



Major Research Project

“We were in one place and the ethics committee in another”: Trainee Clinical Psychologists’ Experiences of Research Ethics Processes

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1. Abstract

Aim: Whilst there is a wide range of research that explores ethics guidance and committee perspectives of research ethics processes, there is a lack of research into trainee experiences. The aim of this study was to explore Trainee Clinical Psychologists experience of the research ethics process and provide a platform to those voices. It was hoped that this research may be able to create a deeper understanding of applicants' experiences, in which both positive and negative experiences of the application process can be shared and explored. This understanding could then potentially support ethics committees, training courses and applicants to work together and thus improve the application process and resulting research at a national level within the context of Clinical Psychology training.

Method: This study adopted a qualitative approach in conducting semi-structured interviews with three Trainee and three Newly Qualified Clinical Psychologists who had applied for ethical approval for their Doctoral thesis. Interpretative Phenomenological Analysis (IPA) was used in an attempt to illuminate the lived experience of applying for research ethical approval.

Results: From the analytic procedure, three main themes emerged regarding the experience of research ethics processes from participants' accounts: *The emotional intensity and personal impact of the ethics process; Responses to and ways of managing the ethics process; and Challenges within the ethics process.*

Implications: This study highlights the importance of recognising the impact of the relationships between Trainee Clinical Psychologists, Clinical Psychology training courses and Research Ethics Committees upon trainees' journey through the research ethics process. A 'them and us' dynamic is being maintained by misunderstandings about each other's roles, uncertainty and stereotyping, amongst other factors. Potential ways to change this dynamic and improve the research ethics process during clinical Psychology Training has been explored.

2. Background

Research skills are a key requirement of the practice of Clinical Psychology within the UK, with the completion of a doctoral-level thesis being a compulsory element of Clinical Psychology training (Health Professions Council [HPC], 2009; British Psychological Society [BPS], 2011). Doctoral-level theses are required to address an aspect of the practice of Clinical Psychology and therefore the majority of projects require some form of ethical approval from either NHS or university organisations (BPS, 2011). Trainees are expected to manage a number of different professional and personal demands during training (Baker, 2002; Pica, 1998), with the research component in particular being seen as a “*difficult and demanding process*” by those within the profession (Thomas, Turpin & Meyer, 2002; pp. 288). Conversely, doctoral-level theses are conceptualised as ‘student research’ (National Patient Safety Agency & National Research Ethics Service, 2010) within research ethics guidance. This may leave trainees in a disempowered position, where they are expected by courses to be working towards a high standard whilst not having their skills and experience acknowledged within the research ethics process. It could be argued that researchers may always be in a ‘one down’ position where a decision is being made about their project by others, and so this potential sense of powerlessness may be compounded by these shared experiences and expectations around doctoral research projects.

The major foci of current research into the research ethics process are upon the appropriateness of specific principles (e.g. Sachs, 2009) alongside the perspectives of committee members (e.g. Elliott & Hunter, 2008; Tschudin, 2001) from a positivist perspective. Some qualitative researchers have written about their own experiences of the ethics process (e.g. Halse & Honey, 2005) and how to improve the process (e.g. Brinkmann & Kvale, 2005; Haverkamp, 2005). There has been very limited research specifically exploring applicants’ felt experiences of the research ethics process, nor that of Trainee Clinical Psychologists’. Such research may be able to create a deeper understanding of applicants’ experiences, in which both positive and negative experiences of the application process can be shared and explored. This understanding could then potentially help ethics committees, training courses and applicants to work together and thus improve the application process as part of Clinical Psychology training and doctoral research at a national level.

Therefore the aim of this research is to research the experience of being a Trainee Clinical Psychologist applying for ethical approval as part of their training. The researcher's own relationship with and experience of the research ethics process will be addressed first, followed by an introduction to research ethics. The concept of research ethics will then be placed within a wider context, with a particular focus upon its history and current practice. The relationship between Clinical Psychology and research ethics is then explored, along with the roles trainees, training courses and committees play within the process. Finally, a summary of the literature and the rationale for this research will be presented.

2.1: My relationship with Research Ethics

My interest in exploring individual's experiences of research ethics was borne out of my own experience of applying for NHS ethical approval for a major research project as part of my Clinical Psychology training. My initial thesis project idea focused upon the lived experiences of young people who had sustained an acquired brain injury (ABI) during their childhood and adolescence. Previous to clinical training I had worked with adults with difficulties resulting from an ABI in both clinical and research settings, and learnt how the focus of psychosocial interventions and associated research was traditionally upon physiological functioning but was moving towards the meaning and experience of the ABI and its sequelae. From these experiences I became professionally and personally motivated in helping vulnerable groups to develop and use their voices, alongside having their voices acknowledged by services and within a wider context. I carried this motivation into my work with young people during training, where I discovered that the voices of this group were not being considered within the wider research literature. In particular, research into childhood ABI tended to focus upon functional outcomes and the perspectives of services and the young person's primary care giver with no acknowledgement of the young person's perspective or experiences (Boylan, Linden & Alderdice, 2009).

I therefore intended to investigate the lived experiences of young people who had sustained an ABI in order to provide them with a voice in the research literature and the wider context of service provision. I spent a number of months preparing an application to a local NHS research ethics committee (REC), in which I attempted to address the need to prevent any

potential harm to participants whilst emphasising the clinical, research and ethical need to identify these perspectives and experiences. Upon attending the REC, I was struck by the power dynamics I experienced within the room; I felt a great sense of powerlessness as I sat down at one end of a long boardroom table with the REC members sat at the other. This feeling of being vulnerable increased as no introductions were given and I was asked the first question. At that moment I was able to identify with the sense of being voiceless potentially experienced by the individuals I was hoping to interview. I attended the meeting alone as my supervisors were unable to be there, which added to this sense of insecurity and may also have led the committee to feel anxious about the rigor of my project. The REC recommended a number of changes and that a resubmission be made, which raised my anxiety around whether the project would be able to go ahead due to the timescale of training. After talking with my supervisors, time pressures meant a revised application with the recommended changes was made to another REC. My supervisor was able to attend this second meeting with me, which gave me a sense of increased authority within the room. Members of the REC were introduced, we were sat at a round table as a group and the meeting felt more of a discussion between equals. This REC provisionally accepted the application, dependent upon a number of changes being made. Some of these changes were not achievable within the timescale I had, whereas others would impact upon the quality of the data being collected. For example, the REC stated that I would not be able to interview young people within their own homes (despite a full risk assessment being completed by NHS services involved in their care), which in my view may have led to participants feeling less comfortable and less likely to go into detail around their experiences. Within both RECs, I could see that the members were holding participants' best interests in mind by anticipating any potential harm. However, I became curious as to whether the voices of young people were being heard and acknowledged within the research ethics process. Both the REC members and I were attempting to defend the rights of participants, but from different perspectives.

As a result of these experiences, I began to wonder if the voices of vulnerable groups were not being heard within the process. I also began to reflect upon my own experiences, becoming curious as to whether researchers' voices were being heard. I contemplated whether a better understanding of the experiences of trainees going through the ethics

process might help trainees, training courses and committees to develop a shared vision around research ethics and thus improve the process and resulting research.

2.2: An introduction to Research Ethics

Research ethics is a constantly developing and evolving field (British Psychological Society [BPS], 2011) and so it becomes a complex task to attempt to define and describe such a concept. In its broadest sense, research ethics refers to the application of a framework of ethical principles to research studies. The BPS (2011, pp. 5) define research ethics as “*the moral principles guiding research from its inception through to completion and publication of results*”. This definition introduces the concept of morality within research ethics, which brings to mind societal norms of right and wrong as well as how one may navigate and emotionally experience these norms. Morality is also considered within Tschudin (2001), in which the author argues that medical research ethics has four main principles of beneficence, non-maleficence, justice and autonomy.

Guidance from the Economic and Social Research Council (ESRC, 2010) adds a ‘quality’ element to the concept of research ethics, in which all research should possess integrity, quality and transparency. In addition, principles around informed consent, confidentiality and anonymity, voluntary participation, risk of harm and research being free of bias are considered to form the basis of ethical practice (ESRC, 2010). This ‘quality’ element is also found in guidance by Sachs (2011), in which the first of ‘six canonical rules’ of research ethics is having a valid design. The other rules include minimisation of risk, participants having post-trial access to researchers, risk payment, there being no undue inducement to participate and participants having the right to withdraw at any time. Benatar (2002, pp. 1134) takes this ‘quality’ aspect further, in which “*the scientific merit of a project must be matched by the ethical merit of the work*”.

From this overview, the central role of participant rights within research ethics begins to emerge, alongside a series of values borne from morality and scientific rigour. It may therefore be useful to place research ethics within a wider context by exploring where these values came from and how they have been developed.

2.3: Research Ethics in context

2.3.1: A historical and epistemological perspective

The first formalised guidance around ethical practice within research arose from investigations into the human experimentation taking place in Nazi Germany during World War II. These violations against basic human rights were seen to require a new set of ethical research principles to be held internationally, which led to the 1947 'Nuremberg Code' (National Institute of Health, 2011). The main aim of the code was to protect participant rights and ensure their safety when engaging with research, whilst also establishing that any harm caused by the research was in the name of the greater societal good. This was followed in 1964 by the 'Declaration of Helsinki' (World Medical Association, 2011), which expanded upon the code and linked the resulting principles with the wider ethical duties undertaken by medical staff. This placed the researcher at the centre of research ethics and created greater accountability and monitoring of ethical standards in practice. Morality, scientific rigour and protection of participants and their rights run through both documents, with these ideas continuing within subsequent revisions up to the present day.

Perhaps due to these early beginnings within the medical field, research ethics has often been seen as a positivist endeavour, in which there is one true reality which can be observed and measured through scientific means (Barker, Pistrang & Elliott, 2002). This view has been supported by the perception that research ethics processes often involve the development and adherence to universal rules, procedures and guidance (e.g. BPS, 2011; ESRC, 2010). It has been argued that research ethics is a transhistorical and transcultural framework of law-like moral principles using scientific objective language to convey a sense of authority, whose dominance has led to the subjugation of disciplines where alternative epistemological frameworks and methodologies are employed (Halse & Honey, 2005). In addition, such guidance requires interpretation and implementation by individuals and therefore may not in themselves govern ethical research practice 'objectively' (Brinkmann & Kvale, 2005). This individual interpretation and implementation is supported by Hearnshaw (2004), who states that the requirements for ethical approval differ across 11 of the European countries who adhere to the Declaration of Helsinki and argues that not all research requires all of the Declaration principles. He states there is a need for ethics processes to reflect the differing

needs of research rather than applying a unitary model. One conclusion that can be drawn from these arguments is that research ethics processes could be considered culture-bound, thus there is a need to place ethics processes within a wider social context (particularly within non-western cultures; Benatar, 2002).

2.3.2: The current practice of research ethics

According to the Department of Health (DH; 2005), the current research ethics framework and processes for studies involving NHS service users were established in 2001. At that time Local Research Ethics Committees (LRECs) were formally introduced, with the primary aim to protect the rights, safety, dignity and wellbeing of participants. As some LRECs existed previously, they all used different application procedures, guidance and processes, creating an inconsistent system. An attempt to address this came in 2004, when the NHS implemented European guidance and frameworks around research ethics. The main aims and functions of research ethics committees are defined as the protection of research participants, balancing the needs of science and society, providing proportionate scrutiny of research, ensuring independence and impartiality, competence and efficiency and finally ensuring compliance with and enforcement of research ethics principles (DH, 2011).

For university-based research, the ethics process is less clear, wherein there are many differing structures of ethical review but often take the form of either one central or school-specific ethics committees (Elliott & Hunter, 2008). Elliott & Hunter state that school-specific committees are made up of one discipline and argue that uni-disciplinary decisions lead to inconsistency and unreliable decision-making.

2.3.3: Known Experiences and Perspectives of Research Ethics

On the surface, it appears that the NHS has a clearer pathway and structure than university-based ethics processes and thus an assumption could be made that the NHS route would be more highly regarded. In a report from DH (2005) focusing upon the efficiency of NHS RECs, feedback from 'key members' of the research community on the ethics process was sought.

The resulting information was largely negative, focusing around the perception that the ethics process is designed around the needs of clinical medical trials and randomised controlled trials (RCTs), experiences of RECs 'not understanding' research and certain methodologies, increased bureaucracy around initiating research and inefficiency of the ethics application form.

These experiences and perspectives of the NHS ethics process have also been represented in the wider literature about ethics processes in general, where there is a belief amongst researchers that RECs have a 'one size fits all' approach to ethics involving overly-rigorous and non-specific processes (Elliott & Hunter, 2008). RECs have also been referred to as "*censors of research*" inhibiting social research and having idiosyncratic requirements (While, 1996; pp. 352). Ahmed & Nicholson (1996) conducted a retrospective analysis of the outcome of a multi-centre research study application to 36 different LRECs, in which the authors noted "*considerable variation in the ethical issues raised*" (pp. 1). In addition, there was variation in the initial outcomes of the applications with responses ranging from automatic chairman's approval for the study to go ahead from two LRECs through to three LRECs having concerns around the study and requiring the researchers to attend a committee meeting. Lux, Edwards & Osborne (2000) conducted a similar study, wherein 113 applications for the same multi-site study were sent to 99 LRECs. Approval without a committee meeting was provided to 44% of the applications, with the remainder requiring formal review. Conversely, Elliott & Hunter (2008) suggest that committees are essential for ethical processes. They sent a questionnaire to 14 different RECs within one university regarding their experiences of evaluating ethics applications. Of 23 respondents, 50% stated they had felt an application had no ethical concerns but following discussions within the REC meeting believed that there were serious issues regarding the research. In addition, Eaton (1983) asked four university REC members to independently rate 111 past applications into acceptable, unclear and unacceptable categories. Rater agreement was found to be 67.7%, compared with an expected figure of 64.9% and the kappa-based estimate of 8%, which the author states that this suggests poor reliability and goes on to recommend that committee discussions may improve reliability.

The DH (2005) argue that these known experiences and perspectives around the ethics process are based upon historical factors and do not reflect the current practice of ethics processes. However, they challenge the notion that RECs should hold knowledge about multiple research designs, stating that RECs need to be assured through the application from that there has been adequate scientific review of the methodology and that members should have the core ability to identify and analyse ethical issues rather than in-depth knowledge about design.

This raises an important question around the purpose of research ethics processes. The core principles and guidance behind the process orientate around the rights of the participant, morality and scientific rigour. However, it appears that the current guidance may be shifting towards the theme of morality whilst leaving behind scientific rigour, despite researchers giving feedback that greater consideration of the methodology and perhaps the wider context, would be useful. This may be indicative of the potential role of power within ethics processes; specifically what dynamic is created and maintained between participants, researchers and committees.

2.4: Power within Research Ethics

Research ethics processes have the potential to create and maintain issues of power between researchers, committees and participants. The potential power of researchers to inflict harm upon participants, take advantage of their goodwill or otherwise subjugate their needs has already been mentioned. In addition, researchers have an intimate knowledge of their study and therefore hold power in how this knowledge is shared with committees and participants, as well as the power to recruit, interpret and publish participants' voices (Morrow & Richards, 1996). Committees too have great power in determining whether a research project can be performed and what participant rights need to be protected. The traditional view of participants places them as the agent with the least power within the process (National Institutes of Health, 2011; World Medical Association, 2011). It could be argued that participants also have power in so far as deciding whether to take part in research, but that decision is the very thing that enables vulnerability. However, the power that researchers, committees and the ethics process in itself hold in acknowledging and

protecting participant rights may paradoxically leave participants with less power and therefore potentially vulnerable within the process.

Halse & Honey (2005) argue that the ethics process in particular creates a hierarchical power relationship between researchers and participants, in which researchers are perceived as the objective experts and purveyors of 'truth' whilst participants are passive 'objects' from which knowledge is gained. As 'objects of research', participants are constructed as an identifiable and separate group from others, primarily through the use of diagnostic labels. Thus the identities of participants become based upon the needs of the research and the ethics process rather than the needs of the participants themselves. The authors also suggest that there is no way 'true' informed consent can be gained, as the concept assumes that researchers are able to provide complete transparency about their study, participants are able to make rational and informed choices at all times and that the research itself resides within a transparent social and psychological reality. The implication of this is that participants can never be fully informed about a study, nor can ever make a completely rational and informed choice regarding participation, leaving participants potentially open to exploitation within the research process.

The potential risks to participants increases when research involves 'vulnerable groups', such as children and young people, those with intellectual functioning difficulties, people within a dependent relationship and individuals who lack capacity to provide informed consent (ESRC, 2010). Such groups may require specific measures to avoid potential exploitation, which is represented with current guidance (e.g. ESRC, 2010). However, guidance to protect vulnerable participants may actually inhibit their right to have their voices heard and acknowledged through research (Boylan, Linden & Alderdice, 2009; Morrow & Richards, 1996).

The potentially paradoxical nature of research ethics may be the result of differing beliefs and understandings of each stakeholder's role within the process by the other stakeholders. Kent (1997) suggests that there are different beliefs between participants, researchers and committee members on the specific functions that should be carried out by committees.

The known experiences around RECs have already been discussed, in which committees are seen as “*censors of research*” (While, 1996, pp. 1). Tschudin (2001, pp. 144) expands upon this, wherein the focus upon moral values has led to “*paternal*” RECs excluding alternative views and frameworks. However, the author goes on to suggest that research projects conducted as part of nursing training have little clinical or academic value and thus cannot be considered ethical. It therefore appears that these voiced experiences may create and / or maintain negative perceptions between researchers and committees, in which both parties feel misunderstood by the other. Gelling (1999) proposes that the monitoring of societal ethical and scientific standards by committees should be acknowledged by researchers, whilst the contribution of knowledge made by non-medical and positivist researchers should also be welcomed by committees.

Several ideas have been put forward by non-positivist authors in an attempt to improve the ethics process and increase the understanding of qualitative research (e.g. Brinkmann & Kvale, 2005; Halse & Honey, 2005; Haverkamp, 2005). In particular, there has been a focus upon the role of the researcher in guiding the process. Haverkamp (2005) argues that researchers require an awareness of each research decision / moment containing the possibility for benefit or harm to participants, which requires a balance between professional standards, individual principles and ethics theory. She goes on to describe the importance of developing personal reflexivity within a contextualized, process-oriented approach to making ethical decisions. Brinkmann & Kvale (2005) maintain that ethics are a valid part of human experience and not a construction within particular contexts, but that an ethically capable qualitative researcher places ethical issues within the wider context. In particular, researchers should develop their ‘phronetic’ skills in contextualising ethical issues, placing them in a wider perspective and focusing upon the particular in question.

In exploring the potential power dynamics within the research ethics process, it appears that the voices of all parties may not be heard and /or acknowledged equally. In order to consider this further, it may be useful to place these questions within the specific context of research as part of Clinical Psychology training; the focus of this study.

2.5: Clinical Psychology & Research Ethics

Clinical Psychology has been conceptualised as the application of evidence-based psychological science and interventions to reduce human distress (BPS, 2010), with research being seen as an intrinsic part of Clinical Psychology training and practice. Within the UK, Clinical Psychology adopts a scientist-practitioner model (Barker, Pistrang & Elliott, 2002) in which research and clinical practice are viewed as integrated rather than parallel processes, with formulating and testing out hypotheses being essential in every domain of practice (Stricker, 1992). In particular, the ability to design and conduct clinically relevant research, critical evaluation of research and the evaluation of new interventions based upon psychological theory are considered key aspects of the clinical psychologist role (HPC, 2009).

On initial reading, the scientist-practitioner approach may appear to be a positivist endeavour. However, there is much debate within the field of Clinical Psychology as to what constitutes evidence and more fundamentally science, particularly within the context of training. The Clearing House for Postgraduate Courses in Clinical Psychology (2012a) describes the underlying philosophy for each training course, in which the majority of courses have very different conceptualisations of what constitutes research evidence and more generally how Clinical Psychology should be practiced. Potentially these differences in epistemological and philosophical beliefs may also have an impact upon the research ethics process, particularly as Clinical Psychology is not a fixed entity and therefore does not lend itself to a positivist framework. In practice, research ethics committees may receive applications from multiple Clinical Psychologists with differing epistemologies and methodologies, thus potentially creating uncertainty and anticipatory anxiety or frustration around such applications.

Despite these differences in epistemological and philosophical understandings of science and evidence, research plays a central role in Clinical Psychology training and practice. Training within the UK involves undertaking a three-year Doctoral level course in which trainees split their time between working within the National Health Service (NHS) and studying at university, with a focus on clinical practice, research and developmental activity and clinical supervision, teaching and training as key skill areas (Clearing House for Postgraduate Courses

in Clinical Psychology, 2012b). In regards to research and developmental activity, the guidance for training course accreditation (BPS, 2010) state that by the end of their training trainees should have developed *“the skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work”* (pp. 16). As part of their training, trainees are expected to complete a substantial research thesis representing a distinct and unique contribution to the practice of the profession (Clearing House for Postgraduate Courses in Clinical Psychology, 2012a). Trainees are required to adopt the lead researcher role for their major research projects, whilst being supervised by qualified Clinical Psychologists familiar with the research methodology and/or topic area and *“who is responsible for that student and for their progress and development as a researcher”* (BPS, 2010; pp. 10). Subsequently the researcher role becomes a significant aspect of a trainee’s identity throughout training.

As has been discussed, research is not the only aspect of Clinical Psychology training. As adult learners, trainees are expected to gain competencies in a broad range of areas and manage a number of different professional and personal demands (Baker, 2002; Pica, 1998). In particular, trainees are tasked with conducting and writing-up their research within a specific timeframe. Perhaps understandably, trainees may experience a high degree of stress as a result of these demands, particularly across the second and third years of training (Cushway, 1992). Trainees also encounter the additional responsibilities and demands of the research ethics process, with these aspects potentially increasing if they utilise a non-positivist methodology (Elliott & Hunter, 2008; Halse & Honey, 2005; While, 1996). These aspects may grow further if trainees adopt a pro-active stance, further developing the process as suggested by some non-positivist researchers, such as developing and promoting personal reflexivity when making ethical decisions (Haverkamp, 2005) and placing those decisions within a wider context (Brinkmann & Kvale, 2005).

With these demands in mind, it could be argued that trainees (as with other individuals conducting academic research) may become preoccupied with meeting the expectations of their supervisors and the course requirements rather than keeping participants in mind. One author notes:

“LRECs complain that, because nursing students now have to do research, the value of the actual projects, either in terms of any new knowledge found and reported, or educationally for the student, is often not clear enough or is even absent, and it may be difficult to see how such projects can be performed ethically.” (Tschudin,2001; pp. 144).

However, Clinical Psychology occupies a relatively unique role in which their clinical practice is centred upon developing a therapeutic relationship with clients in which their individual perspective and needs can be acknowledged, understood and explored (Lambert & Barley, 2001). Consequently it could be argued that Clinical Psychology may be best placed to consider participant rights within the process of their work and potentially at committee level alongside other professional groups when investigating non-medical research.

This emphasis on trainees being adult learners and having a fairly autonomous role in regards to their thesis is not fully reflected within some aspects of the ethics process. In particular, doctoral theses are viewed as student research within the NHS (National Patient Safety Agency & National Research Ethics Service, 2010). For example, it is highly recommended that research supervisors attend the committee meeting with students, irrespective of the student’s experience. This, rightly or wrongly, potentially places the trainee in a ‘one-down’ position in relation to other researchers and the committee itself, resulting in the trainee’s skills and experience not being given equal consideration or acknowledgement. This is represented by the lack of research focusing upon the trainee perspective within the research ethics process. Potentially this leaves trainees and their research at a possible disadvantage in acquiring ethical approval, and perhaps may reduce the voice of clinical populations being heard and acknowledged within the research literature.

2.6: The triad of committees, courses & trainees

In considering the role of Clinical Psychology within the research ethics process, a relational triad emerges between committees, courses and trainees in which differing foci and needs exist. Committees aim to protect participant rights within the conduct of research through themes of morality and scientific rigour, whilst viewing ‘student research’ as being difficult to

carry out ethically (Tschudin, 2001). Whereas courses are primarily charged with ensuring trainees develop the skills, knowledge and values necessary to conduct and evaluate ethical research within the field, whilst encouraging them to adopt an increasingly autonomous role within their training. Finally, trainees are viewed as adult learners who need to fulfil the expectations and criteria of their training courses within a specific timeframe. Whilst these foci are not in conflict with each other, it could be argued that they may introduce different priorities into the ethics process.

At face value, committees appear to be the only party to hold participant rights in mind. However, a case could be made that ethics embrace moral values and judgements rather than the specific rights of participants (Halse & Honey, 2005). In addition, the primary focus of Clinical Psychology (as with other helping professions) is to alleviate distress and explore the felt experience of individuals, with this being at the heart of conducted research. This is particularly true when qualitative methodologies are adopted, where the aim is to represent the participant's felt experience and voice through the study (Elliott, Fischer & Rennie, 1999). Therefore the triad could be reconceptualised as misunderstandings of each party's role and perspective as well as differing priorities within the ethics process, suggesting that how these parties work together to improve the ethics process and quality of trainee-conducted research needs to be explored.

2.7: Summary & Conclusions

Research ethics was borne out of the violation of basic human rights through human medical experimentation during World War II. Since that time, research ethics has been focused upon morality and scientific rigour as cornerstones of principles and frameworks whilst conceptualising research as a potentially harmful exercise. Due to its roots within medical research, as well as providing universal rules and guidance, research ethics processes have been seen as a largely positivist endeavour. These aspects have also contributed to a dominant social construction around ethics processes, in which they are seen as having a 'one size fits all' approach designed around the needs of medical trials and excluding non-positivist research. Non-positivist researchers in particular have argued that ethics processes are transhistorical and transcultural frameworks of law-like moral principles which

intrinsically require individual interpretation, whilst promoting an approach in which ethical issues are placed within a wider context. However, it has also been argued that these views do not reflect the current practice of research ethics within the UK and there has been little research focusing upon the applicants' experience of the process and the implications of these for clinical research.

Potential power dynamics between committees, researchers and participants have also been discussed, in which the ethics process has been constructed as a hierarchical system with researchers placed as the 'experts' whilst participants are simply 'objects of study'. This dynamic also involves the potentially paradoxical nature of the ethics process, in which committees aim to protect the rights of vulnerable participant groups but as a result may potentially be inhibiting research and thus stopping participants' voices being heard and acknowledged.

Research plays a central role within Clinical Psychology practice, in which the ability to design, conduct and critique clinically relevant research are seen as essential skills (HPC, 2009). Within Clinical Psychology training, trainees have to complete a doctoral-level thesis and therefore are expected to adopt a lead researcher role. However, committees view such projects as 'student research', with trainees being seen as potentially inexperienced and requiring supervisors at committee meetings. This potentially places trainees in a 'one-down' position in relation to other researchers and the committee itself, with their skills and experience not being given equal consideration or acknowledgement. It could be argued that these experiences are part of a relational triad between committees, courses and trainees, in which exists misinterpretations of each party's role and perspective as well as differing priorities within the ethics process. Therefore consideration needs to be given to how these parties can work together to improve the ethics process, so as to allow for increasing the quality of trainee (and potentially other) research being conducted.

3. Aims of Study

The primary aim of this study is to explore Trainee Clinical Psychologists' felt experiences of research ethics processes. Whilst there is a wide range of research that explores ethics principles / guidance and committee perspectives upon research ethics processes, there is a lack of research into trainee experiences and thus this study hopes to give a platform to those voices. Such research may be able to create a deeper understanding of applicants' experiences, in which both positive and negative experiences of the application process can be shared and explored. This understanding could then potentially help ethics committees, training courses and applicants to work together and thus improve the application process and resulting research at a national level within the context of Clinical Psychology training.

With these aims in mind, the primary research question was constructed as:

How do Trainee Clinical Psychologists experience the research ethics process?

4. Methodology

4.1: A qualitative approach

The major focus of the literature around the research ethics application process are upon the appropriateness of specific guidance and procedures (e.g. Sachs, 2009) as well as the experiences of committee members (e.g. Elliott & Hunter, 2008; Tschudin, 2001) from a positivist stance, with the applicant perspective being relatively overlooked. Qualitative methodologies aim to understand and represent the experiences of individuals, based as closely on their perspective as possible (Elliott, Fischer & Rennie, 1999) and is concerned with the *“quality and texture of experience”* (Willig, 2001; pp. 9) alongside the *“exploration and clarification of the many strands of meaning which constitute the phenomenon of interest”* (Willig & Stainton-Rogers, 2008, pp. 9). As a result, qualitative approaches tend to be non-positivist in nature and cover a range of epistemological stances (Willig, 2001; pp. 8). Given the positivist stance taken within much of the research literature along with the comparative lack of understanding around the lived experience of the research ethics process, it has felt a more exploratory approach would be most suited to the research question.

4.2: Why Interpretative Phenomenological Analysis (IPA)?

A range of approaches have developed within qualitative research, each with a different emphasis upon how to explore, understand and represent felt experiences (Willig, 2001). The primary approaches associated with qualitative research include Grounded Theory (Glaser, 1998), Narrative Analysis (Riessman, 2005), Discursive Psychology (Edwards & Potter, 1992), Foucauldian Discourse Analysis (Kendall & Wickham, 1999) and Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009; Willig, 2001). In order to decide upon the most appropriate approach for this study, the main principles and features of each approach were compared and so this process shall be represented here.

According to Starks & Brown Trinidad (2007), Grounded Theory aims to develop an explanatory-level account of how basic social processes occur within specific contexts. Therefore the approach is dedicated to generating theories via the categorisation and

integration of meaning and experience within an inductive process. Willig (2001) argues that it does not take into account the role and impact of the researcher upon the inductive process and as a result does not address the issue of reflexivity. Due to this researcher's experiences of the research ethics process, it would be inappropriate to use a methodology where the potential influence of these experiences upon the development of meaning and understanding would not be addressed.

