‘context and ideology’, and ‘literacy context & reader and context’. A full description of these aspects can be found in appendix 9.

6-3-3 Looking to create meaning in context – across time

To make sense of the stories across time, I created a grid incorporating the main themes and performative aspects of the stories for each participant, looking at the meaning in the context of the PBL experience in relation to the question of identity.

I have also constructed a storyline for each participant, choosing a name for each, which allowed me to give them an ‘identity’. I used the pronoun “I” in the hope of reflecting my understanding of their written style. Using the pronoun “I” in the storyline also allowed me to ‘embody’ the participant. By

this I aimed to ‘enter’ their world and constructed my understanding of their story. Clandinin & Connelly (2000) argue that using the “I” for the inquirer allows the writing of stories with a relationship with and engagement in, the story, which reflects my position wanting to be a part of the stories. Clandinin & Connelly (2000) propose that a narrative researcher owns their inquiry by personalising it using “I”, which conveys a sense of social significance. The “I” is in connection with “they”, the participants. The creation of constructed stories was to aid my understanding of the participants’ experiences.

For me, narratives and meaning are shaped by social, cultural and historical contexts. Therefore, I also read the stories considering the possible influence of these factors on the ‘telling’. I asked myself how the story is situated in social, cultural and institutional discourses.

6-3-4 Reading across narratives

After completing the analysis for each individual participant’s narratives and creating a storyline relating to identity changes for each of them, I intended to look at patterns of identity change across stories in relation to PBL. This was decided to understand what elements of PBL might prevail in identity changes.

My story with analysis hopes to reflect the multiple levels used in analysing the richness of the PBL accounts and facilitating multiple meanings. In line with Tracy’s criteria (2010) to gauge of the ‘quality’ of a study, I hope that this story will reflect a ‘rigorous’ approach to analysis.

7- ‘Quality’ and ‘credibility’ of the study

The notion of validity and reliability used in quantitative research cannot apply to qualitative methodology as they are based on positivist assumptions, which assumes there is one objective truth “out there” (Burr, 2003). In line with my position in social constructionism, it would be assumed that different people have different but equally credible and valid perspectives on ‘reality’ and data. However, to ensure that this study reflects the standards of training in clinical psychology and the standards of current practice in research, it is important that the research is ‘rigorous’ and ‘credible’.

7-1 ‘Quality’, ‘credibility’, ‘trustworthiness’ and ‘rigour’

The term ‘quality’ refers to the question of ‘validity’ in narrative research and why one should believe in the research. Riessman (2008) argues that in narrative research there are two levels of ‘validity’: the story told by the participant and the story told by the researcher or the analysis. The ‘quality’ of a

study is not about the “truthfulness” but about the ‘trustworthiness’ of the participants’ stories and the analytic stories created by the researcher (Riessman, 2008).

Riessman (2008) also argues that the ‘validity’ of a research should be assessed within its epistemological frame. However, there are no clear rules or procedures to validate the ‘rigour’ and ‘credibility’ of a narrative project (Riessman, 2008). The concepts of ‘rigour’, ‘trustworthiness’, ‘credibility’, and ‘quality’ are discussed and referred to amongst many qualitative researchers (Morse, Barrett, Mayan, Olson & Spiers, 2002; Shenton, 2004; Finlay, 2006; Willig, 2006; Smith, 2008; Riessman, 2008; Yardley, 2008 & Tracy, 2010). I have chosen to draw upon Tracy (2010)’s ‘Eight “Big-Tent” Criteria’ as this approach is comprehensive and seems congruent with my stance focussing on the contextual aspects.

7-2 ‘Eight “Big-Tent” Criteria

She proposed the following aspects to gauge of the ‘quality’ of a research: ‘worthy topic’, ‘rich rigour’, ‘sincerity’, ‘credibility’, ‘resonance’, ‘significant contribution’, ‘ethical’ and ‘meaningful coherence’. These criteria can be found throughout the story. However, I will revisit them towards the ending of this story. For a full discussion and clarification of the meaning of these aspects, the reader will be referred to appendix 10. Tracy (2010) cites Gonzalez (2000, p.629), who argues that in qualitative research *“things get bigger, not smaller and tighter, as we understand them”*. I would agree fully with this perspective. Following this view, I would hope that this research will contribute to build an alternative evidence-based and allow the multiplicity of research practices within clinical psychology.

I have clarified its professional and personal relevance in the introduction chapter. As explained, this research aimed at contributing to bring reflection upon training clinical psychologists using PBL. During our last cohort meeting, all trainees feedback how PBL had transformed their practice and how much they valued PBL in their training even if they “hated” it at the time, which makes this research a ‘worthy topic’. ‘Rigor’ was achieved by ensuring that the method of analysis fitted the data used and were reflected upon an epistemological framework which allowed multiple meanings. This was discussed upon earlier on in this chapter. I ensure that this research was ‘sincere’ by being transparent about the process of research throughout the research and towards to end of the research. By situated the research in its context, allowing multiple meanings by checking with supervisors about the analysis and reflecting on my own lenses, I hoped that this ensured the ‘credibility’ of the study. By being consistent with my style and my wish to invite the reader into a story, I hoped to achieve ‘resonance’ and ‘significant contribution’ by developing curiosity in the reader. I used a unique method to approaching the data in clinical psychology training and research, which offers a different perspective on training and can be perceived as a ‘significant contribution’. This chapter provided ethical reflections, which will be re-examine in the conclusion to ensure that

this research was ethical and ‘meaningfully coherent’ by reflecting upon limitations and the study’s aims, the method use and the epistemological framework.

7-3 Relationship with the material

For the purpose of this research and because the research is grounded in narrative analysis and qualitative approaches, it was felt that a brief reflective account of my relationship with the material should be presented in order to situate the reader. This also hopes to contribute to the quality and sincerity of the study (Tracy, 2010).

At times, I noticed my difficulty or ability to engage with some of the stories. I related my difficulty to engage to conflicting views about PBL or challenging emotional stories with the PBL experience, but also to getting ‘used’ to a new style and feeling exhausted. I related my ability to engage when I felt that the stories were personal, and also when I was more engaged in the process and had more mental space. I used my reactions to the stories to develop a relationship, and to not only challenge myself but also to build the co-constructed stories and to gain awareness of my impact on the stories. This concept can be related to understanding counter-transference, which is the self-knowledge and capacity to examine one’s own reactions in relation to the client within a therapeutic context (Yalom, 2002). I applied this to the researcher-participant relationship, with a different focus and aim. I believe that being aware of my reactions to the stories offers important information on the emotional content and process of the PBL experience, and also allows the understanding of why one chose to focus on particular themes.

CHAPTER 3: NARRATIVE ‘ANALYSIS’ OF TRAINEES’ REFLECTIVE ACCOUNTS

“In the final analysis, a drawing simply no longer is a drawing, no matter how self-sufficient its execution may be. It is a symbol, and the more profoundly the imaginary lines of projection meet higher dimensions, the better” P.Klee

This chapter presents the results and findings of the narrative analysis. The results section has been divided into two sub-sections. The first sub-section presents the interpretation of individual participant’s narratives, supported by the relevant literature. Individual accounts² were shared to highlight the different meaning-making systems of the participants and to emphasise individual context.

The second sub-section presents the emerging narratives concerning identity changes through PBL across participants³ organised into shared narratives, plots and sub-plots. A plot refers to the main story and how this is constructed and organised in sub-plots, which are the different elements that make up a story. Themes and performative aspects were drawn across individual’s experiences to highlight what story clinical psychologists engaged in PBL tell about themselves and, why and how they choose to tell their stories in this way.

The results section will offer interpretations of how these findings are related to the current literature and supported by references to the available research as presented in the introductory chapter. This structural choice does not reflect traditional methods of presenting distinct results and discussion sections. However, it was felt that merging the results and discussion sections better fit the narrative nature of this story, in which the results are discussed within their context. This structural style also adheres with examples established by other qualitative researchers (Coyle & Rafalin, 2000; Dickson-Swift et al., 2007).

1. Results & findings

1.1 Participants’ narratives

This section presents the results of the narrative analysis of the reflective accounts of five clinical psychologists engaged in PBL during their DClinPsy training at UH. All participants name are pseudonyms as clarified in the method section.

² The terms ‘account’ and ‘story’ will be used interchangeably.

³ The terms ‘participant’ and ‘narrator’ are used interchangeably as the participants are viewed as narrators of their stories.

1.1.1 Narrators' stories

In line with the narrative tradition, the inquirer looks at how the stories are constructed and what meanings narrators give to their stories (Riessman, 1993). Therefore, for clarity, the narrators' stories are presented in two parts. The first part focuses on the performative aspects of the story (i.e. how the story was told, Herman & Vervaeck, 2001) and is not supported by the participants' quotes (except if the process is stated clearly by a participant) as it looked at processes across the story. The second part presents which story was told, based on the thematic analysis (Riessman, 2008) and is grounded into the participants' quotes to support the interpretation.

1.1.1.1 Sophie

How was the story told?

Sophie told her story using more "I" than "we" at the beginning, which may be reflective of her attempt to find her place in the group. As her story evolved, she used equal numbers of "I" and "we", which indicated that she was merging her identity with the group's identity. Her third story displayed a much higher use of "we" than "I", which suggested that Sophie's identity disappeared within the group and she adopted the group's identity. However, her story ends with a greater use of "I" than "we", which may be indicative of Sophie finding and affirming her identity again as different from the group's one and of distancing herself. Sophie perceived the PBL experience as uncertain but was enthusiastic about participating. As the story unfolded her perception changed to a challenge to her abilities and being evaluated and judged.

Sophie structured her stories in an academic way using an introduction, middle and conclusion, and supporting theories. This may be reflective of the context in which the stories were written (i.e. academic assessment), and of Sophie's intention to conform to the demands of training. With regards to the audience, the story seemed to be written for the assessors and Sophie's figures appeared mainly internal to the story and context of training. However, as the story developed, she brought more external figures into the story, which seemed to support her experience.

Ideologically, Sophie seemed to situate herself within a systemic understanding of human relationships, based upon humanistic values, which may reflect her wider cultural upbringing. During the development of her PBL stories, clashes between the selves were noted, particularly between wanting to be part of the group and wanting to be more assertive and independent.

Which story was told?

Sophie's story seemed to emphasise cultural differences and finding her voice in the group. She clearly stated her cultural difference and addressed issues of power related to the clinical psychology world:

"Being part of an ethnic minority group, I feel I need to take a critical stance towards more traditional approaches, which are embedded with Eurocentric cultural assumptions [...] principles well suited to multicultural work [...] due to their non-pathologizing stance privileging local knowledge and issues of power and social justice (Account 3)".

Estrada Duek (2008) conducted a study highlighting that a PBL group's interactions can somehow contribute to maintaining unequal relations between minorities and dominant 'classes' within the group. She related this inequality to traditional roles, students' expectations, tutors' presence, and tutors' feedback. It was interesting to note that her PBL facilitator or tutor had an important role in making Sophie feel valued and listened to. She clearly expressed that when the facilitator changed to a white male, she did not feel reassured or integrated into the group anymore and seemed to lose her voice:

"Before meeting our new facilitator, I felt apprehensive about how our group dynamics would change with the addition of a new male facilitator [...] When we first met X, it felt like we were interviewing him [...] the four other members of the group [...] reflected on how X's accent helped endear him to them, because their shared cultural upbringing [...] This was the first time I felt like an outsider [...] given the chances of working with someone who comes from a similar cultural background to me are rare, I realised that colleagues would probably always have to make an extra effort to try and understand me and vice versa (Account 2)".

It seemed that her PBL experiences contributed to the development of her identity as 'challenging' traditional approaches within psychology:

"I wonder whether my rejection of more traditional approaches threatened other (Account 3)".

This also contributed to her position as a professional:

"My own feelings of powerlessness made me reflect on how it must be like to be in X's position [...] I thought about the position I often take with regards to power when thinking about referrals [...] the way therapists use the power inherent to their role dependent on their structural positions in societies.[...] I normally align myself with those people who have less power in the system [...] perhaps because I can identify with the

position of feeling powerless and wish to enable the person(s) to gain more power (Account 4)".

These experiences also contributed to Sophie's position and choice of psychological approach, not individualised but community and culturally orientated. Finally, Sophie felt irrelevant to the group, asphyxiated by her roles in the group and no longer growing:

"I started to increasingly feel as if I didn't have a quality which the group relied on me for, and felt paralysed and suffocated by the roles I normally took. I felt as if I wasn't developing anymore and it was difficult to think about all the positive experiences (Account 4)".

Luft (1984) argues that a role may be assigned by "covert collusion" and that "role is imposed by the context, by the person and by others" (p.21). This may explain why Sophie felt restricted and needed to detach from those roles as she felt they were not adequate anymore considering what she had become and how she had developed in the group. She could not sustain her role of 'task-master' anymore as she began to challenge dominant views and became the spokesperson for alternative views and opinions opposed to the dominant views. One can imagine that these roles were in part aligning with the dominant discourse within the group and that towards the end Sophie had 'found' a new identity in the group and could not fulfil her 'old' role anymore.

For Sophie, one can wonder if her community-based beliefs also influenced her choice of more social, contextual and systemic understandings of difficulties rather than a more individualised approach. Shafranske & Maloney (1990) argue that religious and spiritual beliefs impact on the therapeutic choices of clinical psychologists. Sophie states:

"Expectations about my role within my family and the wider xxx culture. I became aware of how training was impacting at a systemic level, forcing others, and me, to modify my role within my family [...] We discussed how this contrasts with most of the others' experiences [...] their lives might not be as family oriented as mine [...] I chose to focus on systemic models, whereas the others chose to talk about individually focused transition models (Formative Account)".

One can suppose that this statement positioned Sophie in a minority from the start of the story and in a less powerful position than the others in the group. As Estrada Duek (2008) argued, PBL groups can engender inequality in participation and maintain wider social inequalities. This seemed to be the main theme for Sophie and contributed to her co-constructed identity as a clinical psychologist working with particular models, challenging traditional views and being sensitive to issues of power.

1.1.1.2 Camille

How was the story told?

Camille used “I” more than “we” consistently throughout her story. However, at the beginning she used both, which may have been reflective of her attempt to find a place in her group. As her story unfolded, Camille predominantly used “I”, which may be mirroring her need to make of sense of the changes she was experiencing. This may also have been reflective of Camille’s becoming more differentiated and affirming her being in rather than belonging to the group. There was a change in Camille’s perception of the context in which her stories took place. The story started with a ‘confident’ feeling and ‘knowing’ what to expect. As the story evolved, she perceived the PBL space as creative and as a place for professional and personal development.

Most of her stories reflected an ‘academic’ structure except for the first and third ones. With regards to the first story, one can wonder if Camille received particular feedback, which may have impacted on her structural changes. The choice of ‘academic’ structure may have been influenced by the context in which the stories were written (i.e. academic assessment). The third story, which differs in structure, contains difficult emotions and one can wonder if Camille needed a different structural model to make sense of it.

Camille used mainly internal and external figures related to the professional world. She situated herself in an ideology, which valued difference, diversity, creativity and challenging oneself to develop. She also situated herself within an ideology that being pro-active and self-directed contributes to development, and that her role was to encourage clients and other professionals to be more active in a culture in which ‘passivity’ is common.

Which story was told?

Camille’s story seemed to reflect important changes in the way she saw the roles of clinical psychologists and her understanding of group functioning and dynamics. She moved from a position of ‘expert’ to a position of openness, beginning to value difference so that she could learn from others and believing than one should be encouraged to look for their own solutions rather than being a passive recipient of an ‘expert’ voice.

At the start, she reflected that she felt as an ‘expert’ and ‘leader’, which helped her contain her anxiety about the unknown and having to rely on others:

“I was concerned that I would be bored by working with people who were new to group work [...] I believe that my adoption of this expert position was a defence against sitting with uncertainty [...] I attempted to maintain this distant expert stance rather than

become an equal member of the group [...] I felt that the right way to do the task (Formative Account)".

Oskamp (1965) argues that some clinical psychologists have a tendency to become convinced of their own understanding of cases, which can be seen as a need for clinical validation based on personal feelings of confidence. Gudykunst & Nishida (2001) argue that anxiety is an emotional response that arises from being in an uncertain situation in relation to others and tends to be higher in intergroup situations rather than interpersonal situations. Camille reflected that the 'expert' position helped her manage her anxiety in the group:

"By adopting this position (expert) I entered the experience confident rather than anxious and unknowing (Formative Account)".

Gudykunst & Nishida (2001) argue that anxiety is based on negative expectations regarding one's self-concept and being negatively evaluated by other members of the group. Camille seemed to identify this process within herself:

"I had become aware of my tendency to expect others to feel as I did, and of judging people negatively if they did not (Account 1)";

"I appear very confident, often take a dominant role and am rarely a "quiet" group member. I also struggle to show any vulnerability to others (Account 3)".