Conversely Discursive Psychology (Edwards & Potter, 1992) and Foucauldian Discourse Analysis (Kendall & Wickham, 1999) both focus upon how language in itself produces knowledge and meaning, but have very different philosophical understandings of this process (Willig, 2001). Discursive Psychology is concerned with psychological phenomena, which are conceptualised as discursive actions actively used by individuals rather than cognitive functions residing within people. Language is seen as having a function within specific interpersonal contexts, with an emphasis on why and how language is being used rather than focusing purely upon its content. Foucauldian Discourse Analysis goes further, in which language and discourse are seen as part of an interactional pattern with the wider social world whereby dominant ways of seeing and being in the world are reinforced. The relationships between discourse, emotions, behaviours and the context in which these aspects occur are explored in order to describe the dominant and counter discourses participants exist and participate within. A key criticism of these approaches is the emphasis upon language actively constructing experience, participants and / or reality, whereby reality cannot be purely based upon discourse and an objective material world does exist independent of language (Willig & Stainton-Rogers, 2008). This focus upon the structure and use of language around a lived experience (whilst not attending to meaning or the experience itself) does not lend itself to the present research question, where the primary aim is to explore experience rather than how it is communicated.

Narrative Analysis also shares this emphasis upon language. Riessman (2005) states that narratives are seen primarily as co-constructed stories of past experiences which are used to both represent and interpret individuals and the social world around them. As such they are social products which exist within specific contexts and so do not provide objective facts or

theories about the world. Narrative research is primarily interested in how the connections between past, present and future represented within narratives are constantly shifting based upon the context of the individual and how this provides the opportunity to re-imagine and reconstruct social objects (Reissman, 2008). In addition, the aim of Narrative Analysis is upon how the structure of narratives informs sense-making rather than meaning and felt experiences (Smith et al., 2009). As a result, this approach would not fully address the current research question around the lived experience and meaning associated with the research ethics process.

A further central approach within qualitative research is Interpretative Phenomenological Analysis (IPA). IPA aims to explore the world as it is experienced by individuals within particular contexts at any given time and is informed by three philosophical ideologies, namely phenomenology, the hermeneutic cycle and idiography (Smith et al., 2009). Phenomenology (Halling, 2008) refers to the belief that individuals are embedded and immersed in a relational world of objects, language, culture, projects and concerns, whereby people create meaning based upon their relationship with these aspects. In other words, a focus upon how we view such aspects independent of any assumed knowledge about them (Gee, 2011). As these relationships cannot be directly accessed, meaning can only be explored at an interpretive level. Whilst exploring this meaning, the hermeneutic cycle (Smith, 2007) is employed. The Hermeneutic cycle revolves around "*our inseparable involvement with our world and how we make sense of it*" (Gee, 2011; pp. 9), in which you need to explore the individual parts of an experience to understand the whole and vice-versa. This gets taken a step further within IPA research, in which the participants' experiences exist alongside each other and the researcher's own context, thus there is a need to consider the participants' and researcher's experiences together to order to understand the research topic. Finally, idiography (as defined by Smith et al., 2009) is essentially a focus upon the particular, in which the detail and individual perspective of a lived experience is sought. Exploring the particular provides unique information around phenomena, but a link between the general and specific is always maintained. Taken together, these ideologies emphasise a need to explore lived experience at a deep level, in which experiences are placed within their individual contexts, interpreted within that context, that of the researcher and described at both individual and group levels. Willig

(2001) argues that IPA simply provides a descriptive account of lived experiences rather than explaining why they occur, whilst the focus on language may simply be an indicator of how individuals talk about experiences.

It was decided that an IPA approach would be most appropriate for this research. The aim of this study is to understand Trainee Clinical Psychologists' experiences of research ethics processes, which has an implicit focus upon lived experience inherent within IPA. In particular, this research aims to explore how trainees make sense of and attach meaning to research ethics processes, placing it within the wider context of their training /professional as well as their individual contexts. The context of the researcher was also considered an important aspect within the interpretation of participants' experiences. This emphasis upon personal meaning-making within a wider context also fits with the ideologies underlying IPA (in particular phenomenology), alongside the aim of describing experiences of ethics at both individual and group levels. On a more practical level, IPA provides a high degree of structure and guidance which is particularly useful for researchers using this approach for the first time (Smith, Flowers & Larkin, 2009). Finally, of all the epistemological and philosophical stances within qualitative methodologies, those within IPA are most closely aligned with the researcher's beliefs and values (as outlined in sections 2.1 and 4.6). For example, the belief that meaning (and mental health difficulties) exists between rather than within individuals, and can only be understood when considering individual and wider social contexts (i.e. the hermeneutic cycle). In addition, the inductive, participant-led nature of the approach (Gee, 2011; pp. 10) fits with the researcher's values around enabling individual's voices to be acknowledged and heard.

4.3: Procedure & data collection

4.3.1: Recruitment

Participants were recruited using purposive sampling, as the aim of the study was to develop an understanding of the lived experience of research ethics processes for Trainee Clinical Psychologists. Academic staff from two Doctorate in Clinical Psychology courses (one located in the South East region and one in the North West region) were approached to facilitate the identification of potential participants for the study, with one being the course

at which this researcher studies. The use of two courses was decided in order to allow experiences not be confined to a single institution or geographical area. Potential participants were Trainee Clinical Psychologists in their final year who had applied for ethical approval within the past year and were currently completing their major research projects. Qualified Clinical Psychologists who had completed their clinical training within the past two years were also approached. The selection of participants for this study did not utilise markers of social difference including gender, race, religion, class, culture, ethnicity, sexuality and spirituality within the recruitment process. Due to the minimum requirements to gain entry to Clinical Psychology Training in the UK, all participants had attained at least an undergraduate degree and were therefore over 21 years old. The sample was limited to three cohorts of trainees so that some degree of homogeneity of experience would be preserved, in line with IPA guidance (Smith, Flowers & Larkin, 2009). Smith et al. (2009) also suggest that IPA studies as part of professional doctorates require four to ten participants, as this number should provide enough data to develop a meaningful narrative around similarities and differences between experiences without these details being lost in a larger dataset. Therefore the aim of this study was to recruit a minimum of four participants.

A mass email (Appendix I) was sent through the administrators of each course to potential participants meeting the criteria discussed above, along with the Participant Information Sheet (Appendix II). The email provided a brief description of the main aims of the research and what participation would involve, as well as including the researcher's contact details to allow potential participants to express their interest in and/or had any queries regarding the study. Once a participant expressed interest, a face-to-face meeting was arranged either at the University or the participant's home in order to discuss the study information and, if appropriate, conduct the interview. Informed, written consent from each participant was established prior to the commencement of each interview (Appendix III).

4.3.2: Participant characteristics and context

In line with the philosophical stances underpinning IPA (Smith, Flowers & Larkin, 2009), the wider social context of the participants is considered. Specific characteristics of the participants (Table 1 overleaf) are represented at a group level, along with the use of aliases,

in order to protect the anonymity of participants. Due to the intimate nature of clinical training it is difficult to completely maintain participant confidentiality, particularly given one of the recruitment courses was that of the researcher (as noted in the section above). In order to maintain participants' anonymity as much as possible, the nature of the researcher's relationship with participants cannot be disclosed. Aliases were self-selected by participants in order to support their ownership of and role within the study. All participants were current or recently qualified Trainee Clinical Psychologists, of which six (including the pilot) were in the process of submitting or amending their doctoral thesis.

Clinical Psychology Training within the UK consists of a three-year Doctoral level course in which trainees split their time between working within the National Health Service (NHS) and studying at university (British Psychological Society [BPS], 2010). According to the general job description and person specification published on the Clearing House for Postgraduate Courses in Clinical Psychology (2012) website, the main skill areas that trainees should work within includes; Clinical Practice, Research and Developmental Activity and Clinical Supervision, Teaching and Training. These areas are broadly represented within the design of training courses, as each course has the flexibility to adapt the content of these areas to match their philosophical and epistemological stance (BPS, 2010). The broad nature of these skill areas, alongside the flexibility in which these are addressed within training, may lead to a degree of uncertainty for some trainees. Ambiguity has been suggested to be inherent within clinical training, in which a number of different professional and personal demands are present, from which trainees often experience anxiety as a result (Baker, 2002; Pica, 1998). In addition, Cushway (1992) suggests that trainees experience a higher degree of stress when compared to the general population, this stress is higher in female trainees and higher levels of stress are experienced across the second and third years of training. This increase in stress across the later part of the course may coincide with increased demands from the research component of training, in which research is seen as a "*difficult and demanding process*" (Thomas, Turpin, & Meyer, 2002; pp. 288). These aspects shall be considered when attempting to interpret participant interviews.

Table 1. Table to show participant characteristics

Number of participants	6 (plus 1 pilot participant)
Age	Participants ranged in age from their mid-twenties to mid-thirties
Gender	All participants were female
Nationality	All participants were UK Nationals
Training Status	4 participants were in their final year of training, with the remaining 3 participants having completed their training within the past 2 years
Participant Aliases	Harriet (Pilot) Britney Jessie Melanie Patricia Willow Lisa

4.3.3: Interview design

IPA requires a ‘rich, detailed first-person account of experiences’ (Smith, Flowers & Larkin, 2009) and therefore in-depth one-to-one interviews offer the most likely opportunity to capture such data. In particular, semi-structured interviews allow participants the space to “*think, speak and be heard*” in the context of a trusting, comfortable and bidirectional interaction (Smith et al., 2009, pp. 56). The interview schedule was initially developed by the research team and then further refined through a pilot interview (see below). The finalised interview schedule (Appendix IV) aimed to encourage the participant to talk at length via open and expansive questions, beginning with more concrete questions before moving on towards more self-reflective and analytical processes (Smith, Flowers & Larkin, 2009). The final question focuses upon the experience of being interviewed by a peer, in order to explore the potential impact of the shared context between the researcher and participants. These aims in turn would enable participants to elicit their lived experiences and understanding of the research ethics process, including particular attention to helpful and unhelpful aspects of the process alongside any potential changes that they would recommend to be made.

4.3.4: Pilot interview

A pilot interview was conducted prior to formal interviews with the primary aim of 'testing' the interview schedule, along with providing the researcher with valuable practice of using the interview schedule, establishing whether significant aspects of the experience of ethics processes were captured within the schedule and to gain feedback from the pilot interviewee around their experience of the questions and the interview itself. As a result of the pilot, a number of alterations to the interview schedule were made, namely:

- Greater emphasis upon the experience of the ethics process through prompts, particularly their relation to other cohort members;
- Questions around unhelpful aspects of the ethics process were placed after questions around helpful aspects (questions 7 to 10) following interviewee feedback, as they felt it was easier to think of helpful aspects prior to unhelpful ones;
- Introduction of two additional questions (14 and 15) to empower interviewees to suggest changes and to determine whether there were any aspects of their experience not covered elsewhere within the interview schedule.

The pilot interview was not included in the analysis process, primarily due to the depth and style of questioning not being deemed equivalent to the other interviews.

4.3.5: Formal interviews

Formal interviews were conducted either at the participant's home, workplace or university and ranged from 60 to 110 minutes in length. Each location was chosen by individual participants to ensure their comfort and reduce any potential distress. The participant information sheet (Appendix II) was revisited at the start of the interview session and participants were given the opportunity to ask any questions they had about their involvement in the study. Written informed consent was also established at this stage (Appendix III).

The formal interview then took place using the interview schedule (Appendix IV), with the aims of enabling participants to elicit their lived experiences and understanding of the research ethics process, including particular attention to helpful and unhelpful aspects of the process alongside any potential changes that they would recommend to be made, being kept in mind. All interviews were audio recorded and transcribed using a professional transcription service, which had completed confidentiality agreement. Following the interview, a reflective diary was used to record the researchers lived experience of the interview in order to facilitate reflexivity and bracketing of experiences.

4.4: Data analysis

The data analysis in this study was completed following specialist IPA guidance within Smith & Osborn (2007) and Smith, Flowers & Larkin (2009). The authors argue that IPA does not involve a singular unidirectional process, but rather the application of shared processes and principles with an iterative and inductive cycle. A framework encapsulating these processes principles suggested by the authors above informed the current study and is outlined below:

- In-depth analysis of each transcript to explore the lived experience of each participant (see Appendix V for an example);
- Identifying the emergent themes with these experiences for individuals and across multiple cases (see Appendices V & VI);
- Interpretation of these themes via developing a written dialogue between the researcher, their data and psychological knowledge (see sections 5 and 6);
- Representing these interpretations within a clear framework, to allow the process of analysis to be traced from the original transcript through to the final structuring of themes (see Appendices V, VI & section 5);
- Testing the cohesion and credibility of the interpretation via the use of supervision, peer researchers and auditing (see below);

- Developing a complete narrative around the participants' experiences, involving identification of themes supported by detailed commentary and extracts alongside a visual guide (see section 5);
- Finally, a need for the researcher to reflect upon their own values, experiences and internal processes in relation to their journey through the research process (see sections 2.2 and 4.6).

A description of how these principles were implemented for the analysis of each interview transcript is presented here. Transcripts were analysed from an idiographic approach, in which transcripts were analysed on an individual basis to allow the identification and interpretation of emergent themes to be more representative of the individual's felt experience. Transcripts were explored within an interactive process, whereby the text was read repeatedly and initial notes were made regarding the content, language, initial similarities / differences, concepts, interpretations and reflections. These initial notes were then read alongside the transcript text to identify any emergent themes. Connections between these emergent themes were then sought in order to create superordinate and underlying subordinate themes via the use of abstraction, subsumption, polarisation, contextualisation, numeration and/or function. Again, this was an interactive process in which the choice of strategies was dependent upon the specific qualities of the transcript being analysed and rereading of the text to establish whether the structure of the superordinate and subordinate themes are consistent with the participant's felt experience. A table listing the superordinate and subordinate themes alongside representative quotations of text was then created for each transcript. An example of this process for one transcript is detailed in Appendix V.

Throughout this process, the anonymised transcripts and analysis notes were discussed and explored with the research supervisors, as well as peer researchers who were also using IPA. Written and verbal feedback was provided by both sets of individuals to ensure the rigour of the analysis. An audit trail of the analysis process can be seen in Appendices V and VI.

A strategy of using the theme structure of one or more participants to guide the analysis of further transcripts is supported by Smith, Flowers & Larkin (2009) and Willig (2001), particularly when a relatively large sample size exists. The rationale behind this strategy is that the participants are a homogenous group and as such themes identified with one participant are likely to arise with another. However, the researcher is advised to maintain an open and curious stance in relation to subsequent interviews, wherein new and/or contradictory themes are allowed to emerge. For the present study, three transcripts were chosen to be analysed separately in order to form a guiding framework. One interview was chosen from a participant currently within training, whilst the remaining two were from participants who had finished their training. This decision was made in order to maintain a balance between reducing the impact of the researcher's own context of being a Trainee Clinical Psychologist whilst also representing the experience of those participants currently within training.

Once the superordinate and subordinate themes for three of the six transcripts were identified individually, they were then analysed as a whole to create a narrative representing the participants' experiences. Connections were sought between the superordinate and subordinate themes using the processes detailed previously, and again the transcripts were reread to ensure the structure of themes was consistent with participants' experiences. This new framework was then used as a guide to analyse the remaining interviews, whilst remaining open to new and/or contradictory themes emerging. Once all interviews were analysed, the framework was then revised and again the transcripts were reread to ensure participants' experiences were represented through the structuring of themes. As a result, a final framework was created and forms the basis of the narrative account detailed within the results section.

4.4.1: Data quality

A number of authors have proposed guiding principles to ensure the quality of qualitative research (Elliott, Fischer & Rennie, 1999; Yardley, 2000; Yin, 1989; cited in Smith, Flowers & Larkin, 2009). There is a high degree of overlap between these guidelines, and so an amalgamation will be discussed here alongside how these guidelines have been

implemented within this study. A key principle is “*owning one’s perspective*” (Elliott et al., 1999, pp. 220), in which the values and experiences of the researcher relevant to and potentially impacting upon the study are acknowledged and/or explored with the reader. In section 4.6 below, the position of the researcher in relation to the study has been explored, alongside strategies on how to manage the impact of these values and experiences upon the study. The context of the participants has also been raised as an important element of qualitative research via situating the sample (Elliott et al., 1999) and adopting sensitivity to context (Yardley, 2000). It should be noted that the researcher shares the same or similar context as that of participants, which has been addressed within section 4.6 below. This context has been described within sections 4.3.1 and 4.3.2 above, and has been held in mind during the analysis and interpretation of interviews as well as the discussion of results.

Yardley (2000) proposes ‘commitment and rigour’ as another guiding principle, in which the researcher maintains an attentive, curious and thorough approach to the study. The analysis and interpretation of data has been grounded in examples (Elliott, Fischer & Rennie, 1999) using direct quotations from the interviews (see sections 4.4 and 5). In addition, a number of strategies have been adopted to ensure the credibility of the analysis and interpretation:

- Regular advice and guidance from peer researchers and supervisors has been sought throughout the research process (particularly within the analysis stage);
- An example of how one interview transcript was analysed and interpreted using IPA has been included in Appendix V, which when viewed within the context of this study, would allow an ‘independent audit’ (Yin, 1989; cited in Smith, Flowers & Larkin, 2009) of the researcher’s process to take place;
- A framework has been developed from the analysis and interpretation (see section 5), which both integrates understanding whilst preserving nuances in the data (transparency and coherence; Yardley, 2000);
- The general understanding of the experience of research ethics processes for Trainee Clinical Psychologists as presented within this study is based upon an appropriate number of instances, based upon IPA guidance (Smith, Flowers & Larkin, 2009). The

inherent limitations of generalising this understanding to other contexts have been explored within section 6;

- Strategies to promote the ‘reflexive bracketing’ (Ahern, 1999) of the researcher’s values and experiences have been implemented and are documented in section 4.6.

Finally, themes around resonating with readers (Elliott, Fischer & Rennie, 1999) and the impact and importance of the research (Yardley, 2000) have been suggested as significant aspects of qualitative research. These themes involve the study being presented in a way that accurately represents the lived experiences of the participants, is understood and appreciated by the reader and has furthered the understanding of the topic area being studied. These goals are shared with the IPA approach and have been a core focus within every aspect of this research.

4.5: Ethical considerations

Ethical approval for this study was provided by the School of Psychology Ethics Committees at the two universities where this study took place. Relevant documentation has been included in Appendix VII. In addition, this research complies with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2011).

4.5.1: Informed consent

When recruiting potential participants, a mass email was sent (Appendix I) including a brief overview of the study as well as the Participant Information Sheet (Appendix II). This information detailed the study aims, methodology, confidentiality and what participation would involve. Participants were also informed that they could withdraw from the study at any time and that their participation or withdraw would in no way impact upon their job role, training and/or current research. Potential participants were asked to read this information and then to contact the researcher via email and/or telephone if they wished to participate within the study. Formal informed consent was attained prior to the interviews taking place, in which a signed consent form (Appendix III) was completed.

4.5.2: Confidentiality

Detailed information about confidentiality and its limits were provided to participants both verbally and in writing (see Participant Information Sheet; Appendix II), and is summarised here. Participants' names were replaced with aliases in the write-up of this study. In addition, other participant characteristics were presented as a group in order to reduce potential identification by their peers and further preserve confidentiality. Identifying information was kept separately from the audio recordings, interview transcripts and subsequent data analysis to preserve confidentiality. Participants were also made aware that audio recordings would be kept for up to five years after this research is submitted for examination (approximately June 2012 to 2017), at which point the information shall be destroyed. A professional transcription service was used to transcribe all of the interviews. Participants were informed both verbally and in writing (see Participant Information Sheet & Informed Consent Form; Appendices II & III) that a signed confidentiality agreement (Appendix VIII) would be obtained prior to giving the transcription service any audio recordings, all identifiable information would be removed from their transcript and transcripts would be coded and stored electronically. In addition, they were told that the anonymised transcripts of their interview may be reviewed by the research supervisors and the academic assessors of this project. All information provided by participants was kept confidential from their course team, trainees and other participants who took part in this study, in compliance with the Data Protection Act 1998.

4.5.3: Affiliation of the study and the researcher

Participants were assured their involvement in the project would in no way impact upon their job role, training and/or current research. Participants were aware that the researcher was conducting the project as part of their Doctorate in Clinical Psychology programme. The impact of the values and experiences of the researcher are considered in section 4.6 below.

4.5.4: Potential distress

Some research argues that the process of being interviewed about life events can have therapeutic benefits (Birch & Miller, 2000; Colbourne & Sque, 2005; Murray, 2003), but the possibility of the participant becoming distressed remains. Participants were given verbal

and written assurance (see Appendix II) that the interview could be paused or terminated at any time. In addition, participants were asked how they experienced the interview following its conclusion and were offered the option of speaking with the primary supervisor of the project if they became distressed by the interview. None of the participants reported being distressed, nor took the option of seeking further support.

4.6: Self-reflexivity in relation to the research

Within qualitative research, the researcher's own values, perspectives and experiences and their potential interactions with the analysis process are addressed through the application of reflexivity and reflexive bracketing (Ahern, 1999; Elliott, Fischer & Rennie, 1999; Smith, Flowers & Larkin, 2009). This is particularly relevant when conducting IPA research, in which the aim is for ideas to move from the specific and towards the general (Smith, Flowers & Larkin, 2009). To this end, qualitative researchers are required to own their perspectives and experiences in relation to their research as well as their individual contexts. A summary of my reflections upon my experiences, values and perspectives are discussed below.

I am a 28 year old white British male who spent his childhood in a largely White British working class area of the West Midlands. I have worked within the field of Clinical Psychology for seven years across South England. My experiences both within and outside of clinical training have led me to favour systemic (Vetere & Dallos, 2003) and narrative (White & Epston, 1990) approaches within my clinical practice and research. These approaches frequently draw upon a social constructionist epistemology, in which multiple realities exist and are created through social interaction and language (Barker, Pistrang & Elliott, 2002).

In developing this research, I felt passionate about the topic area but was also fearful as to whether my more recent negative experiences of research ethics processes would have an impact upon what understandings I would develop. Further to this, I was anxious about how these findings and the study in general would be viewed by others, given my experiences. I was able to discuss these fears with my supervisors and peers throughout the research process, with these discussions helping me to maintain and further develop open-

mindfulness and curiosity into both positive and negative stories. Within my initial interview, I noticed that I gained a sense of relief when hearing negative elements of their experiences. As a result, I changed the order of questions to allow the more positive elements to be heard and explored first. As I undertook more interviews, I noticed that I became increasingly curious as to the nature of positive experiences and how participants frequently saw these as 'the exception' or themselves as the 'lucky ones'. In discussing this with one of my supervisors, we felt as if negative ethics experiences were almost folklore or an urban legend, being passed down from generation to generation. I then began to view the positive story as an unheard voice, and became even more motivated to explore this element of research ethics experiences.

Throughout the research process, I also became more aware of how participants' experiences were being shared and explored within my own context, particularly given some participants either guessed or knew of my experiences around research ethics. Participants described being more open about their experiences as they were talking to a peer, but for some there were feelings of guilt at discussing positive aspects. This led me to explore the impact of my context with participants in depth, particularly in regards to how they expressed positive and negative experiences, and to give them the opportunity to talk about additional and alternative aspects of their experiences at the end of the interview.

This motivation and passion for positive experiences carried through to the analysis process, where I was struck by the thinness and brevity of positive experiences. It was at this point I began to see the ethics process within Clinical Psychology training as more of an interactional triad between committees, training courses and trainees, rather than my personal felt experience of the power residing with the committee. This allowed me to see how my and the participants' experiences were potentially constructed within the context of this triad, as well as our own personal contexts.

In reflecting upon my personal experiences of research ethics processes, I acknowledge that my views may have changed through training from mostly positive to negative. However,

such reflection demonstrates an honest examination of the values and interests that may impact upon this thesis (Porter, 1993). In order to maintain awareness of and limit the potential impact these experiences may have, a number of strategies associated with the 'reflexive bracketing' of experience have been implemented (Ahern, 1999). I have kept a reflexive journal throughout the research project, in which my interests, my personal value systems, my subjective areas, potential role conflicts, stakeholders' interest and my feelings in relation to the research have all been documented, referred back to and reflected upon throughout the project. These aspects have also been discussed and reflected upon extensively with my supervisors. In addition, the analysis of the interviews transcripts was conducted under close supervision and rigorously investigated by my supervisors.

As a result of these experiences, I attempted to adopt a position of curiosity in relation to the interview process and subsequent analysis; namely how, what about and why the research ethics process was helpful or unhelpful for participants.

5. Results

The following section will present the findings of an Interpretative Phenomenological Analysis (IPA) of Trainee Clinical Psychologists' experiences of research ethics processes. I aim to provide the reader with a rich and detailed account of participants' lived experiences as well as an exploration of how they made sense of these experiences. This account is comprised of three superordinate themes:

1. The emotional intensity and personal impact of the ethics process
2. Responses to and ways of managing the ethics process
3. Challenges within the ethics process

The IPA account presented here should be regarded as one possible construction of the research ethics process for a specific group of participants. It is recognised that the influence of the researcher's individual perspective within the double hermeneutic process will have led to the emergence of specific themes and that alternative themes may have emerged with another researcher (Elliott, Fischer & Rennie, 1999). However, I have endeavoured to present a rich, systematic and rigorous account of participants' experiences in line with the data quality strategies outlined within section 4:4:1 above.

All participants were able to provide a detailed and multi-layered account of their experiences. Due to space limitations, it is impossible to fully represent all aspects of these experiences and perspectives. In line with Smith, Flowers and Larkin (2009), I have attempted to maintain a dual quality within this account wherein I have paid close attention to individual experiences and perspectives whilst developing a more generalised conceptual understanding. To this end, I have attempted to acknowledge the degree of overlap, opposition and agreement between themes in order to include as much of participants' experiences as possible. Tables detailing the relationship between themes across all participant interviews have been included in Appendices VI and VII. To illustrate these

themes and the relationships between them, verbatim quotes¹ from each participant will be used for each superordinate and subordinate theme. In addition, each quote will be accompanied by my personal reflections to acknowledge my influence and personal reflexivity within the analysis process. A summary of the superordinate and corresponding subordinate themes are detailed in table 2 below:

Table 2. Table to show superordinate and subordinate themes of IPA account.

<p>1. The emotional intensity and personal impact of the ethics process</p>	<p>1.1: An overwhelming process 1.2: Feeling pushed further and further down</p>
<p>2. Responses to and ways of managing the ethics process</p>	<p>2.1: Trying to push it aside 2.2: Devaluing the process 2.3: Searching for the magic person that knows it all 2.4: Peers as support and competition 2.5: A need for passion, but having it taken away</p>
<p>3. Challenges within the ethics process</p>	<p>3.1: Complexity and mystery 3.2: Time was ticking away: going backwards and forwards within the process 3.3: We were in one place and the ethics committee in another 3.4: Negative stories: what I heard, what I say</p>

¹ Verbatim extracts: All identifying information has been removed, along with all names being replaced with aliases. Extracts have been amended to facilitate readability, in which repeated words and minor hesitations / fillers have been removed. Where meaning is inferred, square brackets [] containing additional material may be used to support the reader's understanding. Finally, has been used to indicate the continuation or deletion of text for readability.

5.1: The emotional intensity and personal impact of the ethics process

The experience of applying for research ethics as part of doctoral Clinical Psychology training was an emotional experience for all six participants within this study. This first superordinate theme attempts to describe the emotions and impact of the ethics process upon the experience of participants. In particular, a sense of being overwhelmed and powerless emerges from participants' accounts, along with feelings of anxiety, isolation and relief.

5:1:1: An overwhelming process

'An overwhelming process' represents the intense and varied emotions of the participants throughout the research ethics process. Jessie directly speaks of this sense of being overwhelmed, whilst struggling to find words to articulate the deep emotional meaning she ascribes to the process. She also identifies distress and feeling drained as key aspects, linking them to her REC committee meeting:

"This, I think was really (exhales and silent) anxiety provoking, just quite an overwhelming process to have to go, particularly the ethics board... I think the process itself was very frustrating and very draining but I think that bit was the bit for me that (sighs) it felt really quite distressing. I don't think I can find words to say it other than that." (Jessie)

For Britney, anxiety and frustration appear to be the main aspects of her experience, being constants throughout the process. In particular, she described the anxiety as coming from internal and perhaps external expectations of 'getting the process right':

"I think my general kind of relationship to that phrase [research ethics application] is, scary and daunting and a bit unnecessary (laughs) ...it conjures up quite a lot of anxiety, not only anxiety in terms of making sure that I get the process right and go through the forms but anxiety of actually having to present my work and go to the ethics committee and all that comes with that and frustration I suppose as well in terms of the amount of time it takes, the amount of energy you have to put into it." (Britney)

This idea of being overwhelmed was taken further within Lisa's account, wherein she feels her experience of the process was traumatic. The deeply intense emotions for Lisa are further highlighted by her reluctance to use the term 'traumatic' and difficulty with words, along with the negatives she ascribed to her sense of self throughout the process:

“Researcher: I’m wondering if you had a nickname or could create a nickname for your experience of the ethics process?”

I think there is one but for some reason I’m quite reluctant to say it and I don’t know... I described it before... as a trauma but I don’t (pauses- sounds worried) I don’t know why I’m reluctant to say that. But I do feel a bit reluctant...

Researcher: What do you think that reluctance is about?

I think it’s...the amount of stuff that I put on this process, because obviously the ethics process in itself was not traumatic and it wasn’t objectively, it was possibly a bit frustrating and possibly a little bit upsetting when it kept coming back with obstacles and barriers but I think because of the amount of...weight that I gave to that in meaning... I’m incompetent, I’m inadequate, I’m not good enough, I’m rubbish, I can’t do this, I’ll never be able to do this. I think... that’s quite difficult to recognise or to acknowledge because... it did cause quite a lot of distress, not ‘it’ as in ethics but the research process which I then attributed to ethics because that was the bit that I was in at that time... also it’s partly not wanting to say negative things about our ethics committee because again it (silence and sighs) it wasn’t that them per se who were being traumatising, it was just that for me it was experienced as quite difficult so I think that’s what my reluctance was about.” (Lisa)

Lisa goes on to note her feelings of isolation and separation from her peers within the process, whereas Willow also talks about these feelings in relation to not feeling supported by her university course:

“...you do feel very alone in it ...” (Lisa)

“...it just felt very separate and the University couldn’t really help, it didn’t feel as though they helped me out at all really with NHS ethics, you just have to kind of get on with it yourself...” (Willow)

This sense of isolation was also felt by Melanie, who named a struggle to articulate what is required of and the impact upon the self within the process. She also described how this struggle creates additional pressures in her personal life:

"I really struggled to explain what was going on to my family and my friends... I don't think people really understood what was what it involved and the extent of it so they weren't able to help! (laughs) which was which was a bit of another hurdle coz... they didn't understand what I was doing and couldn't quite relate to it so if anything it caused more complications, yeah." (Melanie)

Returning to Lisa, she speaks of the mixed emotions she experienced at 'abandoning' her original research project after a lengthy ethics process. She describes relief at closing the door on her previous project and the emotional intensity therein, but also a sense of loss at parting with her work. Lisa also discusses the wider practical and emotional effects of her decision, in which her training, finances, home situation and career are all impacted upon:

"... to have worked for that long on a piece of work and for it to have caused that amount of turmoil... it was really hard to just say, this is this is it this is done but on the other hand it was so relieving to do that and so cathartic to then go home and organise my files and put all the ones that I didn't need away and chuck all a load of stuff out and that was that felt very therapeutic... I felt relieved but then... there was that massive ambivalence and it hit me like, oh my God you've just abandoned two and a half years' worth of work and I did become really upset... I do think in hindsight that it was definitely the right decision and I'm really glad that I made it, I feel so much happier with my current project and much more confident with it and much more able to go through the ethics process but it was confirming that it's not gonna go ahead, you're not gonna qualify on time, it has an impact on you know jobs and where I live because if I take time off to do my research I'm not gonna be paid so I might have to move back with my parents and it just has a big impact on quite a lot of things so it was oh my God, this does actually change quite a lot but the overwhelming feeling was definitely relief, definitely." (Lisa)

Finally, Willow shares this sense of relief at the end of the process, naming worry and anxiety as key but unnecessary aspects of her experience:

"I think it was a massive relief I kind of felt. I think I felt a little bit silly in that I'd worried so much, that I'd spent so much time going through absolutely everything a million times just, just then to be told that actually it's fine just change these couple of bits. So yeah just feeling a bit silly that you spent all that time worrying and stuff that you needn't had done..." (Willow)

In reading these accounts, a sense of becoming overwhelmed by and within the process emerges. For some participants, overwhelmed was conceptualised as a dynamic between anxiety, worry, frustration and relief interacting throughout the process. For others, they simply could not find the words to accurately describe and communicate the emotional intensity of their experiences. Melanie and Lisa also spoke of the wider impact of their experiences upon their lives, perhaps encapsulating what Lisa meant by her experience of the process being 'traumatic'. From this emerges a dynamic between the process itself and the meaning the participants attach to it in creating and maintaining the intensity of the experience.

5:1:2: Feeling pushed further and further down

For all six participants, there was a very real sense of feeling pushed further and further down within the process. Britney and Lisa both acknowledge the internal processes that leave them feeling in a one-down position in relation to the REC committee and the process itself. Britney appears to see herself primarily as a clinician, with research being perceived as her weakness. In turn, this weakness makes the ethics process difficult to navigate:

"For me it just puts me in kind of a position I think, coz research isn't my strongest quality (laughs), so for me I think the task becomes even bigger because it, it seems a lot harder because it's not a strength of mine so it makes, it kind of puts me in a position kind of one down initially I think from that, yeah." (Britney)

Lisa shares this belief of research being her weakness, wherein a sense of powerlessness and incompetence appears to arise out of her expectations of her own and REC members' knowledge. She then links this with fears of her professed incompetence being

acknowledged by others, and interprets unfavourable REC decisions as evidence and active reducers of her confidence and competence:

"... that was my experience when I went into the ethics meeting, was that kind of immediate sense of feeling like, you know I'm just this tiny little person who doesn't sort of know anything in comparison to all these people who are gonna kind of sit and what feels like tear my application apart which is not, again which is not what they did but that's I think that's what it felt like so quite a scary process." (Lisa)

"...it was a distressing time definitely because each time that I got a kind of a, the ethics committee sort of saying, no, it would just push me further and further and further down in terms of sort of my confidence in actually being able to do this and after I'd gone into the process at the beginning thinking or being aware that research is the area that I'm weaker in but I'm gonna really try and work to produce a really good project and feel like I've really developed my research skills and yet each sort of communication I had with ethics it felt like it was kind of pushing me further and further and further back so it was quite erm it was quite upsetting from a sense of like I was saying before feeling like I'm not good enough and I shouldn't be on the course and (short silence) and all those feelings of, of not being competent." (Lisa)

Patricia also refers to this concept of the process pushing her down, in which she feels her answers to questions about her research at a REC meeting were not valued and actively dismissed due to her perceived status as a student. Melanie's account takes this one step further with a belief that trainee research would be more intensely scrutinised:

"...what I found slightly hilarious was that if I said something if I answered a question they'd be like, hmmm not sure I trust your answer, you're just a doctorate student (laughs) and then so they'd look at my supervisor who would go, yes that's true and they'd be like, oh OK then (laughs)." (Patricia)

"...maybe there is something about a trainee status that you know, you feel even more sort of scrutinised going through research as a trainee than you would as a qualified I don't know..." (Melanie)

For Jessie, the REC meeting was experienced as almost a personal attack with her left feeling that she as a person is fundamentally flawed. She also describes feeling a desire and need to defend herself and her research, but feeling unable to do so and thus being pushed into a powerless position:

"...at that point you come out of the meeting just thinking, oh my God there's something fundamentally wrong with me with my research and my ability to conduct research ... " (Jessie)

"...it was a really frustrating and provoking and quite upsetting experience erm and I think the thing that was most difficult about it was I didn't feel like I was given the opportunity to defend it which is effectively what it felt like I was doing, I didn't feel like I was answering questions I felt like I was defending it and not just defending the work but defending myself, that it actually felt quite attacking..." (Jessie)

This idea of the committee holding the power within the process also emerges from Willow's account, in which she explicitly refers to the potential power of RECs in regards to waiting for a decision before research goes ahead and a belief that they could change any aspect of her research:

"I think because you are waiting to get approval that you're kind of having to put anything else on hold and almost because they have the power to change what they want to change in a way, it does kind of prevent you from wanting to I don't know, kind of it-it just felt as though I put things on hold until I had the go ahead that things were OK..." (Willow)

Despite this theme of being pushed further and further down, it is interesting to note that for four of the participants, a degree of empowerment and increased confidence had developed by the end of the process. Melanie and Lisa speak of this directly, where their empowerment is the result of having gone through the process:

"I suppose I feel more empowered now that I've got through it and I've got that approval and I can see you know what it's like to be actually be present in front

of the committee now whereas the first time I went through the process I wasn't there so it was the unexpected in a lot of ways but I'd be a lot more prepared for it..." (Melanie)

"Going into it this time just feels so much different because I feel I think having gone through the experience I sort of know, I understand the paperwork a lot more and so that's a lot less confusing and I know the contacts and the ethics committee, I know the Chair and I know the admin person or the research governance person and so it just makes the process a lot easier because I kind of feel I do feel like I can go into it much more confidently and be much more aware of what they want, what they're expecting." (Lisa)

In contrast to many of the accounts, Britney describes a largely positive experience of her REC meeting. She notes how she believes holding on to the helpfulness will empower her to engage with the research ethics process in the future:

"I think just my experience of the committee was you know quite helpful and it wasn't as I imagined like I was imagining it to be grilling but it wasn't, so I think knowing that it's OK then I might, that might help me in future just to think, OK let's just go for it." (Britney)

To summarise, the sense of being pushed further and further down within the process was prevalent in all of the participants. This pushing was attributed to a number of different aspects, ranging from the structure of the process and the environment of the REC committee through to the participants' self-perception and how they believed they were perceived by other stakeholders. In particular, power dynamics and the impact of the trainee context as both student and healthcare professional emerged. However, knowledge and lived experience of the process appeared to empower and instil confidence for the majority of participants. Therefore not knowing and being uncertain about the process may also be a contributing factor to this sense of being pushed into a one-down position.

5.2: Responses to and ways of managing the ethics process

This superordinate theme aims to describe the range of responses to and ways of managing the ethics process identified by participants. The sense of being overwhelmed and powerless evoked strong reactions for all participants, ranging from actively wanting to avoid the process (and the emotions therein) to devaluing the process to maintain a cohesive sense of self. Searching for knowledge also emerged as a major coping strategy to increase certainty and a sense of control within the process. This search became a dilemma when engaging with peers, as they were viewed as sources of support to validate difficult emotions and experiences as well as competition to increase self-confidence via downward social comparisons (Wills, 1981) and thus maintain a cohesive sense of self. Finally, passion played an important role for all but one participant, wherein it was viewed as a motivating and empowering force but at times being reduced by the difficult emotions around the process.

5:2:1: Trying to push it aside

As discussed in section 5:1:1 above, the ethics process was an intense emotional experience for all of those interviewed. Avoidance of the emotion associated with the process, as well as the process itself, emerged as a key coping strategy for four participants.

For Lisa, the desire for avoidance began right at the start of the process when confronted with perceived barriers and encountering distress as a result:

“...there were a lot of barriers that occurred at the point of applying for ethical approval, that’s what I associate most of the kind of the distress with so yeah it’s kind of anxiety and a want to avoid it.” (Lisa)

This avoidance continued into the later parts of the process for Lisa, in which she describes a sense of relief when she was not reminded of an impending deadline and the workload to be completed:

“I was kind of thinking this needs to be done soon because the deadline’s in four months but then another part of me was really relieved when I did whenever I

opened my inbox and I didn't get an email from them because not getting an email meant that I could just kind of push it aside a little bit more and not have to think about it..." (Lisa)

The idea of large workloads and impossible tasks as a precursor to avoidance also emerges from Willow's account. She takes us through her initial anxiety around an 'impossible task' and having an unknown block to completing her ethics form, perhaps not wanting to fully acknowledge the role avoidance played in her experience:

"I had that form to fill in and I remember just kind of having it on the computer and just see how many pages it was but (laughs) it wasn't a nice number of pages and I was just seeing all the different boxes that needed to be filled in and thinking I'm never gonna get this done so... I probably put it off for a while because it just felt like an impossible task coz I mean probably not for long but I think the first time I looked at it... I couldn't fill it in, there was just something that was stopping me." (Willow)

Both Jessie and Melanie speak of avoidance at the end of the ethics application journey. After speaking of not wanting to engage with the process throughout its entirety, Jessie literally cannot find the words to express the emotion she was avoiding. She perhaps avoids the emotion again by ending her answer with an inhale and yeah, signalling her comfort. Melanie too shares this discomfort with her defiant 'no' and desire not to go there again:

"I just felt drained (sighs) I think after the whole process and quite anti the process I think as well after it all... I think that's one of the reasons why I put off resubmitting for so long was that I just didn't wanna even look at it, I was so over the whole ethics process I just didn't wanna know anything about it. I felt like (inhales) yeah." (Jessie)

*"Researcher: And does anything else come to mind when you hear that phrase, research ethics application?
Erm, no!! (laughs, both laugh as participant says 'no' defiantly). As in no I don't wanna go there again (both laugh) uhm yeah it's kind of a null avoidance almost not wanting to have to actually go through it again-some relief that it's*

behind me but also just that fear of having to go through it again so yeah.”
(Melanie)

These accounts suggest a key role for avoidance in managing the ethics process for these participants. Tasks as part of the process were pushed aside in an attempt to disconnect from the emotional intensity of the experience. The accounts also hint at a deeper avoidance in which the participants may not want to connect with their own vulnerabilities within the context of an ethics process that may be perceived by them as threatening. There may be a desire to feel competent within process, which may feel unachievable if connected to one's vulnerabilities.

5:2:2: Devaluing the process

The discussion of the ethics process in a negative light appeared to serve a powerful function for some participants. This devaluing of the process may reduce the impact of experiencing being within a one-down position (see section 5:1:2) and help participants maintain a congruent sense of self.

For Jessie and Britney, there is a sense of ethics being an unnecessary part of their journey with their research projects. Jessie speaks of an internal dilemma between knowledge and feeling, where at one level she acknowledges the necessity of the process to ensure safety but on another focuses upon her frustration with the process. Britney also names this internal dilemma and goes further in arguing that the process inhibits research, and perhaps feels that her own research was inhibited:

“Researcher: And when you're thinking about the process, about that phrase, do any particular images or words come to mind?

(Slight pause) Probably not the ones that should come to mind. I think the ones that should come to mind are about making sure that I'm fine about ethical guidelines and making sure I'm keeping my participants safe. What actually comes to mind is just (sighs) like it feels like I'm jumping through hoops it's kind of sheer paperwork, that it's just a job that I have to do, it's not something that

in terms of ethical application process it's not something that I see as perhaps in the way it should be seen." (Jessie)

"I think my general kind of relationship to that phrase [research ethics application] is, scary and daunting and a bit unnecessary (laughs) but also necessary as well at the same time. I think it has to be this way to protect people who might be vulnerable but... perhaps stops some people too." (Britney)

Lisa, along with Jessie, moves away from this dilemma and refers to ethics as in the way of getting to the research:

...to get to where you want to be you have to go through this really boring process and I just, I don't know if I can be bothered (laughs)... (Lisa)

"...it does feel like it's a tick box exercise some of the time so it feels like it's wasted energy when you could actually be getting on with doing the research which is yeah, frustrating..." (Jessie)

Patricia seems to very much hold a negative perspective of the ethics process in mind, which is communicated with much frustration. This is exemplified by her image of the process as an unpredictable inconsistent parent and as not important to research. It may bring up images of Patricia as the child in her relationship with ethics, and potentially speaks to a desire to be cared for and helped:

"...it's not based on things which actually will be important to your research project so it's not like once you know how to design a really good research project, they're not gonna kind of turn around and go, hmm I don't like it. It's basically it's a bit like (sighs) a kind of erm like a really inconsistent parent like you can't (laughs), you can't predict how they're gonna react (laughs). You just have to kind of go for it and hope for the best..." (Patricia)

Patricia goes on describe the process as 'overkill', with medical research perceived as in greater need of scrutiny. She also views the ethics process as not addressing ethical issues, which is again is spoken with some frustration:

"...you're subjected to a level of scrutiny which is I think probably is overkill for if you're doing a study using like anti-depressants or something where you know that the risks are known. You know it's probably still too much for that but I mean when you're just interviewing some people (both laugh) it's just it's just ludicrous, the scrutiny you get put under and you know, I was interviewing children and I think it's appropriate that... you would get a bit more scrutiny about that but I didn't even really get any more kind of ethical scrutiny about that, like it just didn't seem to be about ethics. That's the bottom line, that's not what it was it barely touched on actual ethics (laughs)." (Patricia)

At the end of the interview, Britney reflected upon talking about her experiences in a negative way in spite of a positive experience:

" I generally had a quite positive experience although I, I think I'm describing quite a lot of negative stuff in this interview it was generally alright for me but I know that was very different to other people's experience as well so I think that for me showed that it can be so dependent on your committee and who you get and I think again that might put me off because if you've got a horrible committee knowing other people have then what's the point, like you're trying to do something and you're just held back so yeah." (Britney)

This devaluing of the process appears to be a highly used strategy for all of the participants, in which construing the process and the people within it as the other may allow participants to displace negative emotions and the impact of experiencing a one-down position (see section 5:1:2). In addition, viewing the process as incompetent, rather than perceiving themselves to be, potentially helps participants maintain a congruent sense of self.

5:2:3: Searching for the magic person that knows it all

"I think for me it would have been helpful to have somebody that has done it. So although I'd borrowed a form from the year above, it was just getting the form, whereas if I'd had my supervisor who had done the research ethics before then they would have been able to help me with some of the questions that I just didn't know where to go to with. Yeah, so it just didn't seem a central person who kind of had a handle on NHS ethics. It seemed to be that even the course team, although it was very helpful, but also not sure on the process and procedure and what would get you through committee and what wouldn't. It's just having this magic person that knew it all..." (Britney)

The quote above illustrates the desire for knowledge and certainty experienced by many participants and forms the basis of this theme. Britney describes a search amongst peers, supervisors and her course team for that 'magic person' for her to realise that person did not exist. Willow speaks of this as chaos, in which the lack of the 'magic person' led to feelings of anxiety and self-doubt:

"...we'd had that lecture as well from that lady who had tried to help us understand how to fill in this form and I don't know if it's because she didn't have a clue or we were just asking too many questions but that just created this kind of feeling of kind of chaos. The fact that even if she didn't know then how on Earth are we supposed to know? So I don't think that helped I do think it must just put people off from doing research because you know, to be at the point we were at you know you'd think that we would have some understanding of (laughs) how to fill in a form, and it kind of, because we'd done the proposal and stuff anyway you had to think about what you were doing and different aspects of the design it was, to be faced with that and I don't know it was just, it was awful, yeah." (Willow)

Willow then describes receiving the support but not the knowledge she sought from her university. She links this to a sense of separation between her university and NHS ethics,

which alludes to feelings of separation and uncertainty between herself and these aspects. Perhaps the search for knowledge and certainty is an attempt to bridge this gap:

"...it just felt very separate that you know the University were quite supportive and you had a research tutor who you know was there and was helping out but then and then there was the kind of the ethics and especially with NHS because you know it's not University it's separate but it just it just felt very separate and the University couldn't really help, it didn't feel as though they helped me out at all really with NHS ethics, you just have to kind of get on with it yourself..."
(Willow)

A desire to be emotionally contained emerges from Patricia's account, where she refers to a supportive cocoon emerging from having a 'magic person'. The cocoon brings to mind images of being protected from threats residing in the outside world, being given time to grow and develop and being nurtured:

"...having a bit more of a kind of a cocoon around you, about that process where there was (short silence) you know, someone who was designated as the kind of REC queries person or REC back-up or you know, (laughs) because it's you do feel very alone in it and I think certain-certainly for me I was, I was going through the process a lot later than other people..." (Patricia)

Perhaps Jessie talks about the reality of this cocoon, in which she speaks of the reassurance and containment she received throughout her journey:

"...having my supervisors there to actually sit and reassure me because again when I got the letter back, even though there wasn't that many things, because it was such, I was so emotionally attached to the process by this point, I still kind of went, oh crap I'm never gonna be able to get all this done, it's not gonna happen it's gonna take far too long to do and having them actually go, no this is doable it's fine, we can manage this, we can get round this by doing this this this, was really useful yeah I don't think I'd have got through the process without (both laugh) my supervisors at all, so having a good team, definitely very helpful." (Jessie)

From exploring this accounts, the search amongst peers, supervisors and her course team for that ‘magic person’ that knows it all may not just be a search for knowledge. It may also speak to a search for support, containment and certainty within a process which is experienced as overwhelming and emotionally intense. In the face of a process which is seen as an ‘unpredictable inconsistent parent’ (see section 5.2.2), perhaps some participants are seeking a predictable and consistent parental figure - the magic person that knows it all.

5:2:4: Peers as support and competition

For some participants in this study there was an internal dilemma in relating to their peers who were also engaging in the research ethics process, whereby peers were seen as sources of support and validation as well as opponents and rivals. The wider context of clinical training may play an important role in this dynamic. In contrast to some other professional doctorates, Clinical Psychology courses are designed around a fixed-term three-year programme (BPS, 2010) which involves the application of set deadlines. This is particularly true of the doctoral thesis, wherein a cohort of trainees will be moving through the research ethics process at more or less the same time. This creates the potential for competition between peers, particularly given high levels of competition to for training places (BPS, 2012; Roth, 1998).

Comparison appeared to be a key coping strategy for Jessie. She initially values recognition that she is not alone in experiencing difficulties, yet compares herself to her peers in a positive light later on in her account. This seems to be a way for Jessie to maintain her perception of herself as competent, in the face of internal and external factors potentially ‘pushing her down’ (see section 5:1:2):

“Recognition that I wasn’t alone in going through the process was also important because I found out afterwards that several people who had gone through the same ethics committee had had similar experiences and also different people within the cohort went to ethics also had difficult experiences so I think having other people who was going through it was quite reassuring...”
(Jessie)

“...because of my previous experiences I went into this feeling perhaps a little bit more prepared and a bit more insightful than some people and that’s no disrespect to them it’s just a case of I’ve been through it before and I knew that it wasn’t gonna necessarily be an easy ride, again I wasn’t prepared for quite how hard it was gonna be but even so I felt that I went into it with my eyes a little wider open than perhaps some people did.” (Jessie)

Melanie names this competition, comparing her progress through the process to that of her peers and brings up the concept of winners and losers. She also speaks of intense emotion at receiving an unfavourable ethical decision, wherein she may have felt like one of the ‘losers’ of the competition when encountering peers who had approval. Melanie then states that she aligned herself with someone who had similar experiences, perhaps to minimise the potential for competition and rivalry whilst also feeling equal to her peers:

“I was aware of other people going through it in our cohorts so...it became a bit comparative just to see what stage... we were all at and it almost became a bit of a competition in a lot of ways, so kind of you know, have you done this yet? Have you got these signatures yet? Have you done? And you know it became a bit of a competition so I think that fed into the expectations that it would be quite a competitive process in some ways as well and that there’d be some winners and losers.” (Melanie)

“I suppose the most vivid emotions were when I got the rejection letter and it was just... heart-wrenching...I felt so gutted and almost in shock...I kind of kept having those sorts of, why me? And blah blah blah erm I ended up going to find [friend] coz I knew that she’d been in a similar situation and I knew she’d understand so I kind of aligned myself with somebody who’d been through it and that really (elongates ‘really’) helped...” (Melanie)

Lisa may have been more aware of this internal dynamic and the dual nature of comparison. She talks about being able to seek the advice of those further ahead in their projects and the reassurance knowing others are also behind brings, whilst also naming the self-criticism that results from these comparisons:

“...everybody was at a very different stage of the research so some people would be I don’t know collecting data and probably drafting introductions and then other people would be kind of still having difficulties with the proposal or whatever it may be so it was it was kind of useful to be able to go to those trainees who had gone through the process and kind of get some of their ideas about what might be helpful but then I suppose also it was it was kind of reassuring knowing that you weren’t the only person kind of struggling but having said that I guess that there was kind of still a bit of me that in relation to other people other peers that was kind of thinking you know what I-I-I must be in some way incompetent because I’m not at the stage where they are or you know all this all these obstacles are happening and they’re happening to my project so it must be something to do with the way that I’ve designed the project...I suppose there was an element of sort of comparing myself to peers who were sort of further ahead and seem to have gone through and there’d been no problems.” (Lisa)

These accounts speak to a dilemma of relating to peers, namely are they one’s friends or rivals. Competition allows individuals to acknowledge their own strengths in relation to others and reinforce a positive sense of self, but also has the potential of causing feelings of incompetence and inadequacy. The thesis and the associated deadline may also play a significant role, in which trainees may be at different stages due to the length of the process and amount of work involved. A desire to feel in line with their peers and part of an equal group also emerges from some of the accounts, the group identity may give a sense of belonging, support and protection.

5:2:5: A need for passion, but having it taken away

Passion for the research project and topic area emerged as a major theme for the majority of participants. Britney’s passion for her project is very much present here, in which she acknowledges that there may have been difficulties ahead but was prepared to fight for her research area. She speaks of the anticipation of the fight also being a motivating factor, empowering her to keep moving through the process:

"I really kind of had this hope that it would go through and a wish, I think really coz that was part of why I'm doing it because this area's so under researched and the ethics is a reason for that. In the research people don't wanna go through it. [My] fears were (laughs), going through and having to change everything-I did have a back-up plan of doing something simpler but I didn't really wanna do that so my heart was kind of set in on doing this." (Britney)

"I knew from day one it was gonna be tough so I think I'd kind of set myself up for a fight (laughs, both laugh) from day one and that yeah I needed to fight and I needed to kind of put my all into it really for this project to go ahead and I knew there was gonna be kind of different points of fighting throughout so the ethics was my first and kind of major hurdle but I also thought, recruitment, which also turned out to be a bigger fight (laughs), yeah so I kind of predicted these things and then I think that gave me the strength initially to, to kind of go with it and make it, you know make myself do it." (Britney)

Melanie speaks of incredible passion, but having it tainted and taken away by the process:

"...it's just incredible how passionate I feel about it and... what I'd say to somebody, you will forget it but it's almost like it at this stage in the game it feels like it's really... tainted the whole experience of carrying out some research that you're really passionate about, it takes that passion away..." (Melanie)

For Lisa, it feels like more of a fight with the process again, with her references to having the passion knocked out of her. This alludes to both the powerlessness experienced within the process (see section 5.1.2) and a potential function of devaluing the process and seeing it as the other serves to maintain a positive sense of self and displace negative emotion (see section 5.2.2):

"...it just comes down to the time and just the effort that has to go into just the very first stage and I think it does it knocks you, it just knocks that kind of passion that you have to begin with because to get to where you want to be

you have to go through this really boring process and I just don't know if I can be bothered (laughs) to go through that again." (Lisa)

The passion was less of a motivating or containing influence for Jessie. She describes a sense of detaching herself from her research as her passion for the project dwindled and expectations of failure increased, perhaps in an attempt to minimise the loss she may experience if the project was not given approval and detach from her own vulnerabilities. However, the act of receiving approval revived this passion, and it was the pain of the process that was minimised:

"At different points my attitude to research differed because of the ethics process so there was at times because I didn't think I was gonna get through ethics that I became quite ambivalent towards my studying, I was like, there's no point in pursuing this anymore because I'm never gonna get it through so I started to disconnect from it a little bit and started looking at other options that might be available to me...but as soon as I got through ethics (laughs), the sheer achievement made me so motivated to actually get on with it that, that it kind of made up for the, perhaps the effect that it had had earlier on." (Jessie)

This sense of gaining ethics approval reigniting the passion was also shared by Willow, with the questioning during her REC meeting cited as the cause. The ethics process is seen as becoming the main aspect of the research project for Willow, almost eclipsing the actual research and the passion through boredom. This boredom may suggest that Willow views the process as unnecessary:

*"...just doing the ethics and not really thinking about anything else for those few weeks, you get to the end of the process and you just think, oh I'm **fed up** with this now but then I think going to that committee and hearing and I was, because I was given the opportunity to...say why I was interested, why I wanted to do it and to hear that other people thought it was interesting as well, it kind of re-lighted that passion for me...because it became so tedious and so boring that you then just wish you'd never done it because you were so bored (says 'bored' with emphasis) of it at that point, so yeah I do think going to that meeting kind of helped me get that back." (Willow)*

A dynamic between the process and passion begins to emerge from these accounts, in which passion has been linked to a fight with the process to gain the right to conduct research. For some, passion is a necessary part of the process to eventually win this battle. For others, it felt like the fight and passion was knocked out of them by the process, with it only returning once the final bell had been rung. This may suggest the way the process is perceived by these participants, as something to be overcome to get the cause of the passion - the research.

5.3: Challenges within the ethics process

This final superordinate theme serves to illustrate the dilemmas and challenges participants may have faced in their journeys through the ethics process. For the majority of participants, the process was experienced as an inherently complex and mysterious entity, with this uncertainty being compounded by the obstacles and time pressures they encountered. All participants spoke of a sense of the ethics committee and themselves as being in different positions, wherein miscommunication and misunderstanding between both groups reinforced a ‘them and us’ dynamic. Finally, the impact of shared negative stories around the process upon expectations and the actual experience of the process was identified by participants, with references to these stories becoming almost folklore and being passed down from generation to generation of trainees.

5:3:1: Complexity and mystery

“...it seemed like there was maybe some miscommunication or misinterpretation or they kind of seemed a bit vague... almost like there was an assumption that you should know what to do here you should know what the process is but then when you go to the website to look for notes or guidance on the process it’s kind of not there or it is there but it’s not, it tells you certain things but not others so it was quite it was quite a sort of not really sure who to go to or what’s going on or what I’m supposed to be doing here kind of process.” (Lisa)

“I think at the outset it was kind of like just utterly baffling like, what do I have to do? What are the rules? (laughs).” (Patricia)

Complexity and mystery were key aspects of the experience for the majority of participants. In their accounts above, Lisa and Patricia speak of the pervasive nature of uncertainty within this process for them, in which they are uncertain of their role, who or where to seek guidance from and the process in general. Below, Britney refers to the mystery around starting the process in regards to her application form, giving the multitude of internet search results as an example of this. It seems that this uncertainty created a degree of self-

doubt and powerlessness for Britney, where she feels unable to filter the search results and refers to having to be given information:

“...initially it’s a bit of a mystery as to how even to get the form...You have to have this special website address and logging in and you have your own secret thing so yeah it’s a bit of a mystery... I suppose you could search for it on Google but I think to actually know you’re signing up for the right thing because obviously NHS and Google comes up with lots of stuff so yeah to begin with it’s a bit of a getting in there.” (Britney)

For Jessie and Willow, language emerged as the provider of uncertainty and complexity. Jessie notes her surprise as she believed the process would be less mysterious due to her previous experiences, whereas Willow links the complexity to the process having to cover a spectrum of research. This complexity then interacts with a degree of perfectionism, which Willow views as coming from the process but perhaps is also an internal process:

“...there’s a lot of jargon used in the guidance and a lot of abbreviations which aren’t helpful... and this is talking to someone who felt like they knew the process coz I’d done it once-coming back to it a second time I still looked at it and went, you what?! What is this form and how does it work?! And when do I have to do this?!” (Jessie)

“...some of the wording was quite complex and because it had to cover the spectrum from you know medical research and stuff, a lot of the stuff wasn’t relevant but it was trying to decipher for what you did need to fill in and what you didn’t need to fill in because there was that you know if you do something wrong or forget to fill in a box or tick a box then it’s gonna get sent back and you have to start from the beginning again so it’s almost like you need to, you need to get it perfect first time but it was quite hard to get perfect because it was so complicated...” (Willow)

These accounts illustrate the experience of complexity and mystery throughout the process for these participants. This uncertainty is linked with a sense of being overwhelmed and therefore may be a contributing factor towards this emotional intensity.