Gudykunst & Nishida (2001) also argue that avoidance is a way to manage anxiety, but when one cannot avoid the interactions with others, they tend to terminate it in some way. For Camille, adopting the 'expert' position may have been a way to not interact with others by placing them in a position of inferiority:

"I attempted to maintain this distant expert stance rather than become an equal member of the group. I did this by forming judgements of others as inadequate. In particular, I labelled X as immature and superficial (Formative Account)".

Camille's response to anxiety may have been reflective of the wider Western competitive culture (Parker, 2007), but also reflective of the status of clinical psychology as 'social authority' (Rose, 1998). One can wonder how embodied this collective social construction about clinical psychologists might have been in Camille:

"I often assume a chairing role, particularly when I feel that a group is progressing slowly, or is moving away from the task. The decision to have a chair person pushed me to hold a less dominant role. I found it difficult at times and realised that I did not feel comfortable relying on others to achieve (Account 1)".

However, as her story unfolds, Camille experienced ‘rejection’ and ‘being silenced’, which enabled her to become more self-aware and challenging of her own personal and theoretical assumptions:

"I also wanted to adhere to one style, and found it difficult to compromise [...] I could be at risk of prioritising my own needs [...] I continued to suggest changes in order to improve it (the presentation). I felt silenced by the consistently negative responses of other group members [...] I took on the anxious role on the group, there is a possibility that I was already anxious [...] I realised that I focused solely on task performance at this stage and ignore the importance of social relations (Account 2)."

This awareness of self in relation to others seemed to be cultivated by the PBL experience, which provides insights into the processes by which one makes sense of their social world (Evensen & Hmelo, 2008).

Camille developed a different sense of self and identity as a clinical psychologist through the PBL experiences that she viewed as potentially ‘therapeutic’:

"I feel I understand myself better, feel more understood and understand others more. This has highlighted the potential PBL has to be a therapeutic experience (Account 3)".

Camille was also able to explore the meaning of her role in the group by putting her story in context:

"I became aware of how diverse our family structure, beliefs and experiences were and how much this impacted on each of us [...] I am only beginning to understand the impact that my own background has on me, in particular my role in groups (Account 3)".

Camille seemed to move from the ‘expert’ position to a collaborative and explorative one through her PBL story, becoming more vulnerable:

"I have tried to allow myself to share more about myself and then feel more vulnerable (Account 3)".

She looked to explore difference alternatively:

"Applying PCP led me to view this as natural and inevitable difference caused by group members having diverse previous experiences and ways of construing the world. This led me to feel more accepting of difference and therefore more willing to explore it (Account 3)".

For Camille, a main theme throughout her stories was to empower clients and teams to 'do' rather than 'being done to', fostering active engagement rather than passivity. This could be related to her experience of PBL and one of the main features of PBL as self-directed learning experience (Evensen & Hmelo, 2008):

"I felt that being given both the responsibility for the amount of learning I did and the choice of what to learn about increased the amount of self-directed learning I undertook [...] I would like to try using this style of learning when working with teams [...] and encourage others to try learning in a way that could be more active and meaningful to them. The experience has also served as a reminder of the importance of supporting clients to work things out for themselves rather than providing answers which may be less emotive, memorable and important to them (Account 4)".

It seemed the experience of self-directed learning greatly influenced Camille's co-constructing of her identity as a psychologist and the stance she chose to follow.

1.1.1.3 Loanne

How was the story told?

Loanne used "I" more than "we" in her stories. However, the start and end of each story have a similar ratio, with three quarter of the pronouns being "I" and a quarter being "we". This may be reflective of her starting position, in which she may have tried to be herself and to find a common ground. In the middle of the story, Loanne used "I" much more and only a few "we", which may have been reflective of her need to find a voice through the written account, her difficulty in being heard within the group, and as an expression of her separate identity as she could not identify with the group identity. She perceived the context in which her story took place as a challenging one and a space for exploring differences, others and self.

Structurally, at the beginning Loanne did not seem to follow 'academic' rules, but took a more 'reflective' structure using no separation or themes. However, a change of structure appeared, including titles and separation, which may have been reflective of a need to contain an unsettling experience and maintain her sense of identity:

"This lack of clarity has been mirrored in difficulties writing this essay, I want it to flow neatly, coherently and linearly and to reveal the right answers" (PBL 3).

She ended her story using a structure including themes, which may reflect the need for clarification of her experience.

Loanne brought many internal and external figures consistently into her stories. It seemed that this enabled Loanne to illustrate her stories and allowed the reader to enter her world and perceive different narrative identities and voices. She situated her story within a social constructionist understanding (Burr, 2003) that there is no truth but personal truth and, that stories are contextual and people are different and understand the world differently. She also believed that identity is formed by interactions with others. Loanne seemed to experiment between her selves, trying to find the balance between her emotional needs and the group needs.

Which story was told?

Loanne's story seemed to emphasise how the PBL experiences had transformed her at personal and professional levels, valuing the internalisation of PBL 'voices'. However, she reflected that her journey was challenging and she felt that she had lost herself, which enabled her to develop.

From the start, Loanne took a particular stance, which seemed to reflect her views and stance as reflective, but also put her in a difficult role. She shared her vulnerability with others in the group as she felt this would enable emotional connection in the group:

"It is unsurprising that I found myself suddenly disclosing a significant level of personal information: on reflection it seems feasible that I subconsciously did this to increase our emotional connectedness (Formative Account).

Winslade (2002) highlights that psychologists are assumed to be more 'self-actualised' than others, hence why they could help others better. Therefore, sharing emotions and being vulnerable may not conform to the expectations of being a trainee psychologist and it may have left Loanne unsettled by the perceived response of others:

"I later realised that my disclosure came at a price [...] I felt some guilt for having burdened the group with my problem, and worried that members might resent this (Formative account).

Lee & Lee (2010) argue that the 'affective' is an integral part of PBL, which fosters self-disclosure and

relating to others. However, it is also arguable that self-disclosure can be harmful (Miflin, 2004) as it can be perceived as 'de-stabilising' for the other group members (Keville et al., 2009). Self-disclosure is seen as beneficial to group processes, but can also silence the other group members particularly at the first stages of group forming (Corey et al., 2010).

For Loanne, being vulnerable seemed to be apart of her identity which may have conflicted with the wider perception of clinical psychologist's stereotypes. She shared her struggles with these stereotypes:

"The anorexic has achieved a level of control and mastery that may be seductive to psychology trainees with perfectionist ideation (Account 1)".

Loanne seemed to have difficulty with defining her identity in relation to the wider ideas about clinical psychologists:

"I realised that I have struggled with group-affiliated judgments [...] being accused of 'psychologising' people or fulfilling the debatable stereotype that psychologists think they are superior (Account 2)."

She mentioned in her story that trainee psychologists may tend towards perfectionism and the profession might attract 'high achievers' (Nordmo & Samara, 2009). This might reflect the 'individualistic' culture in clinical psychology. Orford (2008) argues that Western practices of clinical psychology are 'individualistic' and have neglected the social context of the individuals both working in clinical psychology and receiving psychological services. High achievement can lead clients and people to have false beliefs about the profession and reinforce the dominant discourse that clinical psychologist are "superior" human beings, not experiencing any personal difficulties (Winslade, 2002). For Loanne, the social identity of clinical psychologists seemed to invalidate her identity as 'reflective'.

Loanne reflected on her difficulty with the cultural expectations about being a psychologist, finding her place and the heavy demands placed on trainees:

"I feel the pressure of cultural expectation that professionals should [...] know the answers [...] I am cognisant of common discourses (Account 3)".

Loanne's story might be reflective of and situated within the current context in which clinical psychology's power is debatable (Nel, 2012). In Loanne's story, there was also a sense that the cultural expectations placed upon psychologists are difficult to manage.

However, Loanne wrote in her story that although the PBL experiences were challenging, she was able to learn and she valued her self-development through PBL. For Loanne, the PBL experience also reinforced her view that self-reflection is important to her work, which contributed to her co-constructed identity as a reflective psychologist. This may have been influenced by the effect of PBL on learners, which enables creative thinking, self-reflection and dealing with unsettling situations (Nel et al., 2008; Keville et al., 2009, 2010). Self-reflections is an important component in enhancing learners' development within clinical psychology (Stedmon et al., 2005; Hughes & Youngson, 2009).

1.1.1.4 Amandine

How was the story told?

Amandine started by using "I" more than "we", which may be reflective of her finding her place in the group and being comfortable. In the second story, she used "I" and "we" equally, which might be indicative of the group's identity development and her feeling part of the group. However, in the third story, in which Amandine struggled to find her place and felt isolated, she mainly used "I" in attempt to contain her anxiety and regain a sense of power. The fourth story employed "we" more than "I", which could be related to Amandine making the group identity hers and to an attempt to redefine herself through the emerging group. The last story mostly utilised "I", which might be reflective both of her need to focus on herself and of a sense of disconnection from the group as the story ended.

Amandine situated and perceived the context in which her two first stories took place as part of an assessment, which was reflected in the structure of the accounts (i.e. following the marking criteria). As her story evolved, Amandine perceived a different context in which her story took place, which is also reflected in the structural changes. It seemed that Amandine moved away from the marking criteria and their fear of assessment to a more personal style:

"While I have previously structured reflective accounts into sections about myself, the group and diversity, this structure does not seem to make sense of an experience that encompassed myself within the group context. For this reason, this account is headed Before, During and After" (PBL 3).

This change of structure may also have been reflected of her need to contain difficult experiences through PBL. She used a more reflective and personal structure towards the end.

Amandine drew upon diverse internal figures, which gave a sense of multiple selves and allowed her to situate herself. She placed herself within an ideology that reflected a need to be positively judged in order to feel confident, that people are different and that assumptions should be challenged. She also believed that sharing leads to feeling vulnerable and that trusting others is difficult and that one needs

to feel safe in order to develop and experiment with new identities. She described clashes between herself, wanting to be accepted and worrying that if she expressed her real self she might be rejected. At the end of the story, her selves clashed between wanting to remain connected to the group and feeling isolated.

Which story was told?

Amandine's story seemed to focus on personal and professional developmental experiences. She started feeling quite 'insecure' and unconfident, wanting to 'fit in', be accepted and feel validated:

"I had anticipated this group as being like other groups and so became focussed on what I needed to do to be evaluated positively (which is important to me) [...] I am wary of judging others when I found it so difficult feeling watched (Formative Account)".

This initial position seemed to have directed her to adopt a 'leading' role as she felt that this was expected from her:

"In the first session I found myself volunteering to write on the board, which in retrospect I can see gave me a sense of leadership and control [...] I can see that I fell easily into previous patterns of working in groups where I had been given control (Formative Account)".

Adopting the 'leading' role could be perceived as a way to contain her anxiety of being negatively evaluated (Gudykunst & Nishida, 2001).

Amandine shared the fact that she found it difficult to be open with and to trust others:

"Having shared something relatively personal, and heard others, I found myself feeling quite vulnerable [...] Part of my challenge this year has been in developing trusting relationship with peers and accepting support from them [...] I was aware of some anxiety about trying to be open (Account 2)".

Trying a new role (i.e. being more opened) left her feeling unsettled, isolated and powerless:

"I was trying out a new role. This did not feel supported by the group. I felt unheard [...] I was unsure why I felt angry, and was later able to identify anger as a secondary emotion covering a feeling of powerlessness in the group (Account 2)".

This feeling felt incongruent with her ‘negative’ belief about powerlessness and what it is to be a woman:

“My own negative view on the meaning of powerlessness, and particularly what it means for me as a woman whose constructs about self do not include powerlessness, have made it difficult (Account 2)”.

For Amandine, experimenting with new role in which she felt powerless was difficult because it contrasted with her view of being a woman.

Amandine experienced an identity conflict within the PBL experience. It seems that the way she perceived herself as a clinical psychologist in training did not fit with her experience of being powerless and vulnerable. This belief appeared to be shared by many other trainees and there seemed to be a cultural expectation that a trainee psychologist should be ‘strong’ and not vulnerable. This mirrors Winslade’s (2002) view that psychologists develop a highly powerful professional identity and do not experience the same difficulties as others do. By experiencing being in a powerless position, Amandine feared to be negatively evaluated and judged:

“I felt concerned that this norm would get in the way of finishing the presentation; this conflict within me led me to feeling less part of the group [...] I was reluctant to think about group process in the presentation, as [...] I also worried about a negative evaluation of process difficulties (Account 2)”.

This belief that she needed to appear strong might also reflect wider Western belief in capitalist societies, which have an embodied psychological notion of the self as a subject able to predict and control oneself, which fuels the competitive and individualistic ideology of capitalism (Parker, 2007). This wider cultural Western belief might also be perceived at the beginning of Amandine’s story, in her difficulty to rely on and trust other people.

However, as her story with PBL evolved, Amandine experimented with different roles and identities, which challenged her but also allowed her to develop. These changes in position were evidenced in her third story in which there was a change of structure as seen earlier.

This change of structure might indicate that Amandine was feeling more confident in expressing herself, less worried about her ability on the course and less eager to respond to and fit within wider professional norms. There was an attempt to share her needs and respond to them in the face of challenging the current norms. This can also be seen as communicating that her position had changed and that her vulnerability and powerlessness enabled her to affirm her identity and gain confidence.

Amandine, who began as someone who tried to mask her vulnerability in order to conform and be positively evaluated, changed within the PBL group experience. She shared the fact that she felt more equipped to deal with conflict, gained confidence and was able to be vulnerable, which impacted on her relationship with others and herself (Hughes & Youngson, 2009). She also shared how this experience enabled her to be more reliant on others:

"I felt held in mind and a continued sense of belonging [...] children learn to manage difficult feelings through their experience of being "held in mind" by a caregiver. The group appeared to serve this purpose for me (Account 4)".

It seemed that her experience of PBL did not confirm her constructed beliefs about psychologists and expectations she placed on herself, but enabled her to deconstruct these beliefs and develop a different identity as a psychologist:

"I have learned about my desire to speak about emotional and personal issues and the use of my self (Account 4)".

This might reflect the deconstructive nature and philosophical position of PBL (Barrett & Moore, 2011).

1.1.1.5 Lola

How was the story told?

Lola started her story by equally using "I" and "we", which may be suggestive that she was trying to define herself through co-constructing the group identity. In the second story, she used "I" more than "we", which may be related to her difficult experience in being in a group with a missing member. However, in the next story, she used mainly "we", which might suggest her construction of identity through the group:

"One of the major consequence of being in a group is a change in the way we see ourselves [...] our self-concept and social identity are ultimately bound up with our group memberships [...] I have used the term "we" more frequently than "I""(PBL 4).

Lola perceived the context within which her story took place as overwhelming and destabilising at first, but as the story evolved she portrayed the context as 'safe'. The structure seemed to be 'academic', which can corroborate with Lola's sense of self and being part of an academic group.

Lola used internal and external figures related to the context of training, which seemed to illustrate group characteristics and identity and situated her story within the professional context. This can be related to the context in which the reflective accounts were written (i.e. academic assessment). Ideologically, Lola situated herself as a believer that being in a group impacts on one's identity, that PBL provided a space to develop team work skills, and that people's opinions should be valued. She expressed clashes between selves, wanting to push boundaries and being anxious. Towards the end, she expressed a clash between her 'trainee' selves and reinventing her selves outside the course.

Which story was told?

Lola's story seemed to focus on the importance of the group identity and shared group experience to build upon her own identity at personal and professional levels.

At the beginning of her story, Lola seemed to emphasise her awareness of individual preferences and described her identity as 'task-focused':

"I am very aware of the way in which I find most productive to work, and how this may not suit all people, particularly in a group setting. I prefer to stay focussed on task and will often direct the group if I feel we are not getting anywhere (Account 1)".

Lola also seemed very conscious of the group forming and her attempt to be part of the group:

"The initial presence of five individuals rather than a cohesive group [...] so had to rely more on our own skills to develop as a group [...] whereby each member has been able to use their particular strengths to the advantage of the group (Account 1)".

This may suggest that Lola had a view of herself as an individual in the group, with a different identity. However, her awareness of individualities seemed to convey her desire to become part of a group. This might be intrinsically related to PBL group interdependence which fosters a collective knowledge rather than an aggregate of individual knowledge (Estrada Duek, 2008). Lola's attention to this process might also be related to experiencing the group cognitive activity and shared emotions, which allows a shared mental model for the group to function (Estrada Duek, 2008).