5:3:2: Time was ticking away: going backwards and forwards within the process

“...lots of form filling, hours of time, repeating lots of similar information, lots and lots of time to different questions in the form, a bit of frustration with the form with the repetition...” (Britney)

“...the process wasn't as simple as handing in your form, getting a response, make the amendments, it's good to go, because it was a lot more drawn out than that, there was lots of backwards forwards backwards forwards...” (Lisa)

Britney and Lisa's accounts above illustrate the main tenets of this theme, namely the experienced time, effort and cyclical nature of the ethics process. Britney refers to the time required of and repetition with the application, with the account itself being repetitive in nature and perhaps acting as a parallel to her experience. Lisa adds to this, describing the repetition of a backwards and forwards cycle throughout her experience. This gives a sense of Lisa feeling stuck, with a desire to move on but knowing she cannot.

Time pressures are made more apparent by Patricia, Melanie and Willow. Patricia names a dynamic between the time limited nature of clinical training and the 'back and forth' of research ethics, resulting in frustration and exasperation. As discussed in section 5.2.4, Clinical Psychology courses are designed around a fixed-term three-year programme (BPS, 2010) which involves the application of set deadlines. In particular, the thesis need be completed within a set timeframe:

“...it's just so time consuming in terms of doing a time limited project...on the Clinical Psychology training because you know, it has to go back and forth and back and forth... doing this stupid tennis thing where they just don't have time to look at it (inhales).” (Patricia)

Both Melanie and Willow speak of 'precious time' for their research being lost through the ethics process. For Melanie, there is a real sense of loss and disappointment at anticipating

difficulties around time and starting early, but feeling further behind than she wanted. There is more of a sense of frustration and resentment within Willow's account, where she makes reference to boredom and tiredness around the repetitive nature of the process, seeing it as unnecessary (see section 5.2.2) and taking away that 'precious time'. This seems to suggest a view of ethics as just taking away and not giving back to research:

"I was aware of how long it may take so I in my eyes I thought I'd started the application process quite early in June of last year and it wasn't until January this year that I actually got approval so it was a long old process and what I'd hoped was that it would just go through really quickly and I can actually be in a completely different stage of my research a lot earlier on whereas now I just keep thinking back you know I've just lost so much time that I could have spent." (Melanie)

"I don't know just kind of the tiredness of just, here we go again and it was the most boring thing I've ever done kind of having to go through this process and fill out the forms and I knew it was such precious time at that time and digging in and you had so many other things, you could be writing your research and reading and all those other things but just having to sit and fill in more boxes with repetitive things that you've already said so it's just that kind of just feeling fed up with it and just bored." (Willow)

An idea around obstacles and barriers also emerges from Melanie and Britney's accounts. In her account Melanie offers an alternative perspective on her relationship with time, in which the process moves from being a definitive but lengthy endeavour to a never ending entity of hoops and hurdles. This perhaps also speaks to the theme around passion being reduced by the process (see section 5.2.5).

"...thoughts and images are kind of jumping through hoops and almost having just imagining like a row of hurdles and just kind of it seeming relentless and never ending, that's what it felt like for me..." (Melanie)

For Britney, the whole process becomes a 'beast' which is holding her thesis in its mouth. This image brings up ideas around the process attempting to consume or destroy her project

and potentially her dilemma of whether to engage in the fight for her research with such a daunting opponent (see section 5.2.5). This transforms the ethics process literally into the other; a non-human entity:

"I think if you could just go to the committee and present a project, that would be fine but having to do the forms and everything else with it turns it into this beast of a thing with the thesis in its mouth." (Britney)

Time, effort and the cyclical nature of the ethics process have been experienced by participants as the main barriers within the ethics process. These barriers created a feeling of being stuck, where there is a desire to move forward but recognition one cannot without ethical approval. A dynamic between the time limited nature of clinical training and the 'back and forth' of research ethics has also emerged, in which the barriers experienced are so great that the process literally becomes a beast to be feared and fought against.

5:3:3: We were in one place and the ethics committee in another

For all of the participants, a sense of the ethics committee and themselves as being in different positions emerged, wherein miscommunication and misunderstanding between both groups reinforced a 'them and us' dynamic. This dynamic was most apparent in Melanie's account, in which she describes not being beaten by the REC, as if she is in a fight and the REC are actively attempting to 'knock out' her research:

"I felt quite, almost like they it had taken me through so many (laughing) different emotions but right at the end I felt quite kind of in control of it and empowered by it and I thought I'm not gonna let them beat me this time, I'm not gonna leave this room until they give me an approval (says quite vehemently but also laughs, both laugh) so I was quite strong with it at the end." (Melanie)

For Lisa, the dynamic is discussed in reference to differing perspectives on protecting participants, wherein she feel the process does not fully acknowledge the capacity of participants to provide consent and may even patronise them. Perhaps in raising this issue, Lisa also feels patronised and not fully understood within the process:

“... there’s an element of, well yes on one hand we need to kind of protect people who are participating in the research. I think we also need to give those people an element of sort of acknowledging their own sort of capacity to say, I’m OK it’s alright, I’m happy to talk about my distress and not automatically assuming that ooh no I can’t possibly ask that person about you know how it how it felt for them when they were experiencing stress and that’s not meant in a sort of a you know let’s go and just do it, it’s just meant in a sense of, I think respecting the experience of people who might have had a mental health problem or been experiencing some form of emotional distress and kind of acknowledging that they, I don’t know how to express it but (silence) just not treating them as somebody that’s really fragile coz I think to an extent that’s a bit patronising...” (Lisa)

This is confirmed later on in her interview, in which Lisa describes the REC as having no knowledge of her role or context and how she feels this impacted upon their ability to evaluate her project:

I really just felt that the ethics committee just didn’t have a, the foggiest about what I was doing and they had no frame of reference for whether this was a useful project or...what sort of questions are useful in terms of designing such a project. So I think that...could be really helpful if the University develops links with say the local ethics committee. (Lisa)

Lisa then expands upon this idea of not being understood, broadening her focus to Trainee Clinical Psychologists as a group and their relationship with research ethics processes, along with a desire to be understood by others. Jessie also shares this perspective. Being understood may be indicative of a desire for greater understanding and certainty within the process, where perhaps by being understood she can then understand the process as a result:

“I think as trainees we’re quite we are a quite unique group in the sense that when people ask you what you’re doing in any area and you say, I’m a trainee clinical psychologist, then there’s not a very good understanding of what that means and on one hand some people think you’re a student, on the other hand some people think you’re a clinician whereas I don’t think there’s a very good

understanding that that we're both and that I suppose because there's not, to my knowledge there's not really many other trainee courses that work in a similar way to ours in the sense of being full time students yet having a full time salary so being very much in that sort of in-between place of being both a student and an employee and so I think if there was more of a link between the trainees and the ethics committee I think that would just facilitate that understanding a bit more." (Lisa)

"There was nobody in that room, there were no clinical psychologists in the room, the only people that were medically trained in the room were psychiatrists which makes it very hard I think for them to understand the kind of research that I was doing and that's not to criticise them in any way, I just think had I had somebody who's who understood qualitative research and the nature of the research and the kind of questions that I was gonna be asking, it might have been more helpful and also might have mediated the process slightly." (Jessie)

This desire to be understood is reframed by Melanie, who speaks of seeking a more personal interaction with the REC and wider process. She views personal interaction as directly linked to collaboration, yet also speaks of it 'softening the blow'. This may be indicative of an internal conflict for Melanie, where on an intellectual level she seeks greater collaboration but on an emotional level needs to see the REC as an opponent to maintain a cohesive sense of self. 'Softening the blow' may also suggest the process being seen as the bearer of bad news rather than an opponent to fight, alongside a desire to be protected from difficult emotions that may arise from the bad news:

"What could they [the ethics committee] do? Just be a bit more personal about things. I really appreciated having the phone call so maybe a phone call as the outcome rather than waiting for a letter, again that took time that took officially twenty one days or whatever it was and it just re, removed any sense of it being like a personal experience, it just felt very official again so yeah.

Researcher: What about that personal experience would be helpful for you?

Knowing that it would just feel a bit more collaborative I suppose rather than a them versus us situation, it would feel a little bit more, just a bit softer (laugh)...it would soften the blow even if it was a blow it would just soften it (both laugh) yeah.” (Melanie)

For some of the participants, the REC meeting was a positive force in breaking down the ‘them and us’ dynamic. Willow speaks of the REC as being supportive, curious and human, inferring that she was expecting monsters, aliens or an opponent. Britney adds to this, describing how the REC gave her a ‘personal’ message of good luck:

“...the final meeting thing was the most positive because it...confirmed that it was... a good piece of research and that it was an interesting piece of research and that these people who I thought were gonna be awful were actually you know just normal people with you know normal questions, they weren’t people who were gonna ask ridiculous questions that I wouldn’t be able to answer and they were, they were supportive and quite reassuring and quite human and so actually that meeting itself was quite helpful because it did get me thinking about things about my research that maybe I hadn’t thought about.” (Willow)

“...for me the experience was of the meeting was just to clarify questions about what it [the research] was and it actually gave me a bit of kind of hope, not hope but enthusiasm again because they were saying and a bit scary really (laughs) coz they were saying, well good luck you know it’s really good you really want to undertake this project...” (Britney)

Miscommunication and misunderstanding appears to have a ‘them and us’ dynamic between trainees and RECs across these accounts, with REC meetings both maintaining and breaking down this dynamic. Participants expressed a desire to be understood and for their academic and clinician identities to be acknowledged and valued within the process.

5:3:4: Negative stories: what I heard, what I say

Throughout the interviews and these findings, the negative experiences of the process have been prevalent. Participants described how they had heard ‘horror stories’ around research ethics from peers, supervisors and courses whilst also passing these stories down from generation to generation. The impact these stories were having upon individual’s expectations and experiences of the process were also identified by participants.

Jessie describes being in the second year of her training prior to engaging with the research ethics process, and how her initial expectations and beliefs came from her peers and supervisors. She also speaks of a common negative attitude towards NHS ethics existing within the profession:

“I don’t know quite where the belief that NHS ethics was gonna be a complete nightmare came from. I don’t know if it was talking to other trainees perhaps, we’d particularly the ex-third years who kind of said, oh my God avoid ethics you know as much as you can (sighs), try not to go through NHS ethics because your project means you don’t have to do that, so that kind of advice had been drawn to the current second years so maybe some of it came from them and also supervisors who when you say, this is what I’m gonna do, and they go, ooh so have you got to go through NHS ethics, and you go, yes! They kind of go, oh dear oh no ooh that’s gonna be hard work. And so I think it it’s kind of a common attitude that seems to prevail, yeah or the kind of Clinical Psychology feeling that I think everybody seems to have that attitude towards NHS ethics.”
(Jessie)

Britney also shares this experience of others providing her with negative expectations and beliefs around the process, within the context of a peer review meeting to discuss her research proposal. Perhaps comments such as ‘don’t do it’ were an attempt by peers and supervisors are potentially trying to discourage and protect trainees from the overwhelming and intense emotions discussed in section 5:1:

“I remember presenting at the peer review meeting, my idea of doing this and the feeling in the room and the feedback even from supervisors was just don’t do it (laughs) because it’s difficult to get samples, I think it’s difficult to get

through ethics and that kind of, yeah that feeling around you you're doing this sample so I could have been very easily put off and I very nearly was. I was so kind of torn with do I, don't I, but yeah in the end I just kind of threw on I can do this I can kind of give it a try, in the end at least I did but it hasn't been without perseverance I think and some good supervision (laughs, both laugh) to get the form done." (Britney)

Britney goes on to describe how the 'horror stories' places fear into her, thus setting negative expectations around the process. Another function of these stories may be to place the difficult emotions in the other. She also speaks of being lucky, which suggests that her positive experience does not change her pre-conceived beliefs around the process:

"...I came away feeling really lucky I had that particular committee meeting because I'd heard horror stories of others erm so I don't think it can be unhelpful that other people have such a horrible experience because then that gets sent around and it kind of puts fear into you." (Britney)

Melanie's account may hint at the underlying processes that may occur when someone views their experience of the ethics process in a negative way. She describes actively wanting to discourage others from applying for NHS ethics, immediately linking this to a battle with the process and competition with her peers. As discussed in section 5:2:2, perhaps this hints at Melanie devaluing the process in order to make her struggles with the process more palatable. The frustration apparent within Patricia's account also hints at this function of telling negative stories:

"...It's made me want to say to people, to put off people doing NHS research in a lot of ways I kind of think, it's not worth it. You know no matter how early you try (nervous laughter) and start it's still maybe a battle so it's it seems quite quite frustrating as well that it feels a bit unfair and a bit of a lottery in that some people, I think going back to the comparative thing thinking how did some people get through and you know I haven't?! And yeah that's quite hard (sounds subdued)." (Melanie)

“...I would discourage other people from doing it. I’d actively say, don’t do research with NHS participants it’s too much hassle, you know? I-I really would (laughs).” (Patricia)

Near the end of each interview, participants were asked to reflect upon how they experienced the interview and the information they shared. Some of the comments made here points to further aspects of the meanings it holds for participants to share experiences, negative, but also positive. For Lisa, she found it quite cathartic to express the distressing processes, perhaps hinting at a further function to sharing negative stories:

...it’s been really interesting actually, I think it’s been quite cathartic because although you know when I went through sort of these, the more distressing processes I did do lots of venting to various different people but to just kind of to sort of summarise it and reflect on it, it’s been quite useful... (Lisa)

Willow describes an awareness of the impact of negative stories on others, suggesting she may have edited her own ‘story’ due to it being shared through this study:

...it’s a bit of a balance coz you need to be able to give people advice to say things like, you need to make sure you start early because it is complicated and make sure you get support from other people but then you don’t want to say, oh it’s so awful and it’s gonna completely drain all the passion for your research... (Willow)

An increased awareness of the positive aspects of her own experiences emerged for Jessie, suggesting it was easier for her to sit with the negative aspects, possibly in order to maintain a coherent sense of self:

...when it comes to the NHS one I think I possibly hadn’t thought about what were the helpful aspects until it’s come to today so actually having those questions asked was quite useful... (Jessie)

These accounts show the powerful impact of negative stories on the expectations and experience of the ethics process, in which positive stories are seen as lucky. Perhaps it is

easier to sit with the negative stories about the process, as the difficult emotions and feelings of incompetence are placed upon the process rather than residing within individuals. The sharing of such 'horror' stories may be an attempt to warn others not to engage within the process, but was a cathartic experience for some participants. This results in a dilemma where the sharing of negative experiences is therapeutic for the storyteller but potentially detrimental for the audience and limits the ability of positive stories to be heard.

5.4: Final thoughts

The final quote for this section comes from Patricia's account. It speaks to the distress and frustration experienced by some of the participants within this study. She, as with many of the participants, viewed this research as an opportunity to share these experiences in order to create change within the ethics process and the dialogue between trainees, courses and committees. Perhaps this research allowed Patricia to feel empowered, known and acknowledged by a person; something she did not experience as part of the research ethics process:

"I'm very pleased that you're doing this piece (Researcher laughs) of research because I think it is a very useful thing for somebody... I don't think there's many people who are out there doing this kind of research. The only way it's gonna change is if somebody does kind of do a piece of research that says, people aren't gonna do research for you anymore if you... carry on in this way (voice raised here). Everyone knows it's ridiculous. At least everyone in, from our world of Clinical Psychology knows that it's ridiculous and unhelpful but it's just, it's I think it's really positive that you're doing a piece of research which might actually kind of communicate that in a coherent way to the powers that be so that they actually might start to listen (laughs) and change it." (Patricia)

This quote resonated with me, not because of its focus on the negative stories around the ethics process, but for the hopefulness and empowerment that Patricia communicates. It is my hope that I have communicated both the positive and the negative trainee experiences around ethics and Patricia's wish for their voices to be heard has been fulfilled.

6. Discussion

The findings of this study will now be discussed within the context of the research question and associated aims. It should be noted at this point that the findings presented are based upon the participants' experiences, alongside my interpretations of participants' dialogs around those experiences, and so represent one of many possible understandings. Discussions within IPA research are seen as a dialog between the findings and existing literature, whereby new research material may need to be introduced to aid understanding of the findings and to place the findings within a wider context (in line with the hermeneutic cycle within IPA; Smith, 2007). Therefore such research literature will be introduced within this section to enable exploration of potential meanings and understandings. Personal reflections upon the interview and analysis process will then follow, in order to further consider these findings within a wider context. Methodological considerations will then be made, along with the implications of the findings for clinical practice and training. Future directions for this research area will follow. Finally, conclusions and final reflections upon the study are presented.

6.1: How do Trainee Clinical Psychologists experience the research ethics processes?

As discussed in section three, the primary aim of this study was to explore Trainee Clinical Psychologists' lived experiences of research ethics processes. As part of this primary aim, what sense trainees made of the research ethics process and their experiences within it were examined. In addition, the positive and negative experiences of the application process were explored in depth, alongside trainees' experiences of how ethics committees, training courses and applicants interact within the context of clinical psychology training research. The findings will now be considered in relation to these aims as well as the wider research literature.

6.1:1: Trainee Perceptions of Research Ethics Processes

For the Trainee Clinical Psychologists whom participated within this study, research ethics processes represented an important and emotive feature of their journey towards

qualification. The focus of this section will be upon how the participants conceptualised research ethics processes, with the experience, impact and wider context of the process discussed within sections 6.1.2 and 6.1.3.

Research ethics processes were construed primarily as a repetitive and cyclical entity with inherent obstacles, barriers and time pressures (see section 5.3.2). These qualities contributed to a sense of the process being something to be overcome and as separate to the wider doctoral research journey, essentially a never ending entity of hoops and hurdles (see section 5.2.5) and “this beast of a thing with the thesis in its mouth” (Britney; section 5.2.5). These perceptions and judgements correspond to those identified in a report on the efficiency of NHS RECs (DH, 2005), in which increased bureaucracy around initiating research and inefficiency of the ethics application form were noted as predominant beliefs within the wider research community. In addition, both NHS and university research ethics processes have been portrayed as having idiosyncratic requirements, being over-rigorous and utilising non-specific mechanisms (Elliott & Hunter, 2008; While, 1996).

The experiences of the process as repetitive and obstacle-laden are also accompanied by participants talking of an internal dilemma between research ethics as necessary or unnecessary (see section 5.2.2 and 5.3.3). The majority of participants acknowledged the need for research ethics processes, with protecting the safety and rights of participants being seen as its core function. However, some participants questioned how research ethics is conducted, arguing that the process inhibits research and does not address ethical issues, as well as not fully acknowledging participants’ capacity and potentially patronising them. Again, these views are reflected in the wider research literature, wherein it has been argued that ethical guidance may inhibit, rather than protect, vulnerable participants’ rights to have their voices heard and acknowledged through research (Boylan, Linden & Alderdice, 2009; Morrow & Richards, 1996).

Many participants also experienced the process as complex and mysterious (see section 5.3.1). Some participants spoke of feeling uncertain of their and others’ roles within the

process and who or where to seek guidance from, whereas others referred to a sense of being overwhelmed by the amount of information available covering a range of disciplines and the use of complex technical language within such documents. It may be that this complexity creates and reinforces a dynamic whereby the process adopts a powerful 'paternal' role in relation to researchers (Tschudin, 2000; pp. 144). Brown & Calnan (2009) argue that there is an increasing focus upon instrumental rationality via scientific processes and bureaucracy in an attempt to remove uncertainty from the wider NHS, but it fails to take into account the suffering, emotions, individual differences, social values and norms inherent in healthcare provision and research. It may be that such an agenda introduces and maintains the very uncertainty it seeks to remove. Thus the reliance upon processes rather than face-to-face personal interactions may leave individuals in a culture of mutual misunderstandings between professionals within the process.

In summary, it appears that many of the participants' experiences are broadly representative of those within the wider research community. However, this sense of the research ethics being somewhat disconnected from the overall research process and representing something to be overcome rather than a necessary process is a unique contribution to the knowledge base. It may be that peer research allows access to these potentially socially undesirable views around the process due to the reduced impact of the traditional power hierarchy between researcher and participant (Halse and Honey, 2005), with such views potentially existing in other professional groups but having not been accessed. In addition, a desire for reduced bureaucracy and increased interaction with REC members has emerged from the majority of participant accounts. In meeting these desires, there is potential for the process to be perceived and experienced in a more positive way. However, these experiences and suggestions need to be considered alongside participants' experiences within the process and the wider context of research ethics.

6:1:2: The Impact of Research Ethics Processes

The experience of applying for research ethics as part of doctoral clinical psychology training comprised of a range of intense emotions, challenges and effects for all six participants within this study. Throughout their accounts, participants explicitly linked uncertainty with

the intense emotions they experienced, specifically being overwhelmed, anxiety, worry, frustration, self-doubt, powerlessness and isolation. This idea of uncertainty and emotional intensity being intertwined is well established within the clinical and cognitive psychology literature, in which uncertainty has been conceptualised as threatening and the intolerance to uncertainty is considered an underlying cause of anxiety sensitivity and worry (Buhr & Dugas, 2006; Carleton, Sharpe & Asmundson, 2007). However, the multi-layered description of uncertainty offered by the participants does not lend itself to such a dichotomous conceptualisation. Brashers (2001) argues that uncertainty is multi-layered, temporal, interconnected; thus no one-to-one relationship between uncertainty and worry can exist and so uncertainty should be considered within the context of the individual.

With this suggestion in mind, the context of the participants will be considered. Perhaps the most relevant aspect of the context around the individuals within this study is their role as Trainee Clinical Psychologists. Trainees are expected to manage a number of different professional and personal demands (Baker, 2002) and may experience a high degree of stress as a result (Cushway, 1992). One author in the field notes: *"It surprised me just how much of an impact the research process had on my emotions"* (David, 2006; pp. 196). In addition, uncertainty is an inherent part of therapy training (Pica, 1998). Therefore the wider context of the research process and clinical training may play a role in the perception and experience of uncertainty within the research ethics process.

Melanie and Lisa both considered this wider context within their accounts (see 5.1.1). Lisa discussed her decision to abandon her original research project within the last six months of her training within her interview. As the thesis is a core requirement of their training (BPS, 2011), Trainee Clinical Psychologists are unable to qualify and apply for jobs until this component of their course is completed. Lisa describes the wider practical and emotional effects of her decision, in which her training, finances, home situation and career are all impacted upon. Melanie too speaks of her personal life, in which she struggles to communicate her experience to others not involved in research and the isolation this brings. Perhaps then the relationship of uncertainty within the ethics process to the wider context is interactional in nature, with both aspects impacting upon each other. Therefore it might be

important to consider the findings of this study within the context of the specific nature and demands of Clinical Psychology training courses

A number of ways of managing and responding to uncertainty, and the wider process, were identified within the interviews. In particular, 'searching for the magic person that knows it all' (see section 5.2.3) resonated with this sense of uncertainty. Participants spoke of a desire for knowledge to reduce anxiety, but with this knowledge coming from person who would also be able to support, comfort and offer protection. The search for such a person across supervisors and their course tutors was often in vain, which left some participants with a greater sense of uncertainty. Information and social support seeking has been identified as a key coping response to uncertainty within the general population (Brashers, 2001), but also specifically for Trainee Clinical Psychologists with supervisors as the utilised figure (Gerber, 2009; Ndukwe, 2011). Perhaps knowledge represents certainty within the process, whereas the 'magic person' may relate to the desire for an attachment figure as a container of the difficult emotions resulting from uncertainty (Pistole, 1989).

For some participants, the search for support was at a peer level (see section 5.2.4). Peers were seen to offer validation of emotions and experiences, reassurance and advice, but also represented rivalry and competition within the training context. As discussed in sections 2.5, 4.3.2 and 5.2.4, the time-limited nature of Clinical Psychology training results in cohorts of trainees moving through the research ethics process at approximately the same time. This, combined with the high levels of competition for training places wherein the ratio of places to applications varies from 1:7 to 1:29 (BPS, 2012; Roth, 1998), increases the potential for rivalry and comparison to occur. This was a key experience for many of the participants, whereby downward social comparisons were employed by some individuals to increase their sense of confidence and competence whilst defending against threats to their sense of self (Wills, 1981).

This dynamic between peers as support and competition could also be conceptualised within the transactional theory of coping (Lazarus & Folkman, 1984). The theory proposes that

there are two main processes involved within coping – the appraisal of self and the situation you are attempting to manage alongside the selection of an appropriate strategy. In the case of this peer dynamic, participants may perceive the ethics process as a threat and themselves as incompetent, leading to the selection of downward social comparisons to maintain their confidence and sense of self. This combination of threat and low self-confidence may also provide a way to understand participants ‘devaluing the process’ (see section 5.2.2) and experiencing the process as a personal attack (see section 5.2.1). This in turn may help maintain a cohesive sense of self and displace difficult emotions. Conversely, perceiving the process as a threat and the self as competent may help explain the strategies of viewing the process in terms of a fight and the emphasis upon maintaining passion throughout the process (see section 5.2.5)

Perhaps this theory also provides some understanding to of the sharing of negative stories about the ethics process (see section 5.3.4). The choice of expressing one’s distress to others is an adaptive strategy, forming the basis of many psychological therapy therapies (BPS, 2012). Participants expressed the cathartic nature of telling her story about ethics to others, both in the context of their experiences as well as about the interview process for this research study itself. This idea of interviews as having therapeutic benefits is represented in the research literature (Birch & Miller, 2000; Colbourne & Sque, 2005; Murray, 2003). Those with low self-confidence may also use storytelling as a way to place the difficult emotions and feelings of incompetence upon the process rather than residing within themselves. Epstein (1987) conceptualises this as a defensive need to separate, in which a threat to one’s sense of self results in the refusal to recognise the other also has a self. However, participants noted how these negative stories impacted upon their expectations and experience of the ethics process, in which the majority expected the process to be difficult and positive experiences were considered lucky. It may be that the anxiety inherent within doctoral training leaves trainees more likely to place and recall negative memories, irrespective of their experiences (Dalglish & Watts, 1990). It was interesting to note that some participants commented on the helpfulness of talking about their experiences of the ethics process within the research interviews for this project. This idea of interviews as having therapeutic benefits is represented in the research literature (Birch & Miller, 2000; Colbourne & Sque, 2005; Murray, 2003).

In summary, the role of uncertainty and complexity within the participants' experience and management of research ethics process has been explored. Uncertainty around the process, as well as potentially the contexts of training and personal lives, is intrinsically linked with intense and overwhelming emotions for the majority of participants. The search for knowledge, certainty and support has been acknowledged, alongside the range of other responses to the experience of the ethics process.

6:1:3: The triad of committees, courses & trainees revisited

This final section will focus upon the participants' experiences in relation to committees and their training courses as well as the dynamics that may exist between these systems. A pervading aspect of participants' experience was 'We were in one place and the ethics committee in another' (see 5.3.3), wherein a 'them and us' dynamic and negative stories around the research ethics process emerged. The personal impact of the participants devaluing the process, viewing the committee as 'the other' and negative stories was discussed in section 6.1.2.

A common experience for the participants was the committee having no knowledge of the trainee role or context. Lisa speaks of trainees being a unique group in that they occupy both the academic and clinical world, which she then argues leads to a lack of understanding around the trainee context for both RECs and wider systems (see section 5.3.3). A study by Kent (1997) into the beliefs of RECs, researchers and participants about each other's duties within the ethics process suggested that significant differences existed between beliefs about each other's responsibilities. Given the uncertainty expressed by participants, alongside the perceived lack of knowledge around the trainee role within RECs (and vice-versa), anxiety may be high between the two systems. Gudykunst & Nishida (2001) suggest that when uncertainty and anxiety are too high, individuals do not have the confidence necessary to predict or explain others' attitudes, feelings, or behaviours and resort to simplistic information processing (e.g. stereotypes). Stephan & Stephan (1999) take this idea further, arguing that the perception of threat (such as uncertainty) leads to prejudice and negative behaviours between groups. Thus uncertainty, anxiety and stereotyping and negative behaviours may be maintenance factors within the 'them and us' dynamic.

The role of power with the process was also a prevalent aspect throughout participants' accounts, in which the experience of being in a one-down position was noted (see section 5.1.2). The sense of powerlessness was viewed as a dynamic between internal expectations of one's self within the process and the perceived power of RECs to decide whether a study can go ahead. In addition, the formality of communication within and following REC meetings was viewed as further reinforcing the one down position. For some participants, this dynamic was taken one step further in which they felt incompetent within the process, as well as others perceiving the process to be a personal attack. As a result, a strong desire was expressed within a number of accounts for a more personal approach from RECs, with Britney describing her experience as positive due to the less formal nature of her relationship with her REC. Perhaps this desire for a less formal approach relates to a desire for more of a felt sense of equality within the process. However, Halse and Honey (2005) contest this and argue that researchers hold the most power within the process due to them being able to take advantage of research participants. It could be argued that power is not a static entity but instead is dynamic, moving between individuals and systems dependent upon the specific qualities of the context. Due to the multiple individuals, systems, procedures and contexts involved in the ethics process, it seems likely that power moves between these aspects at different times. As the ethics process involves gaining an increased focus and understanding of the impact of factors such as power upon participant safety, there is potential for this attention to be moved inwards to acknowledge the impact of power with a wider systemic lens.

A contributing factor to the sense of powerlessness may be the 'trainee identity'. As discussed in section 2.5, Clinical Psychology employs a scientist-practitioner model (Barker, Pistrang & Elliott, 2002) in which research and clinical practice are viewed as integrated rather than parallel processes. This joint focus upon clinical practice and research is reflected in the doctoral training programme and the course requirement to complete a major research project (BPS, 2010). Despite this focus, many of the participants alluded to being more comfortable and knowledgeable about the clinician role with research considered their 'weakness'. This sense of being a clinician rather than a researcher, and viewing them as separate entities, may come from the wider context around clinical training,

in which courses express a strong desire for pre-training experience to be clinical (Roth, 1987), thus potentially selecting candidates who prefer direct clinical work.