Towards the end of her story with PBL, Lola reflected that she used "we" much more than "I":

"I have used the term "we" more frequently than "I". I wonder if I am too readily assuming a shared experience [...] rather than considering my experiences/opinions as separate and how other group members might have differed [...] in relation to my focus

on the “we”, I wonder if this was my way of keeping the group alive now that it had officially ended (Account 4).

One can suppose that Lola used “we” more to keep the group alive in herself and as a way to affirm her co-constructed identity through the group (Napier & Gershensonfeld, 1989).

The group experience seemed very important to Lola’s narrative of identity changes within PBL. Nel et al. (2008) argue that PBL’s primary hope is to encourage trainees to engage in self-directed learning and to develop their own style by managing uncertainty and ambiguity, which is a major part of clinical training (Pica, 1998). For Lola, the group style and identity seemed to prevail and defined her style:

“We were able to disagree in a way that seemed more genuine and safe [...] to tolerating difference, to actively differing in opinion and understanding our experiences [...] to consider multiple perspectives as the group’s dominant narrative (Account 4)”.

Lola showed her bond with her group and its contribution to her identity:

“One of the major consequences of becoming a member of a group is a change in the way we see ourselves (Brown, 2000) [...] linked to our identity as ‘the creative group’ (Account 4)”.

Lola’s story, focussing on the influence of the group’s identity on co-constructing her identity, appears to challenge the traditional perspective on the concept of identity as seen in the literature review. Lola’s story seems to reflect the view that identity is constructed through relationships (e.g., Gergen, 2009; Anderson, 1997). It can be argued that Lola’s PBL group experiences and identity changes can be related to being in a family, which also reflects that identity is social and influenced by ‘family’ relationships (Werner-Wilson, 2001). Lola also narrated her identity changes in relation to the course philosophy at UH:

“The social constructionist course philosophy impacted hugely on this transition, enabling us to consider multiple perspectives as the group’s dominant narrative (Account 4)”.

Lola seemed to construct and narrate a view of herself in relation to the context in which her story was taking place, which supports the view that the self is multi-storied and embodied in culture (Bruner, 1990). This may also be reflective of the PBL philosophy itself, which is situated within post-

modernist approaches and argues that knowledge is co-constructed in relationship and culture (Barrett & Moore, 2011).

1.2. Shared narratives and plots

I identified three main shared plots and related sub-plots in relation to the research questions (see appendix 11). These plots are enriched with quotes from the written accounts of the participants.⁴

1.2.1 Plot 1: 'Identity changes through the PBL group'

Each narrator has their own relationship with learning by being in a group. However, all of them shared their learning experiences through the group. Napier & Gershenson (1989, p.7) says that: "*when individuals join a group they change; they are no longer the same people they were before becoming group members*". This argument suggests that identity changes occur through the experience of being in a group. It seems that self-development through the PBL group was a crucial component contributing to self-awareness, self-understanding and understanding others' perspectives:

"Through exploring relationship dynamics, I became more aware of how I impact on others and how I am affected by them, an insight that will be useful in us working as group together in the future (Formative account)", Sophie.

Tajfel (1981) argues that the group's identity is achieved by a process of social categorisation. Social categorisation represents a system of orientation, which helps individuals to create and define their place in society. Social identity is related to group membership and it is defined as part of an individual's self-concept from belonging to a group and being emotionally attached to it (Tajfel, 1981; Brown, 2000). Bruner (1990) also argues that human beings form a sense of self within a relational context, and by interacting with one another within the 'same' culture. The PBL group can be seen as such an environment, which provided the 'same' culture for the participants to develop a different sense of self and create stories about themselves:

"(PBL) It has given me a foundation in understanding how groups function, the potential impact they have and the impact of difference (Account 4)", Camille.

⁴ The quotes were used to highlight and enrich the discussion and reflect that this story (i.e. the research) is embodied in the participants' stories. This also hopes to ensure the credibility of the research (Smith, 2003).

I identified four sub-plots that contribute to changes of identity taking place within the PBL group: 'anxiety and interpersonal relations', 'being vulnerable', 'tensions between individualism and collectivism' and 'differences'.

1.2.1.1 Subplot 1: 'Anxiety and interpersonal relations'

All narrators recounted that anxiety brought changes. For some this appeared unsettling whilst others embraced it. However, it seemed that, for all, these anxiety-provoking experiences enhanced personal growth and professional development. The literature around identity and anxiety shows that anxiety can have a positive function by stimulating individuals to explore and re-examine their identity commitments (Erickson, 1950). However, high levels of anxiety can be unsettling:

"Our anxiety led to changes in the way we worked [...] We fixated on being more creative [...] we fragmented, privileging individual interests [...] We stopped listening [...] these behaviours served to feed fears regarding a growing lack of cohesion (Account 3)",
Loanne.

The literature around anxiety and identity shows a strong relationship between identity and anxiety (Marcia, 1967; Marcia & Friedman, 1970; Schenkel & Marcia, 1972; Oshman & Manosevitz, 1974; Adams et al., 1985; Rotheram-Borus, 1989; Dellas & Jernigan, 1990; Crocetti et al., 2008). The literature shows that high levels of anxiety may hinder identity formation when presented with new alternatives, disabling the person to make a choice. However, anxiety at tolerable levels, may also contribute to growth and development by enabling an individual to re-examine their choices and who they are in relation to their context (as this changes as the individual grows).

The development of a coherent and organised sense of identity (Erikson 1950) is a key task in adolescence. Individuals may evaluate various alternatives before making firm identity commitments. This process has a positive and a negative side: on the one hand it is exhilarating because it corresponds to the human need to search for and to find a personal identity, but on the other hand it is often painful, since choosing requires one to give-up other possibilities that might also be attractive (Palmonari et al., 1992). Thus, adolescents might oscillate between the wish to become committed to relevant life domains, and the fear of making wrong choices. If we apply this concept to psychologists engaged in the PBL experience, we can suppose PBL may be a challenge to the established 'self', which brings a need to re-explore one's identity. Psychologists engaged in PBL can oscillate between their 'comfort' zone and anxiety and the unknown. This may lead to experiencing anxiety due to the uncertainty of the situation, which may be challenging but also related to a developmental experience:

"Anxiety and uncertainty are difficult feelings to have but allow us to learn from others. Rather than remain stagnant within our personal and group norms we should challenge ourselves and others to keep developing (Formative account)", Camille.

Frances (2008) describes that in the first stage of group forming, the members are preoccupied with their own personal questions and will try to create answers. They may experience 'Kellyan anxiety' (Frances, 2008) as they may not have the constructs to deal with the experience of this unfamiliar group and situation:

"When we go through personal life change, our construct system also changes [...] We may experience anxiety, where we recognise that events with which we are confronted lie outside the range of convenience of our construct system. The non-directive approach of PBL made me feel anxious (Formative account)", Sophie.

All changes involve a loss and anxiety can be present at any stage of the group experience (Frances, 2008). However, being in a group facilitates the experience of 'sociality', encouraging mutual understanding and helping manage the extension of one's construct system (Kelly, 1955):

"We were able to disagree in a way that seemed more genuine and safe [...] We moved from a group needing to form a consensus [...] to tolerating difference [...] and understanding of our experience (Account 4)", Lola.

Mutual understanding and the experience of 'sociality' are often related to the ability to be open and vulnerable, as we will see in the next sub-plot.

1.2.1.2 Sub-plot 2: 'Being vulnerable'

The clinical psychologist's place and identity are often idealised and powerful (Winslade, 2002), and often seen as an 'expert' within the current dominant discourse in the profession (Nel, 2012). Therefore, if trainees hold these social constructions about the role of clinical psychologists when starting the training, being vulnerable may not be seen as a positive 'state' to explore or share:

"Having shared something relatively personal, and heard from others, I found myself feeling quite vulnerable. I was more aware of the developing bond in the group [...] part my challenge this year has been developing trusting relationship with peers, and accepting support from them (Account 2)", Amandine.

This ‘mask’ worn by individuals and the group might be related to the need for a professional group to believe in their value when compared to another professional group (Festinger, 1954). This may then fuel a pressure to highly perform and achieve, which reflects the wider dominant discourse in Western individualistic culture and the Western ‘individualistic’ practices of clinical psychology (Orford, 2008).

However, through participants’ accounts, it seems that the PBL experience was often associated with a developmental experience, in which being vulnerable supports the growth and development as a clinical psychologist with its multiple roles (therapy, supervision, teamwork). Being vulnerable was also an experience associated with better understanding both the self and others:

“When disclosing my personal experience [...] I became aware of fears that the others would think I am seeking attention [...] pathologies me [...] the discomfort experienced [...] seemed to echo with all of us, serving to normalise our experiences (Account 1)”, Sophie.

“In the PBL group I have tried to allow myself to share more about myself and then feel more vulnerable. [...] My experience is this PBL [...] I feel I understand myself better, feel more I understood and understand other more (Account 3)”, Camille.

It seems that participants often relate being vulnerable to their ability to connect and develop empathy with clients, which may somewhat question the demands psychologists put on clients (i.e. being vulnerable and opened) and their capacity to apply those to themselves:

“Disclosing my personal experience [...] made it easier for me to empathise [...] offered an additional insight into how clients might feel guilty about talking about difficulties (Account 1)”, Sophie.

“We began to share relevant personal experiences [...] Our consistent supportive responses to each other allowed us to feel safe enough [...] This is often the case in therapeutic relationships whereby clients may avoid those issues that are more painful until they feel safe enough to share them (Account 1)”, Camille.

Hughes & Youngson (2009) argue that personal development is essential when developing as a clinical psychologist and that a willingness to develop self-awareness and understanding contributes to challenging oneself and facing ones fears. This developmental experience within PBL can be seen as fostering professional growth and one can argue that being vulnerable and developing trust for others offers an opportunity to feel what it might be like to be in the client’s shoes (Yalom, 2002):

"It is unsurprising that I found myself suddenly disclosing a significant level of personal information: on reflection it seem feasible that I subconsciously did this to increase our emotional connectedness [...] It resulted in all but one of us revealing similarly sensitive issues in what became almost a therapeutic space (Formative account)", Loanne.

"I feel I understand myself better, feel more understood and understand others more. This has highlighted the potential PBL has to be a therapeutic experience (Account 3)", Camille.

Being vulnerable often brings uncertainty and anxiety. Being vulnerable also is unsettling. In relation to identity changes and development, this process might be liberating to be able to just "be", but on the other hand it might also be frightening since one might be without one's 'mask'.

Being vulnerable takes place in relation to others, and sometimes it might be difficult to find the balance between one's and others' needs as we will see in the next sub-plot.

1.2.1.3 Sub-plot 3:*"Tensions between individualism and collectivism"*

Forsyth (2009) argues that group members often have to make a choice between reaching personal and group goals. Individuals are different in their approach and base their choices on their culture and way of seeing the world (Forsyth, 2009). Individualists will attempt to further their own ends whilst collectivists will focus on increasing the well-being of the group, which will be related to different emotional responses. For a collectivist, a feeling of self-disappointment may arise (i.e. not being able to focus on one's own needs):

"Before I would be more mindful of the group goal, towards the end, I was thinking about how I had through prioritising the group goals, in some ways compromised my own personal goals (Account 4)", Sophie.

Whereas for an individualist, there might be a feeling of guilt for not having been thoughtful towards others:

"I realised that although I had enjoyed the experience, it had not suited everyone's style of learning and working. I felt guilty because I had felt comfortable with the style of working and thus had chosen to disregard others' discomfort. I related this experience to the tension between collectivism and individualism (Account 4)", Camille.

Both feelings and positions may conflict with wider cultural dominant discourses. For individualists, the conflict is related to the view that one should take care of others; whilst for collectivists, their culture conflicts with the Western individualistic idea that one should focus on their actualisation as an individual (Eleftheriadou, 2010). Finding the balance between personal and group goals and finding one's place could be related to different parts of the self clashing with cultures and dominant discourses, which creates conflict:

"I would attribute the tensions to [...] the group effort to maintain a balance between task oriented actions and emotionally expressive behaviours (Formative account)", Loanne.

"This conflict between group attitude and individual disposition may lead to discomfort (Account 3)", Amandine.

Although this is a common theme, it was experienced differently by each participant. The relationship between collectivism and individualism may also be related to the experience of developing, growing and forming an identity:

"A change in our facilitator was also noted [...] his self concept as part of the group" – "I have used the term "we" more frequently than "I". I wonder if I am too readily assuming a shared experience [...] rather than considering my experiences/opinions as separate and how other group members might have differed (Account 4)", Lola.

Eleftheriadou (2010) proposes that individuals from collectivist cultures define themselves as relational and prioritise group 'identity' and belongingness as opposed to individualistic cultures, which focuses on independence and personal space. In relation to the participants' experiences, one may propose that this split between individualistic and collectivist culture is not so clear and is different for each narrator. This seemed difficult to negotiate and had an impact on finding one's place within the wider context of clinical psychology:

"The differences in clinical style are also evident; there is a wide range in the desire to use the self in clinical or academic work. We all have different past experiences of endings and needs [...] Finding a common ground to discuss emotional or personal experiences can be difficult in this context (Account 4)", Amandine.

The tensions between collectivism and individualism can be related to understanding and experiencing 'differences' as we will see in the next sub-plot.

1.2.1.4 Sub-plot 4: 'Differences'

In relation to the development of self and identity, difference may be viewed as understanding that one is different and therefore separate from others, which enables the development of a unique self (Freud, 1905; Erickson, 1958; Grinberg, 1990; Berk, 2000). Difference seemed a crucial theme related to identity changes in the participants' narratives. Difference seems also to be an important learning experience for group members, learning through and with others within the PBL experience:

"Participating in PBL has taught me to appreciate and respect diversity. I realised that we all come from different backgrounds, with different experiences, knowledge and style of learning. A variety of ideas were generated that wouldn't have occurred to me alone. PBL offered the opportunity to extend my knowledge and to learn how to approach a topic from different perspectives (Formative account)", Sophie.

Each narrator discussed the themes of difference and diversity at length and attached different meanings to them depending on their personal journey and development. However, all seemed to agree on its contribution to their development as a person and a psychologist. Barrett & Moore (2011) suggest that PBL is a "total approach" in which group processes and the exploration of self is a major component of professional development. PBL is also viewed as enhancing the understanding different perspectives, cooperation, managing conflict and the meaning of differences in the group (Nel et al., 2008; Barrett, 2005; Keville et al., 2009; Stedmon et al., 2005; Fenwick, 2002):

"Different members of the group had their own preferences as to how they learnt [...] pertinent reminder of the need to explore and respond to difference. It has also highlighted the tension and conflict that can arise when difference is ignored [...] I will also miss the space for learning from others that I believe I learnt so much from (Account 4)", Camille.

This experience facilitates a deeper learning on self and others and the ability to tolerate uncertainty and differences. Fenwick (2002) shows that professional graduates learners perceived their most significant learning, as being related to group processes and self-knowledge. This seems to mirror the participants' experiences in relation to group and personal differences. Differences are representative of the unknown, ~~being often~~ being fought against, causing anxiety and provoking conflict:

"People in the group have been afraid of being rejected by other group members and were conveying this fear through the abruptness, criticism and attacking other group members (Account 4)", Sophie.

Differences are often hidden behind a 'mask' or professional persona (Jung, 1986) in order to be accepted and to fit in and take time to be noticed, explored and expressed:

"Initially these differences were more hidden, however as people became more confident with the group or too frustrated with using the dominant approach, the differences became increasingly obvious (Account 4)", Camille.

However, the participants all seemed to share the idea that embracing differences and understanding how they relate to it, would enable them to understand others in the many other contexts and to understand differences within multiple views:

"There are noted differences in our group [...] about the meaning of events [...] there are also differences in how PBL has been viewed, including in terms of its purpose [...] We all have different past experiences of endings and different needs that may be linked with these [...] I have come to think more clearly about intra-group difference (Account 4)", Amandine.

This experience of difference was related to great personal and professional developments:

"In ten years what I will remember is how our group began this process together simply because of the position of our surnames in the alphabet. PBL provided a landscape to embrace our difference and explore common ground, harnessing their potential to capture our imagination and create something that each of us alone would be incapable of (Account 4)", Loanne.

It appeared that being in a group contributed to the narrators' changes of identity in many different ways. Importantly, it seemed that most narrators were able to explore and challenge themselves in different roles and identity by being in a PBL group experience, as we will see in the next section.

1.2.2 Plot 2: 'Experimenting with alternative roles and identities'

From the narrators' stories, it seems that experimenting with different roles and identities within the PBL group was important to make sense of their experience of developing professionally and understanding better the clients' therapeutic experiences.