The role of training courses within the dynamic between RECs and trainees was expanded upon by participants throughout their accounts (see sections 5.1.2, 5.2.3 and 5.3.4). For the majority of participants, research supervisors were seen as a supportive, containing and reassuring presence within the process. In particular, their attendance at REC meetings was felt to give participants 'back-up' in putting their opinion across to the committee members. The personal value of research supervision is acknowledged by a number of authors (David, 2006; Gerber, 2009; Ndukwe, 2011). However, some participants experienced the presence of their supervisor at the REC meeting as disempowering. For example, Patricia describes her answers within such a meeting not being accepted by committee members, but then being agreed upon if her supervisor confirmed her answers (see section 5.1.2). In addition, some participants noted that supervisors would tell 'horror stories' about the ethics process in an attempt to dissuade them from considering research projects requiring NHS ethics, leaving them feeling anxious and worried as a result (see section 5.3.4). Finally, some participants felt that their supervisors had a lack of knowledge around the research ethics process, which left them feeling overwhelmed by and isolated within the process (see 5.1.1).

From the analysis and interpretation of participant accounts, a potential understanding of the dynamic between Trainee Clinical Psychologists, committees and training courses emerges. Differing perspectives, power, misunderstandings and lack of knowledge around each other's roles, uncertainty, the trainee identity and sharing negative stories have all been identified as potential maintaining factors within the dynamic. Possible ways to change this dynamic are discussed in section 6.3.

6.2: Methodological Considerations

The current study has adopted an IPA (Smith, Flowers & Larkin, 2009) approach to explore Trainee Clinical Psychologists' lived experiences of research ethics processes. It is hoped that the findings have resonated with readers, providing a robust account of the lived

experiences of the participants (Elliot, Fischer & Rennie, 1999; Yardley, 2000). The findings presented are based upon the participants' experiences alongside my interpretations of participant's dialogs around those experiences, and so represent one of many possible understandings. As a result these findings cannot be generalised, but provide a unique contribution to the knowledge base around research ethics.

Guiding principles to ensure the quality of qualitative research have been adhered to throughout this study to enhance the validity of the findings (Elliott, Fischer & Rennie, 1999; Yardley, 2000; Yin, 1989; cited in Smith, Flowers & Larkin, 2009). In-depth discussion of these guidelines, and how they were implemented throughout the course of this study, occurs within the methodology section (see section 4.4.1). In particular, auditing of the analysis has been taken place, whereby the primary supervisor examined sections of analysed interview transcripts, following the process through to the generation of master themes and providing regular feedback. Peers of the researcher who were also conducting IPA studies also provided feedback on the analysed transcripts and generation of themes. Feedback from participants was not sought due to the double hermeneutic principle within IPA (Smith, 1999; Smith, Flowers & Larkin, 2009). Whilst minimal feedback was incorporated into the analysis process from peers and supervisors, the findings are still reflective of the researcher's interpretations. It should be noted that a strategy of using the theme structure of one or more participants to guide the analysis of further transcripts was utilised within the study, which is supported by Smith, Flowers & Larkin (2009) and Willig (2001). The potential for rich data to be lost was reduced via the regular use of supervision and peer researchers. In addition, all analysis and interpretations were grounded in examples via the use of verbatim quotes in order to justify allow the reader direct access to participants' voices, but it was not possible to represent all of the participants' experiences due to the word restrictions of this document.

Self-reflexivity of the researcher is considered an important aspect of qualitative research (Ahern, 1999; Elliott, Fischer & Rennie, 1999; Smith, Flowers & Larkin, 2009). The impact of the researcher's values, perspectives and experiences upon the analysis and interpretation of the data has been considered throughout this study. As a Trainee Clinical Psychologist

who has experienced research ethics processes, I share the same or similar context to that of the individuals who participated within this study and thus it is necessary to consider this overlap further (Yardley, 2000). My status as a peer researcher helped create a relaxed and supportive interview environment (Sheffield Hallam University, 2012), which I believe helped create the trust and rapport necessary to support participants to talk in greater detail about their experiences. However, my peer status and our shared context may have also resulted in assumed knowledge within interviews and thus potentially impacting upon how participants communicated their experiences. For example, within Coar & Sim (2006) interviews conducted as part of peer research involving medical professionals were experienced by participants as a test of their knowledge. This was considered through question 17 of the interview schedule (see Appendix IV), in which the participant's experience of being interviewed by a peer was explored.

My own personal experience of research ethics processes was also important to consider throughout this study, as is shown through the self-reflexivity statements made within the introduction and method sections. I fully acknowledge that my experiences drew me towards this project. I have made a conscious effort to own my perspective (Elliot *et al.*, 1999, pp. 220) and to employ reflexive bracketing (Ahern, 1999) to consider how my values, perspectives and experiences may influence the analysis process (as detailed in sections 4.4.1 and 4.6). In addition, I believe my skills as a therapist have also helped me to manage the potential impact of these personal aspects upon the study, as I do so in my clinical work on a regular basis. Due to the recency of my experience of research ethics, I attempted to adopt a curious stance in relation to the interview and analysis process. In the initial interview and subsequent analysis of that interview, I found it difficult to fully emerge myself in the participant's experiences. However, through the use of the strategies above along with holding reflective spaces with my supervisor, I feel the potential impact of my experiences has been managed.

It may also be important to consider the impact of participants' experiences upon the methodology of this study. As the sample were self-selected, it may be that the participants who volunteered were drawn to take part due to their intense emotional experience of the

research ethics process and have a particular desire to process these difficulties within the interview process. In addition, five of the six participants were undertaking the research projects as part of their training course requirements at the time of the interviews. Therefore it could be argued that the current findings may be representative of a vocal minority experience. However, these experiences are still valid in considering how the process, and interaction of systems within it, impacts upon individuals within the process. As a result of these findings, changes to the way individuals and systems interact within the process can be considered, with the potential to improve the quality of ethics applications and subsequent research.

6.3: Implications for Clinical Training

Misunderstandings and lack of knowledge around each other's roles, power, uncertainty, the trainee identity and sharing negative stories have all been identified as potential maintaining factors within the dynamic between Trainee Clinical Psychologists, training courses and RECs. The implications of this understanding upon clinical training will now be considered.

Epstein (1987) offers a possible exit strategy from this 'them and us' dynamic. He considers changing group and societal perspectives as being constrained by how the dominant group or story see the individuals seeking change. Within the trainee-REC dynamic, the two systems span the two contexts of Clinical Psychology and research ethics. It could be argued that each system is dominant within their respective contexts, thus both are constrained by the stereotypes of each other. For example, Britney (a trainee) sees the research ethics process as a 'beast' holding her thesis in its mouth whereas RECs view doctoral research as student research and as having very little value (Tschudin, 2001). Epstein argues that change occurs by appealing to values of dominant narrative whilst maintaining a cohesive community identity, in other words occupying sameness-in-difference. This results in a dilemma – what values should be appealed to and how can Clinical Psychology maintain a cohesive community identity? Perhaps this speaks to more locally based initiatives, in which the local RECs and training courses can share the values that best fit that courses' individual philosophical and epistemological stance (Clearing House for Postgraduate Courses in Clinical Psychology, 2012).

One possible way to achieve this is through training for research supervisors regarding current NHS and university ethics procedures and processes being facilitated by local REC members, in order to develop a shared knowledge of NHS ethics within the course team and build more personal links with the local RECs. This may help trainees feel more supported, less isolated and in less need of a 'magic person that knows it all' as the knowledge would be shared across multiple course team members. In addition, this would allow both training courses and RECs to learn more about each other's roles and contexts, with the aim of developing shared values and reducing stereotypes. Direct links between the trainees and the REC members could also be developed for this purpose, such as appointing a trainee representative to liaise with the local REC around doctoral research applications or offer trainees the opportunity to shadow a REC meeting.

REC meetings could be made more approachable and personable to reduce stereotyping between themselves and trainees. Specifically introductions could be given and a more conversational style utilised in order to help reduce the potential anxiety of trainees in the room; thus gaining a more realistic idea of the trainee's knowledge and engagement in the ethical issues relevant to the study and their ability to conduct research in an ethical manner. In addition, summaries of guidance around the application process could be developed to reduce the perceived complexity and mystery of the process. These summaries could take a similar form to that of the National Institute of Clinical Excellence (NICE) quick reference guides (e.g. NICE, 2011), where the document acts as a summary of the larger complete guidance.

Clinical training courses could use their direct relationship with trainees to influence the 'them and us' dynamic and reduce the sense of uncertainty and emotional impact for trainees. The research process could be brought into the early parts of each course to limit the impact of time pressures upon the process. Specific teaching on research ethics could be implemented early on in the course, in which a balanced perspective including both positive and negative stories can be included. Such sessions could involve ex-trainees coming to develop their experience through ethics applications and be able to provide a degree of peer support. Another potential strategy would involve developing a peer supervision / guidance

group to foster the peer support that some participants found helpful. These strategies may help trainees to feel supported in acknowledging and developing their researcher identities.

As adult learners, training courses could also employ strategies that support more self-directed personal and professional growth. Problem-Based Learning (PBL) is one such model that emphasises the adult learner role and has been suggested to be potentially useful in developing skills and confidence in research (Curle, Wood, Haslam & Stedman, 2006). Curle et al. state that PBL results in increased pass rates for assignments and high levels of student satisfaction. PBL involves a small group of students being given a scenario to work through as a group independently, but also included some time with an allocated facilitator to reflect upon the dynamics and interpersonal processes within the room. PBL could be adopted for a research task, such as being given a proposal for a research project and attempting to complete the ethics form as a group or identifying the relevant ethical considerations required. This emphasis upon independent learning may help trainees to feel empowered within the research ethics process and gain peer support through working as a group. In addition, the facilitator may help to monitor and address any elements of competition or other group processes.

6.4: Future Research

A number of potential research projects arise from this research. The majority of participants within this study described an overwhelming and intense emotional experience within the research ethics process, with some expressing hesitation at completing research in their future roles as qualified Clinical Psychologists as a result. Therefore it may be useful to explore the rates of publications for Clinical Psychologists post-qualification along with their experiences of ethics and research in general during their doctoral thesis. This could be extended to other professional groups, such as nursing, to further investigate the dynamic between professionals-in-training, their training courses and RECs.

Another aspect of this dynamic between trainees could be a difference in epistemological stance. As discussed within the introduction, non-positivist researchers argue that research

ethics processes involve transhistorical and transcultural frameworks of law-like moral principles which intrinsically require individual interpretation, which are the result of a positivist approach to ethics. Such authors promote an approach in which ethical issues are placed within a wider context. It may therefore be useful to explore the impact of researchers' epistemological stance upon their experiences of ethics processes, to further understand the nature of the dynamic between researchers and the process.

The value and benefits of peer research was noted within some of the participant transcripts and explored within the discussion section. However, there is limited peer research involving researchers as participants upon the ethics process. Therefore peer research with the wider researcher community may also help understand the nature of the dynamic between researchers and the process.

Throughout the study the roles training courses and RECs have in relation to the participants' experiences has been noted and tentatively explored from the trainee perspective. It may therefore be useful for future research to explore RECs and research supervisors' perspectives upon and experiences of trainee research within the ethics process. Such studies may help bring greater understanding to the dynamic between trainees, courses and RECs and help further develop the process to ensure high quality and ethically sound research is being produced.

Finally, another theme arising from this study was the impact of training on the personal lives of participants. Some participants noted how delaying their research submission would impact upon their finances, accommodation status and ability to secure work. A broader focus upon the wider impact of training may bring valuable insights into how training courses could be adapted to meet the needs of trainees.

7. Conclusions & Final Reflections

This qualitative study provides an original contribution to the evidence base in which Trainee Clinical Psychologists' experiences of research ethics processes were explored. The use of an IPA methodology (Smith, Flowers & Larkin, 2009) enabled a rich experiential account to be formed around the participants' experiences.

A pervading aspect of participants' experience was 'We were in one place and the ethics committee in another', wherein a 'them and us' dynamic emerged. Research ethics processes were construed by the majority of the participants as a repetitive and cyclical entity with inherent obstacles, barriers and time pressures, with these qualities contributing to it being seen as something to be overcome and as separate to the wider doctoral research journey. Images of a never ending entity of hoops and hurdles and "this beast of a thing with the thesis in its mouth" were described. These perceived barriers also contributed to the process being seen as complex, mysterious and uncertain. Participants explicitly linked uncertainty with the intense emotions they experienced, specifically being overwhelmed, anxiety, worry, frustration, self-doubt, powerlessness and isolation. However, the wider context of clinical psychology, which encourages trainees to sit with uncertainty, may contribute towards these intense emotions.

Participants responded and managed these experiences in a number of different ways. Some were 'searching for the magic person that knows it all', an impossible person who could provide knowledge, certainty, comfort and protection from their intense experiences. Others sought peer support, but were faced with the dilemma of whether their peers represented support or competition. Another strategy was to devalue the ethics process, in order to displace negative emotions. The majority of participants spoke of a need for passion for your research project to journey through the ethics process.

Finally, the cathartic nature of sharing negative stories about ethics with others was described, both in the context of their experiences as well as about the interview process

itself. However, such stories were also experienced as instilling negative expectations about the process, to the extent that positive stories were considered lucky even by those who had a positive experience.

The findings within this study presented implications for Clinical Psychologists, Clinical Psychology Training courses and the practice of Research Ethics processes within the UK. The main implication of this study revolves around the importance of recognising the impact of the relationships between Trainee Clinical Psychologists, Clinical Psychology training courses and Research Ethics Committees upon trainees' journey through the research ethics process. A 'them and us' dynamic is being maintained by misunderstandings about each other's roles, uncertainty and stereotyping, amongst other factors. Potential ways to change this dynamic and improve the research ethics process during clinical Psychology Training has been explored, alongside the limitations of the study and areas of future research.

In closing, this study explored many aspects of the participants' journeys through research ethics processes and offered some potential ideas on how to make that journey a little smoother. As I noted earlier in this study, it is my hope that I have communicated both the positive and the negative trainee experiences around ethics and the participants' wish for their voices to be heard has been fulfilled.

8. References

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9. Appendices

9.01: Appendix I – Participant recruitment e-mail

Subject: Exciting opportunity to be a part of innovative research!

Dear all,

My name is Rob Brindley, and I'm a third-year Trainee Clinical Psychologist at the University [REDACTED]. I am writing to you to ask whether you could spare a little time to participate in some exciting research. For my Major Research Project, I am looking to interview current and past trainees about their experiences of applying for research ethical approval. This is your chance to share your experiences of research ethics, both positive and negative! It is hoped that this research will contribute to further improving and developing the ethics application process and create a dialogue between trainees, universities and ethics committees.

Each interview should take up to one hour. I hope to meet with you at your convenience between Thursday and Sunday over the next few weeks. The interview can take place at your home or at the university. I've attached here further information about the study, but please do not hesitate to email me at [REDACTED] if you have any questions or wish to book in an interview. I look forward to hearing from you soon!

With many thanks,

Rob Brindley

[REDACTED]

9.02: Appendix II – Participant information sheet

Trainee Clinical Psychologists' Experiences of Research Ethics Processes

Participant Information Sheet - Version 1 - Date: 14 / 02 / 2012

AIMS OF THE STUDY

My name is Rob Brindley and I am a third year Trainee Clinical Psychologist at the University of York. I am contacting you because I am interested in your experiences of undertaking research ethics applications as part of your Doctoral Clinical Psychology (DClinPsy) training. Currently there is very limited *peer research* focusing on how individuals experience the ethics process undertaken as part of DClinPsy training; neither is there much exploration of how these experiences may help further develop the ethics application process. I hope that you might be willing to take part in my research which aims to address this knowledge gap.

WHAT ARE THE BENEFITS OF TAKING PART?

It is hoped that this study can be used to:

- (1) voice the lived experiences of those who have undertaken research ethics applications as part of their clinical psychology training;
- (2) articulate the factors that help and hinder individuals within the ethics process;
- (3) aid committees' and training courses' understanding of ways in which they might wish to adapt their ethics application process.

WHAT ARE THE RISKS OF TAKING PART?

To the best of my knowledge there are no risks involved in this study.

WHAT IS INVOLVED?

If you consent to being involved in this research you will be asked to take part in an audio recorded interview that will take place either at the University or your home. The interview should take approximately 1 ½ hours and will involve me asking you about your experiences of applying for ethical approval for your doctoral-level thesis. I will ask every person similar questions, however, the aim is to hear about your individual thoughts, feelings and experiences. What I am interested in includes your experiences of the ethics process; your view of the ethics application process before and after your thesis; and what was helpful and not so helpful about the process.

CONFIDENTIALITY

If you choose to be interviewed for this study all information you provide will be kept confidential from the course team, trainees and other participants who take part in this study, in compliance with the Data Protection Act 1998. An audio recording of your interview will be given a code (e.g. Interview A) and stored on a password protected and encrypted USB drive and backed up on a password protected and secure computer. I will pay a transcription service to transcribe my interviews, which involves typing up the interview verbatim. I will gain a signed non-disclosure / confidentiality agreement from the service prior

to giving them my recordings. Further to this, all names and identifiable information will be removed from the transcripts by the researcher and kept securely and separately from the transcripts. The researcher's supervisors will therefore be kept blind as to the identity of participants when reviewing transcripts.

I will look for themes within the transcripts of yours and others' interviews. The results will be reported in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held at the University Learning Resource Centre and will be accessible to interested parties. A summary of the main research findings may be published in written work or articles that the researcher and / or her project supervisors write, as well as for the purpose of teaching / conference presentations. Information emanating from the study will only be made public in an unattributable format or at the aggregate level in order to ensure that no participant is identifiable.

HOW LONG WILL MY PERSONAL INFORMATION BE KEPT?

Your personal information and recordings will be kept for up to five years after the research is submitted for examination (until approximately June 2017). The information will be stored securely according to the University 'Good Practice in Research' guidelines.

WHO HAS REVIEWED THIS STUDY?

This study has been approved by the University School of Psychology Ethics Committee (protocol number: PSY/03/12/RB). The research design has also been formally peer-reviewed by the study's supervisors – and as well as research staff from the University Doctoral Clinical Psychology training programme.

FURTHER INFORMATION

Thank you for taking the time to read this information. If you are interested in taking part in this research please contact me. Alternatively, if you have any questions please contact me or the primary project supervisor via

Rob Brindley

- e-mail: [REDACTED]
- telephone: [REDACTED]
- post: c/o [REDACTED]

9.03: Appendix III – Participant consent form

Trainee Clinical Psychologists' Experiences of Research Ethics Processes

Informed Consent Form - Version 1 - Date: 14 / 02 / 2012

Name of principal researcher: **Rob Brindley, Trainee Clinical Psychologist**
Contact details of principal researcher: e-mail: [redacted] tel: [redacted]
post:

Psychology Ethics Committee protocol no: **PSY/03/12/RB**

Participant identification code: _____ (*to be completed by the researcher*)

To be completed by participant (please initial each box):

	Participant
I confirm that I have read and understand the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I withdraw from the study, the data that I have submitted will also be withdrawn at my request. I understand that withdrawal won't have any impact upon my clinical training.	
I agree to my interview with the researcher being audio recorded.	
I understand that a professional transcription service will be used to listen to a recording of my interview and transcribe the words that the researcher and I say. My recording will be given a code (e.g. Interview A) to make sure that it remains confidential. The service will also sign a document agreeing to keep my interview private.	
I understand that parts of my interview may be looked at by members of staff (i.e. the supervision team) from the University. Anonymised sections of the interview may also be looked at by the two examiners of my dissertation. All of these people are required to keep my interview information private and confidential.	
I agree that the researcher can contact me to talk about my interview and the study. I am aware that I can ask the researcher not to contact me anymore.	
I agree that quotes from my interview may be used in any written work or articles that the researcher and / or her project supervisors write as well as for the purpose of teaching / conference presentations, as long as my name is not used. I understand that the researcher will do her utmost to make sure that no one will be able to tell who I am from the quotes, but in rare instances someone close to me might be able to identify me.	
I understand that the transcriptions of the interview and my personal details will be kept in a secure place. They will stay there for 5 years after the researcher submits the study for examination. After 5 years, the researcher will destroy the information.	
I agree to take part in the above study.	

...../...../.....
Name of Participant Date Signature

.....
E-mail address Telephone number

Rob Brindley /...../.....
Name of Researcher Date Signature

9.04: Appendix IV – Interview schedule

Trainee Clinical Psychologists' Experiences of Research Ethics Processes

Interview schedule - Version 1 - Date: 14 / 02 / 2012

- 1) What does the phrase 'research ethics application' mean to you? How would you define the process?
Prompt: What images / words come to mind? Do you have a nickname for it? Thoughts/Feelings?
- 2) What were your expectations of the ethics process?
Prompt: hopes, fears, others expectations (cohort)
- 3) Did your expectations, hopes or fears influence the type of study you chose to pursue?
Prompt: cohort?
- 4) Could you describe what happens over the course of the ethics process, in your own words?
Prompt: cohort?
- 5) How did you feel when you were going through the ethics process?
Prompt: emotionally, mentally, physically, cohort
- 6) How would you sum up your experience of the ethics process to someone who has never done it?
- 7) Were there any particularly positive or helpful aspects of applying for research ethical approval? If so, can you describe them?
Prompt: forms, guidance, committee, response, cohort
- 8) What contributed to these aspects being positive or helpful?
Prompt: forms, guidance, committee, response, cohort
- 9) Were there any difficult or unhelpful aspects of applying for research ethical approval? If so, can you describe them?
Prompt: forms, guidance, committee, response, cohort
- 10) What contributed to these aspects being difficult or unhelpful?
Prompt: forms, guidance, committee, response, time pressures, cohort
- 11) Did your experience of the research ethics process influence the study you ultimately pursued?
- 12) Looking back now, were your expectations, hopes and fears met by the research ethics process?
- 13) How do your experiences in your doctoral-level research ethics compare to any other experiences of research ethics applications that you have made?
Prompt: outside of training, similar / different?
- 14) How do you feel about applying for ethical approval again in the future?
- 15) Is there anything you can think of that would help improve the research ethics process?
Prompt: Individual, trainee, university course team, committees
- 16) Is there anything we haven't covered about your experiences here today that it would be useful for me to know?
- 17) What was your experience of being interviewed by a peer who was also been through the ethics process?

9.05: Appendix V – Interview transcript analysis example

Part 1: Transcript with initial reactions and analysis of emergent themes from interview with Participant F - Lisa

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

1) What does the phrase, research ethics application mean to you and how would you define the process?	INITIAL REACTIONS	EMERGING THEMES
<p>Erm I think that's a really, it's quite a difficult question to answer because I think my response now whenever I hear research ethics application, is a very emotive one.</p> <p>Researcher: OK.</p> <p>because the process that I went through was kind of quite difficult in my previous piece of research erm it, it's almost like a kind of a, association that makes me really anxious.</p> <p>Researcher: OK</p> <p>So actu-but but sort of the emotive bit aside actually thinking about the meaning of the process, I suppose it's about erm it's about ensuring that participants are safe erm and that the research is kind of ethically sound in a sense that it's not gonna be sort of damaging in any way or exploitative erm and also I suppose kind of considering safety from the perspective of the researcher as well so I suppose sort of generally it's about erm it's about making sure that the research that's being carried out is safe erm both for the participant and researcher. <00:01:46></p> <p>Researcher: OK and you mentioned right at the start there those initial emotions that came to you, I'm just wondering what those emotions were?</p> <p>Erm, like I say whenever, whenever I sort of hear the word, research ethics I-I think it makes me a bit panicky and a bit anxious because as I say when I went through the process the first time round it was very difficult and as part of the whole research process, it sort of elicited a lot of erm kind of feelings in me of sort of incompetence, inadequacy and ended up being quite a distressing experience and that was sort of, that was the research as a whole but I think because there were a lot of barriers that occurred at the point of erm applice-applying for ethical approval, that's what I associate most of the kind of the distress with erm so yeah it's kind of anxiety and sort of a, a want to avoid it. <00:03:02></p>	<p>Initial difficulty answering question because of emotion – indicator of intense emotions around the process for Lisa. Within the context of the rest of the interview, perhaps she is avoiding or wants to avoid the emotion?</p> <p>Lisa very much viewing and experiencing an association between difficult / intense emotions and the process</p> <p>Putting emotions aside – why? Feels like emotions should not play a role in ethics? Lots of hesitation with erms, I suppose, kind of – The intellectual side of ethics i.e. rules, procedures, shoulds? Ethics as ensuring safety?</p> <p>Hesitation around disclosing emotion. Again, maybe Lisa feels there is no room for emotions within the process? Perhaps her coping style is to intellectualise and avoid emotions? Names: a desire to avoid the distress and anxiety. Process eliciting incompetence, inadequacy – how much of those feelings are directly from the process versus the individual's interaction with the process? Lisa talks about association again – indicating it may not be the process itself but her interaction with it?</p>	<p>Traumatic and overwhelming emotional experience of the process</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions: Putting emotions aside</p> <p>Ethics as ensuring safety</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p>
<p>2) Are there any specific words or images that come to mind when people mention that phrase to you?</p>		
<p>Erm, definitely wanting to kind of run away and not have to think about it erm, (sighs) I think, short silence, I-I had I kind of have sort of I suppose quite flippantly erm described the process before as,</p>	<p>Again, avoidance comes up, both emotionally and intellectually. 'Flippantly' – Self-judgement around intensity of her feelings around the process – not entitled to her</p>	<p>Trying to push it aside, but also a struggle to remember: Avoiding</p>