Hughes & Youngson (2009) suggest that the profession of clinical psychology requires constant adaptation in ways of working, training and thinking within an evolving NHS. This stresses the need for exploration of self in relation to different roles. Demonstrating self-awareness and working as a

reflective practitioner is a core competency of clinical psychologist (BPS, 2006). From the participants' accounts, PBL seems to provide the learning space in which self and professional development can take place (Kolb & Kolb, 2005). All narrators explored themselves by challenging their role in the group in relation to their role within their wider context (family and society) and trying new roles and identities:

"I can see that I fell easily into previous patterns of working in groups [...] We did however recognise that individuals past experience influenced the roles they played and the way they felt in the group (Formative account)", Amandine.

"I became aware of how diverse our family structures, beliefs and experiences were and how much this impacted on each of us [...] the impact of my family role in a different group such as PBL [...] As I have become more aware of why I take on this role I have felt more able to experiment in acting differently (Account 3)", Camille.

All seemed to refer to this experience as a main developmental experience and a way to make sense of their experience in PBL. The literature on PBL emphasises that self-reflection engages trainees in self-exploration, creative thinking and pushing one's boundaries, the exploration of collaborative and team work and the development of personal styles of working (Stedmon et al., 2005; Nel et al., 2008; Keville et al., 2009, 2010):

"Anxiety and uncertainty are difficult feelings to have but allow us to learn from others. Rather than remain stagnant within our personal and group norms we should challenge ourselves and others to keep developing and try out new roles (Formative account)", Camille.

I identified four sub-plots related to experimenting with different roles and development: 'processes, tasks & reflections', 'what do I share with others to connect', 'relationship with theories' and 'working for ourselves and power'.

1.2.2.1 Sub-plot 1: 'Processes, tasks, reflections'

Finding ones place and role in the group was often related to being attentive to processes, reflections and tasks in the participants' stories. Narrators shared the difficulty to find a balance between these roles in the PBL group. It was also noted that, when experimenting with different roles outside their 'comfort' zone, the narrators felt this was a difficult experience. As seen earlier, anxiety can arise when one does not have the construct to deal with a new situation and when one's self-constructs are challenged (Kelly, 1955). However, this can also be related to the PBL learning experience of dealing with uncertainty and understanding the impact of one's role on others (Keville et al., 2009, 2010).

The roles of ‘reflector’/‘process-focused’/‘socio-emotionalist’ and ‘task-performer’ are the main ones identified in the narrators’ accounts and might reflect the diversity of clinical psychologists’ roles in being able to be a reflective practitioner, being able to lead, taking decisions and being task-focused (BPS, 2006). Each narrator shows how experimenting was a valuable and transforming experience in developing and becoming a clinical psychologist. Role-playing and experimentation within the PBL group experience enhance peer learning and collaboration, listening and understanding different perspectives (Barrett & Moore, 2011).

For some narrators, it was reflected that their identity and roles exploration changed their personal relationship in their wider context:

“I have been much more aware of deliberately not talking over people and have noticed differences in style of chat between groups of friends I have outside the course (Account 4)”, Lola.

Most participants seem to feel ‘unheard’ when exploring different roles in the group, which was a difficult experience:

“Feeling unheard also contributed to my despondency and my own disengagement (Account 4)”, Sophie.

“I began to feel less connected to the others [...] Due to the focus on the client group we missed out on the sharing of ourselves (Account 4)”, Camille.

“I was trying out a new role. This did not feel supported by the group; I felt unheard [...] I was unsure why I felt angry, and was later able to identify anger as a secondary emotion covering a feeling of powerlessness [...] my withdrawal [...] perhaps I was trying, ineffectively, to signal my need to renegotiate group patterns (Account 2)”, Amandine.

“I suggested that we might benefit from changing intra-group roles [...] suggesting that it might allow to develop skills in areas we were less confident [...] giving up my role felt like giving up a valued part of me; I missed it and the cost was feeling occasionally flat and disconnected [...] my role loss has left me feeling slightly anonymous and unimportant (Account 2)”, Loanne.

But most participants reflected that, although it was difficult, it was also beneficial:

"In previous groups I would have felt the responsibility [...] to try to take control [...] was able to wait and see what others came up with [...] I had begun to feel safe in the group [...] this had allowed me to try new ways of working (Account 1)", Amandine.

"As a result of absent group members, I found myself taking on the role of the overseer [...] this role fits somewhat with my penchant for taking the lead [...] members felt forced by the situation to step out of their usual role [...] the group environment felt safe enough to test a new skill (account 3)", Lola.

Role negotiations are often linked to dealing with conflict within the group, issues of power and sharing with others as we will see in the next sub-plot.

1.2.2.2 Sub-plot 2: 'What do I share with others to connect?'

All participants seem to have found that sharing personal information and being able to be vulnerable as enhanced emotional connection to the other group members, even if this left them feeling uncomfortable. It was interesting to note that sharing personal information and vulnerabilities often arose when one was negotiating roles and place within the group and challenging themselves. As Hughes & Youngson (2009) note challenging oneself is part of the professional and personal development of a clinical psychologist. Therefore, the need to feel connected with others and belong to the group might aid facing one's fears and being contained.

Some related this experience to understanding better their clients' therapeutic experience:

"I realised how powerful it is to feel listened to and understood, and how this awareness can help me to develop good therapeutic relationships (Formative account) ", Sophie.

Others related sharing personal stories as an attempt for connection and perceiving PBL as a potential therapeutic space:

"It is unsurprising that I found myself suddenly disclosing a significant level of personal information: on reflection it seems feasible that I subconsciously did this to increase our emotional connectedness. [...] It resulted in all but one of us revealing similarly sensitive issues in what became almost a therapeutic space (Formative account)", Loanne.

Some showed that sharing enabled the understanding of one another:

"At the beginning of this PBL exercise, our group decided to share something of ourselves with the rest of the group. This was to aid our understanding of each other, especially as some had felt uncomfortable in previous exercises (Account2)", Amandine.

Some also highlighted the importance of sharing and feeling safe to do so, and the importance of making the client feel safe:

"We began to share relevant personal experiences [...] Our consistent supportive responses to each other allowed us to feel safe enough to be more open [...] this is often the case in therapeutic relationships whereby clients may avoid those issues that are more painful until they feel safe enough to share them (Account 1)", Camille.

In all stories, sharing with others in the PBL group was related to creating connections, cohesion, and understanding better oneself, others and clients' experiences. This can reflect of the experience of being in a PBL group and the importance of feeling safe to share, which facilitates emotional development, being open and respectful, dealing with uncertainty, working in a team and developing personal styles of working (Nel et al., 2008; Keville et al., 2009, 2010). Interestingly as the narrators developed through their PBL experience, their relationship with theoretical models evolved, as we will see in the next sub-plot.

1.2.2.3 Sub-plot 3: 'Relationship with theories'

Most participants referred to their relationship with theories changing through PBL, in different ways for different people.

As the participants experimented with different roles and shared their learning experiences, their relationship with theories evolved. These changes relating to theoretical models can be understood as a reflection of developing critical thinking, which are key skills for clinical psychologists (BPS, 2006). These changes may also be reflective of the underlying PBL philosophy, which challenges the 'traditional' views (Barrett & Moore, 2011) and impacts on identity. The way one chooses theories is influenced by the way one construes the world (Winter, 2006). As new identities developed, the relationship with theories changed.

For Sophie, the relationship with theories enabled her to affirm their stance:

"Being part of a minority group, I feel I need to take a critical stance towards more traditional psychological approaches, which are embedded with Eurocentric cultural

assumptions that may be discordant with other worldviews (Stolle et al, 2005) (Account 3)".

For Camille, it was being able to challenge theories and reflect on their limitations:

"The final stage of the group process was added later by Tuckman and Jensen (1977) and is described as 'adjourning' or 'mourning', suggesting feeling of loss and sadness. This was not my experience as I felt more relief than sadness. [...] This is a reminder that although models serve to enhance our understanding of processes and experiences, they can also push us to view a situation in a fixed way [...] Over time became more confident in relying on our own experience (Account 4)".

For Loanne, theoretical models were used to contain oneself and avoid a difficult emotional experience:

"Theory has safely re-emerged, distracting us from our sadness and encouraging us to feel we gratified our audience (Account 4)"

It also allowed her a lived experiential understanding of theories:

"As the final curtain falls, theory around group endings and loss, and reluctance to relinquish group identity is no longer theory", "Training to be a psychologist, I have become familiar with literature such as this in many areas. What PBL has offered me is an opportunity to truly 'know' some of it: I have lived the descriptions above, and with a richness not encapsulated in them (Account 4)".

The changes in relating to theoretical models and challenging their power may reflect PBL's experiential learning space, in which learners become in control and responsible for their learning (Kolb & Kolb, 2005), which is related to the next sub-plot.

1.2.2.4 Sub-plot 4: 'Working for ourselves & power'

The question of power often arose in the participants' accounts, which may have taken different shapes and meaning depending on the narrator's position, role and identity in the PBL group. The question of power is also a central one to the profession of clinical psychologist (Davidson & Patel, 2009).

Rose (1998) argues that psychology possesses a *seductive* means of exercising power because it is not based on an external truth but an internal one, a truth tailored to the individual over whom power is exercised. In relation to the narrators' accounts, this is an interesting perspective, as often the narrators related to their discomfort of being in a position of not knowing and feeling under pressure to know and provide an answer:

"This is often held me back from pushing my own ideas forward, as I did not want to be perceived as taking over the group [...] I was also aware that this position of knowing highlighted for me the fact that I would have felt unhappy about being in a position of unknowing. This is turn affected my choices (Account 3)", Lola.

"We may be guilty of with clients, attempting to fit them into what is already known to us because that is how we feel safe or because there is pressure to use a particular model (Account 1)", Amandine.

This last quote suggests that trainees and psychologists working with different models might feel pressure to use the dominant model to fit in, which may not be the best for the client and serve a self-interested purpose to gain confidence and be accepted. This leads to the question of pressure perceived or exercised within our profession on trainees and professionals by more senior and important figures and the damage that this can do to clients by encouraging professionals to work with a model that fits the profession rather than the clients. This may put the psychologists in a position of power and 'expert' instead of holding a position of 'unknown' and curiosity. Rose (1998) highlights the fact that the social power of clinical psychology is based on the idea that clinical psychologists possess *psychological truth* and techniques, which provide them with a certain authority and legitimacy.

However, most narrators also seemed concerned with these power relations in their therapeutic work, and often seemed to experience through PBL that *working for themselves* was much more beneficial and powerful than being provided with answers. This experience of feeling empowered can be related to experiential learning and self-directed learning being more meaningful and transforming experiences (Kolb & Kolb, 2005; Stedmon et al., 2005), which enabled the trainee to empower the client by fostering self-directed learning in the therapeutic experience.

Most narrators reflected on the importance of being self-aware in the client-therapist relationship:

"It is essential for therapists to have the self-knowledge and capacity to examine their own reactions [...] to know how much of the emotions experienced is theirs and how

much is evoked by the client, as this can affect our interactions with them (account 1)", Sophie.

"I have experienced the positive impact [...] able to help me understand my feeling or behaviour [...] and then think how it may relate to client. [...] This has given me much better insight into the needs and difficulties of clients and has also helped me to protect myself from making their difficulties my own (Account 3)", Camille.

The PBL experience seemed to have contributed to understanding power and the importance of recognising one's limitations and one's responsibility as a professional:

"I also became more aware of the responsibility that mental health professionals have in acknowledging their power and understanding an individual's difficulties within the context of stigma (Account 2)", Sophie.

The PBL group experience seemed to have enabled the narrators to question their practice and reflect upon it, which is a key skill of the clinical psychologist (BPS, 2006). The next section will present further aspects of PBL that seems to be related to identity changes and professional development.

1.2.3 Plot 3: 'Identity changes through PBL & training'

This section focuses on the PBL aspects that were identified in the narrators' stories, which have implications for clinical training and practice. In this section, I chose to particularly focus on the demands of training and PBL and the place PBL has in training. The particular implications for training, trainers, and trainees will be discussed further in the conclusion.

1.2.3.1 Sub-plot 1: 'Demands of PBL & clinical training'

In some accounts, there was a sense of a battle to manage PBL and other demands of training and, a feeling of exhaustion and troubles with managing personal life difficulties was narrated:

"I have been battling with tiredness and disillusionment [...] I feel the pressure of cultural expectation that professionals should be able to achieve these things [...] I am cognisant of common discourse around "work-life balance", and contemplate the weight of social judgment in the dearth of it [...] Perhaps, in the context of transformational learning and the associated life-altering change, a little continued confusion, exhaustion and frustration is permissible, even excusable. Or is it? (Account 3)", Loanne.

This might reflect the difficulty with self-care for clinical psychologist trainees often thought of as being 'high achievers' (Nordmo & Samara, 2009). Research also shows that the learning environment in psychology poorly supports the psychological needs of growth and development (Nordmo & Samara, 2009). Therefore, training often attracts or recruits highly self-disciplined, goal-oriented and well-structured individuals. Nordmo & Samara (2009) asked the question of whether keeping a poorly supported environment is done in order of finding the top 5% of students. Participating in PBL seems to aid dealing with stressful situations:

"I have had to deal with difficult and stressful situations in other aspects of life during training [...] it has helped to remind me that life carries on and that clinical training is just one aspect of who I am [...] I have developed a greater understanding of myself and my own needs and preferences, alongside the habits and needs of others [...] I have been reminded of myself as being more than just a trainee [...] clinical training can appear as though it gets in the way of maintaining a work life balance (Account 4)", Lola.

However, Braelher (2006) shows that clinical psychologists are particularly at risk of suffering burnout and compassion fatigue linked to excessive workload and lack of resources. It is also argued that the training in clinical psychology is intrinsically stress provoking in relation to its multiple academic and clinical demands (Millon, Millon & Antoni, 1986). Research reports that trainees are particularly vulnerable to stress and burnout (Kumary & Baker, 2008). They also often experience higher stress levels than in the general population (Guy, Poelstra & Stark, 1989; Pope & Tabachnick, 1993). In PBL groups, this could be noted when the focus is on task-performance rather than on the processes and emotions involved in PBL:

"I realise that I focused solely on task performance at this stage and ignored the importance of social relations [...] a team who successfully achieved their task goals but felt burn out (Account 2)", Camille.

The stress experienced by trainees seems specifically related to their training status, having to juggle multiple roles, managing a highly academic workload and working in unfamiliar locations and teams (Dearing, Maddux & Price Tangney, 2005). In relation to PBL, being constantly evaluated can cause self-doubt and anxiety and raise stress (Kyuken, Peters, Power & Lavender, 1998). Participants wondered about their abilities particularly at the start of their PBL group:

"These involved a deadline, six weeks after the task began, and assessment, which involved a group presentation and this reflective essay [...] thus subjective information gleaned during the task would potentially be committed to paper and submitted for marking. This requirement heightened mutual attending and made salient the

uncomfortable reality that we have limited control over how we are perceived [...] This raised anxiety and influenced expression (Formative account)", Loanne.

"This led me to feel very unsettled [...] The process of starting the course was bringing up issues about worrying about how acceptable I was in the eyes of others. I felt watched and judged, as I knew we were all considering group processes (Formative account)", Amandine.

PBL can also emphasise a feeling of being incompetent to deal with the demands of training:

"I realized that this role had served to compensate for my feelings of inadequacy in the other realms of training. I felt insecure about tackling unfamiliar tasks, and was afraid [...] to be viewed as incompetent and a hindrance (Account 2)", Sophie.

This feeling of being an 'impostor' and self-doubt was noticed in the effects of PBL group upon participants. This may be related to the pressure exercised from clinical psychology programmes and high competitiveness (Millon, Millon & Antoni, 1986). It can be also related to the culture in which PBL locates itself, which can be perceived as imposing a 'white dominant' system, in which people who identified with the white culture seem more at ease than others (Estrada-Duek, 2008).

A study conducted on clinical psychologist trainees found that training was associated with high levels of stress particularly in the second and third year (Cushway, 1992). This could be related to Millon, Millon & Antoni's (1986) view that clinical psychology training is intrinsically stressful with multiple academic and clinical demands, which leads to self-doubt. Self-doubt and external demands were sometimes seen as disruptive to the PBL group:

"How disruptive anti-group processes such as interpersonal tensions, criticism, attack and shameful exposure can emerge in even mature groups which are normally cohesive. I wondered whether, now that we are coming to the end of two years of PBL, having the freedom to choose to dissociate ourselves from our PBL group [...] members may have been starting to think about their own individual needs (account 4)", Sophie.

However, it seems that within the PBL group experience, participants were able to become aware of this process, which enabled changes in relationships to the self and caring for themselves as we will see in the next section.

1.2.3.2 Sub-plot 2: 'Which place has PBL in training?'

PBL seemed to enhance self-awareness and finding ways of dealing with uncertainty and self-doubt by developing oneself in the group. Research on PBL and clinical psychology training shows that PBL enhances these skills in trainees (Nel et al., 2008; Keville et al., 2009, 2010). The participants all seemed to share the belief that PBL was an important part of their training in clinical psychology and taught them to deal with uncertainty, conflict, relating to others and clients and working in teams:

"As the deadline for presentations approached [...] this led to tensions [...] I was tempted to avoid addressing the conflict through fear of upsetting other people and being criticised myself [...] I surprised myself by being the first to acknowledge it [...] I have learnt that it is safe to be open with each other in our group and address conflict without the fear of losing our friendship. I have also learnt to be more mindful of how I affect others and the significance of listening. I realised that working in any group is bound to lead to conflict and that it is important to acknowledge it (Formative account)", Sophie.

The narrators related their professional and personal learning experiences to being in a group and awareness to group processes, self-understanding and feeling supported by the group. Research on PBL and group processes argues that PBL enhances self-knowledge, cooperation, managing conflict, and the understanding of personal impact on group dynamics (Stedmon et al., 2005; Barrett & Moore, 2011). Dealing with the demands of training and PBL can be difficult as seen in the previous section. However, PBL also appeared as a great source of support for the participants:

"I will particularly miss the support I received from the group regarding a variety of matters (Account 4)", Camille.

"It was easier when others in my group remarked on this difficulty. I felt held in mind and a continued sense of belonging [...] This fits Bion's (1962) ideas, which suggests that children learn to manage difficult feelings through their experience of being "held in mind" by a caregiver. The group appeared to serve this purpose for me (Account 4)", Amandine.

PBL was also viewed as a safe space in which the exploration of personal stories was made possible, which enhanced connection and cohesion, and the ability to learn to work in teams:

"Taking time to disclose and explore our private histories [...] As an all female group, we experienced a high degree of comfort, engagement and positive connection with each other (Account 4)", Loanne.

As Loanne mentioned, the gender in the group also has an impact on dynamics. Kaplowitz & Block (1998) argue that female groups tend to be more cohesive and foster positive connections to one another. On the other hand, one participant mentioned that the PBL group could maintain the 'male dominance' within academia. Estrada Duek (2008) argues that, even though culture has evolved, women remain less expected to perform on certain aspects than men in academia, which can maintain the 'White male dominance' of our societies:

"There is also a gender split in our group to consider. The man in our group seems the most theory-focused of us. This seems representative of men in academia and I wonder if he feels pushed in this role (because the women in the group are less academically focussed?), or whether this is something to be challenged within our group. There are more male university professors than women (Bagilhole, 2002); I wonder if our group are perpetuating a pattern of male dominance in this area (Account 1)", Amandine.

Trainees are subject to a 'particular' culture influenced by the course team position, and what the course team wants to achieve in training people to become clinical psychologists. This is influenced by the wider political and organisational systems and the philosophy and culture of the course. UH situates its program within a constructivist and social constructionist framework (Programme Handbook, 2009), which aims to train clinical psychologists to work following a reflective-model in addition to the other requirements. The influence of the underlying philosophy and its influence of one's development appeared to be important:

"We were able to disagree in a way that seemed more genuine and safe [...] The social constructionist course philosophy impacted hugely on this transition, enabling us to consider multiple perspectives as the group's dominant narrative. This feels like a natural progression, however, I wonder if we would have taken this path without the underlying course philosophy (Account 4)", Lola.

Both the gender and cultural reflections of the trainees may inform trainers when allocating trainees to groups, and most importantly for the facilitation of the group and the design of the reflective essay. One can wonder whether these findings related to the place PBL has in training is only relevant for the UH course or courses adopting a similar epistemological position, which focuses on reflection around gender and culture strongly.

PBL facilitates reflection around wider societal issues. However, on a different level, PBL was also often reported as being a great source of support by the participants when feeling stressed or pressurised within the PBL group or outside the PBL group. Therefore, one can argue that being self-aware of the pressure may enhance better help seeking behaviour amongst trainees. The experience of being vulnerable enabled the understanding that psychologists are human and that it is okay to ask for support when needed. Hence, one can argue that being vulnerable and developing trust for others can offer the opportunity to be in the client's shoes and provides a space for trainees to explore their personal vulnerability (Keville et al., 2009, 2010):

"I felt comfortable reflecting on my anxieties and uncertainties during PBL sessions. I felt that there was a level of trust and empathy in the group that made it feel therapeutic, helping making sense of my new experiences [...] I realised how powerful it is to feel listened to and understood, and how this awareness can help me to develop good therapeutic relationships (Formative account", Sophie.

The literature on self-development suggests that learning how one relates to others in different contexts, and challenging oneself and the ability to be vulnerable brings self-awareness and the recognition of hidden parts of selves, which in turn provides a better understanding of clients and colleagues (Hughes & Younston, 2009; Mearns, 1997) and what one might bring to the therapeutic relationship (Yalom, 2002).

2. Synopsis: 'PBL learning experience'

This section highlighted the fact that PBL seems to have an important place in training, which can support the trainees to professionally and personally develop, provide a source of support, engender reflections and challenge about dominant discourses and wider societal issues, which are essential clinical skills of clinical psychologists (BPS, 2006).

The participants' stories seemed to highlight the importance of PBL on their training experience and development as a clinical psychologist in relation to managing conflict, understanding group and team functioning, the meaning of difference, and personal and professional developments. This section and chapter will end on a participant's quote on how PBL contributed to their identity changes and professional development (refer to appendix 13 for other participants' quotes):

"As psychologists, this (PBL) was a truly rich and vital experience, I strongly believe that we need to learn not only to tolerate conflict, but also to engage with it in a helpful way [...] However, the critics' reviews have yet to be read: how will they appraise the plot? How will they experience the necessary and eternal incompleteness of the story? In the

meantime, as the scenery is being packed away, the next set is already under construction. Furthermore, bits of the old set will be re-used. [...] ‘The End’ is not the end”; “I have no doubt that the experience will continue to influence my personal and professional life in many ways, however much of this plot is yet to unfold (Account 4)”, Loanne.

CHAPTER 4: ONE STORM AND BEGINNING ANOTHER ‘CONCLUSIONS’

“Science cannot solve the ultimate mystery of nature. And that is because, in the last analysis, we ourselves are part of the mystery that we are trying to solve” M. Plank

This research aimed to explore the stories of identity changes amongst clinical psychologists engaged in PBL during their training at UH. This chapter will present a summary of findings, reflect upon the strengths and limitations of the research, discuss the clinical and training relevance of the study and will propose further research and developments. This chapter and this story will end with sharing personal and epistemological reflections upon the research process.

1. Final plot or ‘summary of findings’

Through their stories, the participants narrated the identity changes they had experienced through the PBL group. The PBL group experience is understood as a developmental experience, related to self-development and professional growth (Stedmon et al., 2005; Nel et al., 2008; Keville et al., 2009, 2010; Barrett & Moore, 2011). These experiences of identity changes occurred through experiencing anxiety, learning to be vulnerable, reflecting on the difficulty of finding a balance between one’s needs, the group’s needs and other’s needs and experiencing differences emotionally and gaining a multiple understandings.

The narrators also shared that experimenting with alternative roles and identities was an important part of their developmental journey through PBL, as was understanding better themselves, others and their clients’ therapeutic experience. These experimentations were also related to the ability to share and connect emotionally to others, in order to feel safe to explore different identities, understand the limitations of their role as clinical psychologist and gain awareness of the power inherent to the profession.

PBL seemed to have left its mark on the participants in their training and provided a space to experience their roles and reflect upon many issues clinical psychologists are confronted within their practice. The participants seemed to share that being in a PBL group enabled them to develop a culture of life-long learning (Nel, 2008) that would be difficult to attain in isolation (Barrett & Moore, 2011). Feeling safe in the group and the ability to explore and challenge oneself in different roles enabled the identity changes by building upon social identity. This refers to that part of an individual’s self-concept, which comes from their knowledge, allegiance and emotional attachment to a group (Tajfel 1981).

Group processes, self-awareness and understanding, negotiating roles and managing uncertainty and anxiety, team building and cohesion, the exploration of conflict and one's limits, developing a shared understanding and thinking from a multiple perspective also appeared as main themes across the stories. As Hughes & Youngson (2009) highlight these skills enable the professional and personal development of clinical psychologists and the continual need to adapt to an ever-changing world.

As seen in the previous section, trainees also narrated issues of power, gender, ethnicity and dominant discourse and discussed how the PBL group dynamics may maintain inequalities (Estrada Duek, 2008). Status and power relationships within the group effect interactional patterns, with higher status members tending to communicate more than lower status members. This influenced the emotional bonds between members and the roles and positions individuals took within the group (Toseland, Jones & Gellis, 2004). This had the potential to shape the group and one's identity:

"This follows awareness of my belief that some roles are more glamorous than others, with the reflective position achieving the highest status. This is linked to its function in the development and maintenance of cohesion and the interest it generated from others group [...] suggestion that status is derived from the extent to which a role is linked to the groups' prestige (Account 2)", Loanne.

Most narrators, at the start of their PBL story, felt uncomfortable when powerless, often thinking that others may perceive them as inadequate. This might be related to wider societal pressure exercised by political power on individuals. It is argued that mainstream clinical psychology is part of the dominant discourse and can contribute to maintaining inequalities and social injustice by focussing on the individual (Johnstone, 2000; Parker, 2007; Hughes & Youngson, 2009; Bentall, 2009). However, the narrators also shared that, even if these feelings were difficult at the start, towards the end of their PBL journey, their understanding of others and themselves had changed. All shared feeling more confident and having changed their understanding of difficulties, allowing an understanding that came from multiple-perspective rather than a dominant view. This is reflective of the PBL philosophy (Barrett & Moore, 2011).

2. Limitations & strengths of the study

I believe that the data analysis was very detailed and complex. This is due to the method of analysis used and the richness of the accounts. Therefore, this brought both limitations and strengths to the research.

2.1 Limitations

2.1.1 Methodological issues

The analysis used to analyse the five stories, which emerged over the entire PBL process, could have been limited to a more focused exploration. Analysing three stories (i.e. PBL formative, PBL one, and the last PBL account) could have facilitated a focussed and more concise exploration. However, I found it helpful to create a deeper relationship with the participants through their narrations. Riessman (2008) argues that the ‘quality’ of the research can be gauged by the story told by the researcher throughout the analysis. I hope that, although the analysis was complex and lengthy, it enabled me to co-construct trustworthy analytic stories out of the participants’ narratives.

With regards to the ‘sample’, all participants were female. This could be seen as a limitation, as male clinical psychologists may experience and make sense of PBL differently. This also may reflect the current predominance of female clinical psychologists (Promoting Diversity in Clinical Psychology, 2001-2002) and reflect power and gender issues within the profession (Ussher & Nicolson, 1992). Foucault (1978) suggests that the ones who remain silenced (males) are more powerful.

With regards to the ‘data’, the material I choose to use was not created for the purpose and context of the research itself; and the texts were transformed from field texts to research texts. The reflective accounts were written within a particular context: as part of an academic assessment. Therefore, this would have influence the way the stories were written for a particular audience i.e. assessors. Trainees may have omitted certain aspects of their experience whereas emphasised others to ‘fit’ within the context of assessment. Hence, this particular frame would have impacted the research’s thematic analysis, interpretations and findings.

It is also important to note that the clinical psychologists who decided to participate in the present research may have shared an interest in PBL and have a particular experience and relationship with the process. Hence, this story of PBL could represent a particular perspective.

Another methodological confinement is that, as qualitative research, the analysis cannot be generalised. In relation to the epistemological frame of the current research, the richness of the data allows for multiple interpretations. Hence, the reader may have different views than the ones proposed here. Ricoeur (1976), amongst others, argues that texts can be interpreted in many equally valid ways. However, I hope that my rigorous approach and the transparency of the process of analysis permit the reader to see the trustworthiness and credibility of the conclusions.

2.1.2 Ethical dilemmas

2.1.2.1 Using written accounts

I decided to use written reflective accounts, which are not traditionally used as data in clinical psychology. Cotterill (1992) argues that a more in depth exploration of the participants' stories could have been achieved through co-constructing the story with them, rather than approaching the written accounts in isolation. However, due to time constraints and chosen methodology it was not feasible to meet with each participant and contribute to their construction.

2.1.2.2 Researcher's limitations

I have to highlight my own limitations as a researcher and how these may have impacted upon the analysis, construction and interpretation of the stories.

Raggatt (2006) highlights the conflict narrative researchers can experience when investigating narrative identity, such as questioning whether a single synthesising story (i.e. the research) can encompass the complexities of narrative identities. He also highlights the difficulties researchers come across in the study of human beings and identity (i.e. shifting identities and the complex nature of self), which is something I struggled with at times.

Platt (1981) emphasises that conducting research with peers (ex-trainees) can create a particular relationship with the data and the feeling that one is in possession of intimate information. This is also a dilemma I experienced.

2.2 Strengths of the research

2.2.1 The PBL experiences of trainees

One of the main advantages of the study was that it was innovative and explored the under researched narrated experiences of trainee clinical psychologists engaged in PBL. This has implications for training and clinical practice as it contributes, on some level, to our understanding of PBL and identity changes.

2.2.2 No previous study done as narrative, which gives an alternative perspective

The narrative approach used also allowed the stories to be situated within the wider social context, which can challenge the dominant discourses within clinical psychology and their impact on training

(Nel, 2012). The narrative and qualitative approaches also allowed a deeper understanding of the participants' experiences (Smith, 2008; Emerson & Frosh, 2009). Andrews, Squire & Tamboukou (2008) argues that narrative research provides a social and cultural framework, focusing on experiences rather than events. This brought the stories to life and into ones awareness and consciousness. It could be suggested that this approach mirrors the reflective-practitioner model and is therefore important in the practice of clinical psychology.

2.2.3 Richness of the data

Another advantage of the research is the richness of the data, which allows multiple interpretations and avenues of research. Tracy (2010) suggests this openness reflects a consistency with the narrative approach, which enhances the 'credibility' of the research.

3. Review of clinical and training implications

As outlined in the previous section, PBL seemed to offer a richer experiential learning process that enabled trainees to develop clinical skills. Despite the fact the study mainly focused on trainees' experiences, some of the findings may be useful to training providers. This will be further discussed in this section, as will the clinical relevance this has for trainees.

3.1 Implications for training

3.1.1 Implications for trainers

The findings suggested that PBL and training in general place heavy demands on trainees. The participants shared their difficulties with stress, self-doubt, discouragement, feelings of incompetency, and disruptive group processes. Sometimes trainees might have difficulty with self-care and recognising when they need support. This might be related to the position and power of the profession (Winslade, 2002; Davidson & Patel, 2009). Trainers might benefit from taking this into consideration and explore ways of facilitating and promoting self-care amongst trainees. From a personal stance, this might include creating a PBL vignette about clinical psychologists burning out at work.

The research shows that trainees are particularly vulnerable to stress (Kumary & Baker, 2008) and that constant evaluation increases anxiety (Kyuken, Peters, Power & Lavender, 1998). The narrators shared that being evaluated and judged by others can be unsettling, particularly at the start of PBL. Again, this could be thought about by trainers, who may want to consider making the first PBL experience less unsettling by sharing and normalising these feelings.

The narrators also shared reflections about course philosophy and culture, wider dominant discourse, gender, ethnicity and minorities and their implications for PBL group dynamics, finding one's place in the group and developing a particular identity related to these social constructions. Again, these could be incorporated into the trainers' thinking and perhaps mentioned specifically when presenting PBL to trainees for the first time. These could also be an important focus and component in PBL group facilitation, adding another level of thought in the reflection, with regards to UH culture and its impact on trainees' identity development during their PBL experiences.

3.1.2 Implications for trainees

The findings suggested that PBL groups offer an important source of support for trainees and a safe space to become self-aware, reflecting on one's vulnerabilities and exploring one's limitations and identity changes as they develop. Exploring different roles and identities in the PBL enabled the participants to prepare themselves for the multiple roles inherent in clinical psychology (Hughes & Youngson, 2009). Trainees could be made aware that this is a component of PBL, which could facilitate this exploration.

It was also suggested that being vulnerable, although very uncomfortable, was an important growth experience. The participants shared that it allowed them to learn how to deal with anxiety and uncertainty, which is a valuable skill in clinical psychology (Nel et al., 2008; Keville et al., 2009, 2010).

Bruner (1990) also argues that individuals form a sense of self by interacting with one another within the 'same' culture. This allows individuals to create 'narrative meaning' and understand divergence and variation within the culture 'norms'. He argues that this 'narrative meaning' is a base for negotiation of difference and communication between individuals, which enables the formation of culture and the creation of a shared understanding through language (Gergen, 2009). PBL seems to enable an understanding of the impact of difference and diversity on people's lives, which is a key clinical skill (BPS, 2006).