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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>traumatic and as I say that's in more of a flippant way than a real really, being traumatic but but yeah like I say it was, it was quite distressing but I think that's that's because of the way that I erm responded to the, the kind of the barriers and the obstacles so whereas somebody else might have responded to that as being more kind of driven or more determined each time an obstacle came in my way, I just kind of felt more and more sort of bashed down and less confident and more incompetent and inadequate and I'm never gonna be able to pass the course and erm kind of globally catastrophising erm so yeah I don't know if that answered the question sorry I might have gone off on a tangent (laughs). Researcher: No no you know as I said before we started recording you know, you go down so many different routes with this type of interview so it's really useful hearing that information.</p>	<p>emotions? Distressing. Again, stating it's her response to the process rather than the process itself. Perhaps this also gives her a sense of control? Blames self – Others would have responded differently. Bashed down, less confident – blaming self gives a sense of control when experiencing feelings of powerlessness? Emotional experience as a tangent? – Self-blame again.</p>	<p>emotions x 2 Traumatic and overwhelming emotional experience of the process Encountering barriers / obstacles: Ethics process as vague and complicated Pushed further and further down, like a tiny little person: Not feeling competent Self-doubt versus devaluing the process: Locating responsibility and blame</p>
<p>3) You've mentioned quite a lot of quite a few powerful images there and ideas and themes, I'm just wondering if you had a nickname or could create a nickname for your experience of the ethics process?</p>		
<p>Erm (silence then sighs), (tuts) erm (sighs) I think there, there is one but for some reason I'm I'm quite reluctant to erm to say it and I don't know whether that's because erm I don't I don't know, like coz the work, the way that I described it before was kind of traumatic and I do describe it as a trauma but I don't (pauses-participant sounds worried) I don't know why I'm reluctant to say that. Researcher: OK. But I do feel a bit reluctant erm, Researcher: What do you think that reluctance is about? I think it's either about sort of from my perspective recognising the, the amount of, the amount of stuff that I put on this process, because obviously the ethics process in itself was not traumatic and it wasn't objectively, it was possibly a bit frustrating erm and possibly a little bit upsetting when it kept coming back with erm obstacles and barriers but I think because of the amount of erm (tuts) the amount of er what's the word? (makes ticking noise with mouth) - the amount of weight that I gave to that in meaning very bad things about me so it meaning that, as I said before I mean I'm incompetent, I'm inadequate, I'm not good enough, I'm rubbish, I can't do this, I'll never be able to do this. I think partly sort of, that's quite quite difficult to recognise almost or to acknowledge erm because it, there was, there was a period of time when it did sort of cause quite a lot of distress or not 'it' as in ethics but the research process which I then attributed to ethics erm because that was the bit that I was in at that time erm so I think it's partly that reluctance and then also it's partly erm not wanting to kind of (tuts) not wanting to say negative things about our ethics committee because again it (silence and sighs) it-it wasn't that them persay who were being traumatising, it was just that for me it was experienced as quite difficult so I think that's what my reluctance was about. <00:07:44> Researcher: OK If that makes sense? Researcher: Yeah. And in terms of the word that you were going to use, have you used it in terms of trauma and traumatic or was there another word that you were going to use? Erm yeah no sorry that, that is that is the, that was the word that it was tra-traumatic, sorry is that</p>	<p>Reluctance to name 'trauma' a big theme here – why? Again, Lisa not feeling entitled to her emotions? Fear of being judged for her emotions? Emotions not having a role with ethics? Lisa identifies her role as ascribing negative meaning to the process. She states the process in itself is not traumatic, but rather her interactions with it and the negative meaning she placed upon it. She describes feelings around not being good enough etc. – maybe this is still going on whereby she wasn't good enough for the process and this lead to the 'trauma' rather than the process causing the feelings in her? Not wanting to cast blame anywhere but at herself – again may give her a sense of control? Hesitation – difficulty in acknowledging her feelings in the process?</p>	<p>Trying to push it aside, but also a struggle to remember: Avoiding emotions Traumatic and overwhelming emotional experience of the process Self-doubt versus devaluing the process: Locating responsibility and blame Traumatic and overwhelming emotional experience of the process Encountering barriers / obstacles: Ethics process as vague and complicated Self-doubt versus devaluing the process: Locating responsibility and blame</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>what you meant? Researcher: Yeah so the nickname basically. Yes. Researcher: OK. Yeah. Researcher: And just coming back to the first question again, was there anything else that comes into your mind when you hear that phrase, research ethics application? Erm (short silence) I just kind of dread, just a sense of dread erm because I think I very much associate it with erm being kind of a, with being a trainee erm half way through training say and sort of it almost felt like being up against a-a huge room of very experienced, very knowledgeable, very academic people who have got a much, many many more years experience than I have especially when you, you're kind of introduced to the different members of the panel and everyone's a Doctor or a Professor or erm I think that that can feel massively intimidating and again that was my experience when I went into the ethics meeting, was that kind of immediate sense of feeling like, you know I'm just this tiny little person who doesn't sort of know anything erm in comparison to all these people who are gonna kind of sit and what feels like tear my application apart which is not, again which is not what they did but that's I think that's what it felt like so quite a scary process. <00:09:48> Researcher: OK, is there anything else that you'd like to add to the response so far to that question? Erm I don't think so. Researcher: OK thank you. OK.</p>	<p>Some hesitation again. A sense of dread – negative expectations? A huge room and a tiny person – powerlessness / insignificance – a sign of self-doubt / blame again? Knowledge and experience = power for Lisa? Intimidated by the committee room alongside a fear and felt experience of application being torn apart – self as insignificant / powerless within the process, whilst stating it was the meaning she was attaching to the process rather than the process itself.</p>	<p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Traumatic and overwhelming emotional experience of the process x 2</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent: Intimidated</p>
<p>4) So I think you've partially answered this already but what were your expectations of the ethics process?</p>		
<p>I think my expectations were quite different to what they actually were erm because when I started this course I started with erm a kind of an awareness that my strengths were likely to be in the clinical and the academic side and that my weakness would be in research erm because from sort of previous courses and previous experience, research is the thing that I struggled with most and erm I, because of that I kind of came onto the course very motivated to really bring my research skills up and kind of feel, I wanted to sort of enjoy my research and I wanted to feel quite confident in it erm and so when I was going through the process I tried to sort of approach things in a erm in a more sort of, this is this is gonna be feasible kind of way and so when I made my application to ethics I actually thought that it was that it was OK and that it wasn't erm, that I was not expecting for it to just go straight through erm because my understanding is that's quite rare but erm I didn't expect the, the responses erm that I got, I think in terms of erm I think I think I just expected it to be, because of the responses that I'd had from people within the course, also clinicians who were supervising me, or who are who are in the same discipline and obviously have the same sort of understanding of mental health albeit a much greater understanding that erm the same understanding from a disciplined point of view erm I think I expected the process to be a lot a lot erm (tuts) more fluid than it actually was erm and I didn't expect for there to be erm almost so much anxiety erm from the ethic what what I perceived to have been sort of anxiety from the ethics committee about me doing the thing that I was proposing to do. <00:12:26></p>	<p>Lisa going into process with self-perceived weakness in research, but also motivated to be confident and enjoy her DClinPsy research. Adopted a feasible approach – wanting positive experience so reducing obstacles?</p> <p>Also expectation around process – rare to get straight through ethics. Wording around 'go straight through' – something to get past, go over achieve – implies expectation of difficulty within the process. Expectations coming from peers and supervisors. Places self in one-down position in relation to supervisors.</p> <p>Also competition expectation of the process being fluid – perhaps at odds with 'go straight through'. Suggests rigidity, lack of flexibility within the process. Places anxiety within herself and the committee, but with caution ('perceived'). Perhaps Lisa is caught within an internal conflict of gaining control through self-blame versus losing control by blaming others?</p>	<p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent x 2</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p> <p>Miscommunication and misunderstanding between self and the process: Disconnection and isolation</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>5) OK and thinking about those experiences, those expectations, were there any particular hopes you had for the process?</p> <p>Erm I definitely hoped to kind of be asked questions that I felt I could answer and I definitely hoped that the kind of the actual process of going to the meeting it would be more, a more of a kind of an informal discussion that involved you rather than almost like a more of a kind of formal interview type set up erm and I suppose also as well I-very much sort of hoped and expected going in that they wouldn't ask me questions that you've already been asked in the form erm because obviously the you've answered it in form and so I think my expectation was that they wouldn't ask me questions that I'd already answered and so when they did ask me questions, I didn't really know how to answer them because I, I was trying to think of additional things that I hadn't already said, <i>Researcher: OK</i> Erm which made the whole process quite difficult. <00:13:56></p>	<p>Again, the importance of knowledge for Lisa within the process comes up here. Also something about her own performance within the process – wanting answers she could answer, but not questions she has already answered. Lisa feeling as if the committee wanting more from her than she could give, when perhaps it is simply wanting to check in about her knowledge of the form?</p> <p>Questions about existing answers experienced as difficult.</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p>
<p>6) And I think you briefly touched on this but were there any particular fears going in about the process?</p> <p>Erm yeah definitely the kind of the fear of being erm just not being able to sort of defend erm my application and not be able to kind of explain, these are the reasons that I've made this decision or not being able to articulate properly and coming. I think my main fear which underpins all of that is coming across as as not being like as not being competent erm and kind of just being seen as, as kind of the student who's got to do this because that's how they get their degree and erm they don't really know what they're talking about, kind of thing erm yeah so that's kind of my fears. <i>Researcher: And in terms of those hopes and fears because you've mentioned your status quite a lot as a trainee, I'm just wondering whether the other people on your cohort or more broadly on the course shared these hopes and fears?</i> Erm I don't know to be honest erm I think (short pause) no, no I really don't know because I think one of the other things about the research process and I suppose this is more the research process as a whole rather than specifically to do with ethics, erm is that I- would kind of actively tend to avoid trying to ask other people about it because erm it it just the whole, the process was by that stage was making me quite anxious so I was kind of avoiding so I don't know about sort of my cohort's experiences. <i>Researcher: And how about more widely than the cohort in the course? Were your hopes and fears shared with anybody else in your life?</i> Erm (short pause) I don't, by shared do you mean as in, oh sorry do you mean by shared as in did I express them or did they? <i>Researcher: Well let's go with both so did you share them with anyone? Did anybody else in your life have similar hopes and fears, expectations and were they shared as in did you share them? (both laugh)</i> OK. <i>Researcher: If that makes sense? <00:16:47></i></p>	<p>Defend – committee experienced as fight / battle? Explain, articulate – focus upon knowledge again. Fears around being seen as incompetent and not really knowing what she is talking about. Knowledge appears to be an important aspect to Lisa.</p> <p>Avoiding peers to ask for knowledge – something around not wanting to feel inferior / 'tiny' in relation to her peers? Again knowledge as power?</p>	<p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Searching for knowledge, support, equality and certainty:</p>

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Key: Quotes, metaphors, initial ideas & initial themes

<p>So yeah that does make sense so the first question which was whether erm other, some people shared them I don't know erm about that. In terms of were they shared as in did I express them, Researcher: Yeah. Erm the answer to that is yes, a great deal (laughs). Researcher: and was that with your peers in the cohort or was it supervisors or? Erm all actually, supervisors erm trainees. I suppose with the supervisors it was more, oh my God help me I don't I don't know how to do this, with the trainees it was more sort of ranting and venting and saying the things that you wouldn't like with my friends, trainees erm that perhaps you were more able to say in a, in that context erm, and (silence) I'm just trying to think when I went through the process the second year (silence) erm yeah and so it also very much shared those sort of hopes and fears with them, other people hmm. Researcher: And just to come back to that first question again that first question this section anyway, were there any other hopes, fears, expectations you had for the process? Erm I don't think so, just that I wanted it to be like just in terms of, just that I wanted it to be erm kind of, not straightforward not simple in the sense of not acknowledging that there are ethical issues here and we need to discuss them but just that it wasn't gonna be really really complicated, lots of backwards and forwards and backwards and forwards which is what it ended up being.</p>	<p>Supervisors being sought for knowledge whereas peers for emotional support. Perhaps this links in with Lisa placing herself in a one-down position in relation to supervisors, whereby viewing them as holders of knowledge gives her some sense of safety? Ranting and venting – again emotions and their expression seen negatively.</p> <p>Wanting the process to be easily, but experiencing it as complicated, backwards and forwards. Brings to mind disorientation, loss of control, frustration?</p>	<p>Feeling empowered within the process</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Time was ticking away: Going backwards and forwards within the process</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p>
<p>7) OK and thinking about those expectations, hopes and fears before you'd actually gone into the process, do you think it impacted on your choice of study at all?</p>		
<p>Erm sorry say that again. Researcher: So in terms of your expectations, hopes and fears before actually getting into the ethics research, research ethics application process, do you think it influenced the type of study you chose to pursue? No. Because when we were erm when I was actually choosing the study, because that was sort of near the beginning of training that was when I was still in a position of I'm gonna, I'm gonna do research and I'm gonna enjoy it and I'm gonna be more confident and I'm gonna develop my skills and so erm we I selected something that I suppose was ethically quite difficult but I don't think I don't think that was fully acknowledged at the time either by myself or by the, the team erm I mean it was anticipated that it would be challenging erm but I don't think we anticipated to have quite the number of difficulties that we had erm so I don't I don't think at that stage I don't think it did impact. <00:20:33></p>	<p>Empathic no – why? Perhaps Lisa is again rallying against her negative experience within the process and/or denying the emotional impact upon the study? A position of... - something temporary / transitional – expected process to be difficult? Use of I and we – an attempt to share blame perhaps?</p>	<p>Motivation to develop and exceed</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p>
<p>8) And what sort of factors do you think actually influenced that choice of study initially?</p> <p>Erm a lot of it was kind of my interest in terms of interest prior to coming onto the course and it was sort of a particular area that I was specifically interested in and erm something that (short pause) a relatively new area that didn't have a great deal of research and so something that would be really really interesting for research erm and so it was it was mainly, this is what I'm interested in, let's erm think of a</p>	<p>Identifies interest as a key part of her research topic choice – use of really really and indicator of something more – passion?</p>	<p>Interest and passion in the research topic</p>

<p>research question around it Researcher: OK. Rather than anything else. Researcher: OK thank you.</p>		
<p>9) And moving onto the actual research ethics process now for you, could you describe it in your own words from start to finish?</p>		
<p>Erm [silence] I'm just trying to think when it was that we did it erm so I remember here on this course there are two different erm two different ethics processes that you could go down which I assume are similar on all the courses coz it depends whether you're going through NHS ethics or University ethics erm and so I remember we had lots of we had quite a lot of teaching on it and this is the form that you have to fill in and but it was, it was all quite, it felt quite complicated because there was lots of different forms and while you were in order to apply for ethics you had to have certain other things done like have your proposal approved and have erm have sponsorship from the University so lots of different forms and different things lots of different paperwork so it was quite, it felt quite confusing and then the ethics process itself erm [short pause] involved erm even selecting to apply for expedited and non-expedited review and I think I'm just, I'm trying to think because I think we might have even tried to make a case for expedited review [short pause] so I think what happened was that there was a little bit of a delay having it sent to expedited review but then it got bounced back and got sent to non-expedited erm coz I think that was quite that was quite confusing as well because in addition to having the differentiation between the NHS committee and the University committee within those, I don't know how the NHS works coz I didn't go through that erm but within the University committee there was various sub-committees and then for each, for those it could either be expedited or non-expedited so it was kind of like, who am I dealing with and who do I need to contact? And then once the form's submitted erm again it was quite confusing because you get given sort of guidelines, guidelines on the website as to how to do the application but erm but there was no indication of how long it would take for people to get back to you so then there was the process of sending emails and chasing up erm people to say is there any chance you could give me a date or any idea of when you might be able to get back to me and erm so that was quite a confusing part of the process erm so yeah then there was the kind of the waiting period erm and then once they did get back to me the first time erm [sighs] I can't remember, I don't, I'm trying to remember the different parts of the process because I might be unjust in saying that the response wasn't very clear but perhaps it was clear the first time round but there was certainly times when I erm because because the process wasn't as simple as handing in your form, getting a response, make the amendments, it's good to go, because it was a lot more drawn out than that, there was lots of backwards forwards backwards forwards and quite a lot of the time the responses for, just didn't really seem like they were answering the question that I'd asked or it seemed like there was maybe some miscommunication or misinterpretation or they kind of seemed a bit vague or didn't, almost like there was an assumption that you should know what to do here you should know what the process is but then when you go to the website to look for notes or guidance on the process it's kind of not there or it is there but it's not, it tells you certain things but not others erm so it was quite it was quite a sort of not really sure who to go to or what's going on or what I'm supposed to be doing here kind of process. <00:26:02></p>	<p>Trying to think / remember pops up five times – indicator of intense emotions around the process?</p> <p>Complicated, confusing, lots of different, no indication, vague – general uncertainty or lack of knowledge into how process operates. Lots of, different x2 – overwhelming? Confusing</p> <p>Confusing Not knowing</p> <p>Uncertainty and lack of knowledge</p> <p>Not knowing how long it would take</p> <p>Confusing Waiting Different</p> <p>Not simple Drawn out, Lots of Seeking knowledge / certainty, but not being given it?</p> <p>Miscommunication / Misinterpretation, vague Lisa feeling like she had expectations placed upon her – she should know what she is doing / should do – links in with not feeling competent Uncertainty around the process</p>	<p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated x 2</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Time was ticking away: Going backwards and forwards within the process x 2</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated x 2</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Miscommunication and misunderstanding between self and the process: Disconnection and isolation</p>

		<p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p>
<p>10) You mentioned at the start of that preparing application forms and preparing proposals and the middle bit with the to's-and-froing, to-and-froing so what was the ending of your original project?</p> <p>Er there kind of wasn't one, it got abandoned so erm the I did I did initially get, actually that's that's not true. I did initially get ethical approval erm after about eight months possibly so I did get ethical approval but then when I tried to recruit erm I was, it was unsuccessful so I had to make amendments erm and it was during the amendments that the, some of the amendments was obviously going back to the ethics committee and that was the point at which the project was abandoned so sorry I tell a lie erm yeah I, I eventually got ethical approval but the way that we got that was erm we had lots of as I say lots of backwards and forwards communication so erm at the ethics committee first reviewing the proper the erm application erm I then responded erm and then they responded to that saying that I hadn't followed the right procedure which I hadn't but I just didn't realise that I hadn't erm and then erm (short silence) yeah basically there was there was something the ethics committee were asking me to do but we were saying that if I do that, that kind of completely changes the whole kind of point of the study so it was sort of like we were trying to find a compromise but that was very difficult because we were in one place and the ethics committee was sort of in another so it was very difficult to kind of come together erm and so it culminated in having a meeting with just the Chair er so my supervisors and myself and the Chair and it was as a result of that meeting that we kind of came to a compromise and then I made the necessary changes and then I got approval and the appro-at that point the approval was such a relief, such an enormous relief to actually be given the go ahead because by that point it had started becoming quite a difficult process.</p> <p>Researcher: And you started talking about it there but how did you feel as you were going through that process? You've talked about the relief at the end, you described an eight month journey there. I'm just wondering what the emotions were around that?</p> <p>Erm a lot of feeling like I'm never gonna get there, I'm never gonna never gonna manage it and a lot of feeling like I was kind of banging my head against a brick wall erm and kind of feeling that on the one hand I had my supervisors totally sort of supporting me in agreeing that the things that I felt about the research and the ethical issues that we were discussing that we were kind of dealing with those appropriately whereas on the other hand erm the ethics committee didn't feel that way erm and, and so it kind of it almost felt at some points just just really stuck because I just kind of thought, how how is this ever gonna be resolved and so at that point I started thinking, do I want to do this anymore, do I want to follow this project through and I did actually speak to a member of staff about potentially abandoning it at that point which in hindsight I kind of wish I'd done [laughs] but erm but erm it, it was it was it was a distressing erm time definitely because again sort of each time that I got a kind of a, the ethics committee sort of saying, no, it would just push me further and further and further down in terms of sort of my confidence in actually being able to do this and after I'd gone into the process at the beginning thinking erm or being aware that this is this is the area that the research is the area that I'm weaker in erm but I'm gonna really try and work to produce a really good project and and feel like I've really developed my research skills and yet each sort of communication I had with ethics it felt like it was kind of</p>	<p>Lots of hesitation and erms – It feels like Lisa is finding describing her experience of ethics at the end of the original project difficult. Perhaps due to intense emotions, or mirroring confusion Lisa felt within the process?</p> <p>That's not true, sorry I tell I lie – an internal desire to sound competent through the process?</p> <p>Lots of backwards and forwards – confusion, uncertainty and frustration?</p> <p>Lisa being told she hadn't done something the right way and saying she didn't realise – if had realised, she would have made the necessary changes before the submission. Something around maintaining a one-down position (or explicitly stating her felt sense of lack of knowledge) enabling her to manage difficult feelings around not feeling competent at research?</p> <p>Ethics committee and trainee / supervisors in different places – them and us dynamic – difficult to understand each other and come to a compromise. Speaks to a potential theme form earlier around the process not being as flexible as Lisa wanted / expected it to be.</p> <p>Negative expectations of self being reinforced by relationship with the process?</p> <p>A sense of being torn or stuck between two ideas – being confident in self and application / project versus not doing things appropriately. Them and us dynamic again? Negative expectation of the issues never going to be resolved. Is there a link between the negative expectations and one-down position – something around lower value / expectations managing difficult emotions?</p> <p>Self-doubt around carrying on with project.</p> <p>Wishing hadn't have pursued project – wishing there wasn't an emotional connection to the project? A distressing time.</p> <p>Feeling a loss of confidence, being pushed down / back every time approval wasn't given – feeling tinier and tinier in relation to the process?</p>	<p>Encountering barriers / obstacles: Ethics process as vague and complicated</p> <p>Time was ticking away: Going backwards and forwards within the process</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p>

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<p>pushing me further and further and further back so it was quite erm it was quite upsetting from a sense of like I was saying before feeling like I'm not good enough and I shouldn't be on the course and erm (short silence) and all those feelings of, of not being competent. <00:31:51></p> <p>Researcher: And again there are a lot of references there to your status and how you felt in relation to research as a trainee so (participant 'hmmm') I was just wondering how you felt in relation to your peers during that process?</p> <p>Erm, that's a good question erm I, I-I suppose during that process erm because it was sort of the middle of the course, everybody was at a very different stage of the research so some people would be I don't know collecting data and probably drafting introductions erm and then other people would be kind of still having difficulties with the proposal or erm whatever it may be so it was it was kind of useful to be able to go to those trainees who had gone through the process and kind of get some of their erm ideas about what might be helpful but then I suppose also it was it was kind of reassuring knowing that you weren't the only person kind of struggling erm and but having said that I guess that there was kind of still a bit of me that in relation to other people other peers that was kind of thinking you know what I-I must be in some way incompetent because I'm not at the stage where they are or erm you know all this all these obstacles are happening and they're happening to my project so it must be something to do with the way that I've designed the project or erm the kind of I don't I don't know so but yeah so I suppose there was a, there was an element of sort of comparing myself to peers who were sort of further ahead and seem to have gone through and there'd been no problems.</p> <p>Researcher: And is there anything else you feel would be useful for me to know about your emotional experience of the ethics process?</p> <p>Erm I think in terms of the erm the kind of see my ethics process as being in two parts because there was the first part the eight month bit where, that we just talked about what culminated in me getting approval and then there was the second bit which was the amendments part erm (tuts) which culminated in me abandoning the project and that that bit was was really really quite distressing and again it wasn't just the ethics process but while going, basically I applied for I applied for I think three amendments at first and then there was an additional one (tuts) erm but again there seemed to be some confusion and there were delays and so there was quite a lot of sort of waiting around and while I was waiting around I was conscious that the time was ticking and by this stage it was sort of January of third year when other people were collecting data, writing up erm and I was still kind of, I felt stuck because I couldn't, I wasn't collecting any data, I did have my-my-my project was up and running in the sense that there was potential for recruitment but without the methodological changes that I was asking for it seemed that the recruitment was just not gonna happen so the there was the project was still ongoing throughout the process of these amendments being requested erm but it didn't come back with any participants erm so throughout that process I was kind of sort of waiting to hear back from ethics, part of me wanted to hear back from them because I was kind of thinking this, this needs to be done soon because the deadline's in four months but then another part of me was really relieved when I did whenever I opened my inbox and I didn't get an email from them because not getting an email meant that I could just kind of push it aside a little bit more and not have to think about it so during that process I was also starting to do my LIT review and write my introduction but that was extremely difficult because by this stage we had sort of started thinking about, is this going to be a viable project? Are we gonna have to abandon the lot, at what point do we do that? How long do we kind of carry on persisting before we kind of pull the plug? And so I was kind of writing an introduction that I didn't know if I was gonna use or not and so that was, again although that wasn't part of the ethics process I think it was very much indirectly related because that I was waiting for to hear back from them before I could do anything else and so that was so frustrating and just kind of soul destroying because I was sat there thinking, I'm spending all this time and getting so worked up as a result of spending all this time and it was just kind of a vicious circle of erm all this could be completely in vain and completely useless and</p>	<p>Not good enough, not being competent.</p> <p>Peers being at different stages perhaps increasing the uncertainty for Lisa, particularly in terms of her competence in relation to others.</p> <p>Kind of useful – being unsure as to whether seeking knowledge / practical support from peers was useful. An element of comparison against peers – upward and downward social comparisons?</p> <p>Reassuring not being only person struggling – therefore competent? But others ahead so incompetent? Feels like Lisa is stuck between two positions again.</p> <p>Obstacles – counter to a fluid process.</p> <p>Self-blame comes up again – it must be me because it is happening to me.</p> <p>Comparing self to peers.</p> <p>Again, Lisa is stuck between two aspects. Maybe this links with the uncertainty she experienced within the process?</p> <p>Distressing being given approval, but not once amendments been made – being given something which is then taken away – hope, certainty, validation? Not just the ethics process – seeing ethics as part of wider research process?</p> <p>Confusion.</p> <p>Delays and waiting – time pressures?</p> <p>Stuckness.</p> <p>Negative expectations about self and project come up again.</p> <p>Waiting.</p> <p>Needs to be done – time pressures.</p> <p>Relieve at no contact – initially feels at odds with rest of interview, as continues the uncertainty. May link in with avoidance from earlier – pushing it aside and not having to think about it.</p> <p>This is at odds with next section, about becoming pre-occupied with viability of project – wanting to avoid thinking about it, but having to? More uncertainty.</p> <p>More uncertainty, along with loss of time/effort?</p> <p>Waiting again.</p> <p>Frustration, soul destroying – spending lots of time but could be in vain</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Validating emotions and experiences through others</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>Being given something which is then taken away</p> <p>Time was ticking away: Going backwards and forwards within the process</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated: confusion</p> <p>Time was ticking away: Going backwards and forwards within the process</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>All this could be completely in vain: Wasted time and effort</p>
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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>I've gone through all this work, put all this work in and then also gone through all this, like I guess emotional distress because it did illicit for me a lot of sort of more underlying stuff like obviously I've talked about quite a few themes of confidence and inadequacy and it really brought some of those things up for me that I hadn't, that I was aware of but that had never sort of affected me to that extent before so erm so it was quite it was quite difficult. <00:38:06></p> <p>Researcher: And in terms of, you used the phrase 'pulling the plug' there, when did that happen and how was that decision made?</p> <p>That happened erm the end of April so a month and a half before hand-in. By that stage we'd obviously already kind of said I'm not gonna meet the hand-in date and it might be that I have to continue working on research post erm September and that was that was sort of it-it-it took a while for that to be OK but that sort of gradually kind of became OK and then in terms of the decision to pull the plug, basically what happened was erm back in January when I had a mid-placement review on my clinical placement and one of the members of the course team had come to do the MPR, the mid-placement review and she said, she'd asked me how my research was going and I told her where it was up to and that I was thinking of abandoning and not really sure what to do and she mentioned another project then as a possible if this falls through here's an IPA project that you might be interested in and I was interested in it erm so about in March/April time that was mentioned again and so that made me think how long do I wait for this process to continue being drawn out because it had got to the point where as I say there'd been four amendments erm three on one form and four on another or something like that erm submitted to ethics erm and we'd sort of had resolution on one of the amendments but not on any of the others and so by that stage I was kind of thinking even if the amendments come back as, yes this is fine you can go ahead with them there was still no guarantee that I would definitely get participants so that was one of the big things that kind of made me think erm this is, is this worth it anymore and I think also it just got to a stage where I was becoming so unproductive because of the way that I was feeling about everything that I would just get to a research day and I'd try and work, I'd become sort of upset at and become totally unproductive but then kind of be like, well you, this can't happen, you can't be unproductive you have to be un-productive now so then again just feeding into that kind of cycle of becoming more and more upset and so I think because of that as well I think it had become much more of a, this is something that we need to get through ethics and it'd become much more of a kind of an emotional thing that was causing a lot of difficulty that I kind of just thought, if I pull the plug on this then I can just completely get rid of it, I can completely start again, we did also discuss doing a different, a new project but that was similar to what we'd already done and we did consider that for a couple of weeks but I kind of thought it might still leave us with some recruitment difficulties and if I was gonna change I just wanted something completely new, completely fresh erm so basically it was abandoned on erm I was due to meet with the ethics committee on the afternoon and I'd said to my supervisors the week before I really don't know whether I want to kind of carry on with this or not and we'd had these discussions for quite a few weeks if not months and he said ultimately if it comes to it that on the day you-you feel like it needs to be pulled then we'll pull it and so I think the, I got an email in my inbox to do with research and erm by that stage I had been thinking about this new project for about two or three weeks and I'd met with the potential new supervisor so I'd been kind of on my research days I'd been focusing on that instead of focusing on my old project and I got an email about my old project and just instantly felt anxious, panicky like I didn't wanna open it I didn't wanna know what was in it and so that was kind of the deciding factor of let's abandon this erm because it's it's not sort of going anywhere and it's sort of causing so much trauma so I rang the charity ethics committee and erm withdrew the application and she agreed that it-it was perhaps, in order for it to have gone ahead from then on I might it might have been more of a PHD size project in terms of the amount of work that would need to go into recruitment and ensuring that recruitment would happen erm, yeah. <00:43:13></p>	<p>Distressing. Process as trigger for Lisa's feelings of confidence and inadequacy, rather than cause. Also exacerbated feelings – increased awareness and intensity.</p> <p>Took a while – Feelings of not being competent due to not meeting hand-in date? Pull the plug comes up again – something about letting go of what has been done / collected?</p> <p>Waiting – frustration?</p> <p>Uncertainty around project as well as negative expectation / prediction</p> <p>Worth it – a sign of the amount of time, effort, energy, emotion placed into project? Again, a contradiction – unproductive due to intensity of emotion.</p> <p>Self-blame / judgement comes up again – perhaps the process magnifies this trait for Lisa?</p> <p>Suggests the research should not involve emotions – may indicative of the start of the interview and Lisa's avoidance? Goes on to describe a desire to be rid of the original project – perhaps the emotions associated with it too?</p> <p>Starting anew / fresh – avoiding emotions and / or leaving them behind?</p> <p>Worth it? Waiting</p> <p>Waiting</p> <p>Anxious, panicky about outcome of first project – avoidance being the deciding factor The word trauma comes up again – a disrupting life event. Not wanting to go back there, both at the time and in this interview? Emphasising large amount of work regarding old project – a way of protecting against feelings of not being competent?</p>	<p>Time was ticking away: Going backwards and forwards within the process</p> <p>All this could be completely in vain: Wasted time and effort</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Time was ticking away: Going backwards and forwards within the process</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>All this could be completely in vain: Wasted time and effort</p> <p>So unproductive because of the way that I was feeling</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>All this could be completely in vain: Wasted time and effort</p> <p>Time was ticking away: Going backwards and forwards within the process x 2</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding</p>
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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>Researcher: And how did you feel about pulling and when the Chair agreed (participant laughs) and the plug was pulled?</p> <p>Hugely ambivalent! Erm because im-immediately it was so relieving and it was it was a massive weight off my shoulders but actually building up to making that phone call I'd kind of decided I think I'd decided in a few weeks prior to that, that I was gonna abandon it erm and I knew that's what I wanted to do but I, it was really difficult to kind of confirm that until the sort of and actually say yeah no this is it, this is, this is it abandoning six weeks before it's due to be handed in erm so it was kind of it was almost like I need of validation from other people, I need my supervisor to say yes this is OK, I need my new supervisor to say yes this is OK it was kind of I needed other people to contain the anxiety that that created because it is a shit load of work (excuse my language) but to have worked for that long on a piece of work and for it to have caused that amount of turmoil, for want of a better word it was really hard to just kind of say, this is this is it this is done but on the other hand it was so relieving to do that and so cathartic to then go home and organise my files and put all the ones that I didn't need away and chuck all a load of stuff out and that was that felt very therapeutic but straight after making the phone call, as I said I felt relieved but then as I walking back to my car again there was that massive ambivalence and it kind of hit me like, oh my God you've just abandoned two and a half years worth of work and I did become sort of really upset and what have I done and I kind of knew that it-it-it was, I do think in hindsight that it was definitely the right decision and I'm really glad that I made it, I feel so much happier with my current project and much more confident with it and much more able to go through the ethics process erm but it was still quite just confirming that erm yeah that it's not gonna go ahead, you're not gonna quality on time, it has an impact on erm you know jobs and where I live because if I take time off to do my research I'm not gonna be paid so I might have to move back with my parents and it just has a big impact on quite a lot of things so it was that kind of, oh my God, this this does actually change quite a lot but the overwhelming feeling was definitely relief, definitely. <00:46:01></p>	<p>Ambivalent – Feels a strange word to use given use of 'trauma' previously. Also implies being between two positions again. Relief, massive weight off versus abandoning.</p> <p>Needing validation from others – Feeling unsure of self in relation to process, feeling tiny – needs others to feel big again? Others as containers of anxiety.</p> <p>Amount of effort and emotional energy – difficult to leave behind.</p> <p>Relief, cathartic, therapeutic – moving away from self-blame/doubt. Not being confronted with feelings of not being competent?</p> <p>Massive ambivalence – speaks to being stuck between two places again?</p> <p>Abandonment again, linked to time and effort over 2.5 years</p> <p>The wider impact of waiting on life – delaying qualification, living arrangements, money, etc. – perhaps shows some reasoning behind experiencing research/ethics as trauma?</p> <p>Relief</p>	<p>emotions</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Validating emotions and experiences through others</p> <p>All this could be completely in vain: Wasted time and effort</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>It has a big impact on quite a lot of things: the wider impact of the process</p>
<p>11) And then moving onto the new project that you're doing at the moment, did you get ethical approval for that one?</p>		
<p>Erm I do, I've not got it yet erm er I've been working on this one for about six weeks now, four to six weeks and erm we're just I'm just drafting the proposal and my ethics I'm hoping to hand-in on the first of July so it's obviously trying to squeeze everything in to quite a small space but going into it this time just feels so much different because I feel I think having gone through the experience I sort of know, I understand the paperwork a lot more and so that's a lot less confusing and erm I know the, the sort of the contacts and the ethics committee, I know the Chair and I know the erm sort of the admin person erm or the research governance person erm and so it just makes the process a lot easier because I kind of feel I do feel like I can go into it much more confidently and be much more aware of what they want, what they're expecting, what they deem to be a vulnerable population and how that might differ from what we deem to be a vulnerable population because I think part of the difficulty was that as clinicians working in mental health, obviously we-we might erm describe erm somebody with a mental health problem as vulnerable but within that group there are obviously many more different degrees of vulnerability and while I was proposing to do this research with a vulnerable group I think erm it was it was an area that my clinical supervisor had a local of experience and expertise working with erm and I-I didn't have direct clinical experience of working with that particular client group but I don't think there was that kind of recognition that (sighs) (short silence) I think there was a difference in interpretation of vulnerable basically because I think for people who don't work in mental health there's maybe a bit</p>	<p>Squeezing in – time pressure?</p> <p>Different feeling this time (less confusing, easier) – having the knowledge and learned experience, therefore feeling more competent? I know repeated – knowledge as competence and / or power?</p> <p>Increased confidence</p> <p>Knowing what the committee want and expect – meeting their needs for the project</p> <p>Difference in perception / position between trainees and committees again</p> <p>Difference in interpretation / position</p>	<p>Time was ticking away: Going backwards and forwards within the process</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position:</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>more anxiety around people's vulnerability and it almost felt and-and I totally appreciate and understand that you know when we're working with with people we have to acknowledge their vulnerability or the potential for them to experience distress and do everything that we can to kind of prevent that happening or at least be able to contain that if it does happen and manage that appropriately but I think there was kind of it felt like there was an underestimation of-of particularly my experience of mental health and you know I have only got five years experience of mental health but that gives you more of an understanding of somebody who's perhaps never worked from a from a kind of professional viewpoint erm so again I've gone off on a bit of a tangent but this is to illustrate the point that I kind of feel like I-I know what to expect now and what it so, if there's a particular erm group of people that in a clinical situation you might not deem as vulnerable, it might be that the ethics committee do see that as being a very very vulnerable group because I think there is an element of anxiety and fear around kind of mental health erm and it and I-I feel that it's quite a poorly understood concept when you think about it sort of in general erm and I think there was there's an element of, well yes on one hand we need to kind of protect people who are participating in the research. I think we also need to give those people an element of erm sort of acknowledging their-their-their own sort of capacity to say, I'm-I'm OK it's alright it's I'm-I'm happy to talk about my distress and not automatically assuming that ooh no I can't possibly ask that person about you know how it how it felt for them erm when they were experiencing stress and that's not meant in a sort of a you know let's go and just do it, it's just meant in a sense of, I think respecting the experience of people who might have erm had a mental health problem or been experiencing some form of emotional distress and kind of acknowledging that, that that they, I don't know how to express it but [silence] just not treating them as somebody that's really fragile coz I think to an extent that's a bit patronising erm I don't know whether that's kind of made sense? <00:51:23></p> <p>Researcher: Yeah definitely, definitely so I think it speaks trying to summarise to show you or at least get to a place where I feel like I've understood you. It's almost lots of different perspectives between you and your supervisor on one side, the ethics committee on the other where you're viewing the client the participant from different perspectives and you feel that you're seeing the participant as a person in their own right who has a right to decide whether they can talk about something or not.</p> <p>Yeah absolutely.</p> <p>Researcher: Whereas the ethics committee you feel were saying, no we need to protect them in a certain way. Is that right or?</p> <p>Yeah absolutely and that's not to say that I mean obviously I understand that to an extent obviously we need to protect our research participants but I think it's about it's about not patronising people's ability to make certain decisions themselves erm yeah. <00:52:47></p> <p>Researcher: And you've gone into a bit there more about your thoughts around the process and what it brought up for you in terms of working with participants and your experience of the ethics committee. I'm just wondering whether there were any other things around your emotional experience or thoughts or yeah your thoughts or feelings really around the ethics process?</p> <p>Erm [short silence] I suspect that it or at least I don't know whether this is a hope or a suspicion but I think the sense that I get now is that it feels like it will be a lot easier the second time round, just in terms of as I said before practically and pragmatically understanding what forms what, who-what needs to go to whom, who needs to sign it and when-what you need in order to be able to send the next thing off erm but also I do think that this, the-the experience of the old project and trying to get erm the-the ethics process erm during the old project, I do think that that's kind of while at in the moment it I interpreted it, I interpreted it as I'm incompetent I can't do this, I think now it it has actually made me a little bit more confident about being able to erm I guess defend the erm your I don't know whether defend the work is the right word but just to be able to kind of put across your point erm and I feel I mean this might all be, go completely different in the actual meeting but I do feel a lot more like I'll be</p>	<p>Placing anxiety with committee – committee as overreacting in Lisa's eyes?</p> <p>Underestimation – others viewing Lisa as tiny, but her having confidence in herself? Contrasts with only five years' experience – self-doubt again Viewing committee as less experienced – a definite shift from earlier in the interview</p> <p>Again, placing anxiety and fear in others – coping strategy?</p> <p>Stuck between two aspects again – protecting individuals versus acknowledging their capacity Viewing committees as overprotective due to their anxieties? Another way to protect against feeling not competent?</p> <p>Strange phrasing again – hope or suspicion about a positive expectation – negative expectation / self-doubt seeping in? Knowledge linked to competency and power again</p> <p>Two positions again – then I felt I was incompetent but now feel empowered by having undertaken process Defend – implies a fight / battle – them and us</p>	<p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Feeling not competent, but wanting my competence to be acknowledged</p> <p>Traumatic and overwhelming emotional experience of the process</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p>
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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>able to kind of go in and erm sort of present my ideas and justifications for doing things in a much more confident way erm <00:55:15> Researcher: And it feels like that confidence from yourself is something important? Massively! Yeah hugely, I think particularly because of the way that the previous process impacted quite negatively on my confidence. Researcher: Is there anything else that you would like to say about how important confidence is for you within the process? Erm (short silence) I suppose yeah in the sense that had I stayed with the first project and seen it through and it had successfully gone through to the end, I think it would have hugely put me off doing research in the future erm as a clinician erm because the process that I went through was so difficult I think it would massively have put me off ever wanting to do that again but because I have to do this project erm and I sort of I know that the easiest way for me to do that project is to just get on and do it and I've got really excellent supervision at the moment on this project, not that I didn't on my previous project, I did have good supervision erm but this supervision is particularly excellent erm and erm so far where I'm up to in the research process I haven't got to ethics yet, the second time round, where I have got up to is; a) I've taken a lot lot less time than it did the first time round and it's just been so much more manageable and so, had I not done a second one-I mean it could be that I get to ethics again and it all goes horribly wrong or I get further down the line and it goes horribly wrong and I experience it as being a terrible terrible experience again and I strongly hope that it doesn't happen and I don't expect that to happen but erm certainly from the way I've experienced it so far it feels like actually I could potentially do this again whereas I never would have said that before, I would never have thought to put myself through the trauma of erm not just ethics, ethics yes but the rest of the project as well. Researcher: OK So, yeah. Researcher: Thank you. <00:58:00></p>	<p>First time attributes blame to process – why? A way to defend against self-doubt or going back into felt experience? Reframes second project as empowering rather than first. Leaning towards blaming the process again. Get on and do it – no room for emotion? Less time, more manageable Fear of it going horribly wrong, but feeling positive Again, new experience negating the old one – defying expectations</p>	<p>Self-doubt versus devaluing the process: Locating responsibility and blame Searching for knowledge, support, equality and certainty: Feeling empowered within the process Process as both building and reducing confidence and competence We were in one place and the ethics committee in another: Seeking compromise and defending my position Process as both building and reducing confidence and competence Process as both building and reducing confidence and competence Trying to push it aside, but also a struggle to remember: Avoiding emotions Self-doubt versus devaluing the process: Locating responsibility and blame Process as both building and reducing confidence and competence</p>
<p>12) And thinking about, because you talked about multiple experiences of the ethics process, three major chunks so far but thinking about your whole journey through ethics, how would you describe it or how would you sum up that experience of the process to somebody who has never done it?</p>		
<p>Erm I'd sum it up as a challenging process and one that should, I would advise against sort of going in and expecting it to be easy erm (short silence), frustrating process in terms of sort of waiting and erm in terms of making, presenting something and then it being knocked back and then giving something else and it being knocked back and (inhales) yeah (laughs quietly- perhaps a nervous laugh) Researcher: OK, that's great thanks. <00:59:05></p>	<p>Again, a shift from earlier description of Lisa's reaction / management of the process being difficult rather than the process itself being difficult. Negative expectations of the process seen as helpful – needing to be prepared? Frustration at being knocked back – links with 'tiny person' idea from earlier. Lots of hesitation, pauses, not fully-formed sentences – difficult to think of self as 'expert' of process and / or connect with the emotions?</p>	<p>Self-doubt versus devaluing the process: Locating responsibility and blame Time was ticking away: Going backwards and forwards within</p>