The findings also supposed that PBL enabled trainees to challenge theories and traditional methods, and allowed them to explore more creative means. This again reflects the PBL philosophy (Barrett & Moore, 2011). Trainees could be encouraged to view PBL as a professional and personal development space, which encourages challenging oneself. It also enables facing one's fears and growing, by expanding one's view of the world and finding creative ways to respond to it. Facilitators could reflect on this and make trainees aware of these processes.

All narrators shared that PBL was a life-long learning experience, which will influence them far beyond training. Sharing these stories with trainees at the start of training could reframe their approach and understanding of PBL, since the narrative we create influences the way we relate to the experience (White & Epson, 1989, cited in Speed, 1991).

3.2 Clinical relevance

From the participants' accounts, PBL seemed to have an important place in their training and allowed the development of specific clinical skills. To me, UH offering a social constructionist course, employing multiple formats and approaches to training, allows trainees to widen their perspectives and experience these skills in different environments.

PBL also allows the exploration of self in different contexts and within different roles, which prepares trainees for the multiple roles of psychologists (Hughes & Youngson, 2009).

PBL seemed particularly relevant to clinical psychologist's work, as it enables the development of core skills as seen earlier. The UH DClinPsy programme aims at educating and preparing trainees for their roles as clinical psychologist in the NHS and attain the key competencies required (Course Handbook, 2012). These skills are: self-awareness, dealing with uncertainty and anxiety, managing conflict, working collaboratively and in teams, learning how to relate to other professionals, colleagues and clients, and understanding one's impact on others. PBL also encouraged the development of better self-knowledge by experiencing one's vulnerabilities, which in turn improves one's understanding of clients' experiences of vulnerability. Hence understanding oneself and being vulnerable seems to be beneficial to the work of clinical psychologists. As seen earlier, the literature on self-development suggests that the ability to be vulnerable brings self-awareness and the recognition of hidden aspects of the self, which in turn produces a better understanding of clients and colleagues (Hughes & Younston, 2009; Mearns, 1997) that one might bring in the therapeutic relationship (Yalom, 2002). This is very relevant to therapeutic work as it allows trainees to develop better therapeutic relationships. As research suggests, positive therapeutic relationships are linked to more positive outcomes (Norcross, 2002, Wampold & Brown, 2005). PBL also fosters reflections around issues of power, which are important when working with clients and with systems and organisations (BPS, 2006).

As research suggests, PBL allows the exploration of self in different contexts, and the development of personal styles of working by exploring different roles within the PBL group (Stedmon et al., 2005; Barrett, 2005). It is also argued that PBL helps trainees to deal with uncertainty and anxiety, which is a 'requirement' of being a clinical psychologist (Nel et al., 2008; Keville et al., 2009, 2010). This was supported by the narrators' stories, as seen previously. The literature on PBL argues that being in a

PBL group encourages self-directed and experiential learning using real life situations to develop better skills as a practitioner in different environments than mandated by traditional curriculum (Neufeld et al, 1989; Walton & Matthews, 1989; Albanese & Mitchell, 1993).

4. Suggestions for further research

The data was so rich, that I believe that further research could re-visit the stories using a different approach, such as an Interpretative Phenomenological Interpretation, which would highlight the experience of trainees engaged in PBL from a different perspective. Themes could be explored across PBL stages (Formative, 1,2, 3 & 4) to understand how the PBL group experiences impact on trainees, in relation to the wider training context and stages of training.

It would also be interesting to look at the accounts across trainees, focusing on PBL aspects that contribute particularly to the development of clinical skills (see appendix 12 for a prototype of mapping key skills and PBL).

Andrews et al. (2008) argues that data can be re-visited through time and in many different ways, which is of particular relevance for narrative researchers and allows different meaning to be interpreted through and with time. Therefore, since PBL is an evolving process, it would also be interesting to re-visit these stories in light of new stories from future cohorts.

It would also be interesting to conduct the study with cohorts from different training DClinPsy programmes and see the impact of each courses philosophy on the trainees' identities.

It would be also interesting to explore whether PBL would be as relevant for training courses which adopt a more positivist philosophy. Another suggestion is to compare PBL group processes and psychotherapeutic group processes and see what similarity and differences could be drawn upon. A final suggestion would be to explore how the facilitator's epistemological position and their constructs about PBL influence both the group dynamics and the trainees' potential identity changes, since identity is relational (Gergen, 2009) and socially co-constructed (Bruner, 1990)).

5. 'Wrapping up'

5.1 Self-reflections on the research process

I felt that ending with personal reflections was important, as this research touched upon my own personal interests in clinical psychology, identity and problem-based learning. This is also an important practice amongst qualitative researchers (Tracy, 2010).

I felt that I developed a bond with the participants' stories and I was unsure how this might have impacted on this story and shaped the plots discussed. I tend to develop a deep relationship with my work, especially given the participants' investment in the project. I questioned myself about the reason I engage and connect on a deeper level and attempted to understand my personal process. I felt this related to some of the participants' views that, through sharing, one can connect emotionally. The emotional connection with my thesis was important and I felt that it enabled me to have a lived and strong learning experience, which also helped me to adapt to differences and surprises in creative ways.

In my view, human relationships, bonds and attachments develop through time spent getting to know one another and finding a working alliance. This is supported by literature on attachment (Ainsworth, 1985; Mallinckrodt, 2000; Kirsh & Tate, 2006). I believe that I applied these principles when approaching my participants' stories and allowed myself time to get to know them within the particular context of this piece of research. This can be seen as a confinement of the research, with regards to limiting, focusing and having to make choices of which themes to pursue. In the meantime, I felt it was congruent with my personal and professional styles of developing human relationships, which felt more important to me at that stage of my career development. I do understand that when doing research, there are protocols to follow and ethical and epistemological dilemmas to address. I am also aware of the context in which research may be conducted and for which purposes.

The method of analysis chosen presented me with many challenges. I appreciate the possible creativity of narrative approaches; however it was real challenge to contain myself to my research question. At times, and probably because of the bond I developed with the stories, I felt drawn outside the boundaries of this research, wanting to include all the ideas that were coming to my mind and present in the narrations. It was a great experience to learn how to limit myself. I also struggle with taking a stance that might not appear 'traditional'. However, if I felt comfortable and congruent with that approach; I also felt it would be a challenge to invite any reader into the stories.

In the present context, I had to respond to the clinical doctorate programme guidelines and expectations, which not only created very challenging dilemmas to deal with, but also offer me a unique learning experience to develop my skills in dealing with such dilemmas. For my future career as a researcher and in a clinical context, I would like to carry on developing as a person and as a psychologist in an ever-changing world. This context differed greatly from my experience of writing my research in France for the completion of my entitlement as a clinical psychologist. During this present research process, I had internal conversations between my 'French' and 'English' brains and my supervisors gave me great insight into British culture in clinical psychology. This internal dialogue

brought the question of identity and power as central to many of my discussions and enabled me to challenge my own 'identity' and belief concerning clinical psychology and its place in societies.

5.2 Post-epistemological reflections

From a post-structuralist point of view, developing different and creative ideas, which might be derived from the same findings, stresses the importance of the meaning in the 'receiving' rather than the 'giving' (Appignanesi, 1998). My social constructionist epistemological choice can be reflective of the wider post-modernist and post-structuralist approaches, which are deconstructionist approaches. Within science, one can take many different stances to approaching research and Popper (1933, 1943 & 1972) highlighted that the aims of research are developing, challenging and contributing to scientific knowledge from a wider understanding, which may frame 'similar' processes or phenomena differently. Popper (1933, 1934 & 1972) also argued that scientific theories are abstract in nature, can only be tested indirectly and that human knowledge is hypothetical and situated within its historico-cultural context. My epistemological stance is embodied in science, which aims to develop knowledge and different meanings. I would like to bring attention to the fact that this view is one of very many.

"Our knowledge can only be finite, while our ignorance must necessarily be infinite"

K.Popper

THE END

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APPENDICES

APPENDIX 1

PROLOGUE

“If you do not change direction, you may end up where you are heading” Lao Tzu

A prologue comes at the beginning of a story, to situate the story.....

The present project was undertaken as part of the completion of the Doctorate of Clinical Psychology (DClinPsy) at University of Hertfordshire (UH). The UH training aims to prepare trainees for their role of Clinical Psychologist in the National Health Service (NHS) and related organisations. It is based on a contextual approach to understanding human experiences and actions and emphasises on reflexive and reflective practice, involving self-monitoring and critical evaluation of the practitioner's constructions (Programme Handbook, 2011). In their second year, trainees are asked to define a research question and proposal for the completion of the programme. I decided to explore narratives of professional and personal identity changes during training for clinical psychologists who participated in problem-based learning (PBL) exercises in their clinical psychology training. This project hopes to reflect the core philosophy of the UH doctoral programme.

“You see things; and you say, ‘Why?’ But I dream things that never were; and I say, ‘Why not?’” George Bernard

In my view, it is important to be transparent about my research interest and how I came to create this project. Elliott, Fischer & Rennie (1999) speaks about “Owning one’s perspective”, which is specifying the theoretical stance and personal anticipation in creating the project and during the process of research itself. It is about recognising one’s values and assumptions and their relationship with understanding the research materials. I do believe that what we are interested in communicate something about us, that if not discuss would impact the research. Elliott, Fischer & Rennie (1999) argue that it is poor practice. Therefore, before going into the ‘depth’ of the subject, I would like to share the process I went through in looking for a research subject and how I developed my research proposal.

At first, when we were to submit our research proposal, I was interested in exploring the experiences of non-accompanied child refugees. I wanted to explore how coming to a new country, without family and with a different language and culture may impact on the development of a child’s identity. However, the development of the research proposal coincided with our third Problem-based learning (PBL) exercise. After the completion of the third PBL, which is done as a group exercise, we debriefed about our work. During the debriefing, as we were speaking about PBL processes and its impact upon

us, a research idea came to my mind. However, I left it there and did not expand on it. I started thinking about doing my major research project on PBL groups within clinical psychology training at UH after one of Pr David Winter's (DClinPsy Programme Director at UH). I was inspired and kept on having ideas about researching PBL. Since that lecture, I kept on thinking of PBL. A few months later, I had a dream about my research proposal. In my dream, I was discussing with my principal supervisor, Dr Pieter W Nel, about changing my research to PBL and I remember vividly that he was very opposed to the idea. However, when I woke up, I felt drawn to the idea of changing my research. I spoke to the programme director of the Doctorate about my dream and potential idea to change my research proposal and he said to me with a smile: "Always follow your dream!". I decided to speak to my supervisor about my dream and share the research idea with him. He thought it was a good idea and I began to develop a new proposal. I then went off developing this present project, which appeared to be more relevant to me at this stage of my training. I felt that I could carry on my previous project once I am qualified, when my PBL journey and my training would end.

Creating the project in itself was very exiting and part of the story as it happened during our last PBL. Our last PBL exercise and the creation of this project also coincided with the end of the second year and the beginning of the third year. To me, this meant a change in my professional and personal identities and an attempt to create meaning around that experience. During the transition from second year to third year, I started feeling like things were coming together for me. I felt more congruent with myself and secure of my stance on psychology and what interests me in clinical psychology. It was also a moment of realisation that my training will end soon and I felt that I needed to understand how training impacted on my personal and professional development.

To me, PBL was a crucial experience and had a strong impact in clarifying my stance and work I wish to carry on within the field of clinical psychology. I feel that I have a special relationship with PBL since the start of the training. Remembering back the first PBL formative exercise, I remember feeling so exited and connected to it. It was difficult to put words on the experience I was having but I felt that it would be life transforming with regards to the way I approached my work and life as a trainee clinical psychologist. This is why the present research may appear as an attempt to make meaning and create sense of my own experience, but also of the experience of those who shared this experience with me and others who used PBL exercises in their training.

"Freedom of conscience entails more dangers than authority and despotism" Michel Foucault

Before introducing the project, I would like to explain the epistemological and philosophical stance that I choose to take, which will be apparent throughout the project. For me, it is important to clarify that this project does not attempt to uncover any ultimate truth but instead will reflect my own unique interpretation of the question of professional and personal narrative of identity changes in PBL. The

current UH training embraces a social constructionist framework and approach to clinical psychology (Programme Handbook, 2011), which reinforced my personal philosophical stance. Therefore, the current project will be situated within a social constructionist approach, which would reflect my perspective. Gergen (1985) suggests that a social constructionist inquiry is concerned with understanding the processes by which people make sense of their world, which would be the aim of the present project. I would like to clarify my relationship with social constructionism and define what social constructionism is for me.

When I decided to apply to train as a Clinical Psychologist in the UK, I looked carefully at the different options and possible training programme on offer. I applied to the UH course because it seemed to reflect my approach to clinical psychology, which I wished to develop. I was born and raised in France, which holds different values about human beings and societies in comparison to my understanding of the English culture. I was also educated in a “social constructionist” way by my family and the education I received at school, which enabled me to develop a critical and questioning stance towards my profession and my own practice. I was exposed to the ideas of Michel Foucault at an early stage of my life, and those ideas influenced my development and understanding of life. I was particularly touched by his ideas around “madness” and societies (Foucault, 2007). Michel Foucault was a French philosopher concerned with the issues of knowledge, power and discourse in human science. I am also a woman, who was raised with feminist ideas, which I did not embrace fully but which shaped my position and interest in the question of power and oppression. Although, the purpose of this project is not a detailed analysis of my cultural and personal influences, I felt that it would be important to clarify those as I believe that they would be reflected throughout the project.

APPENDIX 2

Literature Search Strategy

Social constructionism

I used my personal library of books and articles I collected from the start of training on social constructivism, but also my personal French library of books collected during my training in France and growing up in France.

Exploring problem-based learning

The literature search began with an exploration of all the potential relevant materials, books, articles, presentations regarding problem-based learning and experiential learning. I consulted the University Library, the Tavistock & Portman Library, but also searched Google, Google Scholar, Psycinfo, the Pep Archive, PsyArticles, PubMed & Medline. Termed such PBL, PBL and clinical psychology, PBL and clinical psychology training, PBL effectiveness, experiential learning theory, Teaching and Learning, PBL and groups processes, PBL and qualitative research. After this initial phase, I referenced and organised relevant articles and books and created my 'PBL' library, which consists of books and articles, clustered in themes such as PBL and effectiveness, PBL and medicine, PBL and clinical psychology training, PBL and qualitative research, experiential learning theories, group processes. I have also discussed PBL within the clinical psychology training with clinical psychologists trained outside UH to have an idea of their use of PBL. I have discussed first with my supervisor having had an experience herself of PBL at Plymouth University, but also with other trainees at the University of Surrey. It was interesting to hear their stories and the way PBL is designed in other training.

Exploring the concept of identity: 'The search for self'

Then, I entered a phase of exploration of the concept of identity and self, using a similar approach, starting by consulting the general definitions. Then I searched the University and the Tavistock & Portman Libraries, moving to search engines including Google, Google Scholar, Psycinfo, Pep Archive, PsyArticles, Sociological Perspectives. I also looked at different perspectives from philosophical and anthropological literature. I look for terms such as identity, self, self concept, relational self and selves, cultural self and selves, historical self and selves, social construction of identity, self in different cultures, critical perspectives on the concept of identity and self, psychoanalytic concept of identity and self, development psychology. Again, I created a personal library with relevant books and articles organised in a folder.

Exploring clinical psychology and self-development

Then, I moved on exploring clinical psychology as a profession, the narrative around professional and personal identities. I applied the same strategy as described above. I searched the University and the

Tavistock & Portman Libraries, and searched engines including Google, Google Scholar, Psycinfo, PsyArticles. But also used the BPS and clearing house database for demographic and legal status. I looked for terms as professional development, self-development in clinical psychology, clinical psychology culture, professional cultures and clinical psychologist UK, professional and personal identities in clinical psychologists, roles of clinical psychologists. A folder and personal library was also created.

APPENDIX 3

Limitations of social constructionist approaches and possible responses

These approaches to research within clinical psychology may present some limitations. Therefore, I felt it was crucial to highlight these limitations and clarify the possible answers to it.

A radical and critical approach

My stance can be perceived as radical, critical and ‘outside’ the mainstream approach, which therefore may marginalise it. Burr (2003) highlights that social constructionism questions the credibility of mainstream psychology, which means that it positions itself in a minority. With regards to this project, I run the risk that the validity of my investigation and its contribution to Clinical Psychology may be questioned, as its application may be perceived as limited. However, I do believe that questioning scientific validity and taking a critical approach is part of the Clinical Psychologist’s work. To me this is crucial for the benefit of the individuals and community we are working with. This follows the reflective-practitioner approach, which is a core competency of the Clinical Psychology profession as stated in the British Psychological Society (BPS) standards of practice (BPS, 2010).

The absence of the ‘subject’

Social constructionism can be criticised for its lack of concern with subjectivity and self-awareness as it places the problems at societal and interactional levels (Willig, 2001). With regards to this research, this may appear as a dilemma or clash of theory as I am attempting to explore individual narratives of identity changes. However, for me, social constructionism is a more a conceptual framework that reflects my own approach to life, individuals and communities. I also intend to draw upon psychological theories and use a multiple perspectives understanding to explore my research question, which paradoxically reflects the social constructionist stance.

Can human phenomena be measured?

Social constructionist and narrative practices may not be measured quantitatively, which may pose a difficulty to their validation in our current ways of understanding clinical psychology as a science. Both approaches seem to emphasise the subjective and relational nature of human beings, concepts which are complex and difficult to reduce to measurable variables. Therefore, this research situates itself within qualitative research, which is concerned with exploring, describing and interpreting personal and social experiences (Smith, 2008). With regards to its possible validity, it would be assumed within a social constructionist stance that different people can have different but equally valid perspectives on ‘reality’, which are shaped by their context, culture and activities. Hence, evaluating the validity of qualitative research is different from the concept of validity in quantitative research (Smith, 2008).

APPENDIX 4

PBL Review of the literature

1. Lead author and date	2. Type of article and title	3. Journal, domain and country of origins	4. Type of methodology	5. Findings
Albanese & Mitchell (1993)	Problem-based learning: A review of the literature on its outcomes and implementation issues.	<i>Academic Medicine</i> Medical Training USA	Meta-analysis	PBL as nurturing and enjoyable
Muller (1984)	Physicians for the Twenty-First Century. Report of the Project Panel on the General Professional Education of the Physicians and College Preparation for Medicine.	<i>Journal of Medical Education</i> Allied Health Professions USA	Review and report to implement PBL widely	PBL students perform as well and sometimes better on clinical examinations PBL students are more likely to enter family medicine
Barrett (2005)	Understanding Problem-based Learning:	Handbook of Enquiry & Problem Based Learning Education and epistemology UK	Review, Meta-analysis, Enquiry	PBL students engaged in backward reasoning as opposed to forward reasoning
Kelson & Distlehorst (2000)	Groups in problem-based learning: Essential elements in theory and practice Problem-based learning: A research perspective on learning interactions	Northern America Book	Theory and practice	PBL students had gaps in their cognitive knowledge

Barrett & Moore (2011)	New Approaches to Problem-Based Learning. Revisiting your practice in higher education	Higher Education	Theory and Practice	PBL promotes independent learning and problem-solving.
Nel et al (2008)	Close encounters of the uncertain kind: Reflections on doing problem-based learning (PBL) for the first time.	<i>Reflective Practice</i> Clinical Psychology Training UK	Qualitative enquiry	PBL situates itself within the 'learning' paradigm, reflecting problem-solving processes used at work and in life.
Barrows (!985)	How to design a Problem Based curriculum for the preclinical years	Book Medical Training USA	Theory and Practice	PBL is widely use in medical and nursing training in the USA and Canada.
Neufeld et al (1989)	The MC Master M.D. Program: A Case Study of Renewal in Medical Education.	<i>Academic Medicine.</i> Medical training USA	Case study	Potentiality for PBL to replace traditional education
Walton & Mathews (1989)	Essentials of Problem-Based Learning	<i>Medical Education</i> Medical Training USA	Review	PBL enables to experience how to deal with the uncertainty, 'experiential avoidance' and understand group dynamics to foster better interrelation and interpersonal reflective skills.

Stedmon et al (2005)	Development of PBL in the training of clinical psychologists	Learning and Teaching Clinical Psychology Training UK	Qualitative enquiry	PBL is an instructional method characterised by the use of patients' problems as a context for students to learn problem-solving skills and develop clinical knowledge.
Keville et al (2009)	Reaching the journey's end: reflections on the final phase of a problem-based learning group	<i>Reflective Practice</i> Clinical Psychology Training UK	Qualitative enquiry	PBL enables the development of independent learning skills, and the use of the small group
Keville et al (2010)	In the eye of the storm: Should I stay or should I go? Reflections on the middle phase of a problem-based learning group	<i>Reflective Practice</i> Clinical Psychology Training UK	Qualitative enquiry	The features facilitating PBL are that the responsibility is placed on the learners, who become active and self-directed within a small group using real-life situations to learn from direct experience.
Major & Palmer (2001)	Assessing the effectiveness of problem-based learning in higher education: Lessons from the literature	<i>Academic Exchange</i> Higher Education USA	Review of the literature	Changes in assessment to adapt to new curriculum and promote students' development by adopting new ways of knowing, learning and teaching. PBL enables reflections on what, why and how things are done in the academy.

Musal, Taskiran & Telson (2003)	Opinions of tutors and students about the effectiveness of PBL in Dokuz Eylul	Medical Education Online Medical Training, Turkey	Quantitative questionnaires	Tutors and students have positive opinions about PBL effectiveness.
Nel (2008)	A Problem-Based Learning (PBL) Approach on Clinical Psychology Training	Clinical Psychology Training UK	Qualitative reflections	The emphasis is on self-directed learning within a group-based approach to understanding and resolving of a problem, scenario reflect 'real-life' issue that psychologists encounter.
Norman & Smidt (1992)	The psychological basis of problem-based learning: a review of the evidence	<i>Academic Medicine</i> Medical Training USA	Synthesis	PBL is an innovative educational approach gaining prominence in Higher Education providing answers to the limitations of traditional educational approaches.
Strobel & Van Barneveld (2009)	When PBL is most effective? A Meta-synthesis of Meta PBL to Conventional Classrooms.	<i>Interdisciplinary Journal of Problem-based Learning</i> Education USA	Qualitative Meta-Synthesis	Both groups have positive opinions about PBL's effectiveness.
Ditlehorst & Robbs (1998)	A comparison of PBL and standards curriculum students: three years of retrospective data.	<i>Medicine</i> Medical Training USA	Quantitative retrospective study	PBL addresses the limitations of traditional education in clinical training and promotes learning within a clinical context, encourage collaborative learning and facilitate a culture of life-long learning, following the reflective-practitioner model.

Antepohl & Herzig (1999)	PBL versus LBL in a course of basic pharmacology: a controlled, randomized study	<i>Medical Education</i> Pharmacology Training	Quantitative	PBL enhances students' motivation to learn, problem-solving skills, cognitive abilities, and self-directed learning skills.
Hmelo at al (1997)	A theory-driven approach to assessing the cognitive effects of PBL	<i>Instructional Science</i> Medical Training USA	Quantitative controlled prospective study	PBL is effectively superior in comparison to tradition approach to enhance long-term knowledge retention, skills development and satisfaction of students and teachers.
Hmelo (1998)	Cognitive consequences of problem-based learning for the early development of medical expertise	<i>Teaching and Learning in Medicine</i> Medical Training USA	Quantitative and case study	PBL has direct effect on knowledge acquisition and clinical performance, PBL students doing as well or even better than lecture-based student on basic knowledge.
Block (1996)	Using problem-based learning to enhance the psychosocial competence of medical students	<i>Academic Psychiatry</i> Psychiatrist Training USA	Quantitative	PBL is an effective learning method better than lecture-format. Students reported positive effects of PBL in term of use of additional learning resources, interdisciplinary, team work and learning fun.
Savery & Duffy (1995)	Problem-based learning: An instructional model and its constructivist framework	<i>Educational Technology</i> Education USA	Review	Students who participated in PBL have better cognitive skills associated with 'expert' performance in terms of knowledge, reasoning and learning strategy.

Kanfer (1989)	The scientific-practitioner connection: myth or reality	<i>New Ideas in Psychiatry</i> Psychiatric Training	Comparative enquiry	Strong benefits of PBL to transfer skills and applied scientific model to learning.
Huey (2011)	Problem-based Learning. The Potential Utility of Problem-based Learning in the Education of Clinical Psychologists and Others	<i>Education for Health</i> Clinical Psychology Training UK	Comparative study	PBL enhances psychosocial learning through small group interaction, exposure to diverse viewpoints, integration of psychosocial issues in cases and learning to adapt to uncertainty. The process of PBL is similar to the process of psychotherapy.
MPofu, Das, Stewart, Dunn & Schmidt (1998)	Perceptions of group dynamics in problem-based learning sessions: a time to reflect on group issues	<i>Medical Teacher</i> Medical Training United Arab Emirates	Meta-analysis and comparative study	PBL is consistent with the constructivist framework and allow the learners to construct their own knowledge. The facilitator enhances the use of higher order thinking and questioning skills and promotes the development of effective meta-cognitive skills and group processes.
Willis et al (2002)	Small-group work and assessment in a PBL curriculum: a qualitative and quantitative evaluation of students perceptions of the process of working in small groups and its assessment	<i>Medical Teacher</i> Medical Training UK	Quantitative questionnaires and qualitative studies	The process of induction-deduction, which represents the central feature of clinical psychology. Effective reasoning in clinical practice is interrelated to personal and interpersonal skills, which the PBL group

				format can enhance.
Papinczak, Young & Groves (2007)	Peer Assessment in Problem-Based Learning: A Qualitative Study	<i>Advances in Health Science Education</i> Medical Training USA	Qualitative and quantitative studies	Students expressed concerns about the negative impact of peer assessment on positive group processes such as cooperation and non-judgmental atmosphere, although reporting the benefits in increasing responsibility for others, improving learning. Having a 'powerful' or 'leader' individual within the group is important. Communication, listening to each other, participation and following the plan coherently together were crucial processes. The study noted a gender difference, female learners particularly valuing aspect of the group that enhanced their learning and understanding, whereas male learners value the participation of all. Students see a 'good' group as having cognitive influences in term of learning about their interactions with each others and working as a team through the problem.
Fenwick (2002)	Problem Based Learning, Group Processes	Higher Education Research	Quantitative	PBL is effective for learners to develop

	and the Mid-Career Professional: Implications for Graduate Education	and Development Education Canada	questionnaires and qualitative follow-up	particular skills and understanding towards problems. Learners perceived their most significant learning related to group processes and self-knowledge, learning to understand different perspectives, to cooperate, to manage conflicts, lead small groups, self-awareness sand confidence and systems thinking.
Mennin (2007)	Small-group problem-based learning as a complex adaptive system	Teaching and Teacher Education Medical Training USA	Comparative inquiry	PBL is a complex adaptive system, which offers new perspectives on the nature of causality, knowing and learning that focus on the stability or instability of dynamic patterns and interactions, change in a system over time and the conditions that promote self-organisation and the emergence of learning.

APPENDIX 5
Ethical Approval

SCHOOL OF PSYCHOLOGY

This form accompanies a submission by a member of staff, a PhD student or a particularly problematic undergraduate research proposal for ethical approval. It will be seen by yourself and all other members of the Ethics Committee. Please respond promptly and please give enough detail to enable the Chair of the Ethics Committee to take the appropriate action.

Please email the form to psyethics@herts.ac.uk. Thank you.

Investigator Leslie Valon

Title BEHIND THE PBL MASK: NARRATIVES OF IDENDITY
CHANGE AMONG CLINICAL PSYCHOLOGISTS ENGAGED IN
PBL

Date submitted 15 August 2011

Considered by

Date ER2 returned

1(a)...X.....Can proceed under the named protocol without amendment.

I have no concerns regarding the ethical considerations of this application. However it occurs to me that there may have been other aspects of the doctorate course that would have contributed to personal development and identity change, and I wonder how these can be isolated from changes due to PBL alone.

1(b)Can proceed, but please take into account the following suggestions/comments:

2. More information needed for making a judgment about ethical soundness of the study.

Please be as specific as possible about what your concerns are and what information you require.

3.This proposal raises ethical issues which I think should be further considered before approval is given

Please be as specific as possible about what your concerns are.

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL

Student Investigator: Leslie Valon

Title of project: Behind the pbl mask: narratives of identity change among clinical psychologists engaged in pbl

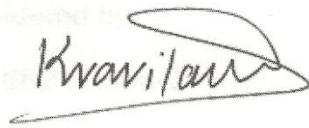
Supervisor: Pieter Willem Nel

Registration Protocol Number: PSY/08/11/LV

The approval for the above research project was granted on 12 September 2011 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of Hertfordshire.

The end date of your study is 31 July 2012.

Signed:



Date: 12 September 2011

Professor Lia Kvavilashvili

Chair

Psychology Ethics Committee

STATEMENT OF THE SUPERVISOR:

From my discussions with the above student, as far as I can ascertain, s/he has followed the ethics protocol approved for this project.

Signed (supervisor):

Date:13.9.11.....

APPENDIX 6
Information sheet

PROJECT TITLE:

BEHIND THE PBL MASK: NARRATIVES OF IDENTITY CHANGE AMONG CLINICAL PSYCHOLOGISTS
ENGAGED IN PBL

Aim of the study

The aim of this investigation is to explore how participating in Problem-Based Learning (PBL) during your training at UH may have impacted or shaped your development of identity, both professionally and personally.

What is involved?

If you agree to take part you will be asked to share the reflective account you wrote whilst on the course. Then, I intend to look at themes and the story that comes through for you. I would like to have an opportunity to meet after the analysis to discuss if my findings and the story I created from the accounts make sense to you and reflect your experience of PBL. The meeting will be unstructured and informal, and will take place within the UH building of Clinical Psychology. This is not part of the study, but I believe that this reflects 'good' practice in narrative analysis.

It is expected that we will meet once and that the meetings will last 30 – 45 minutes.

What are the risks in taking part?

There are no risks involved in this study.

What are the benefits of taking part?

By taking part you will help us to enhance our understanding of PBL as a teaching method but also as enhancing personal and professional growth during clinical training. It can also be an opportunity for you to reflect on your experience of having been involved in PBL during your training, and possibly to gain some awareness of its impact on the person and professional you are now.

Voluntary participation

The participation in this study is entirely voluntary and you may withdraw at any time without the need to justify your decision.

Confidentiality

Although participants will be required to sign a consent form the investigator will not keep a record of the names of the people who take part in this study. In that regard all data will be anonymous.

The data will be seen only by myself, the researcher and my supervisors.

I hope to create a story for each account and draw on themes thought a narrative analysis that would reflect the experience of trainees. This will remain anonymous and will share on a general basis. This is important to meet with you to verify that you are happy for me to use the story I created and interpreted from the data. In that sense, although I am using reflective accounts, I will create a story and analyse the data from a personal point of view. The data being analysed would reflect this social constructionist stance and maintain confidentiality.

What will happen to the results of this project?

The data collected during this study will be used as part of a third year Doctorate in Clinical Psychology project at the University of Hertfordshire. In the event that the study may be published, this will be agreed with you prior participating in the research project.

Who has reviewed this study?

The project has been approved by the Psychology Ethics Committee at the University of Hertfordshire (protocol number PSY/08/11/LV).

Further Information

For further information about this research please contact:

Researcher:

Leslie Valon, 07894251525, l.valon@herts.ac.uk

Supervisor:

Dr Pieter W Nel, 01707-285077, p.w.nel@herts.ac.uk

APPENDIX 7

Consent form

Project Title:

BEHIND THE PBL MASK: NARRATIVES OF IDENTITY CHANGE AMONG CLINICAL PSYCHOLOGISTS
ENGAGED IN PBL

Statement by Participant

- I confirm that I have read and understand the information sheet for this study.
- I understand what my involvement will entail and any questions have been answered to my satisfaction.
- I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice.
- I understand that all information obtained will be confidential.
- I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
- Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.

Participant's Name

Participant's
Signature Date

Statement by Investigator

- I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Investigator's Name

Investigator's
Signature Date

APPENDIX 8

Debrief form

PROJECT TITLE:

BEHIND THE PBL MASK: NARRATIVES OF IDENTITY CHANGE AMONG CLINICAL PSYCHOLOGISTS
ENGAGED IN PBL

DEBRIEFING INFORMATION:

Thank you very much for participating in my project. By sharing your own experiences, it is hoped that your story will help us gain insight into Problem-Based Learning (PBL) and its impact on trainee clinical psychologists' development as a person and as a professional.

The information you provided will be treated as confidential, and after analysis, the material will be destroyed. However, in case of publication, the material will be kept under strict confidentiality for 5 years (in line with UH regulations). As a participant, you have the right to withdraw the information you have provided at any time.

Do you have any further questions?

Do you wish to be informed as to the outcome of the study?