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Key: Quotes, metaphors, initial ideas & initial themes

<p>Erm [sighs] [short silence] I kind of want to say yes because I don't want to feel like I'm doing them an injustice because I'm sure other people have experienced it as positive but the actual meeting with the committee for me was quite a negative experience erm.</p> <p>Researcher: I think at this stage it's important to say you know this whole interview is about your individual experience.</p> <p>Hhmm, erm I mean you know it's not as if [stutters] if you know, people weren't horrible or unpleasant erm but I think I just didn't, I remember sitting outside and just not wanting to go to the to the ethics committee and I was erm the way that the committee here works is that your supervisor is the lead investigator and so they have to be present at the committee whereas you don't have to be present and on one hand that was kind of good because I felt like, ooh yeah that would be great if I didn't have to go but on the other hand I think that again it just it-it feels a bit patronising because it's kind of implying that you're not competent yourself to erm conduct this kind of piece of research whereas actually you are the lead researcher on this research, you're not you know you're not doing somebody else's research for them this is your research and you're the lead on it erm and yes you're quite closely supervised but you're certainly within the faculty, you're identified as the lead researcher erm and so I think I kind of went in with a bit of a kind of already putting myself down into a position of, well this is kind of being treated the same as say an undergraduate student and with no disrespect at all to undergraduate students erm but you know when I compare myself now to when I was an undergrad, obviously my research knowledge is vastly different and my experience of mental health is vastly different erm in fact even comparing you know myself to a post-grad Masters student it was quite a lot of difference so I think because of that I'd perhaps set it up to be a negative experience coz I didn't, I just didn't want I didn't want to go erm it was quite scary, so. <01:06:13></p> <p>Researcher: But also something you named there was again those issues around competence and in relation to how others review your confidence as well as how you review your own.</p> <p>Yeah yeah absolutely.</p> <p>Researcher: And again broadening that out to the people around you; your peers and your cohort, your supervisors-were there any aspects of your relationships with those people that was helpful in terms of going through the process?</p> <p>Erm yeah certainly my supervisors erm were very supportive erm I was gonna say before but unfortunately neither of them were able to attend erm so I attended the meeting with another member of staff who I'd managed to meet with briefly before it happened so sort of say this is what the project is and give them a vague outline but obviously that person's knowledge of the project wasn't erm as in-depth as my supervisor's erm so I mean that was I think that was still you know very helpful erm having erm somebody there to erm kind of help defend it but yes, my supervisors were very helpful throughout the process and erm I think validated a lot of the things that I was thinking but almost afraid of saying because I thought, oh no you know if-it a professor of whatever is saying something to me from this ethics committee then how could, how can I kind of possibly challenge that because he's a professor and I'm just a trainee and so again I suppose that's an example of how I'm putting myself down in terms of the, I'm just a you know, mere novice in this whole process. Erm, so yeah the supervisors were helpful I guess in that validating process erm and then peers as well just in terms of sort of sharing their experiences and erm where you know where other people had said, oh yeah I found this difficult or I found this a bit frustrating or erm that was quite that was quite helpful for erm I guess again, validating erm the experience. <01:08:48></p> <p>Researcher: OK and just thinking more broadly there was there anything else that you felt was helpful or useful about the ethics process?</p> <p>Erm</p>	<p>A desire to say yes but can't, alongside injustice / unfairness again – why? Fear of being judged herself? Feeling like her views aren't valid?</p> <p>Not wanting to go – avoidance?</p> <p>Stuck between two positions again – Relief / joy at not having to go but also feeling like the tiny person and not competent because of it. Patronised, not competent.</p> <p>Acknowledging powerful position in relation to research, but not acknowledged within the process. The vicious circle again – not feeling competent, process not viewing you as competent, feeling even more incompetent.</p> <p>Downward comparisons – Enables Lisa to recognize her own skills, experience, competence?</p> <p>Going back to position of her meaning / interpretation of the experience being negative, rather than the process itself – gaining a sense of control in the face of conflict between feeling competent but 'failing' process?</p> <p>Knowledge as important within the process. Also something around not wanting to view supervisors negatively?</p> <p>The word defend comes up again – brings up images of a battle or fight.</p> <p>Supervisors providing validation of thoughts and perhaps feelings - helped Lisa to feel more confident and less of the tiny person? Why afraid of saying them – fear of being judged?</p> <p>Professor versus trainee – power – feeling like the tiny person in relation to committee. Lisa experiences this as putting herself down (mere novice) – again self-blame to increase sense of control in face of difficult emotions?</p> <p>Sharing leading to validation of experiences between peers</p>	<p>I don't want to feel like I'm doing them an injustice</p> <p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p> <p>Feeling not competent, but wanting my competence to be acknowledged x 2</p> <p>Validating emotions and experiences through others</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>I don't want to feel like I'm doing them an injustice</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Validating emotions and experiences through others</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>Validating emotions and experiences through others</p>
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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>Researcher: Or aspects of the process? I think definitely having the back-up of my supervisors because it could have been that my supervisors might have said, hmm actually yeah we agree with what the ethics committee are saying here and we do agree that this is erm you know this-this barrier is insurmountable and we're gonna have to change, but I think having their support erm was I suppose good in the sense that it-it meant that we were still able to retain certain aspects of the study but also in a more emotional sense it was sort of helpful for my confidence in terms of making me think, no actually I have got a point here and I'm not being erm you know I'm not erm (tuts) not thinking properly about these ethical issues erm so yeah that was helpful. Researcher: OK thank you. <01:10:00></p>	<p>Back-up – again images of a battle or fight come to mind Barriers – a struggle through the process Back-up being helpful for confidence – feeling less like the tiny person Still some hesitation though – difficulty in sitting in non-tiny role?</p>	<p>Pushed further and further down, like a tiny little person: Not feeling competent: Needing back-up Encountering barriers / obstacles: Ethics process as vague and complicated We were in one place and the ethics committee in another: Seeking compromise and defending my position</p>
<p>16) So moving onto the unhelpful aspects now and I know you've touched on this quite a bit already throughout some of the previous questions I've asked but it would just be useful to touch on them again if that's OK (participant: 'hm-hmm') so were there any, well what were the difficult (Researcher laughs) or unhelpful aspects of applying for approval?</p>		
<p>Erm I suppose in terms of things that I've not mentioned so far erm (short silence) I'm not sure that there's anything I've not mentioned already actually hmm. Researcher: So perhaps if we do it in a similar way as we did for the helpful aspects so touching on each step of the process so in terms of the forms was there anything particularly unhelpful or not useful? Erm repetition, there was quite a lot of repetition in the form erm er and also the fact that it has to come from your supervisor, it has to come from them as the lead investigator so there were certain things that are kind of taken out of your hands so if you're ready to submit but your supervisor's not in for another four days it could be that you're kind of delayed in your submission and I know that's something that you can erm you know that you can think about in advance but you sometimes if you find out for example that the ethics committee are meeting on whatever date and that-that their and their next er deadline for applications for that meeting is tomorrow then you can be left sort of, I can't do anything about it because they won't accept an application from me so that I suppose is a bit unhelpful and that made me think of something else then as I was just speaking erm what was it? Erm erm (silence) oh I can't remember but I'm sure it'll come back to me. <01:12:25> Researcher: No problem. Was there anything else about the forms you can think that was unhelpful? (Silence) Erm not that I can think of off the top of my head, I think it was mainly the repetition. Researcher: OK,</p>	<p>Repetition within process x 2 Has to come from them & taken out of your hands – again, feeling tiny / not competent within the process? Powerless or not in control? Delayed – time pressures? I can't do... - The tiny person again. Not in control. Not acknowledged.</p>	<p>Encountering barriers / obstacles: Ethics process as vague and complicated Pushed further and further down, like a tiny little person: Not feeling competent Time was ticking away: Going backwards and forwards within the process Pushed further and further down, like a tiny little person: Not feeling competent</p>
<p>17) So moving onto the guidance now around the forms as well as the process in general I know you've already touched on a few aspects but was there anything else that was unhelpful? Erm, yes! And that question has just reminded me of what I was gonna say before erm the, I think sort of before you go into this process, you don't really know how it's gonna work and so I guess there was, it wasn't explicitly communicated that the ethics committee meet every six weeks and they have a deadline for submission for that committee every whatever erm and so because of that erm you weren't necessarily aware of when you submitted your form which stage of the process they were in. Now those</p>	<p>Emphatic yes – wanting to express unhelpful experiences to be validated? Perhaps that why Lisa is reducing self-blame; her experiences are being validated through the interview itself? Knowing mentioned many times – importance of knowledge in the process again?</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>dates are available on the erm on the website but I actually only discovered that this time round doing the ethics process, I suppose because I'm conscious of deadlines now given that it's a strict short space of time and also I kind of know how the process works and I know when there's a meeting at and I know that they have regular meetings but I didn't know any of that before so I didn't know to go and look on the website erm and obviously I did go to the website and look at various different things like the guidance notes but perhaps if for example on the guidance notes it-it had said, something around you know if you need to know the dates and deadlines or, and it may be that off the top of my head that I can't remember if that was on the guidance or not and it could be that it is and that I just missed it but erm (tuts) but I can't say anything more specific about the guidance because all I remember is (laughs) throughout parts of the process kind of thinking, this would have been so much easier if I'd have known that erm, and there were definitely some bits that were missing off the guidance, not necessarily for the initial form but for example for submitting a notice of amendment erm there was definitely some bits missing there. Researcher: OK. So yeah. <01:15:05> Researcher: OK thank you.</p>	<p>Knowledge lighting the way through murky / unclear process? Time pressures / deadlines</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process Time was ticking away: Going backwards and forwards within the process</p>
<p>18) So moving onto the next step now so the committee, was there anything unhelpful, not useful about the committee meeting or the responses they made?</p>		
<p>I think the quantity of people felt really overwhelming. I can't remember how many people there were but it feels like there was sort of twelve erm and it kind of felt like is, is it really that necessary to have that amount of people coz it again, it just felt for me it felt quite intimidating and it felt almost like it's me against them and because they're, they so outweigh us in numbers, they're clearly gonna win, kind of thing and so it felt quite erm quite I don't I don't know I was almost a bit sort of disbelieving that there was that many people in the room erm and I appreciate that reviewing you know it might need a certain number to review just in order to ensure that erm you know the right questions are asked or that there's enough different perspectives but to have all of those people at the meeting and then you're kind of there like a frightened little mouse at the end of the table erm (tuts) yeah it was quite intimidating so that wasn't very helpful and also the other thing that wasn't helpful was that the Chair was right at the other end of the table so it was and that was the person that was doing most of the talking and so it just felt very disconnected and it kind of very much felt like erm, there's you at one end at the head of the table and there's us at the other end and I think that set up just generally feels quite a bit too formal erm I guess it's equivalent to if you were going to go into an interview and there's a panel of people sitting behind a table and then there's one chair and it feels quite sort of exposing whereas if you were to go into an interview and us you know sit around a table with people next to you, you feel much more sort of part of this discussion and erm a lot, I think in that situation I would certainly feel much more able to put my point across and feel sort of more confident in my in making those points because I wouldn't be putting myself into that, oh my God this is terrifying kind of position erm of just having all these faces sort of staring at you erm and not being able to see anybody because they're all in a line up against the erm side so that wasn't very helpful and also I think it would have been helpful to know who would have been on the committee prior to going into it so knowing what the names of the people are and what their professions are, what disciplines they're coming from because I think that might help you to anticipate some kind of questions or some of the kind of erm viewpoints that people were coming from and also it might be that you recognise the name and that can be quite quite reassuring I suppose if you kind of think, oh actually I know that person, this isn't a group of alien people who are completely separated from me erm they're a group of academics and clinicians in some cases erm who are scrutinising your ethical application and that's OK erm so I think there are many ways in which it could</p>	<p>Tiny person in the face of many people – overwhelming. Questioning whether it was a fair fight? Intimidating Me against them – a fight They're gonna win – negative expectations – safer in one-down position? Tiny person = frightened little mouse – unable to speak? Powerless? Overcome by emotion? Easily stepped upon? Disconnection from the committee – again links with tiny person, but also perhaps isolation? Being in front of large group exposing – fear of not being competent being exposed to others? Intense emotions Searching for knowledge, support, equality and certainty: Feeling empowered within the process, clarity, knowledge Me against them – committee as alien, the other, without knowledge of them</p>	<p>Traumatic and overwhelming emotional experience of the process Pushed further and further down, like a tiny little person: Not feeling competent: Needing back-up We were in one place and the ethics committee in another: Seeking compromise and defending my position Self-doubt versus devaluing the process: Locating responsibility and blame Pushed further and further down, like a tiny little person: Not feeling competent Miscommunication and misunderstanding between self and the process: Disconnection and isolation Pushed further and further down,</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>have felt a lot more reassuring, I think. <01:19:03> Rob:OK Hmm. Researcher: OK thanks. (participant laughs) And so the other part of that was in terms of the responses the committee made in terms of the formal notice of amendments and that's what's been how they communicated to you, was there anything just briefly going back to the previous question as well (Researcher laughs) helpful or unhelpful about those type of responses? Erm the thing that when we actually got the approval, that was quite a formalised email which was obviously kind of a template that's used for giving ethical approval and that was very useful because it was kind of set out and it was like a formal document whereas all the other correspondence that I'd had was it-it was written in email format it wasn't sort of in letter format or anything and that's the format that we have to use here which I think with our research ethics erm not the ethics committee, our research committee here which is a bit of a pain when you're just trying to get through something that's little so it-it has I think there are advantages of just doing it in emails but it was kind of the, I don't know even just basic things like erm kind of structuring it in you know, where you've got headings and you've got things in bold and erm (tuts) having it sort of set out clearly, these are our comments and this is what we want you to do about it whereas a lot of it from memory was about, this is my comment-respond. And it was kind of a sort of, how do you want me to respond? Because there's been so many other, there's been other times when there's been when I've been asked to give something and I've given it in the way that I thought I needed to just in just an email and then I've been told, oh no you know there's a formal procedure about this so it was kind of the other way around where you're just not given any information as to what is the procedure by which I respond to this? Is there a specified procedure or do I just have to respond to this email? Do I, you know is there a time limit? Is there it just it just didn't seem very clear as in, what do you need to do, it was quite a vague, please respond to these comments rather than erm I dunno just something a bit more with a bit more substance. <01:21:42> Researcher: OK thanks.</p>	<p>Formal here being positive – provides knowledge and certainty</p> <p>Committee as powerful? Uncertainty?</p> <p>Not having the knowledge – perhaps not feeling competent? Also not being given information – actively being placed in the tiny person position?</p> <p>Not clear, vague – not having the information to navigate the process</p>	<p>like a tiny little person: Not feeling competent</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Miscommunication and misunderstanding between self and the process: Disconnection and isolation</p> <p>More of a link between us and the ethics committee: Increasing understanding</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p> <p>Encountering barriers / obstacles: Ethics process as vague and complicated</p>
<p>19) And as with the previous question, just broadening out a bit now, was there anything particularly unhelpful or not useful about your peers, the relationship with your peers or your supervisors?</p>		
<p>Erm I don't think so erm I think, I mean throughout the whole process I as I say I kind of spoke to various different peers about their experiences and kind of asking for help where I was stuck and things when they were sort of further ahead than me and erm everybody was generally very supportive erm and I</p>	<p>Seeking knowledge through peers</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>suppose when it got to such a late stage people were aware that it was becoming a bit difficult and erm but I can't think of anything no that was, no. <i>Researcher: Again just more broadly is there anything else that you think was particularly unhelpful or not useful about the process or aspects of the process?</i> Erm I don't think so. <01:22:57> <i>Researcher: OK that's great, thank you.</i></p>	<p>Them knowing it was difficult – validating versus exposing?</p>	<p>process Validation of emotion and experience through others</p>
<p>20) And again I think you've partially answered this earlier on in the interview but did your experience of the ethics process influence your study you ultimately pursued?</p>		
<p>I suppose it did I suppose it did in the sense of what I'm doing now. It didn't the first time around but it certainly has now in that it's erm it's kind of lead to not just the ethics process but that was sort of part of where we were up to when we abandoned so yeah it has sort of culminated in a completely different study and the decisions that I've made for this study have been all based on making it as easy as possible to go through ethics so erm I kind of deliberately recruited from a community rather than an NHS population so as not to have to go through IRAS. Erm just making sort of every decision that is made kind of thinking, right what could ethics say about this? Erm so it's definitely something that's influence the way that this study that I'm doing now has been structured and designed.</p>	<p>Whole study designed around easiness of ethics – process placed in powerful position with Lisa still as tiny person?</p>	<p>Making it as easy as possible</p>
<p>21) And again thinking about your whole experience of the ethics process again, do you think your expectations, hopes, fears were met by the research process?</p>		
<p>Erm my initial ones, no coz my initial ones were more about developing skills and being more confident erm so [sighs] I suppose it's quite hard because at different points I would answer yes but at different points I'd answer no because during the actual process when I was doing the project I would say erm that no my hopes weren't met of you know feeling more confident and all that kind of thing whereas now in hindsight I do feel more confident about the process erm [short silence] in terms of I suppose later on into the process when I'd started to find it a bit sort of frustrating and a bit difficult then I suppose the kind of the expectation of for example going to the committee meeting and it just being horrible, that kind of was met coz it-it wasn't a particularly pleasant experience erm so yeah I suppose the answer to that is kind of in which bit of the process and kind of reflecting on it. <01:25:39> <i>Researcher: So in very much where you were at the time as well so more of a flexible ever-changing relationship with your expectations, hopes, fears.</i> Yeah yeah definitely.</p>	<p>Sigh - disappointment / sadness at not achieving initial hopes? Uncertain about her relationship with hopes and fears – speaks to destabilisation she experienced throughout the process? Process as frustrating and difficult</p>	<p>Process as both building and reducing confidence and competence</p>
<p>22) And again thinking about those experiences in general, how do they compare to any other experiences of research ethics you may have had?</p>		
<p>Erm I've only had one previous experience with research ethics and that's when I was doing my Masters and erm (participant laughs) that was also quite distressing but I can't remember the specific details about it, I don't think it was difficult to get through ethics, I think the only reason it was distressing was because at the time I had some difficult personal circumstances which just so happened to coincide with erm the day that I was supposed to go to ethics so I think it wasn't it was much easier to get through the committee that I went through but that was a erm department level committee rather than a University level committee so it was a lot less formal erm other than that I don't really remember any of the specifics of that process. <i>Researcher: OK</i></p>	<p>Not remembering around intense emotions again – avoidance? Less formal being positive here</p>	<p>Trying to push it aside, but also a struggle to remember: Avoiding emotions</p>
<p>23) The next couple of points might be difficult to answer then but bear with me. Can you remember if there were any parts of that Masters experience that was similar to your current experience of ethics processes?</p>		

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Key: Quotes, metaphors, initial ideas & initial themes

<p>I think certainly the kind of the sense of that sort of sense of anxiety that, oh my God people are gonna ask me questions about this and I'm gonna have to answer them and I'm gonna have to justify why I've said this and what I'm doing and how that's gonna kind of be ethically sound and I think again that's a kind of a theme within erm situations where I am asked to justify or defend the decisions that I have made, particularly in an academic kind of arena erm because like I said before, I think when I sort of feel like I'm not necessarily, not up against in a sense of fighting with but this is the person that I am in dialogue with. If that person is an academic or somebody who has much more experience I think because of my lack of confidence in my research ability erm that, I experience that as quite intimidating and quite frightening and erm feel quite inadequate whereas it it was me and an experienced clinician I'd feel obviously I, you know I'd feel more of a novice but I'd feel OK about that and I'd kind of still feel confident to, to kind of put my point across so it's definitely sort of research related erm thing.</p> <p>Researcher: OK. <01:28:47> That's great thank you.</p>	<p>Anxiety around research in general. A fear of needing to justify and defend own decisions – a fear of not being competent or seen to be that way?</p> <p>Intimidated by knowledge and experience – feels like the tiny person again?</p>	<p>Self-doubt versus devaluing the process: Locating responsibility and blame x 2</p> <p>We were in one place and the ethics committee in another: Seeking compromise and defending my position</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p>
<p>24) And coming back to the Masters experience now, were there any differences between that experience and your current experience?</p>		
<p>It was a lot quicker and a lot easier erm again I suspect that was because I think it was a department level ethics committee, I assume it was and so yeah a lot easier and a lot quicker erm and that was quicker in the sense of actually producing the ethics form like filling in the form, getting a response erm, Researcher: So the entire process? Yeah the whole process was shorter. Researcher: OK. Erm (short silence) and I didn't, I don't think I had that kind of sense of dread whenever an ethics email came into my inbox, whether that was from somebody on the committee or whether that was from my supervisors talking about ethics, I don't think I had that same, Researcher: And how do you account for that difference in dread? Erm I think, I think because, I think partly because my Masters dissertation was erm, it was generally easier to get through ethics in the sense that there were fewer issues with it that could have erm been problematic for an ethics committee erm and also I think because I hadn't had that knocked back and knocked back and knocked back and I think as that kind of got more and more and my confidence got lower and lower and lower then the anxiety and dread got greater and greater, whereas that didn't happen when I did my Masters. Again I can't remember exactly what the process was but I don't remember there being kind of constant back and forth and then this and then that and the other. I think it was fairly straightforward.</p> <p>Researcher: OK thank you. <01:31:00></p>	<p>Easier, shorter</p> <p>Sense of dread with DCinPsy ethics experience</p> <p>The vicious circle returns: with lots of repetition – knocked back, lower confidence, anxiety / dread increased. Repetition needed to show intensity of emotions?</p>	<p>Traumatic and overwhelming emotional experience of the process: A sense of dread</p> <p>Pushed further and further down, like a tiny little person: Not feeling competent</p>
<p>25) And again I think with this question you've answered it through a lot of the previous questions but how do you feel about applying for ethical approval in the future?</p>		
<p>Erm having started my new project, sort of OK as in I wouldn't completely rule out ever doing research again (both laugh) erm however I am conscious that the likelihood is if I'm doing research in the future it would be in a clinical setting erm and therefore it would require NHS ethics which is a process that I've not been through yet but that I hear is quite difficult, incredibly time consuming, very very difficult to kind of navigate the form and are you familiar at all with the IRAS form that's used in NHS ethics? Researcher: Yeah Erm, so as I say I've not used that before but my understanding having spoken to people who have, most of my friends on the current course have gone through IRAS and I've not come across a single person who's had anything erm who who has not found it incredibly frustrating and difficult erm so I suppose</p>	<p>Ambivalence about research in the future – stuck between two positions again?</p> <p>Hearing negative experiences leading to negative expectations?</p>	<p>Encountering barriers / obstacles: Ethics process as vague and complicated</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>(sighs) it-if in future my research depended upon having an IRAS application, I guess I'd do it if I could employ a research assistant to do it (both laugh) for me erm I think it would it would affect it would affect my decision, I think because although my previous experience of ethics is not with IRAS, I think because it was so difficult and from what other people have said IRAS is also difficult-the thought of going through that again because there's an interesting research question that it would be useful to explore rather than because this is the only way that you can go through your course and get the qualification that you need at the end of it, I think I'd be a lot more put off erm by that process which is a shame because there's a lot of areas of clinical erm of areas of experiencing a clinical setting that I've had since erm starting the first project so sort of as you're going through year two there are lots of questions that come up and you think, ooh, that would be a really good project question, I wish I'd thought of that last year and there's lots of erm really interesting things within a clinical erm setting that I kind of think, oh yeah I'd love to explore that a little bit further but I think ethics and that process would be quite a big obstacle to following that through especially given that once we're employed the likelihood is, is that a lot of the research would be done in your own time even if you ask for CPD time and it just doesn't work like that in practice so. Researcher: OK thank you. <01:34:31></p>	<p>Seeking support or passing off emotion / effort to another? Being put off based upon others experiences Interest in research not enough to overcome emotion / effort associated with the process? Process as big obstacle</p>	<p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process Encountering barriers / obstacles: Ethics process as vague and complicated Interest and passion in the research topic Encountering barriers / obstacles: Ethics process as vague and complicated</p>
<p>26) And again I think you've partially answered this question throughout a lot of the other ones but is there anything you can think of that could help improve the research ethics process?</p>		
<p>Erm I don't think there's anything additional to what I've already said, I think one of the thing that I sort of touched on was perhaps having more of a, more of a link between us and the ethics committee because I think as trainees we're quite we are a quite unique group in the sense that when people ask you what you're doing in any area and you say, I'm a trainee clinical psychologist, then there's not a very good understanding of what that means and on one hand some people think you're a student, on the other hand some people think you're a clinician whereas I don't think there's a very good understanding that that we're both and that I suppose because there's not, to my knowledge there's not really many other trainee courses that work in a similar way to ours in the sense of being full time students yet having a full time salary so being very much in that sort of in-between place of being both a student and an employee and so I think if there was more of a link between the trainees and the ethics committee I think that would just facilitate that understanding a bit more because we all have to go through the ethics committee, it might not necessarily be the same committee but we all have to go through that process and my understanding is, having had some teaching from somebody about the IRAS application, my understanding is that the connection between the NHS research committees and trainees is a lot better because, because that's a clinical setting people know what trainees, who trainees are and what we do and I think there's, I might be wrong because as I say I don't I've not been through that process myself but when we had the teaching from a clinical psychologist who is one of the Chairs of the local erm (tuts) NH-NHS RECs erm, it just seemed to be much more of a kind of, yeah I totally understand what you're doing, who you are and she actually came in to do some separate teaching, some clinical teaching so she obviously as a clinical psychologist herself has this understanding of our role erm whereas I think that's really missing with the University committee. <01:37:16> Researcher: And have you got any idea what that link would look like? I don't know whether, whether there'd be erm I don't know what the links are at the moment like I don't know if there is a-a link but whether, whether there could be erm I don't know, some way of</p>	<p>Wanting a link – reducing the 'me against them' dynamic Trainee role as unique and not very understood – Trainee role as vague as the ethics process? Stuck between two positions again – employee and student. Being both. Sort of in-between place. Divided identity – fits with not feeling competence and wanting competence recognized? Wanting a link between trainees and committees – wanting to be understood? Validated? Comparison between her route through ethics and another – the other being better. Lisa maintaining a tiny person / one down position? Also a desire to be understood, perhaps acknowledged and validated? Qualified clinical psychologist seen as being able to hold Lisa's identity in mind – something around having a shared identity to feel less like the tiny person, but also them having more knowledge and therefore Lisa feeling more competent or validated?</p>	<p>More of a link between us and the ethics committee: Increasing understanding Miscommunication and misunderstanding between self and the process: Disconnection and isolation Miscommunication and misunderstanding between self and the process: Disconnection and isolation More of a link between us and the ethics committee: Increasing understanding More of a link between us and the ethics committee: Increasing understanding Miscommunication and</p>

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Key: Quotes, metaphors, initial ideas & initial themes

<p>enhancing an awareness both ways so whether it could be that instead of ins-instead of having somebody come in to do the teaching from our own course, if we had somebody from the ethics committee now obviously people from our course might be on the ethics committee but I think it might be more helpful for it to be somebody who doesn't know us and who's not familiar with how we work so that you know they can come in as a I don't know, a consultant and say, hi I'm on the ethics committee I'm a consultant, this is where I'm coming from and we can say, oh OK that's useful to know and this is where we're coming from so whether it be about who does the teaching or erm er or even just having a kind of a trainee some sort of trainee representative who I don't know, liaises with ethics, I don't know what that liaison would entail really because I don't know how good an idea that is but yeah. <01:38:50> Researcher: And any other ideas because you've mentioned almost three major players in the process in your last response; the trainees themselves; the committee members whether it's NHS or University based; as well as the training course? Is there anything else you think, any of those three players for want of a better word, stakeholders could be doing to improve the process? Erm (silence) erm I mean I-I guess it would it would kind of be easier if it was sort of everything in one place but again I guess that's not kind of practical in the sense that it is certainly with research and Uni, it er with ethics and Uni it's two it is two separate bodies erm yeah I'm not sure. Researcher: OK, thank you (both laugh).</p>	<p>Lisa not understanding ethics process and her feeling it doesn't understand her? Lisa wanting knowledge, certainty, to feel more competent and for ethics to acknowledge her existing competence? Wanting to share knowledge / identity with another unknown, but within the context of one ethics committee member with a group of trainees – wanting to place committee member in tiny person position? To help her feel more competent? Trainee representative – Increasing power / knowledge around role at that level – similar to clinical psychologist NHS REC member dynamic? Everything in one place – Having the knowledge, having the certainty? Again, this idea of separation, being between two aspects arises – everything in one place being a bridge between the two aspects – providing certainty?</p>	<p>Misunderstanding between self and the process: Disconnection and isolation Searching for knowledge, support, equality and certainty: Feeling empowered within the process Searching for knowledge, support, equality and certainty: Feeling empowered within the process Miscommunication and misunderstanding between self and the process: Disconnection and isolation</p>
<p>27) So, final few questions for today, looking back at all the questions and your responses so far do you think there is anything we haven't covered about your experiences today that it would be useful for me to know? I don't think so, I think that's everything. Researcher: OK.</p>		
<p>28) What has been your experience today of being interviewed by a peer who has also been through the research ethics process? <01:40:38> Erm it's it's been really interesting actually, I think it's been quite cathartic erm because although you know when I went through sort of these, the more distressing processes erm I-I did do lots of venting to various different people erm not at but with erm but just kind of to sort of summarise it and reflect on it, it's been quite useful actually erm and it's also been quite useful just to kind of make me think about a few things for the next, for the next ethical application and for my own erm for my own study, I suppose it's made me quite curious actually as well about about your experiences and erm Researcher: And did you have any guesses on that or anything that's come into your mind when wondering about that? Erm, well no not really erm I mean I-I-I-I suppose I would assume from the current study that it would be fairly straightforward ethically because it's sort of trainees you're recruiting it's not NHS, it's fairly non erm kind of not dealing with very very sensitive erm emotional experiences erm but I don't know I might be completely wrong. <01:42:08> Researcher: And do you think that wondering or having those tentative ideas about my context, do you think that has had any impact on how you've answered the questions today and what information you've given over in the interview? Erm I don't think so erm no not really I mean it has made me wonder like is I suppose because my general experience I probably would if I had to sort of say whether it was positive or negative, it was it was more negative than it was positive erm and I-I don't think that that's sort of made me not express some of those negative things erm but I suppose it has just made me curious as to you know, yeah</p>	<p>Interview as cathartic – speaks to 'trauma' of ethics experience for her? Venting – intense emotions? Curiosity about my experiences – unequal power as I know about her experiences / identity but she does not know mine? Lisa potentially feeling in a vulnerable position, linking with the tiny person person? Self-doubt Guesses about my context have no bearing on describing negative aspects, but what about the positives? Curiosity again</p>	<p>Validating emotions and experiences through others Searching for knowledge, support, equality and certainty: Feeling empowered within the process: Curiosity about researcher's context Self-doubt versus devaluing the process: Locating responsibility and blame Searching for knowledge, support, equality and certainty: Feeling empowered within the</p>

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, initial ideas & initial themes

<p>whether yours was positive or negative.</p> <p>Researcher: And again thinking about if it wasn't a peer coming here leading the interview how do you feel, well do you think the type of information or how you've described things would have changed, say for instance if it was a qualified clinical psychologist who came here or somebody from an ethics committee for example?</p> <p>Erm I think, I don't think it would have been different had it been for example a qualified clinical psychologist or somebody from any of the profession. If it had been somebody from an ethics committee, possibly it would have erm hmm I don't know, would it? I guess I'm wondering whether whether I might have tried to find more positives erm.</p> <p>Researcher: Do you think there were any positives that you could have said today that you didn't?</p> <p>Not really no.</p> <p>Researcher: OK.</p> <p>No. But having said that I might you know I might be completely wrong, it might be that if it was somebody from an ethics comm-it could have got I mean it could have gone the other way maybe I could have kind of felt that, oh this is a really good opportunity to kind of you know really highlight some of the things that I've really struggled with and erm but then I think this is a really good opportunity to highlight erm, both the positive and the negative erm yeah.</p> <p>Researcher: And then just again thinking about sort of the impact of who's asking the questions, obviously I'm from a different University, a different training course to yourself. Do you think if it would have been one of your peers, somebody from your own cohort who was asking you these questions, do you think that would have had an impact?</p> <p>Possibly yeah I think because a lot of people here are aware of the difficulties that I had erm and I suppose sort of experienced a lot of the distress first hand whether that was sort of erm you know fellow trainees or members of staff and, and I think because it got to a point where it became so overwhelming there are there are quite a lot of people that were in some way involved erm so for example if there were if my supervisors weren't available then it might be that I spoke to somebody else or that I you know, there were times when I had to go up to the Director, the research Director to discuss things so I think here it's it is known to a lot of people, a lot of my sort of colleagues and tutors that I've had quite a lot of difficulty and people have expressed quite a lot of empathy around that erm and I think because they've been involved sort of in that process both emotionally in the sense of quite a lot of the time containing my emotion and reassuring but then also practically and professionally I think it would have had an impact.</p> <p>Researcher: And in what way do you think that the impact would have shown in the information you shared?</p> <p>(tuts) Erm I think (sighs) I just don't think I would have been, I would have felt as comfortable erm sharing I suppose the inf-the amount, the detail of some of the information erm and also the, yeah I think it would mainly have been sort of the amount I think I would have felt like there's certain bits of information that I'd just rather not, not share.</p> <p>Researcher: OK.</p> <p>Erm yeah.</p> <p>Researcher: OK thanks and just again reflecting on the whole interview now is there any other information you think it would be useful for me to know?</p> <p>Erm I don't think so.</p> <p>Researcher: OK, well thank you very much for today.</p> <p>You're very welcome, thank you.</p>	<p>Try to find more positives – trying to please or not be judged by committee member?</p> <p>Self-doubt</p> <p>Able to sit with both the positive and negative</p> <p>Distress and overwhelming – involving others for support.</p> <p>Others as containers of emotion – but also validators?</p> <p>Less comfortable sharing info from interview with them – fear of being judged? Seen as less competent?</p>	<p>process</p> <p>Validating emotions and experiences through others: Curiosity about researcher's context</p> <p>I don't want to feel like I'm doing them an injustice</p> <p>Self-doubt versus devaluing the process: Locating responsibility and blame</p> <p>Searching for knowledge, support, equality and certainty: Feeling empowered within the process</p> <p>Validating emotions and experiences through others</p>
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Part 2: Alphabetical list of emergent themes from interview with Participant F - Lisa

- A sense of relief at never having to go back to them again
- All this could be completely in vain: Wasted time and effort
- Being given something which is then taken away
- Encountering barriers / obstacles: Ethics process as vague and complicated
- Ethics as ensuring safety
- Feeling not competent, but wanting my competence to be acknowledged
- I don't want to feel like I'm doing them an injustice
- Interest and passion in the research topic
- It has a big impact on quite a lot of things: the wider impact of the process
- Making it as easy as possible
- Miscommunication and misunderstanding between self and the process: Disconnection and isolation
- More of a link between us and the ethics committee: Increasing understanding
- Motivation to develop and exceed
- Process as both building and reducing confidence and competence
- Process as encouraging new thinking
- Pushed further and further down, like a tiny little person: Not feeling competent
- Searching for knowledge, support, equality and certainty: Feeling empowered within the process
- Self-doubt versus devaluing the process: Locating responsibility and blame
- So unproductive because of the way that I was feeling
- Time was ticking away: Going backwards and forwards within the process
- Traumatic and overwhelming emotional experience of the process
- Trying to push it aside, but also a struggle to remember: Avoiding emotions
- Validating emotions and experiences through others
- We were in one place and the ethics committee in another: Seeking compromise and defending my position

Part 3 – Clustering of emergent themes from interview with Participant F – Lisa

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT: F - Lisa

Key: Quotes, metaphors, **sub-ideas** & initial themes

Superordinate Themes	Emerging Themes	Page Numbers
It has a big impact on quite a lot of things: Going through the ethics process	1. Traumatic and overwhelming emotional experience of the process	1-3, 5, 6, 10, 11, 16, 19 & 20
	2. It has a big impact on quite a lot of things: the wider impact of the process	10
	3. All this could be completely in vain: Wasted time and effort	8-10
	4. Pushed further and further down, like a tiny little person: Not feeling competent	1-3, 7-10, 13, 15-17 & 19
	5. Feeling not competent, but wanting my competence to be acknowledged	11 & 13
	6. A sense of relief at never having to go back to them again	13
	7. So unproductive because of the way that I was feeling	9
Responses to and ways of managing the process	8. Trying to push it aside, but also a struggle to remember: Avoiding emotions	1, 2, 5, 6, 8-10, 12 & 18
	9. Self-doubt versus devaluing the process: Locating responsibility and blame	2, 7-9, 12, 16, 19, 21 & 22
	10. I don't want to feel like I'm doing them an injustice	13 & 22
	11. Searching for knowledge, support, equality and certainty: Feeling empowered within the process	4, 5, 6, 8, 10, 12, 13, 15-17 & 20-22
	12. Validating emotions and experiences through others	8, 10, 13, 21 & 22
Self in relation to others and the process	13. Encountering barriers / obstacles: Ethics process as vague and complicated	1-3, 5, 6-8, 15, 17, 19 & 20
	14. Time was ticking away: Going backwards and forwards within the process	5-10, 12, 15 & 16
	15. Miscommunication and misunderstanding between self and the process: Disconnection and isolation	3, 6, 16, 17, 20 & 21
	16. More of a link between us and the ethics committee: Increasing understanding	17 & 20
	17. We were in one place and the ethics committee in another: Seeking compromise and defending my position	4, 7, 10-13, 15, 16 & 19
	18. Process as both building and reducing confidence and competence	12 & 18

Part 4 – List of superordinate themes with quotes from interview with Participant F – Lisa

Superordinate Theme	Subordinate Theme	Page: Line	Quote
It has a big impact on quite a lot of things: Going through the ethics process	Traumatic and overwhelming emotional experience of the process	2:1-4	I-I-I had I kind of have sort of I suppose quite flippantly erm described the process before as as, traumatic and as I say that's in more of a flippant way than a real really, being traumatic but but yeah like I say it was, it was quite distressing but I think that's that's because of the way that I erm responded to the, the kind of the barriers and the obstacles...
		2: 23-26	I think there, there is one but for some reason I'm I'm quite reluctant to erm to say it and I don't know whether that's because erm I don't I don't know, like coz the work, the way that I described it before was kind of traumatic and I do describe it as a trauma but I don't (pauses-participant sounds worried) I don't know why I'm reluctant to say that.
		10: 18-20	...it kind of hit me like, oh my God you've just abandoned two and a half years' worth of work and I did become sort of really upset and what have I done and I kind of knew that it-it-it was, I do think in hindsight that it was definitely the right decision and I'm really glad that I made it...
	It has a big impact on quite a lot of things: the wider impact of the process	10: 22-25	...it has an impact on erm you know jobs and where I live because if I take time off to do my research I'm not gonna be paid so I might have to move back with my parents and it just has a big impact on quite a lot of things so it was that kind of, oh my God, this this does actually change quite a lot but the overwhelming feeling was definitely relief, definitely...
	All this could be completely in vain: Wasted time and effort	9: 1-2	...I'm spending all this time and getting so worked up as a result of spending all this time and it was just kind of a vicious circle of erm all this could be completely in vain and completely

			useless...
	Pushed further and further down, like a tiny little person: Not feeling competent	2: 6-8	...each time an obstacle came in my way, I just kind of felt more and more sort of bashed down and less confident and more incompetent and inadequate and I'm never gonna be able to pass the course and erm kind of globally catastrophising...
		4: 38-40	... I would kind of actively tend to avoid trying to ask other people about it because erm it it just the whole, the process was by that stage was making me quite anxious so I was kind of avoiding so I don't know about sort of my cohort's experiences....
		7: 44-46	... each time that I got a kind of a, the ethics committee sort of saying, no, it would just push me further and further and further down in terms of sort of my confidence in actually being able to do this ...
	Feeling not competent, but wanting my competence to be acknowledged	14: 9-14	... the way that the committee here works is that your supervisor is the lead investigator and so they have to be present at the committee whereas you don't have to be present and on one hand that was kind of good because I felt like, ooh yeah that would be great if I didn't have to go but on the other hand I think that again it just it-it feels a bit patronising because it's kind of implying that you're not competent yourself to erm conduct this kind of piece of research whereas actually you are the lead researcher on this research, you're not you know you're not doing somebody else's research for them this is your research and you're the lead on it ...
	A sense of relief at never having to go back to them again	13: 6-8	... just relief that I thought at the time that I would never have to go back to them again erm and by them I obviously mean having to deal with the ethics committee rather than you know

			particular individuals...
	So unproductive because of the way that I was feeling	9: 24-28	... it just got to a stage where I was becoming so unproductive because of the way that I was feeling about everything that I would just get to a research day and I'd try and work, I'd become sort of upset at and become totally unproductive but then kind of be like, well you, this can't happen, you can't be unproductive you have to be un-you have to be productive now so then again just feeding into that kind of cycle of becoming more and more upset...
Responses to and ways of managing the process	Trying to push it aside, but also a struggle to remember: Avoiding emotions	1: 24	... so yeah it's kind of anxiety and sort of a, a want to avoid it...
		2: 1	... definitely wanting to kind of run away and not have to think about it ...
		18: 40	... that was also quite distressing but I can't remember the specific details about it,...
	Self-doubt versus devaluing the process: Locating responsibility and blame	2: 34-37	...I think because of the amount of erm (tut) the amount of er what's the word? (makes ticking noise with mouth) - the amount of weight that I gave to that in meaning - very bad things about me so it meaning that, as I said before I mean I'm incompetent, I'm inadequate, I'm not good enough, I'm rubbish, I can't do this, I'll never be able to do this...
		7: 35	...like I'm never gonna get there, I'm never gonna never gonna manage it and a lot of feeling like I was kind of banging my head against a brick wall...
		8: 14-15	...I guess that there was kind of still a bit of me that in relation to other people other peers that was kind of thinking you know what I-I-I must be in some way incompetent...

	I don't want to feel like I'm doing them an injustice	14: 1-2	... I don't want to feel like I'm doing them a injustice because I'm sure other people have experienced it as positive but the actual meeting with the committee for me was quite a negative experience ...
		14: 38-40	...but obviously that person's knowledge of the project wasn't erm as in-depth as my supervisor's erm so I mean that was I think that was still you know very helpful erm having erm somebody there to erm kind of help defend it,,,
		22: 15-16	I guess I'm wondering whether whether I might have tried to find more positives erm.
	Searching for knowledge, support, equality and certainty: Feeling empowered within the process	5: 8-13	...I suppose with the supervisors it was more, oh my God help me I don't I don't know how to do this, with the trainees it was more sort of ranting and venting and saying the things that you wouldn't like with my friends, trainees erm that perhaps you were more able to say in a, in that context erm, and (silence) I'm just trying to think when I went through the process the second year (silence) erm yeah and so it also very much shared those sort of hopes and fears with them, other people hmm...
		17: 1-3	...as I say I kind of spoke to various different peers about their experiences and kind of asking for help where I was stuck and things when they were sort of further ahead than me...
		4: 6-8	I definitely hoped to kind of be asked questions that I felt I could answer and I definitely hoped that the kind of the actual process of going to the meeting it would be more, a more of a kind of an informal discussion that involved you rather than almost like a more of a kind of formal interview type set up...
Validating emotions and experiences through others	8: 14-15	...then I suppose also it was it was kind of reassuring knowing that you weren't the only person kind of struggling...	

		15: 11-13	...it was sort of helpful for my confidence in terms of making me think, no actually I have got a point here and I'm not not thinking properly about these ethical issues...
		15: 45 - 16: 2	... so yeah the supervisors were helpful I guess in that validating process erm and then peers as well just in terms of sort of sharing their experiences and erm where you know where other people had said, oh yeah I found this difficult or I found this a bit frustrating or erm that was quite that was quite helpful for erm I guess again, validating erm the experience...
Self in relation to others and the process	Encountering barriers / obstacles: Ethics process as vague and complicated	1: 22-24	I think because there were a lot of barriers that occurred at the point of erm applica-applying for ethical approval, that's what I associate most of the kind of the distress...
		2: 33-34	it was possibly a bit frustrating erm and possibly a little bit upsetting when it kept coming back with erm obstacles and barriers
		6: 13-15	...it felt quite complicated because there was lots of different forms and while you were in order to apply for ethics you had to have certain other things done like have your proposal approved and have erm have sponsorship from the University so lots of different forms and different things lots of different paperwork so it was quite, it felt quite confusing...
	Time was ticking away: Going backwards and forwards within the process	4: 18-19	...really really complicated, lots of backwards and forwards and backwards and forwards...
		7: 19-20	...we had lots of as I say lots of backwards and forwards communication...
		8: 30-31	...waiting to hear back from ethics, part of me wanted to hear back from them because I was kind of thinking this, this needs

			to be done soon because the deadline's in four months...
Miscommunication and misunderstanding between self and the process: Disconnection and isolation	20: 28-33		I think as trainees we're quite we are a quite unique group in the sense that when people ask you what you're doing in any area and you say, I'm a trainee clinical psychologist, then there's not a very good understanding of what that means and on one hand some people think you're a student, on the other hand some people think you're a clinician whereas I don't think there's a very good understanding that that we're both...
	21: 21-23		I guess it would it would kind of be easier if it was sort of everything in one place but again I guess that's not kind of practical in the sense that it is certainly with research and Uni, it er with ethics and Uni it's two it is two separate bodies erm yeah I'm not sure.
	6: 37-39		...it seemed like there was maybe some miscommunication or misinterpretation or they kind of seemed a bit vague or didn't, almost like there was an assumption that you should know what to do...
More of a link between us and the ethics committee: Increasing understanding	20: 27		... more of a link between us and the ethics committee ...
	21: 2-4		I don't know whether, whether there'd be erm I don't know what the links are at the moment like I don't know if there is a link but whether, whether there could be erm I don't know, some way of enhancing an awareness both ways...
We were in one place and the ethics committee in another: Seeking compromise and defending my position	4: 28-30		... the fear of being erm just not being able to sort of defend erm my application and not be able to kind of explain, these are the reasons that I've made this decision or not being able to articulate properly ...
	7: 25-26		...we were trying to find a compromise but that was very difficult because we were in one place and the ethics

			committee was sort of in another...
		7: 36-41	...kind of feeling that on the one hand I had my supervisors totally sort of supporting me in agreeing that the things that I felt about the research and the ethical issues that we were discussing that we were kind of dealing with those appropriately whereas on the other hand erm the ethics committee didn't feel that way erm and, and so it kind of it almost felt at some points...
	Process as both building and reducing confidence and competence	12: 1-4	... I feel I mean this might all be, go completely different in the actual meeting but I do feel a lot more like I'll be able to kind of go in and erm sort of present my ideas and justifications for doing things in a much more confident way ...
		12: 6-7	... the previous process impacted quite negatively on my confidence.
		18: 29-31	... when I was doing the project I would say erm that no my hopes weren't met of you know feeling more confident and all that kind of thing whereas now in hindsight I do feel more confident about the process....

9.06: Appendix VI – Table to show recurrence of themes across participants

Superordinate Themes	Subordinate Themes	Britney	Jessie	Melanie	Patricia	Willow	Lisa
1. The emotional intensity and personal impact of the ethics process	1.1 An overwhelming process	✓	✓	✓	✓	✓	✓
	1.2 Pushed further and further down	✓	✓	✓	✓	✓	✓
2. Responses to and ways of managing the ethics process	2.1 Trying to push it aside	x	✓	✓	x	✓	✓
	2.2 Devaluing the process	✓	✓	✓	✓	✓	✓
	2.3 Searching for the magic person that knows it all	✓	✓	x	✓	✓	✓
	2.4 Peers as support and competition	x	✓	✓	✓	x	✓
	2.5 A need for passion, but having it taken away	✓	✓	✓	x	✓	✓
3. Challenges within the ethics process	3.1 Complexity and mystery	✓	✓	x	✓	✓	✓
	3.2 Time was ticking away: Going backwards and forwards within the process	✓	✓	✓	✓	✓	✓
	3.3 We were in one place and the ethics committee in another	✓	✓	✓	✓	✓	✓
	3.4 Negative stories: What I heard, what I say	✓	✓	✓	✓	✓	✓

9.07: Appendix VII – Ethical approval documentation

Revised (September 2006)

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE APPROVAL

Student Investigator: Rob Brindley

Title of project: Trainee Clinical Psychologists' Experiences of Research Ethics Processes

Supervisor: (primary) and (secondary)

Registration Protocol Number: PSY/03/12/RB

The approval for the above research project was granted on 19 March 2012 by the Psychology Ethics Committee under delegated authority from the Ethics Committee of the University of

The end date of your study is 28 September 2012.

Signed:

Date: 19 March 2012

Professor
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:

RE: university approval - Message (HTML)

File Message

From: [redacted] <[redacted]> on behalf of Ethics <ethics@[redacted].uk> Sent: Wed 16/05/2012 14:53

To: 'Rob Brindley'; Ethics

Cc: [redacted]

Subject: RE: university approval

Dear [redacted]

I am pleased to inform you that the Sub-Committee has approved your application for ethical approval for your study to take place at the University of [redacted]. Details and conditions of the approval can be found below.

In order that this approval is valid, please ensure that you send a signed copy of the final version, with all supporting documentation, to the Research Governance Officer, [redacted] within 5 days of receipt of this email.

Ref: RETH000538IREC
Sub-Committee: Non-Invasive Procedures
PI:
Title: Trainee Clinical Psychologists' Experiences of Research Ethics Processes
First Reviewer:
Second Reviewer: n/a
Third Reviewer (if applicable): n/a
Date of initial review: 15/5/12
Date of Approval: 15/5/12

The application was APPROVED subject to the following conditions:

Conditions


1 Mandatory M: All serious adverse events must be reported to the Sub-Committee within 24 hours of their occurrence, via the Research Governance Officer

This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at [http://www.\[redacted\].doc](http://www.[redacted].doc). If the named PI / Supervisor leaves the employment of the University during the course of this approval, the approval will lapse. Therefore please contact the RGO at [redacted] in order to notify them of a change in PI / Supervisor.

Best Wishes
Sarah

Mrs Sarah Wright
Research Governance Officer
Legal, Risk and Compliance

See more about: Ethics.



9.08: Appendix VIII – Transcription confidentiality agreement

TRANSCRIPTION AGREEMENT

Doctorate in Clinical Psychology

Transcription confidentiality / non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

ROBERT BRINDLEY ('the discloser')

And

TJC Transcription Service ('the recipient')

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser.

The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed: 

Date: 1st February 2012