You may contact us in the future on:

Leslie Valon, 07894251525, l.valon@herts.ac.uk

Dr Pieter W Nel, 01707-285077, p.w.nel@herts.ac.uk

Department of Clinical Psychology
University of Hertfordshire
College Lane Campus
Hatfield
AL10 9AB
Tel: 07738 169 705

Thank you for participating in this study.

APPENDIX 9

Performative aspects

Looking for processes: performative analysis

- *The narrator “I”* in each paragraph: implying the question of multiple selves and multiple voices (of the narrator and others in the narrator).
- *Narrator and perception*: the difference between “I” witness of the story (past) and the “I” narrator (present), selves separate in time and not sharing the same views. This focuses on the “here and now” component of the story (the same story cannot be written twice in the same way depending on the context, feelings and circumstances of the narrator at that specific time). The reflective accounts are snapshots of particular moments of the PBL group experience.
- *Sequence of the story*: how is the story structure and why. The reflective accounts were written in an academic context and therefore may follow academic rules of writing, including an introduction, middle and a conclusion. However, because reflective accounts are also personal stories and reflections in relationship with the PBL group experience, they may vary in structure and sequence.
- *Inside & Outside the story*: the elements within the narrative world, the “I” figure (in) and “You” figure (out). The analysis of figures inside and outside the story allows the connection of the story to the content of the story. This allows the perception of transition and confusion within the story, which permits a contextual analysis.
- *Context & Ideology*: the analysis looks for the characters and narrator views of the world in the context of the story. How the narrator makes sense of his experience in PBL in relationship to gender, culture, issues of power, values, beliefs, and, how the narrator makes sense of oneself, his identity within this context.
- *Literacy context and Reader & Context*: clashes between the multiple selves and characters of the story’s perspectives. This is related to the reader’s own perspective and who brings the story to life, i.e. my own subjective understanding of the experience guides me in reading the stories.

APPENDIX 10

Tracy's 'Eight "Big-Tent" criteria

'Worthy topic'

This refers to the "*relevant, timely, significant, interesting*" aspects of the inquiry, which grow from "*timely societal or personal events*" (Tracy, 2010, p.840). This is highlighted in the prologue and introduction chapter of the story, in which I provided the context and personal significance of the project.

'Rich rigor'

This refers to study use of "*sufficient, abundant, appropriate and complex theoretical constructs, data and time in the field, sample(s) and context(s)*" (Tracy, 2010, p.840). 'Rigor' is concerned with the theories and data used for exploring the research subject in its complexity and nuances. I hope that the choices made with regards to the epistemological frame of this research, the data themselves (abundant written reflective accounts), but also the method chosen to analyse the 'data' will attest of my wish to invite multiple meanings and understandings to be generated.

'Rigor' is also concerned with decisions about 'data collection', the number of participants and levels of analysis. I will re-orient the reader to the 'Sampling' and 'Recruiting' paragraphs of this chapter.

This also refers to a "*rigorous data analysis, which may be achieved through providing the reader with an explanation about the process by which the raw data are transformed and organised into the research report [...] rigorous analysis is marked by transparency regarding the process of sorting, choosing, and organizing the data*" (Tracy, 2010, p.841). I hope that transparency and 'rigor' of analysis was achieved through providing the steps I took in the process of analysis. The process of analysis can be found in 'A story with analysis' in Chapter 2 'Methodological stories'.

'Sincerity'

For Tracy (2010), 'sincerity' is achieved to self-reflexivity, honesty and transparency. By 'sincerity', she means 'authenticity' and 'genuineness'. I hope that self-reflexivity can be found throughout the whole project relating to my reactions in the process of research. This will be further reflected upon in the last chapter of this story.

'Credibility'

This refers to the 'trustworthiness' and 'plausibility' of the research findings. This is related to situating the research in contexts and providing enough details to the reader to understand the conclusions of the research and form their own conclusions, which may differ from the researcher's

ones. I hope that the reader will find my illustrations and descriptions detailed enough to follow how this story was built.

Tracy (2010) argues that a ‘credible’ story will share multiple and varied voices, which allows a space for a variety of opinions through the analysis. I hope that the method of analysis using multiple reading will permit multiple voices to be heard.

I checked the findings from the pilot analysis with the person concerned, who felt that the story I created reflected their personal experience of PBL and was relevant of their feelings and perspectives.

I have also provided one of my supervisors with a detailed process of analysis and asked them to check if they could follow my thought-processes, interpretations & story creation from the pilot. This procedure was repeated for the first participant, and this time both supervisors were asked to provide feedback.

‘Resonance’

This refers to the ability of the research to “*meaningfully reverberate and affect an audience*” (Tracy, 2010, p. 844). Tracy (2010) argues that research can “*promote empathy, identification and reverberation of the research by readers who have no direct experience of the topic discussed*”.

She argues that there are two ways in which a research can achieve ‘resonance’: an ‘aesthetic merit’, which engage the reader in feeling by its creativity and artistry; or a potential value of the research across a variety of contexts allowing ‘transferability’ and ‘naturalistic generalization’. For Tracy (2010), ‘transferability’ refers to the evocation of the stories for the reader that they can connect to and overlap their own situation. “Naturalistic generalization” is about providing readers with an experience, in which they can make choice about understanding what is proposed.

I cannot gauge of the research’s creativity and will rely on my supervisors and friends’ comments. I do hope that the DVD included as part of the story may be appreciated in this way. This will be further discussed in the end chapter.

With regards to the value of the research, I hope that I would be able to argue by saying that the story I am trying to tell may be evocative of stories for the reader and would enable them to connect with their own meaning-making process, making their own the aspects they enjoyed about reading the story.

‘Significant contribution’

For Tracy (2010), this is related to theoretical, practical, moral, methodological and heuristic contributions.

A theoretical contribution is about extending, building, and criticising disciplinary knowledge, but also offering a unique understanding of the data analysis that may be transferred in different contexts. This will be discussed in the conclusion.

Practical and moral contributions may be related to framing the problem differently, empowering participants or providing a political consciousness and space for transformation. I hope that my political stance within the story may enable to contribute somehow to thinking alternatively about clinical psychology and its role in contemporary societies. This will be referred to at the end of the story.

Methodological significance refers to using a different approach to explore a concept. This study is situated in a gap in PBL research as no narrative approach of analysis PBL written accounts were used to explore people's experiences of PBL. In that sense, this research may bring a methodological contribution.

Heuristic significance is related to developing curiosity in the reader and inspire new discoveries and create a wish to explore further the subject (Tracy, 2010). Tracy (2010) argues that research is also heuristic when "*it influences a variety of audiences, such as policy makers, research participants, or the lay public, to engage in action or change*" (p.846).

'Ethical'

Tracy (2010) argues that self-reflexivity and multi-vocality are part of ethical research. For her, "*ethics are not just a means, but rather constitute a universal end goal of qualitative quality itself, despite paradigm*" (p.846). She understands ethics as 'procedural', 'situational' and 'relational', which I align with.

'Procedural' ethics are related ethical actions dictated by wider organisations, such as the University of Hertfordshire's Ethics Committee and the British Psychological code of ethics for this project. Full details can be found in the sub-chapter 'Ethical considerations'.

'Situational' ethics refer to ethical practices that emerge from the context or ethical 'moments' the researcher will experience in the process of the research but also beyond the research in my view. It is about questioning one's ethical action critically. For instance, my decision to share with the participants the story I created from their stories was an ethical moment for me that led to many questions. I wonder about the relevance and potential difficulties this could bring for the participant.

being invited to reflect. I also questioned the impact this may have on their view of PBL and the possible transformation that this could bring in their conception of clinical psychology and its current practices and training. Therefore, I decided to have a discussion about this with the participants interested in hearing my story about their story and clarify the potential impact this may have prior to sharing with them.

'Relational' ethics refers to an "*ethical self-consciousness*", which means being mindful as a researcher of one's character, actions and impact on others. This relates to respecting others, allowing participants to assist in defining and designing the research. Unfortunately, due to the time constrain in completing the research, this could not be added. However, when I originally created the proposal for this project, I intended to involve participants in creating the stories with me, hoping to have a more collaborative research. As mentioned earlier, I have offered the opportunities to reflect on the story I created for each participant, but also alter the story and process. Unfortunately, this would not be an integrated part of this research, but an 'add-in' transformation.

'Meaningful coherence'

Tracy (2010) states that "*meaningfully coherent studies (a) achieve their stated purpose; (b) accomplish what they espouse to be about; (c) use methods and representation practices that partner well with espoused theories and paradigms; and (d) attentively interconnect literature reviewed with research foci, methods, and findings*" (p.848).

This should be further look at in the conclusion chapter.

APPENDIX 11

Table of plots and sub-plots

<u>Shared plots</u>	<u>Sub-plots and storylines</u>
1.2.1 Plot 1: 'Identity changes through the PBL group'	1.2.1.1 Sub-plot 1: 'Anxiety and interpersonal relations' 1.2.1.2 sub-plot 2: 'Being vulnerable' 1.2.1.3 Sub-plot 3: 'Tensions between individualism and collectivism' 1.2.1.4 Sub-plot 4: 'Differences'
1.2.2 Plot 2: 'Experimenting with alternative roles and identities'	1.2.2.1 Sub-plot 1: 'Processes, tasks, reflections' 1.2.2.2 Sub-plot 2: 'What do I share with others to connect?' 1.2.2.3 Sub-plot 3: 'Relationship with theories' 1.2.2.4 Sub-plot 4: 'Working for ourselves & power'
1.2.3 Plot 3: 'Identity changes through PBL and training'	1.2.3.1 Sub-plot 1: 'Demands of PBL & clinical training' 1.2.3.2 Sub-plot 2: 'Which place has PBL in training?'

APPENDIX 12

Key Clinical skills & PBL

Key clinical skills (BPS, 2006)	Skills development in PBL
<p><i>Transferable skills:</i></p> <ul style="list-style-type: none"> -Using a broad evidence and knowledge base to assess, formulate and intervene psychologically, from a range of models with clients, carers, systems and organisations - Generalising and summarising prior knowledge and experience in order to apply them in different setting and novel situation - Demonstrating self-awareness and working as a reflective practitioner - Ability to think critically, reflectively and evaluative 	<ul style="list-style-type: none"> - PBL encourages learners to support their thought processes and formulation with the evidence based and they are able to develop a wide range of knowledge - To be able to do the PBL exercise, trainees draw upon their previous learning experiences and knowledge to explore different settings - PBL enables the development of self-awareness and reflective practice - PBL enables the development of a critical view and multiple perspective understanding in the application of theories and models
<p><i>Psychological assessment:</i></p> <ul style="list-style-type: none"> - Developing and maintaining working alliances with clients, carers and services - Ability to choose, use and interpret a broad range of assessment methods 	<ul style="list-style-type: none"> - PBL enables the development of team work and maintaining working alliances with the group members, facilitators, wider cohort and clinical work, the management of conflict and differences - To complete the PBL exercise trainees need to use a brad range of method to assess the clinical vignettes
<p><i>Psychological formulation:</i></p> <ul style="list-style-type: none"> - Developing formulation of presenting problems supported by evidence and theory incorporating interpersonal, societal, cultural and biological factors - Using formulation clients' understanding of their experience 	<ul style="list-style-type: none"> - The PBL exercise requires trainees to present their formulation of the presenting problems incorporating a bio-psycho-social approach and multiple understandings - The PBL presentation enables trainees to develop their skills in sharing formulation with clients in role-play, but also with a wider audience, which assist multi-professional communication

<ul style="list-style-type: none"> - Using formulation to plan interventions taking the client's perspective into account - Using formulation to assist multi-professional communication - Revising formulation with clients 	<ul style="list-style-type: none"> - The PBL exercise also include the design of tailored intervention to the 'client' and the ability to re-visit and develop new hypothesis by working in groups and sharing different perspectives
<p><i>Psychological interventions:</i></p> <ul style="list-style-type: none"> - Designing psychological interventions appropriate to the presenting difficulties and social circumstances of the client in collaboration with the client - Implementing interventions with the network around the person - Recognising the limitation of interventions 	<ul style="list-style-type: none"> - The PBL exercise and vignette support the trainees in their ability to draw upon a wide range of psychological models and test them out within the group and see their relevance to the 'client' - The PBL exercise also enables the development of network and taking into consideration the wider systems around the 'client' - PBL also enabled the trainees to reflect on the limitations of their approach
<p><i>Evaluation:</i></p> <ul style="list-style-type: none"> - Selecting methods to evaluate the impact of interventions and shaping practice - Auditing clinical effectiveness 	<ul style="list-style-type: none"> - The PBL exercise is evaluated and feedback is given to enable trainees to reflect upon their interventions and develop their practice
<p><i>Research:</i></p> <ul style="list-style-type: none"> - Critically appraising research evidence relevant to practice - Conducting service evaluation - Conducting collaborative research - Planning and conducting independent research 	<ul style="list-style-type: none"> - The PBL exercise brings trainees to search the literature and evidence in relation to the clinical vignette and practice; and also to critically apply the evidence. PBL enabled to develop a different relationship with theories. -PBL, by being self-directed enables the planning and conduction of independent research to solve the problem presented.
<p><i>Personal and professional skills:</i></p> <ul style="list-style-type: none"> - Understanding of ethical issues involved in complex clinical contexts - Appreciating the power imbalance between 	<ul style="list-style-type: none"> - PBL enables the reflection and understanding of highly complex ethical issues involved when resolving complex clinical vignettes - PBL enables reflection around issue of power, culture, gender and the impact this has on

<p>practitioners and clients, amongst professional and in teamwork</p> <ul style="list-style-type: none"> - Understanding the impact of difference and diversity on people's lives - Awareness of one's own competence limitation - Managing one's own personal learning needs - Using supervision to reflect in practice - Developing strategies for self-care and handling the physical and emotional impact of own practice - Working collaboratively and constructively with fellow psychologists, colleagues and service users 	<p>relationships with clients, colleagues and other professionals</p> <ul style="list-style-type: none"> - PBL enables reflections around issue of power and one's own ability - PBL being a self-directed approach enables the trainees to manage their own learning needs - PBL enables reflections around stress and demands from work and how to manage this and self-care - PBL enables the development of team working skills by focussing on group processes and experiential learning: <p><i>"I believe that the experience (PBL) has improved my team working skills, which will be useful within NHS settings (Account 4)", Camille.</i></p>
<p><i>Communication & Teaching:</i></p> <ul style="list-style-type: none"> - Communicating effectively clinical and non clinical information in appropriate style to the audience - Adapting style of communication to people - Preparing and delivering teaching and training - Understanding the supervision process from both supervisee and supervisor roles 	<ul style="list-style-type: none"> - The PBL presentation allows the trainees to develop effective communication skills, using multiple formats and style of communication to touch different audience - The PBL experience can be seen in itself as a preparation for teaching and training by using the skills developed through experiential learning and apply this method to training others: <p><i>"I would like to try using this style of learning when working in teams in a consultancy role and encourage others to try learning in a way that could be more active (Account 4)", Camille.</i></p>
<p><i>Service Delivery:</i></p> <ul style="list-style-type: none"> - Adapting practice to organisational contexts - Understanding consultancy models 	<p>N/A : These were not noted from the researcher's analysis, probably due to the researcher's own focus on identity changes</p>

<ul style="list-style-type: none">- Awareness of legislative and national planning context of service delivery- Service users involvement in service planning and delivery- Working effectively in multi-disciplinary teams- Understanding change processes in service delivery systems	
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APPENDIX 13

Participants' quotes of PBL learning experience

"I have learned that it is safe to be open with each other in our group and address conflict [...] I have also learnt to be more mindful of how I affect others and the significance of listening (Account 4)", Sophie.

"I would like to think that although our PBL experience has officially ended, it has given me a good foundation in understanding how groups function, the potential they have and the impact of difference. I hope that I continue to build on these foundations into my work as a clinical psychologist (Account 4)", Camille.

"On reaching the final PBL exercise, I became very aware of experiencing a mixture of both positive and negative emotions. This amalgamation of excitement and happiness combined with sadness and frustration, seemed to be shared across the group. Initially our ennui with the general PBL process seemed to stifle our passion for creativity [...] We then became rejuvenated and found new enthusiasm when considering the journey [...] and how far we had come (Account 4)", Lola.

"At the end of PBL I can reflect on some of the things I have learned. I have come to think more clearly about intra-group difference and stages of development. I have learned about my desire to speak about the emotional and personal issues and to use my self; I feel frustrated by those who do not share these values, and inhibited by silence. I have learned about completing tasks in contexts of uncertainty about one's position in a group, and about how to manage my own discomfort at these times. There are other lessons that will come to me over time, and as I continue to develop. These lessons, while sometimes uncomfortable, will I hope stay with me for some time yet (Account 4)", Amandine.